and skills. Distribution and implementation will be further evaluated.

Conclusions: SeCZ Talk is a promising tool that helps to facilitate much needed communication about sexuality with adolescents with chronic conditions.

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PREDICTORS OF ADHERENCE IN SMALL CHILDREN WITH TYPE 1 DIABETES

V. Chisholm¹, L. Atkinson², K. Noyes³, A. Payne⁴, C. Kelnar⁵

¹Psychology, Queen Margaret University, Edinburgh, UK, ²Psychology, Ryerson University, Toronto, ON, Canada, ³Diabetes, Royal Hospital for Sick Children, Edinburgh, ⁴Nutrition, University of Plymouth, Plymouth, ⁵Child Life and Health, University of Edinburgh, Edinburgh, UK

Aims: Although type 1 diabetes incidence is increasing in younger children, they are neglected in paediatric adherence research despite the fact that younger children are more vulnerable medically, less capable of managing their disease, and parents have enormous caretaking responsibilities. We investigated the predictors of treatment adherence in young children with type 1 diabetes.

Methods: Mothers of 65 children aged 2 to 8 years were interviewed about children's diabetes care (e.g., injections, diet). Nutritional analyses were conducted to assess children's extrinsic sugar consumption (e.g., confectionary). Mothers completed assessments of diabetes knowledge, parenting stress, family functioning and child psychological adjustment. Demographic and medical information was also collected.

Results: More relationship difficulties and less frequent blood glucose monitoring predicted higher % energy intake from extrinsic sugars. The blood glucose monitoring and dietary regimens showed greater adherence variability than medical treatment components such as injection frequency. Better maternal diabetes knowledge correlated with less injection time variability, more frequent blood glucose monitoring, lower % energy intake from extrinsic sugars, lower HbA1c levels, and fewer relationship difficulties. Longer diabetes duration, greater injection time variability, and higher % energy intake from extrinsic sugars predicted less frequent blood glucose monitoring.

Conclusion: Healthcare professionals can facilitate treatment adherence through provision of socioemotional, educational, and practical support. Findings show that

- 1) healthcare professionals should be sensitive to the differential caretaking challenges presented by different components of treatment,
- 2) education is related to better outcomes, and
- 3) interventions should target the blood glucose monitoring and dietary regimens in particular.

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QUALITY OF LIFE IN GREEK CHILDREN WITH ASTHMA

K. Petsios^{1,2}, K. Priftis³, C. Tsoumakas², E. Hatziaorou⁴, J. Tsanakas⁴, V. Matziou²

¹Pediatric Cardiosurgical Intensive Care Unit, Onassis Cardiac Surgery Center, ²Faculty of Nursing, National & Kapodistrian University of Athens, Athina, ³Department of Allergy-Pneumology, Penteli Children's Hospital, Attica, Greece, Attiki, ⁴Paediatric Respiratory Unit - 3rd University Paediatric Clinic, Hippokrateion General Hospital of Thessaloniki, Thessaloniki, Greece

Background: Asthma is a multisymptomatic and multifactorial disease with a various therapeutic approach that can have a substantial effect on quality of life (QoL).

Aim: To evaluate the QoL in children with asthma in Greece and to describe the impact of asthma and its treatment on the child's well-being.

Methods: The study participated 504 asthmatic children and one of their parents. QoL was assessed with DISABKIDS-Smile measure for children aged 4-7 years and with DISABKIDS DCGM-37 and Asthma Module for children 8-14 year old, along with special forms for demographic and clinical data.

Results: 315 children (122 girls, 193 boys), 4-7 years old (Group A) with mean age 5.35 years and 189 children (8-16 years old) with mean age of 10.22 years (Group B) participated the study. Age of diagnosis, treatment duration, mother's educational level and level of asthma control were found to have positive effect on children's QoL. On the contrary, passive smoking (especially when the mother was a smoker), presence of pets or animals, the level

of contact with allergens and asthma severity were found to have a negative effect on quality of life, especially in younger children (4-7 years).

Conclusions: Asthma control and severity are in close relation but they express different clinical dimensions of asthma. Major determinant of asthmatic children's QoL is the level of asthma control and affects it independently of any other factor. Moreover, even the presence of mild asthmatic symptoms affects quality of life.

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EDUCATING THE CHILDREN'S NURSE: THE IRISH TRANSFORMATION

C. Doyle, E. Hollywood, M. Murphy, T. Begley

School of Nursing & Midwifery, University of Dublin, Trinity College, Dublin, Ireland

Aim: The aim of this presentation is to discuss education of children's nurse in Ireland which in recent years received a transformation.

Background: This transformation emanated from key recommendations of the Commission on Nursing (1998) which proposed that children's nurse education in Ireland should remain as a Post Graduate programme but suggested it be shortened from 18 to 12 months duration. Additionally, a whole review of children's nurse education in Ireland was recommended. A working group was established with the aim of exploring the future of children's nurse education. The work of this group culminated in several recommendations one of which was to re-establish a paediatric undergraduate programme leading to nurse education. As a result a Bachelor of Science in Children's & General Integrated Nursing was developed and commenced in 2006 with the first cohort of this unique group due to finish later this year.

Conclusion: Mindful of the historical background a profile of the new education programme at both undergraduate and postgraduate level will be presented. It is intended that discourse will encompass the challenges for clinical practice and the education of 21st century children's nurses from both a national and international perspective.

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MOTHER' EXPERIENCES OF CARING FOR CHILDREN WITH COMPLEX NEEDS - CHALLENGES FACED IN THE OUTSIDE WORLD

H. Nicholl

School of Nursing and Midwifery, Dublin, Ireland

Background: Children with complex needs, however defined, are increasingly being cared for at home.

Aim: The aim of the study was to explore the experiences of mothers caring for children who had rare, congenital and genetic disorders at home in Ireland.

Heideggerian and Gadamerian approaches were used and data were collected from seventeen mothers. Multiple interviews and diary recordings were analysed using an adaptation of a number of models.

Results: Mothers provide care in three worlds; an inside world of the home, an outside world and a going-between world. Mothers were involved in care-giving in an unstable world where support was limited. Care-giving involves four aspects- normal mothering, technical care-giving, pre-emptive care-giving and individualised care-giving. Paperwork and administration, constant observation, instability and communication added significantly to the complexity of caring. Mothers were 'knowing' of their child's needs. Others' 'unknowingness' impacted significantly on the mothers throughout the child's illness trajectory in all worlds. Caring involved a 'no choice' situation. Providing care in the outside world away from the home raises specific challenges for mothers who are required to deliver care in the presence of others who do not fully understand their situation.

Conclusions and recommendations: Service providers need to understand the challenges faced by mothers when they deliver care to their children at home and understand that caring at home involves more than the provision of care within home.