

<p>CAG – 2021 Oral Paper</p>	<p>Lori Schindel Martin, Sepali Guruge, Linda Liu, Elizabeth McCay, Don Rose, Elaine Santa Mina, Suzanne Fredericks, Joyal Miranda, Sara Sadeghi, Sarah Haque, Souraya Sidani</p>
<p>Title</p> <p>Please enter the full title of your submission. The title will be printed in the program as entered here. Please use sentence case and DO NOT use all caps.</p>	<p>Health care provider experiences of implementing relational care practices for older persons during COVID-19: A critical incident study</p>
<p>Abstract</p> <p>Please enter an abstract of your paper (max 250 words). Please refer to the Call for Abstracts for information on writing your abstract. The abstract will be printed in the program as entered here. Please DO NOT include the abstract title or author information in this section. Please DO NOT use bullet points or include reference lists.</p>	<p>Background: COVID-19 safety restrictions have limited opportunities for relational interactions between Health Care Providers (HCPs) and older persons in Ontario. The study purpose was to examine the perspectives of HCPs from across care settings regarding innovative strategies used to ensure relational care, and the impact on the HCP’s mental health of their efforts to overcome implementation barriers.</p> <p>Frameworks: Informed by a relational care framework, this study clarified how multi-level interpersonal and structural factors shaped the relational care delivered by HCPs to older persons during the pandemic.</p> <p>Methods: Qualitative, critical incident methodology guided data collection and analysis. Recruited through social media, HCP participants completed an 8-item demographic survey and a 9-item, open-ended Critical Incident (CI) Questionnaire via Opinio, a secure platform.</p> <p>Results: De-identified CIs provided by 140 HCPs from various sectors were analyzed for recurring themes. HCPs served as a link between older persons and their families, through acts of advocacy, comfort and emotional validation. Often, HCPs deepened relational care, becoming like family, bearing witness and honoring older persons in death. Relational care implementation required HCPs to overcome significant barriers, contributing to moral distress/injury. Feelings of heartbreak, sorrow and work anxiety extended across time and into personal life. Study participants rarely accessed formal resources to address their mental health needs, relying on informal, individual methods based on past preferences.</p>

	<p>Conclusion: Despite never-ending pandemic restrictions, HCPs across care settings provided relational care, including or substituting for families of older persons in the process. Strategy implementation evoked workplace and personal life stressors.</p>
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