The study is a part of The International Closeness Survey in the SCENE group who studies how the cultures of neonatal units (NICU) promote or hinder parent-infant physical and emotional closeness. In this study, parents’ perception of received staff support and nurses’ perception of given nurse support were compared between a Family Centred Care (FCC) unit and a traditional open-bay NICU in Norway. Thirty families with infants born before 35 weeks of gestational age were included in both units. Every nurse working at infant bedside (n = 62 + 67) participated in to the study for 3-month period. Parents responded to one out nine potential randomised questions about staff support sent as an SMS message to their mobile phone every evening. Nurses responded to corresponding questions via a web page on how they perceived the support they provided. The nurses’ evaluation on given parent support did not differ between the units. In the FCC unit, the nurses reported highest satisfaction with their own support in actively listening to parents. In the open bay unit, the nurses gave the highest scores on parents trusting on them. The parents in the FCC unit reported higher scores with respect to active listening, emotional support, parents trusted by staff, parental participation in decision making, and medical rounds, compared to the parents in the open bay unit (p < 0.05). The parents in the FCC unit report more satisfaction with support from staff than parents in the open bay unit.

Nursing Education

O-131 INDIVIDUALISED WRITTEN INFORMATION IMPROVE PARENTAL KNOWLEDGE AND COPING AFTER NEONATAL HEART SURGERY?
F Hjorth-Johansen. Women and Childrens Department, Oslo University Hospital, Oslo, Norway

Background and aims Parents of infant with congenital heart disease have often insufficient knowledge and experience anxiety. This may affect their coping after discharge. Individualised written information is appreciated, but has not been evaluated for contributions to coping in this population. The aim of this study was to assess whether individualised written information improves parental perception of knowledge and coping after discharge.

Methods and results Written information based on transition theory, possible to individualise to each infant and family, was developed and a pragmatic controlled trial with subsequent groups was conducted. Parents of 52 term infants undergone heart surgery in the neonatal period were included. The Control group (26) received standard information and the intervention group (26) received individualised written information. Parents responded to questionnaires at discharge and by phone call three weeks after discharge. Parents in the intervention group reported significantly better knowledge (p = 0.02) and coping after discharge (p = 0.03) than the control group.

Conclusions Individualized written information based on transition theory improves knowledge and coping. Both oral and individualized, written information had impact on this result.

Parents of infants with complex heart defects that require additional surgery later in infancy had lowest perception of knowledge and coping.

O-132 THE IMPACT OF SIMULATION BASED CURRICULUM ON THE DEVELOPMENT OF SELF-EFFICACY AND RELEVANT SKILLS BY NOVICE PICU NURSES
O-133 COMPUTER SCREEN SAVER HAND HYGIENE INFORMATION CURBS A NEGATIVE TREND IN HAND HYGIENE BEHAVIOUR