Project title

„World of work 2020 - psychosocial effects of the structural changes of work in a European – wide comparison – efficient instruments for a salutogenesis in companies and organizations which are working in the field of nursing care"

Product O2

Curriculum for extra – occupational qualifying for salutogenesis

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Introduction[1]

Within the framework of the Erasmus+-Project for the identification of stress factors in the nursing care profession, the goal was to create a curriculum for the further training which would precisely counter the stress factors identified by surveyed employees at nursing facilities. Results showed that the participants of the survey wanted more schooling in the following subject areas:

- Dealing with sorrow and death
- Back – friendly working
- How to properly relax and being able to "switch off"
- Conflict and stress management
- Communication training.

The stated subject areas were varyingly relevant in the different countries involved in the survey. The reasons for this are stated n the individual country reports, which will be analyzed at another point.

The starting point for the design of the various segments of further training were, initially, considerations on which competences the German nursing care training curriculum teaches its students. In this regard, it should be noted that all of the above-mentioned subject areas have a precipitation in the different learning areas of the curriculum. Thus, the treatment of suffering and dying is treated in Learning Area 1 in the Sub – Learning Field 1.3.11 (Fostering and accompanying dying elderly people). The focus is not only on care, but also on the mourning and dying process, on communication and interaction with dying people and their relatives as well as on ethical questions. In Learning Area 4 in the Learning Field 4.3 (dealing with crises and difficult social situations), the subject of conflicts is dealt with. For relaxation methods, stress management and back-friendly work, knowledge and appropriate competences are taught in Learning Area 4 in the Sub – Learning Field 4.4 (Maintaining and promoting one's own health).

This led us to the question: If, in the curriculum, the treated aspects are reflected and the management strategies are taught, why does in Germany, in practice, a high fluctuation of the nursing care staff prevail or a high number of sick leaves due to occupational burdens? If the competencies that are taught at school are not taken into account or applied to deal with occupational strains, they may not be appropriate? Therefore, it was first researched which strategies are mediated in the nursing care system and which are obligatory in the curriculum.
A look at the learning field 4.4 of the German training curriculum shows what is taught about coping strategies and forms of work for typical occupational strains. The standard relaxation methods are discussed here. These include autogenic training, progressive muscle relaxation according to Jacobson, yoga and similar procedures. Depending on the specific curriculum, kinaesthesia is sometimes treated as a concept for back-friendly work in this learning field. With a total of 60 hours of schooling for the entire learning field, where measures for occupational health and safety as well as typical occupational diseases are concerned, this is a rather limited time range.

What does it look like in the partner countries? The exchange with the participants at the project meetings showed that the nurses there are also exposed to both physical and psychological stress. In addition, some

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[1]Because of the better readability, only the male shape is used for the sake of simplicity. The female form is, of course, always included.

participants reported that subjects such as terminal care and the protection of their own mental health are given or little or insufficient mediation or not at all in education. A look into the curriculum and the oral exchange with the participants gave us more information. In the following, we will first explain how the training courses are organized in the participating partner countries and which content can be found there in the curriculum.

Country specifics in the education and training of nurses of non-German partners

In Poland you can take a two-year training as a care assistant for seniors, once as a "caregiver of an elderly person" and once as a "caretaker in the elderly". Since September 1, 2012, nursing professions and their teaching programs have been revised and introduced as modular training. Both trainings last two years and have a scope of 1600 hours including a professional internship (160 hours each). The training is similar to the German training for the position of caregiver for the elderly. Similarly, in Poland, a three-year postgraduate course can be completed, which ends after 4815 hours of training with the bachelor's degree. It is a general nursing education, which qualifies graduates as nurses. A specialization in Geriatric nursing as well as specialization in long-term care is possible.

The curriculum for the care of an elderly person covers the following areas:

- Module 1: Management of elderly people (includes organization of care activities, legal framework work and a foreign language)
- Module 2: Nursing activities of the elderly (includes identification of needs and problems, nursing care activities and sign language)
- Module 3: Care and mobility of the elderly (includes social work, psychological work and the support of elderly people in self-care and self-realization)
- Module 4: Vocational training course

The nursing home supervisor training as a supervisor focuses on the following topics:

- Module 1: Organization of care and support activities (includes the legal bases of the nursing activities, a foreign language and the economy of care and nursing activities)
- Module 2: Care activities (includes identification of needs and problems as well as body care and hygiene)
- Module 3: Activation of the person to be supervised (includes functioning of the inhabitants in the area, promotion of self-employment and sign language)
- Module 4: Assistance for people with a high need for care (encompasses recognition and resolution of difficult situations and development of personal competences of caregivers)
- Module 5: professional practice

The participants from Poland report that the subjects of stress and stress management, as well as burnout prevention, are already part of the training. Terminal care is also dealt with in the form of talking to elderly people about the problem of death as well as dignified dying. In summary, however, this is purely informative instruction; practical strategies for dealing with and coping with these occupational burdens are not taught.

There are also two special training courses in Romania: the nursing assistant (about 150 hours of theory and practice) and the residential caretaker (120 hours theory and 240 hours of practice). The training curriculum for residential caretakers focuses on the topics of gerontopsychology and sociology, geriatric illness, physiotherapy and first aid training.

In the case of the very short training as a nursing assistant, aspects such as the maintenance of mental health and the handling of stress are not discussed at all, just as much as with the residential caregiver. The curriculum for the nursing assistant includes the following modules:

- Planning of care activities
- Continuous education

- Working in a multidisciplinary team
- Interactive communication
- Protection of rights
- Monitoring of the health status
- Hydration and nutrition
- Hygiene in living spaces and personal hygiene
- Transport of clothing and transportation of people in need of care.

The training curriculum focuses on the topics of gerontopsychology, sociology, geriatric illnesses, physiotherapy and first aid education. However, a thematic approach to preventive measures for the reduction of stress factors would make sense, as a glance at the current situation in nursing in Romania shows. Stress, violence and harassment in practice, time pressure, lack of recognition, but also inadequate staff management, lack of support and irregular services pose considerable challenges and burdens for the nursing staff. In addition, there is a high fluctuation at the workplace and a considerable degree of overloading caused by working overtime. In addition to inadequate and insufficient equipment, there is also a lack of adequate payment. Therefore, a lot of the nursing staff leaves and goes abroad. Because of these factors, many employees in nursing care are exhausted because of their age since many of them work beyond the age of retirement due to the lack of skilled labour. On the other hand, there is also a very high number sick leaves to the high stress levels and poor working conditions.

In Italy, in turn, there is no such thing as an old-fashioned nursing profession as we know it in Germany. It is possible to study for three years and get a degree as Bachelor of Nursing degree. Furthermore, there are different training courses, which qualify for working with elderly people in different fields of work. These are all offered by the State Specialist School for Social Work in South Tyrol, and these are the positions of nursing assistants or social assistants.

Full-time training as a nursing assistant lasts one year and completes with the diploma. Nursing assistants work in social and sanitary facilities and only provide physical care for the residents, while nurses are mainly responsible for treatment care. The curriculum of the training for nursing assistant contains the following three subject areas and the corresponding teaching subjects can be found:

- 1. Subject area: Socio-cultural and institutional sectors, as well as legislation with the subjects Social services and health services as well as legislation, first / second language (German / Italian)
- 2. Subject area: Psychology and sociology with the subjects Psychology, Communication, Gerontopsychiatry, Sociology, Ethics and Deontology (Duties of Ethics)
- 3. Subject area: Scope: Hygiene and techniques with the subjects Nutrition and housekeeping, practice and methodology as well as care, first aid and rehabilitation (anatomy and physiology).

The two subjects Psychology and Communication are combined and have an hourly range of 130 hours. Here, too, there is no targeted input on coping strategies against occupational stresses.

In addition to this one-year course, there is also the possibility of a four-year education at the vocational school for nursing and social issues. In the first two school years there are general subjects (such as German, Italian, English, mathematics, contemporary history, etc.) and subjects from the so - called profile areas (science, communication and society, health and hygiene, Nutrition) on the curriculum. The contents of the third and fourth year of training are ultimately orientated towards the required competences such as:

- Recognize the fundamental physical, psychological and social needs and support their assurances,
- To observe and recognize hazards, to act in a manner appropriate to the situation and to take practical measures,
- Acting professionally in everyday and special care situations.

After the fourth year, the diploma examination follows, with the graduation of which the graduates receive the professional qualification of nursing assistants. In addition, there is the possibility for those interested to complete another school year to complete the course with the state final examination. The tasks of the nursing assistant are to work together to ensure the basic needs of the clients / patients in the social and sanitary sectors.

The training for the position of social welfare worker takes three years. Graduates are certified social assistants and later work in social services such as senior citizens' homes or outpatient services. The curriculum includes the following topics:

- Assisting elderly people in different life situations
- Assisting and caring for people with dementia
- Helping and caring for people in need of care
- Assisting and caring for people in different life situations (accompany people with disabilities as well as mentally ill people)
- Developing your own professional identity: accompany people in their last phase of life.

Their tasks are diverse. In the field of working with elderly people, they mainly include:

- Care and support of elderly and needy, impaired or mentally ill people
- Care (basic care, prophylactic measures, domestic care, administration of medicines, etc.)
- Support and guidance in personal and social regards through discussions and counseling,
- Suggestions for the organization of leisure and social contacts
- Support during leisure time and helping to cope with everyday life.

Here, too, there are no references to the topics dealing with occupational stresses or self-care in the curriculum.

There are various professional degrees in the Belgian nursing care sector. In the field of nursing, there are the A1 and din A2 nurses and the so-called nursing assistants. The qualification for the A1 nurse is achieved by getting a Bachelors degree. The regular study period is three years and is more theoretical than the training as an A2 nurse (see below). In addition, there is the possibility to specialize in a variety of fields, such as intensive care, oncology or pediatrics.

In the curriculum, aspects relating to the maintenance of psycho-hygiene are taught. The area is structured as a Sub – Learning Field; in a total of six hours, professional relationship management and professional care, as well as conversation management, are discussed. Within the framework of the Sub – Learning Field Religion studies, among other things, we will discuss the dying process, the taboo topic of dying, dealing with and possible support in the mourning process as well as the adoption and cultivation culture. There is also the topic complex communication with the foundations, disturbances and design techniques. Also the back-sparing work is part of the curriculum. The same applies to the training as an A-2 nurse: All mentioned topics are firmly set in the curriculum.

The qualification for the A2 nurse is achieved by supplementary, vocational secondary education as a nurse.

The three-year education leads to the so-called "brevet" in nursing. This degree corresponds to a kind of specialized high school diploma. One year of studies includes 40 weeks of 36 lessons per 50 minutes. In total there are 2240 periods of clinical instruction with 640 teaching units in the first, 760 in the second and 840 in the third year. The theoretical lessons include 2080 teaching units. This training is more practical; so A2 nurses have the same number of practical and theory hours. The career path through the brevet thus makes it possible to get a direct career start. Later certain additional qualifications as well as a bridge study can be completed, after which the brevet is converted into a bachelor's diploma. In practice, A2 nurses perform the same tasks as graduates with A1 degree. However, they have lower salary levels and have fewer professional specialization options. However, training in nursing is to be reformed and the degree is to be increased to four year within the framework of the European integration. In the course of this, there is also discussion about abolishing the educational path for the A2 nurse.

Furthermore, there are short training courses of approx. 18 months for family and senior citizens' help as well as nursing assistants. The family and senior citizen assistant is responsible for the elderly and people with dementia, families, and the chronically and mentally ill as well as persons with disabilities. They take care of everyday work such as cooking, ironing, washing and home maintenance; furthermore, they help with personal care and help in all matters to be settled outside the home (purchases, visits to doctors, authority paperwork). The so-called nursing assistants, on the other hand, are specifically trained to assist the nurses. They work under the nurses in the field of care, health education and logistics within the framework of the activities coordinated by nurses within a structured team in the hospital, in nursing homes or at home care. They are also able to start further studies (such as nursing, midwifery, nursery or physiotherapy).

The specialist training courses cover the topics of hygiene and illnesses studies, home maintenance, first aid, anatomy, gerontology, occupational hygiene, nutrition and pathology. In the area of psychology and pedagogy, the topics of health education, developmental psychology, communication, professional dealing with problems in family, care and hygiene, nursing theory/practices, nursing planning and nursing care are dealt with. In the area of professional education, knowledge is taught from the fields of ethics, deontology and social legislation. In addition, trainees receive input on learning techniques and supervision. The senior citizen nurses also receive training in back – comfortable lifting, here, explicitly called back school and kinaesthetic. No data are given on the subject of psycho-hygiene and how to deal with stress, not even on how to deal with dying and suffering.

In Estonia, there is no nursing education, but only a nursing degree with Bachelor's degree (Bachelor of Nursing) for a total of three and a half years. The corresponding curriculum also includes a module on the care of elderly people. However, there are no study units on dying / death or self-care / health care of the caregiver. Furthermore, it is possible to complete a two-year training as a care worker. The curriculum includes modules like fundamentals of care, nursing procedures, work with elderly persons and career planning and entrepreneurship. Additional modules include "Personal Health as a Basis for Success", "Crisis Psychology" or "Interdependent Development Disorders". Concrete management strategies for occupational burdens are not dealt with.

There is also the possibility of a three-year study of social work. Here, one can choose one of three different specialisations: social work, social policy or sociology. The specialisation of social work enables graduates to become active in the field of nursing after studying. Social workers help elderly people in coping with everyday life and support them in many areas of their daily lives. The specific tasks of social workers are in counselling, rehabilitation (related to everyday coping with everyday life, not in the medical sense) and

daily basic care. Again, there are no indications in the curriculum on self-care or coping strategies.
At this point, however, it should be pointed out that there is greater inhibition in the Estonian society to express possible psychological problems or ask for aid. The reasons for this are to be found in the past. Thus at the time of communism political opponents were all too often forced into psychiatric hospitals to be silenced. Psychological stress and diseases in general are still a taboo topic in Estonia.

Modules and core fields of the curriculum

In general, it is to be noted that social and psychological contents are found in the curriculum. Frequently, however, these are only education – relevant fundamentals, which either provide very little or hardly any strategies for dealing with psychological stress. The feedback from the questionnaires and the participants also showed that it would be helpful to receive more input on topics "dealing with dying / death" and "dealing with psychological stress". Based on the information on educational contents and the experiences of the participants, a curriculum was developed, which should be used in further vocational education and training in order to counteract occupational stress. This is achieved, on one hand, by practicing strategies for self-care and, on the other hand, through the imparting of specific competences in selected areas.

The elaborated curriculum has been structured in a modular way in order to clarify exactly what is taught in the individual courses, what competences and learning objectives are achieved or should be achieved. In this case, the training requirements mentioned in the survey are grouped into four areas or modules. Each module contains various module units with selected content. The content of the course is described, on one hand, and on the other hand, it is listed which competency competencies are taught and which learning objectives are to be achieved.

In the following, the various modules as well as the associated module units are listed first.

- Module 1: Coping with death and sorrow
    - Strategies on coping with death and sorrow
    - Practical application of terminal care
- Module 2: Healthy back – healthy movement
    - Kinesthetics – How to properly move people and yourself
    - Holistically treating back problems
- Module 3: Mindfulness and mental hygiene
    - Strengthening oneself
    - Methods of mental hygiene and mindfulness
    - More focused "switching off" and relaxing
    - Being stress – free by setting boundaries
    - Optimism – training
- Module 4: Communication
    - Closeness and distance - balance in dealing with patients / residents
    - Successful communication in a team
    - Successful communication with patients and family members

The following is a detailed description of the module manual in table form. This includes explanations of content, coping skills and learning objectives. Some points include recommendations for the design and

implementation as well as notes on the target group and the timeframe. Each module is preceded by a brief introduction, which once again indicates the relevance of the topic, and why it is so important to provide participants with relevant competences in this area.

Module 1

Dealing with and caring for dying old people is one of the greatest professional challenges in nursing. Many nurses do not feel, already in training, adequately prepared for this difficult task. This was evident from many discussions with the participants. Trainees are, in practice, either "spared" from the theme or introduced with a lack of sensitivity to this task. Therefore, it is easy to understand that an already difficult issue without adequate professional preparation is quickly felt as burdensome. Both module units are designed to provide an appropriate approach to dying and suffering in the profession. On one hand, they are aimed at employees (modular strategies for coping with dying and suffering), and on the other hand, the operation itself (module unit to implement terminal care in the company) in order to ultimately preserve the workability of the workforce in the long term. The latter module unit is intended to provide an operational framework which, with the help of professional standards, enables employees to secure their professional activities.

Module 1	Coping with death and sorrow
Module unit	Strategies on coping with death and sorrow

Contents of the teaching unit	**General facts on terminal care**
	▪ Terminal care as a social duty
	▪ Professionalization of the caregivers (hospice work, developing competences of hospice helpers)
	▪ Terminal care / dying as part of care in the everyday life of nursing home
	▪ Goals of terminal care
	
	Experiencing/understanding death
	▪ Perspectives on death: salvation and part of life
	▪ Self-Reflection on Death and Dying: Finding balance between own views on care and the needs of dying people
	▪ Respecting your own beliefs about death and concepts of finitude: creating your own concepts about death
	
	Emotional aspects of terminal care
	▪ Phases of dying according to E. Kübler-Ross
	▪ Feelings and dealing with them (fears / failures, feelings of impotence); Reviewing and admitting experiences; Personal feelings
	▪ Understanding and respecting borders, taking your own limits seriously
	
	Coping strategies for coping with suffering and dying
	▪ Strategies for anxiety management, gaining experience in situations with dying people
	▪ Learning the methods of accompaniment
	▪ Developing rituals: dealing with the dying and the dead and their arrangement by nurses
	▪ Considering the wishes of dying people, design possibilities
	▪ Balance between compassion and distance
	  - Defining the definition to the dying
	  - Developing distance and routine
	
	Communication & conduct

	▪ The role of the caregiver in the death support: proper / appropriate behavior (letting go instead of holding on, saying farewell) ▪ Conduct conversations with dying people adequately: respond to conversational wishes, allow patient to express feelings ▪ Verbal and non – verbal communication: - Gesture and speech, dealing with silence, signal and image language of the dying patient ▪ Communication with relatives
Handling competences	The participants gain protection in the course of the care of dying persons, in the discharge of the deceased, and in the communication of relatives. They can communicate appropriately with dying persons and relatives and can behave accordingly. They can apply methods of communication (correct / adequate choice of words and gestures) and grasp the importance of silence. Furthermore, they remain in balance with themselves and can develop ways and methods of coping for themselves in order to remain able to act
Learning goals	The learners are to recognize terminal care as an important part of their work. In addition, by addressing the issue of dying / death from a general viewpoint, as well as by self-reflection, fears and obstacles are to be dealt with. Through the mediation of coping strategies and concrete manuals, learners should be able to be able to behave adequately and safely during terminal care of dying persons in order to ensure optimal monitoring, while also considering their own mental stability / health.
Recommendations for the organization of further education and training	Implementation and monitoring of advanced training by psychologically trained staff, psychologists, clergy, theologians or hospice staff. Excursions to funeral homes, consultation or exchange of experience with "experts", for example, hospice assistants, honorary death assistants, etc. Conduct this in rather small groups to allow room for personal exchange. No classical further education (school situation), rather pleasant shaping of the educational institution / the room (eg seat circle, warm atmosphere through table decoration).
Target group, time frame	Depending on how intensively the topic has been dealt with within the country-specific training curriculum, this event can also be used as a short refresher. Therefore, the length of training can vary widely. If the subject is not part of the initial training, it is advisable to make a longer training course (1 week full-day course) in order to ensure sufficient time for the content to be conveyed, on the other hand, allowing enough room for emotions and processing. Since this topic has only gained relevance for a short time and is no longer taboo, it is also addressed to older learners, who may wish to have a new input on further development. Elder people have, however, often already developed working strategies for dealing with the topic. Therefore, the main target group is younger learners who either have no prior knowledge of the topic of terminal care or who are greatly insecure.
Module unit	**Practical application of terminal care**
Contents of the teaching unit	**Terminal care as social duty** ▪ Acknowledge terminal care as a professional duty in the care of the elderly ▪ Understand that dying is a part of everyday life of nursing ▪ Professionalization of terminal care in one's own organization ▪ Increase the importance of terminal care **Framework for the terminal care** ▪ Evaluate and increase the position ▪ Evaluate posture and attitude ▪ Implementation and development of a parting culture: creating and implementing concepts **Implementing a parting culture/a concept for terminal care** ▪ Reflection of existing rituals / procedures in the own institution

	▪ Identify the needs of dying people, reflection of typical needs ▪ Discuss, develop and define possible practices / rituals during terminal care **Initiate concepts for terminal care** ▪ Developing standards in practice ▪ Care and arrangement of the dead ▪ Developing and defining precise procedures, maintain standardized procedures ▪ Initiate the quality circle, appoint and further train the persons appointed for terminal care **Communication strategies on the topic of dying and care** ▪ Dying as taboo topic, dying as an "unloved" task ▪ Conflict and stress potential of the subject ▪ Communication strategies in the team on the topic of dying ▪ Offer discussions, collect colleagues, avoid taboo phrases ("it is normal / is part of life")
Handling competences	The learners know the measures and methods for the implementation of terminal care in their own company. They know the necessary framework conditions and which rituals and practices are possible, important and appropriate. Furthermore, they are able to develop their own facility-specific concept by means of standards and flowcharts and how to initiate this in their company.
Learning goals	The learners are to receive suggestions or instructions to implement terminal care as a fixed concept, possibly as part of quality management, in their own hospital. The current approach is questioned and assessed; other appropriate approaches are developed and discussed. Depending on prior knowledge, the learners receive guidance and assistance on the needs of those who are dying, what rituals of accompaniment are appropriate or typical, what is to be observed in the preparation of the dead, and what practices and rituals are possible and helpful. In addition, methods and measures are discussed on how to deal with terminal care and the deceased as a uniformly defined concept can be designed and established in order to achieve a certain standard of quality on one hand, and on the other hand to give employees security in dealing with the subject. Depending on the need / prior knowledge, the last part of the advanced training (communication strategies) can be dispensed with or offered as a separate short seminar. The aim of this smaller unit is not turn the subject of death and dying into a taboo, but to present it as a "normal" professional topic. It is intended to sensitize and motivate the working environment and, if necessary, to search for and / or offer conversations in order to maintain the emotional balance. In addition, a certain communication standard is to be developed which empathically and appropriately deals with the topic, gathers colleagues and employees in situations that are perceived as burdensome and receives their empowerment.
Target group, time frame	The target group is mainly people in leading or management positions. These can be both managing directors as well as management, maintenance or quality management representatives.

Module 2

Kinesthetics is still a very young discipline, which is not always found in the curriculum in Germany, and because of the lacking number of hours in the learning field 4.4, cannot be adequately conveyed. Therefore, it is useful to offer further education on the subject of kinaesthetics for a profession that puts great stress on the back. Back pain is also one of the most common complaints of nurses. In research, it turned out that back problems were caused less by wear or other bone-related problems at the skeletal system, but rather by problems with tendons, ligaments or muscles. Frequently, however, these complaints

are not purely physical, but have psychological causes which then manifest themselves physically (psychosomatics). The modules unit on the Consideration of Back Problems deals with this problem.

Module 2	Healthy back – healthy movement
Module unit	**Kinesthetics – How to properly move people and yourself**

Contents of the teaching unit	**The concept of kinesthetics**
	▪ Kinesthetics as a creative concept for the organization of nursing interaction and for the support of movement
	▪ Idea of kinesthetics:
	  - Feeling and perceiving of movement
	  - Prevention and health development
	  - Complementary nursing concept
	  - Assessment instrument in the care of the elderly → Assessing the mobility of patients
	▪ Goals of kinesthetics
	
	Kinesthetic concept system
	▪ The tool of kinaesthetics: Six different areas of the concept system
	▪ Basics of physiological movement and processes of movement education in these six areas:
	  - Interaction and communication
	  - Functional anatomy
	  - Human movement
	  - Exertion
	  - Human function
	  - Adapted surroundings
	
	Practical part
	▪ Make movement experiences
	▪ Presentation of individual, helpful techniques or patterns of movement for the profession
	▪ Movement patterns for working with patients in care
	▪ Useful techniques or patterns of movement for everyday life (further / general prevention)

Handling competences	The learners gain theoretical knowledge about the concept of kinaesthetics. In addition, through practical exercises, they learn to use a back-friendly movement pattern for themselves when working with patients. On the other hand, they are able to support or adopt daily movements of patients in such a way that the patients themselves gain control of the movement. In the end, the learners can guide patients so that they can participate actively in their own movement, that is, they can help themselves and experience their movement. In addition, the participants learn to use communicative competences through movement and interaction with the patient.
Learning goals	The learners recognize movement competency as the basis of the health development for themselves as well as in dealing with patients. They know about the relevance of movement to maintaining good quality of life and self-determination. By imparting theory and the use of practical exercises, the learners first acquire the ability to achieve a more conscious sense of movement for themselves and thus to make their work and everyday movements healthier and more backward-friendly. They also learn the patterns of movement for working with patients who, on one hand, contribute to maintaining their own health and, on the other hand, support the movement of the patients in order to promote and maintain their mobility. The learners should learn how they can move people right and at the same time promote their self-control over movement.
Target group, time frame	Between 1990 and 2000, the conceptual system of kinaesthetics was developed. It is therefore relatively young in the field of nursing. Above all, older learners will probably not know about it, or will only have heard about it. Therefore, the target group is likely to be

	mainly learners with an exam before 1990. In principle, however, it is suitable for everyone who wants to learn back-friendly working and to encourage and support patients in their movement.
Module unit	**Holistically treating back problems**

Contents of the teaching unit	**Weak point: back**
	▪ Back: Anatomy →Bones, muscles tendons and ligaments
	▪ Indicate typical pain points
	▪ Indicate causes of back pain
	
	Connection between back pain and psyche - Psychosomatic Review
	▪ Introduction to the term "psychosomatic", interplay of physique and psyche
	▪ Psychosomatic examination of back pain
	  - Psychological and social causes of back pain; stress factors
	  - Effects of stress and stress factors on musculature and ligaments (tensioning, preservation, blockages), functional disorders
	
	Holistic approach to therapy and prevention
	▪ Identification of stressors (psychological and social)
	▪ Identification of three-level solution strategies: physical, psychological and behavioural level
	  - Physical level:
	    ◆ Self-observation in calm / relaxation, during everyday and work activities
	    ◆ Analysis of deficiencies, correction by learning of healthy movements
	  - Psychological level:
	    ◆ Learning coping strategies
	    ◆ Strengthening self-effectiveness: exploring internal resources / strengths, developing potentials
	    ◆ Self - care
	    ◆ Developing and exercising mindfulness, training self-awareness
	  - Behavioural level:
	    ◆ Dealing with negative feelings: discussing and assessing previous strategies
	    ◆ Introducing/developing new strategies, e.g.
	      ◦ Provocation exercises (hyperventilation, etc.) for the simulation of physical symptoms
	      ◦ Changing habits, learning new behaviours (role playing)
	      ◦ Mindfulness and self-regulation exercises

Handling competences	The learners have basic knowledge about the concept of psychosomatic and recognize causes of back pain not as a problem of the bones, but mainly as a result of strained or wrongly strained muscles / ligaments. They can prevent pain, tensions and inability to work through the use of targeted strategies. They know how to maintain a healthy posture, avoid relieving postures and know correct, healthier patterns of movement in everyday life and work. Furthermore, they can avoid stress at the mental level by assessing their own strengths / weaknesses accordingly and acting on them. The learners are careful in working with their bodies, can use strategies to cope with stress, and have learned to focus on bad habits (on the basis of movement and on the mental level) and to explore new ways of coping with stress.
Learning goals	The learners discuss typical pain points with regard to the anatomy of the back and recognize connections between mental stresses and their effects on the body or its functional areas. They understand that stress is the main cause of pain and learn different strategies on the physical and psychological level as well as on the behavioural level in order to avoid stress / stress or correct for a healthier, pain-free lifestyle.

Module 3

During the development of the curriculum, it became clear that methods of handling stress and other psychological strains, often referred to as known relaxation procedures such as yoga or autogenic training, will be used in order to reduce mental stress. The question arose as to whether it would not be possible to counteract the stress already in the before it caused physical and psychological consequences. If people are mentally able to block negative thoughts and sensations or to process them in such a way that they do not create any stress, this would certainly be a great advantage for maintaining the ability to work. Therefore, a total of five further training modules have been developed in Module 3, which are devoted to various forms of psychological stress occurring in professional practice.

Module 3	Mindfulness and mental hygiene
Module unit	Strengthening oneself

Contents of the teaching unit	**Identifying ones strengths and weaknesses**
	▪ Self-analysis, uncovering ones strengths / potentials and weaknesses
	▪ Uncovering and identifying stress factors and stress-promoting factors
	
	Concept of resilience
	▪ Resilience as psychological resistance
	▪ Inner and outer protection factors of resilience
	▪ The seven pillars of resilience (optimism, acceptance, solution orientation, self-regulation, responsibility, future planning, network orientation)
	
	Resilience training
	▪ Analyze the initial situation
	  - How do I currently deal with strains?
	  - How do I rate my resistance now?
	  - What resources do I have and how can I use these?
	  - What potentials do I have to deal with strains, and how can I develop these?
	▪ Increasing stress tolerance
	▪ recognize / learn mindfulness and conscious experience →exercises
	▪ Identify your self-esteem
	▪ See crises as opportunities → Develop solutions-oriented perspectives

Handling competences	The participants learn the concept of resilience and analyze their own strengths and weaknesses. Based on this analysis, they are able to adequately counteract stress and strains. On the basis of the identification of their potential, they can react appropriately in stress situations and act appropriately at their own discretion. Learners will be further trained to find solutions in difficult situations, instead of seeing the stress situation as an unsolvable crisis. This increases their stress tolerance and maintains their ability to act and work.
Learning goals	The learners are careful in dealing with their bodies and no longer feel extradited to stress and stress-factors / situations. They remain able to work and to act because they know their strengths, potentials and weaknesses and are aware of their individual stress factors. They know the concept of resilience with its protective factors and can train their mental resistance. This way, the learners are able to face the stress of work without being extradited to it.
Module unit	Methods of mental hygiene and mindfulness
Contents of the teaching unit	**What does "mental hygiene" mean?** ▪ Concept of "mental hygiene" ▪ Prophylaxis and prevention characteristics of mental hygiene (psychosomatics) ▪ Consequences of imbalance of body and mind **What is mindfulness?**

	▪ Explanation of mindfulness and careful attitudes
	▪ Goals of mindfulness
	
	Measures of mental hygiene
	▪ Being in mindfulness with yourself
	  - Getting rid of deep, wrong thinking and behavioural patterns
	  - Perceive, express and live out needs
	  - Detecting and coping with malfunctions
	▪ Detect and reflect psychological strains
	  - Adopting problems instead of glossing over them, developing solution-oriented perspectives
	  - Strength and weakness analysis, developing and using ones potential
	▪ Encouraging self-competence
	  - Communication with oneself
	  - Encouraging of social competences
	  - Developing the ability to deal with conflict
	▪ Strive for Work-Life-Balance
	
	Fostering the soul - everyday methods of mental hygiene and mindfulness
	▪ General proven methods and their impact (search for conversations, learn relaxation methods, pursue hobbies)
	▪ Mindfulness-based methods are learned and transferred to everyday life
	  - Body-Scan
	  - Breathing meditation

Handling competences	The participants are able to ward off stress and strains. They are able to find solution-oriented ways out of crises / problems and are thus competent in dealing with them. The learners can constructively deal with problems and use their strengths and potentials in doing so. They attain a serene way of dealing with themselves and know what they are doing well in stressful situations and how to successfully cope with the same.
Learning goals	The learners receive basic knowledge about the concepts of mental hygiene and mindfulness. They first learn how to achieve a healthy mental balance and a positive attitude towards themselves. They also learn how to escape stress and strain, and how they can build a more attentive attitude to themselves and their environment as a preventive measure against mental stress.
Module unit	**More focused "switching off" and relaxing**
Contents of the teaching unit	**Causes and problems when "switching off" and relaxing** ▪ External circumstances such as crises, burdensome events, work stress Etc. ▪ Internal conditions such as poor diet, pain, behaviour and thought patterns, perfectionism, etc. ▪ Awareness of such behavior: the search for certain rituals, the self-reflection of the participants ▪ Consequences of lasting mental tension and lack of recovery **Henning Allmer's phase model of recovery** ▪ Role of recovery as an actively controllable process ▪ Phase of stress and recovery, relevance of detachment ▪ Recovery as compensation and prevention for strains **Mental training** ▪ Renouncing negative thinking, learning to deal with negative thoughts ▪ Learning healthy thinking ▪ Typical negative ways of thinking and dealing with them ▪ Other methods of thought control:

	- Thought-stop method, speaking with ones thoughts, redirecting thoughts - Focus on relaxation, breathing exercises **Practical part** ▪ Transfer of the phase model to the working day: Exercise → Use a typical working day as reference and identify phases ▪ Practical application of the presented methods
Handling competences	The participants are able to reflect external and internal conditions as causes of strains and to assess the consequences for their mental and physical health. They are able to apply mental strategies to negative thoughts. They are capable of applying mental strategies to cast off negative thoughts. Through the targeted treatment of mental relaxation strategies, the learners are able to consciously relax and gain distance from psychologically stressful states or thoughts. Thus, they can consciously experience relaxed phases of recovery and maintain their workability and mental balance in the long term.
Learning goals	The learners are introduced with different causes for persistent tension and their consequences for mental and physical health. They are familiar with Allmer's phase model of recovery and know the importance of disassociation to shutdown. They are also able to actively manage their recovery by applying mental strategies, thus providing for a mental balance and a healthy mental attitude.
Model unit	**Being stress – free by setting boundaries**
Contents of the teaching unit	**Reflection of one's own boundaries** ▪ Where are my boundaries? Up to where do I want/can I go? ▪ How do I identify my boundaries? ▪ Identifying and accepting the boundaries of others **Functions of boundaries** ▪ Orientation, stability and protection ▪ Cause and effects of wrongly set boundaries ▪ Difficulty in setting limits: what is behind it? **Properly setting one's own boundaries** ▪ Conflict training → Properly dealing with conflicts instead of avoiding them
Handling competences	Participants are able to recognize their own limits and to assess them correctly by reflecting on their past behaviour. They learn the functions of boundaries and reflect the causes of why they are exposed to border crossings. This enables them to set up clear barriers in the future and not allow to be shaken by anything. In addition, with the help of boundaries, the participants learn how to deal with frequently encountered conflicts and to lead them correctly.
Learning goals	The learners understand the concept of the personal limit as an effective protection against overload. They get to know their own boundaries and can thereby avoid others stepping over their boundaries. This strengthens and maintains their psyche or mental balance.
Module unit	**Optimism training**
Contents of the teaching unit	**Origin of optimism as a resource** ▪ Optimism and the relation to positive psychology (science of successful life) - Positive emotions/optimism as important resource for inner strength and a stress – free state → resilience - Negative thoughts → Source of psychological strains ▪ Understanding and using optimism as a source of strength - Breaking negative thinking patterns - Replacing negative thoughts with positive ones

	- Thought training, mental training
	▪ Goals of optimism - training:
	  - Boosting inner strength
	  - Strengthening psychological resistance (resilience)
	  - Boosting/attaining a optimistic attitude towards life
	
	What strengthens people? Orienting towards potentials
	▪ Strategies to a more personal well - being → Approaches from Positive Psychology
	  - Developing optimism and positive feelings: Seeing a silver lining
	  - Self-compassion: to accept one's own fallibility → away from feelings of guilt
	  - Developing mindfulness

Handling competences	The participants are given an insight into the concept of positive psychology, especially the aspect of optimism. They learn to apply optimism and to train through training as a basic attitude in life and thinking. The learners are able to think positively and thus can reach psychological strength and well-being.
Learning goals	The learners learn about optimism as a resource for more well-being and inner balance. With targeted mental strategies, they are able to develop a positive attitude and to meet challenges in everyday life and at work.

Module 4

Communication is also one of the fields of human coexistence, which has great potential for misunderstandings, conflicts and the resulting burdens. Communication also has a high relevance in nursing. On the one hand, a failed communication in the work team can lead to conflicts and emotional tensions. However, dealing with patients and their relatives often proves to be difficult. For example, human proximity to the client has an enormous importance in the nursing relationship. Too much proximity, however, can lead to over-identification with the client in nursing staff; Problems and compassion also keep the nurse attached in private, which can also lead to high psychological stress. To avoid this requires a healthy understanding of proximity and distance, which is expressed above all in the body language.

Similarly, the expectations and expectations of relatives, which can often not be realized in nursing practice, can bring their caregivers to their limits. Targeted communication training can help to find the right approach in human interaction in order to counter conflicts. This also applies when dealing with each other in the work team.

Module 4	**Communication**
Module unit	**Closeness and distance – balance in dealing with patients**

Contents of the teaching unit	**Relevance of closeness and distance in nursing**
	▪ Closeness and its importance in the nursing relationship
	  - Identification, empathy and the effects on the relationship with the patient (trust and togetherness)
	▪ Distance and its relevance for keeping an objective view / attitude and the enabling of optimal assistance (self-protection against over-identification)
	
	Balance of closeness and distance - concept of distant participation (Detached Concern)
	▪ Distanced participation as an attitude and coping strategy
	  - Sufficient distance, objectivity, healthy level of participation and balance of both components

	▪ Risks of imbalance of both aspects
	  - Too much closeness: over – identification, "problem-taking", helplessness, unprofessionalism, burnout
	  - Too much distance: insufficient participation, dehumanization of care / attitude towards patients, dissatisfaction with patients, etc.
	▪ Positive aspects of balancing both components
	▪ Paradox of distant participation
	  - Sympathy vs. regulation of feelings in dealing with people
	  - Distance vs. feeling empathy
	
	Learning distanced compassion
	▪ Approach: therapeutic working agreement
	  - Phenomena of transmission and counter-transmission
	  - Learning the basic rule and abstinence rule (from psychoanalysis)
	
	Expressing closeness and distance through behaviour
	▪ Setting up physical and mental distance
	  - Possibilities of communication (verbal/nonverbal)
	  - One's own attitude / behaviour
	  - Emotion regulation
	▪ Practicing new behaviour patterns

Handling competences	The participants are able to maintain a balanced structure of closeness and distance in the nursing relationship with the patients. They shape the nursing relationship with sufficient empathy and confidence, without crossing borders and at the same time keep a healthy distance to ensure the objective attitude to the patient and their work. With this attitude, they are enabled not to relate to problems. They are also able to communicate this attitude through their body language and behaviour.
Learning goals	The learners know the aspects and relevance of distance and closeness in the nursing process. They are familiar with the concept of distant participation and they know the problems that can occur with the imbalance of both aspects and the positive effects of the balance of proximity and distance for one's own mental health and work. As a foray, they will gain an insight into the therapeutic workflow and the observance of basic and abstinence rules in the psychotherapeutic work and can take this as a basis for the nursing work, especially for a healthy organization of the nursing relationship. In addition, they are able to professionally shape their relationships with patients / residents without compromising their psyche through too much compassion.
Module unit	**Successful communication in a team**
Contents of the teaching unit	**Insight into the basics of communication** ▪ Watzlawick and Schulz von Thun: content and relationship aspect of a message ▪ Disturbances in communication: Causes and effects ▪ Conflicts and faulty communication as a source of stress **Successful communication in a team** ▪ Basic rules: simple and clear language, balanced listening and speaking, open - mindedness towards criticism, mutual appreciation, etc. ▪ Proper use of verbal and non-verbal communication elements ▪ Active listening and inquiring ▪ Identify tensions in the team and counteract them through communication
Handling competences	The participants receive a short repetition of the communication communications as a refresher. Based on this, they can perceive and identify disturbances in communication such as misunderstandings and their effects on team spirit and psychological mood or balance.

	They are still able to communicate appropriately and communicate correctly, can use communication techniques and thus contribute to a positive working atmosphere in the team.
Learning goals	The learner will once again gain a deeper insight into the basics of communication as well as the causes of communication disruptions. They learn how to communicate properly and appropriately in typically difficult situations of the workplace and to adequately counteract conflicts. This can prevent tension in the nursing team and contribute to a positive attitude in the team.
Module unit	**Successful communication with patients and family members**

Contents of the teaching unit	**Problem area: Communication (general)**
	▪ Problem communication in care: special features of the situation, motives of patients, nurses and relatives
	▪ Principles and levels of communication: Schulz von Thun, Paul Watzlawick
	▪ Effects and functions of communication in the care
	  - Speaking as a nurturing → effect of language as medicine
	  - Functions of language and gesticulation
	  - Organization of the nursing relationship →organization, information, education, reassurance
	  - Information gathering
	  - Self-protection function of successful communication
	
	Disturbances in communication
	▪ Obstructive and conducive conversation
	  - Conversation inducing: listening, "I"-messages, paraphrasing and showing respect, questioning, focusing
	  - Conversation inhibitor: interrupt, send "you" messages, put your own experiences and advice in the foreground, evaluate instead of accepting, unconcentricity
	▪ Alarm signs of bad communication: half and nested sentences, no mention of names, no greetings, speak in curses, no eye contact
	▪ Disturbances in human communication: "Yes, but" sentences, competitive thinking, not listening, insisting, interfering etc.
	
	Design techniques for successful communication
	▪ The foundations of successful communication
	▪ Introduction to the client-centric discussion led by C. Rogers and the non-violent communication according to M. Rosenberg
	▪ Conversation and communication techniques
	  - Active listening
	  - Questioning techniques
	▪ Handling with the emotions of the patient
	▪ Handling critique
	
	Practical part
	▪ Exercises and role playing

Handling competences	The attendees get an insight into the field of communication problems and disturbances. They will learn which functions communication has in nursing, which disturbances exist and what effects they can have. In addition, the participants receive input on how communication in care can be better and smoother; They practice this by means of concrete practical exercises.
Learning goals	In the everyday life of the nursing day, the learners can communicate appropriately with the clients and establish a positive relationship with them. They know how to react appropriately and correctly in different everyday situations and how relationships can be shaped by the application of certain communication techniques.