emotive side of this process. Our aims with the project were to improve the student’s confidence in their ability to practically manage this common scenario as foundation doctors and to encourage discussion and around the non-clinical emotional aspects of such experiences to allay anxiety.

**Results** Using pre and post simulation questionnaires we were able to demonstrate improvement in student emotional preparedness towards the verification of death process. Compared to the pre-simulation responses there was a globally positive trend in mean scores throughout. Free text responses reflected an overall positive experience in both practical and emotional aspects of the case.

**Conclusions** Due to the positive experiences thus far we have plans to expand the use of life cast simulation for training in undergraduate end-of-life care education including in discussions around resuscitation and performance of basic life support.

**REFERENCE**


**Abstracts**

32 HOW DO CHILDREN’S NURSE WORKING IN HOSPICES MANAGE EMOTIONAL LABOUR AND PROFESSIONAL INTEGRITY IN LONG-TERM RELATIONSHIPS WITH PARENTS?

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**Background** Children with life-limiting conditions are living longer, so relationships between nurses and families can span decades (Maunder 2013). Although long-term relationships between nurses and children/families in paediatric palliative care have been researched, studies undertaken exclusively in children’s hospices (CH) are rare.

**Aims** Develop an understanding of how CH nurses maintain professional integrity whilst providing long-term practical, emotional, social and spiritual care to parents. Explore coping strategies used by CH nurses to manage emotional labour.

**Methods** Participants were a purposive sample of six registered children’s nurses, employed at CH for minimum of 4 years. Participants told the story of a shift, focusing on interactions with parents. Data collected (January 2019–January 2020) via audio diaries recorded on mobile phones and further explored in telephone interviews. Audio diaries securely transmitted via ‘Whatsapp’ (university and hospice ethics approval granted).

**Results** Thematic analysis (Braun and Clarke 2006) was used to identify that participants used a range of strategies/approaches to manage their relationship with parents; in terms of their emotions (Purposeful positioning) and interactions (Balancing personability and professionalism). In addition, participants revealed other CH specific factors which helped them cope with their role (Coping with and counterbalancing emotional labour).

**Discussion** Findings were indicative of CH nurses’ using and building Emotional Intelligence (EI). Established EI theory was combined with findings to develop: ENRiChN (Using EI to Navigate Relationships in Children’s Hospices: a framework for nurses). Although CH specific, aspects of the framework could be adapted for other areas of nursing practice where long-term nurse-parent/client relationships exist.

**Conclusions** The findings provided an insight into how experienced CH nurses used emotional intelligence to engage emotionally with parents whilst simultaneously managing the level of involvement and maintaining a sense of separation. Features of hospice work which positively contributed to counterbalancing the emotional demands of the role were also highlighted.

**REFERENCES**
