

Abstract O-137 Table 1

Study	Eligible for discussion with parents (N)				Time for screening (min)	Time for discussion (min)	Mean time spent on screening and discussions for each consent participant (min)
	Approached (N)	Consented (N)	Consent rate (%)				
A	97	75	72	95	20	30	58
B	250	183	134	73	20	30	78
C	261	99	10	10	30	45	1228

talking about their pain; they felt that such would work best on a one-to-one basis or in small groups. They provided feedback on where we should position ourselves in ward settings whilst undertaking non-participant observation of children during the post-operative period. They made practical suggestions about how children could assent and withdraw from the study.

Conclusions From our experience our consultations were invaluable and worth the effort; our final design was more robust and grounded in the children's realities.

0-137 SCREENING AND RECRUITMENT TO CLINICAL STUDIES ON A REGIONAL NEONATAL UNIT: A COMPARISON OF THREE STUDIES WITH CONTRASTING CHARACTERISTICS

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Introduction The resources required to recruit neonatal studies are thought to be greater than for other studies but have not been formally described to date. The aim of this report is to summarise our experience of the effort required to recruit neonates to studies and our success rate with recruitment.

Methods Three contrasting studies were selected from our portfolio. The numbers of babies that were eligible, approached and consented were extracted from our screening logs. The rate of consent among families who were approached was calculated. The time taken for each step was assessed for a selection of families and scaled up for the whole study.

Results Study A was a non-interventional study requiring daily faecal samples. Study B involved taking dried blood spots for pharmacokinetic assays of medication used as routine clinical practice. Study C was a first-in-human study of a novel medicine. Key metrics are summarised in the Table.

The total times spent do not reflect time spent looking for parents or staff.

Discussion Recruitment to neonatal clinical studies requires considerable time, effort and teamwork. The consent rate differs according to the intensity of the study. Funders should take account of screening and recruitment times.

Nursing Team and Parenting

0-138 THE IMPACT OF PARENTING STYLE ON JORDANIAN ADOLESCENTS' WELL-BEING IN THE NORTH OF JORDAN

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Background and aims Parenting is a complex activity includes specific practices that affect on adolescents 'development. This study aimed to describe the types of parenting styles among Jordanian adolescents in the north of Jordan. As well as, to examine the relationship between parenting style and adolescents' well-being (general mental health, self – esteem, and schools' achievement.

Methods A cross sectional design was used to collect data from 500 students in the age of 13–16 years old (8th, 9th, 10th) classes in the period between April and May, 2012. Parenting Authority Questioner (Buri, 1991), General Health Questioner (Golderberg, 1988), Hare self-esteem scale (Hare, 1985) were used in this study. Clusters random sample was used to select the elements from public and private schools of the three educational directorates of Irbid Governorate.

Results 222 (44.4%) male, and 278(55.6%) female students participated in this study. The results of this study showed the means of authoritative parenting style was 35.3 (Sd = 5.7), authoritarian style was 31.6 (Sd = 4.1), and permissive parenting style was (Sd = 4.6) (33.3) with scale range = 10–50). The results showed a negative correlation between three types of parenting styles, and adolescents mental health. A positive correlation found between the three types of parenting styles, and adolescents' self-esteem. However, there was significant differences between three types of parenting styles, and adolescents GPA.

Conclusion Jordanian parenting styles had positive impact on adolescents' self-esteem, and academic achievements, while, it had negative impact on adolescents' mental health.

0-139 GIVING VOICE TO THE EXPERIENCES OF FIRST-TIME FATHERS OF LATE PRETERM INFANTS: A QUALITATIVE STUDY

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The transition to fatherhood can generate a range of cognitive and emotional experiences. The purpose of this study was to explore the experiences of first-time fathers of late preterm (34 to 36 weeks gestation) infants. The study was part of a larger randomised controlled trial to test a video-modelled play intervention for fathers that was delivered during home visits. At the outcome home visit (8 months corrected age) we used structured interviews with 85 fathers to explore the joys and challenges of fathering a late preterm infant. The interviews were transcribed and analysed using a thematic approach. Three main themes about fathers' experiences emerged. Fathers believed that spending time with the baby, watching the baby grow and learn, and being recognised by the baby contributed to fathering being the "best job in the world." Specific concerns about keeping the baby safe, meeting developmental milestones, self-confidence in

the fathering role, providing for the family, and balancing home life and work contributed to fathering being the “biggest job ever.” Fathers viewed fatherhood as an opportunity for personal growth and reflected on how their lives had changed since the arrival of their infant. Fathers in both groups liked the convenience of the home visits and the validation of their role as a father. Fathers in the intervention group liked the tailored feedback using the video-modelled play intervention. Health professionals need to consider the cognitive and emotional challenges experienced by fathers in their transition to parenthood and provide supports accordingly.

O-140 THE ANXIETY LEVELS OF PARENTS OF PREMATURE BABIES AND RELATED FACTORS

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Background Having a premature infant in the parent brings about anxiety.

Aims A descriptive and correlational study was carried out to determine the levels of anxiety and associated factors of parents with premature infants.

Methods The research was performed at five hospitals with Neonatal Intensive Care Unit (NICU) located in the city centre of Konya between March 1 and April 30, 2012. The sample group was comprised of 97 parents with premature infants. The “Parent And Baby Information Form” prepared by researchers and Spielberger’s “State and Permanent Anxiety Scale” was used for data collection. The data were evaluated in terms of number, percentage, mean, standard deviation, t-test, Mann Whitney U and Kruskal Wallis-test.

Results The mean score of state anxiety of mothers was 40, 15 ± 11, 25 while that of fathers was 37, 32 ± 10, 87 and this difference was not statistically significant ($p = 0.076$). The mean permanent anxiety score of mothers was 44, 30 ± 8, 98 while that of fathers was 39, 45 ± 8, 58 and this difference was statistically advanced significant ($p = 0.000$). Current gestational week, feel sufficient condition related to baby care, current living situation anxiety about the baby care, counting the baby’s breathing and evaluation had a significant effect on the anxiety level of mothers (respectively $p = 0,021$, $p = 0,004$, $p = 0,000$, $p = 0,028$). Educational status, working, perceived income status and current living situation anxiety about the baby care was observed to have a significant effect on the anxiety level of fathers (respectively $p = 0,012$, $p = 0,010$, $p = 0,016$, $p = 0,017$).

Conclusions It found that mothers and fathers of premature infants experienced mild level of anxiety.

O-141 EVALUATING PRENATAL EDUCATION PROGRAMS: A NEW MEASURE AND OUTCOMES

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There is limited evidence of the effectiveness of prenatal education programs, due to the lack of reliable and valid measurement evaluation tools. The *UpStart Parent Survey – Prenatal Version* was developed as a brief retrospective-pretest/posttest evaluation

tool designed to be administered electronically or on paper. The objectives of this study were to (1) conduct preliminary psychometric analysis of the *UpStart Parent Survey – Prenatal Version*, (2) determine outcomes of a prenatal education program, and (3) examine differences in scores between data collection methods, and mothers versus fathers. We recruited 277 expectant parents registered in a 6-week prenatal education program. Parents completed the survey at the end of the program using electronic tablets or paper copies. We uploaded electronic data to FluidSurveys, and imported into SPSS; data from paper copies were entered manually. Both the paper and electronic versions of the survey took a similar amount of time to enter/download, clean and analyse. Parents had mixed preference for electronic or paper versions of the survey, indicating provision of both options as desirable. The *UpStart Parent Survey – Prenatal Version* is internally consistent with Cronbach’s alphas of >0.89 for each scale. Parents demonstrated significantly increased knowledge and parenting experiences, $ps < 0.001$; satisfaction with the program was high. There were no significant differences in pre- or post-test scores for knowledge or experience scales whether paper or electronic surveys were used, or mothers or fathers completed the survey. The *UpStart Parent Survey – Prenatal Version* shows promise as a tool to capture outcomes of prenatal education programs.

O-142 A CLINICAL NEONATAL NURSING RESEARCH FELLOWSHIP: LINKING RESEARCH TO PRACTICE

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Background aims In nursing we are challenged to provide an evidence base for practice, however research for many nurses is challenging. Nurses have shied away from research choosing other career paths such as education, management or clinical practice. The aim was to establish an opportunity for clinical nurses to experience research in their workplace and to strengthen the link between research and practice.

Method A proposal was presented to management for a Clinical Neonatal Nursing Research Fellowship which would provide the opportunity for clinical nurses to experience research firsthand. The Clinical Nurse Consultant together with the Professor of Paediatric Nursing provided the supervision together with one of the Neonatologists. Applications were open to all registered nurses employed in the NICU. Corporate funding was obtained to enable the program to be established and not subjected to organisational budget constraints.

Results Five nurses have undertaken the Fellowship program. All are experienced neonatal nurses. The fellowship has fostered research studies examining; feeding trends following neonatal cardiac surgery, parental support, sleep in the NICU, RCT of securing ETIs and a weaning protocol for ventilated neonates. All have influenced practice in the NICU with presentations at research meetings with 3 receiving new investigator awards. The Fellowship program has fostered a nursing research culture within the NICU.

Conclusion The initiation and establishment of the Nursing Research Fellowship has led to changes in practice with clinical nurses becoming more active in research. I propose this is a good model for other NICUs to adopt.