Objective: The relevance of pets in long-term home care is increasingly recognized due to their positive effects on health outcomes in clients, and the growing numbers of pet-owning clients receiving long-term care at home (LTCH). In the Netherlands, there is a lack of supportive materials concerning pet-related issues in LTCH. The aim of this project was to develop materials to support care for LTCH-clients with pets. Using a participatory research approach, LTCH-clients with pets, family caregivers, and professional caregivers collaborated using the Experience-Based Co-Design (EBCD) method that we fine-tuned for frail clients (EBCD+) to create the PET@Home Toolkit.

Methods: The project started with a literature review on the roles of pets for older adults. To determine if similar roles were also relevant in LTCH, individual interviews were conducted with LTCH-clients, family caregivers, and professional caregivers. Thereafter, the original EBCD-method was used including group interviews with (1) LTCH-clients and family, (2) professional caregivers (3) mixed groups of (1) and (2). Participants could participate in multiple phases. Professional caregivers preferred online and weekday meetings and LTCH-clients and family caregivers preferred in person and weekend meetings. Therefore, we organized additional interviews, and separate online and in-person groups. Hence, the EBCD+ method included a review, complementary interviews, the original EBCD-method and continuous refinement and testing of instruments.

Results: The review and complementary interviews revealed similar roles related to pets in LTCH (e.g. Relational Aspects, Physical Health, and Social Aspects) to those as in the review on older adults. Based on the results, preliminary tools were developed, e.g., an information brochure. Furthermore, we conducted 14 semi-structured interviews, 6 focus groups, a psychology students workshop, and 4 online meetings with experts in human-animal interaction, education, and animal interest organizations (e.g., a veterinarian). It resulted in the Toolkit with different instruments, e.g., information brochure, e-learning module, and infographic.

Conclusion: We successfully used the EBCD+ method to develop an extensive and practically applicable Toolkit to support caregivers and their pet-owning LTCH-clients. The PET@home Toolkit will be available via the University Knowledge network for Older adult care Nijmegen (www.ukonnetwerk.nl).

P162: Ageism among Lebanese Healthcare Workers and Students

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Objective: Ageism, defined as stereotyping, prejudice, or discrimination against older people, is an emerging public health concern [1]. Ageist attitudes and behaviors in health care are found to negatively affect the physical and mental well-being of older individuals [2]. This study is the first to investigate ageism and its determinants in Lebanese healthcare settings.

Methods: We diffused an online survey including the Fraboni Scale for Ageism (FSA) [3] and other variables to nurses, physicians, nursing, and medical students at an urban university hospital in Lebanon. We obtained online consent from participants prior to filling the survey. The study was approved by the Institutional Review Board of St. Georges Hospital University Medical Center (IRB-REC/O/066-21/3321).

Results: We recruited 233 participants (47.2% medical students, 21.5% nurses, 20.6% physicians and 10.7% nursing students). Mean age was 29.2 (Standard Deviation—SD = 12) years. Almost two-thirds were female. Half the sample came from rural areas. Almost 60% currently live or have lived with an adult aged≥ 60 years. The FSA total score ranged between 33 and 87 (mean 58.9; SD 10.2). The mean/SD scores were 22.6 (4.5), 17.2 (3.2) and 19.1 (4.3) for the antilocution, discrimination and avoidance subscales of the FSA respectively. There was a positive correlation between age and FSA total score (p=0.041), in addition to discrimination and avoidance

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subscores (p=0.0001). Originating from rural areas was associated with significantly lower discrimination scores. Living or having lived with an older individual was associated with significantly lower overall ageism and discrimination scores. In addition, students (nursing and medical) were found to have lower ageist perceptions and attitudes compared to healthcare professionals (nurses and physicians). Table 1 shows the results of bivariate analyses performed. Regression analyses showed that only living or having lived with an older person remained significantly associated with lower ageism scores (p=0.036) after accounting for other covariables.

Conclusions: Lower ageism was found among students compared to practicing nurses and physicians. Having lived with an older person was a protective factor against ageism. Specific anti-ageism interventions may need to be implemented to mitigate its impact in healthcare among students and practitioners.

Table 1: Bivariate analyses of FSA total score and subscores on covariates of interest

	FSA total score mean (SD)	p-value	Antilocution subscore mean (SD)	p-value	Discrimination subscore mean (SD)	p-value	Avoidance subscore mean (SD)	p-value
Gender		0.38		0.39		P=0.1		P=0.99
Men (n=73)	57.98 (10.56)		22.2 (5.1)		16.67 (3.26)		19.1 (4.36)	
Women (n=160)	59.26 (10.09)		22.76 (4.2)		17.39 (3.03)		19.11 (4.33)	
Origin		0.064		0.062		**0.029**		0.38
Capital and suburbs (n=117)	60.1 (10.2)		23.1 (4.5)		**17.6 (3.03)**		19.35 (4.38)	
Rural Areas (n=116)	57.6 (10.1)		22.04 (4.36)		**16.7 (3.15)**		18.85 (4.28)	
Residence		0.9		0.49		0.42		0.11
Capital and suburbs (n=175)	58.8 (10.36)		22.71 (4.65)		17.26 (3.1)		18.85 (4.27)	
Rural Areas (n=58)	59 (9.9)		22.24 (3.88)		16.88 (3.15)		19.88 (4.44)	
Healthcare professional group		0.05		0.2		0.25		**0.017**
Students (nursing/medical) n=135	57.76 (10.20)		22.27 (4.72)		16.96 (3.26)		**18.53 (4.15)**	
Healthcare worker (nurses/physicians) n=98	60.37 (10.13)		23.03 (4.08)		17.44 (2.89)		**19.9 (4.46)**	
Exposed to adults • 60 years old		0.082		0.57		**0.002**		0.18
No (n=98)	60.2 (10.9)		22.8 (4.9)		**17.9 (3.3)**		19.5 (4.3)	
Yes (n=135)	57.9 (9.6)		22.4 (4.1)		**16.6 (2.8)**		18.8 (4.3)	

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