Abstract PO-0870 Table 1 Distribution of differences in the number of correct responses by sociodemographic characteristics (N=159)

Socio-demographic Characteristics			Level of significance
Gender	Female	33.57 ± 5.66	U=2787.50
	Male	32.50 ± 5.74	Z=-0.782
	25 ve ?	27.00 ± 3.55	p = 0.434
	26–30 years	32.34 ± 5.79	
Age group	31–35 years	34.85 ± 5.88	KW=12.000
	36 ve ?	33.11 ± 5.40	p = 0.007
	Married	33.58 ± 5.70	
Marital status	Single	30.30 ± 5.05	KW=11.02
	Divorced	37.75 ± 2.62	p = 0.004
	Nuclear family	32.80 ± 5.81	
Family type	Extended family	34.60 ± 4.87	KW=5.159
	Single parent	37.75 ± 2.62	p = 0.076
Do you have children?	Yes	33.85 ± 5.51	U=1330.50
	No	30.25 ± 5.62	Z=-2.866
	1	33.57 ± 6.05	p = 0.004
	2	33.86 ± 5.54	
Number of children (n = 128)	3	35.40 ± 3.93	KW=4.641
	4 and more	28.75 ± 2.75	p = 0.200
	Vocational school of health	27.41 ± 4.94	
	Associate of science	30.60 ± 5.58	U=2094.50
Educational status	Bachelor's degree	35.83 ± 4.30	Z=-2.796
	Other	28.27 ± 4.46	p = 0.005
Occupation			

chance for keeping the acquired attitudes, behaviour and habits in the following years is the highest. As in many subjects, giving the importance to sexual education in this period has many benefits regarding development. This descriptive study was carried out in order to determine knowledge levels and attitudes of doctors and nurses regarding children's sexual development and sex education.

Methods The design of the study is descriptive. The study was conducted with doctors and nurses who work at various clinics of two state hospitals located in the Istanbul province. A total of 138 doctors and 150 nurses work at these hospitals.

Results It was determined that the majority of cases were female and were aged more than 36 years. 63.5% of the cases have bachelor's degrees and 62.1% were medical doctors. It was determined that the number of correct responses given by the cases regarding some behaviours observed in children aged between 3–6 years and children's sexual development and sex education showed significant differences according to age group, marital status, status of having children, educational status, and occupation (Table 1).

Conclusions All of our cases think that it is necessary to provide sex education for children and the majority of cases think that sex education should be provided for children aged between 7–12 years.

PO-0871 DISCHARGE MANAGEMENT MORE EFFECTIVE WHEN PARENTS PARTICIPATE

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Introduction Parents whose child is admitted in a hospital are often overwhelmed by an oncoming discharge. Especially when care has to be continued at home, parents instructions are provided only shortly before discharge. As a result discharge may be suboptimal or hospitalisation may be prolonged. The question arises whether family centred care contributes to a more effective and efficient discharge management.

Method We studied the literature, organised 4 focus group discussions with 21 nurses in total, and distributed a survey among 15 parent couples.

Results Results from several studies show that parents' participation reduces the time of hospitalisation by circa 3 days. In the focus group discussions nurses recognised that the moment of discharge is mainly based on medical criteria. As a result parents instructions start at a late moment, must be performed in a short period of time and sometimes increases the length of stay. The surveys showed that all parents feel responsible for the care of their child during hospitalisation. Of the parents, 64% mentioned that they are involved in the discharge planning, that started at admission. However, only 34% of the parents stated to be informed about discharge criteria.

Conclusion Parents' participation shortens the length of stay in hospital. However, the present discharge procedure is not sufficiently family centred and oncoming discharge is not discussed timely. We recommend to discuss discharge planning on a daily base within the team of care providers including the parents, and to involve parents in the discharge management.

PO-0872 CASE MANAGEMENT IN PAEDIATRIC PALLIATIVE CARE

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