

online social networks/platforms may enhance adolescent mothers' access to evidence-based information, facilitate social inclusion and improve mental health outcomes for these often-vulnerable women. Midwives, as primary healthcare providers, are in prime-position to influence the transition to parenthood, and promote the wellbeing of mothers, babies and families for generations to come. This is particularly relevant for adolescent mothers who often face adverse clinical and psychosocial outcomes.

**Findings:** Online platforms may be considered innovative future midwifery care models for pregnant and parenting adolescents, with the potential to channel evidence-based information and relational continuity of midwifery care without identified constraints relating to access, timing and/or distance. This presentation will also focus on the need identified by midwives from within the study, for midwifery governance, policy directives and support in relation to future practice interventions involving online/social media platforms.

**Implications for practice:** This research may have relevance for other vulnerable women within maternity service provision, such as those from migrant communities or those experiencing mental illness during the childbirth continuum. There are significant implications for policy makers in relation to professional use of social networking sites as platforms of support, and education providers in terms of highlighting the potential benefits of online support mechanisms, and alternate 'models of care' within midwifery practice.

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### Nurturing yourself and each other: The value of emotional intelligence



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**Background:** Emotional intelligence refers to the individual's capacity to identify, use, understand and respond appropriately to emotions in themselves and others. The nursing and midwifery literature recommends emotional intelligence as an important construct for enhancing well-being amongst nurses and midwives. Despite this, how nursing and midwifery students perceive emotional intelligence is not well understood. Emotional intelligence capabilities are seen as fundamental to the student nurse or midwives' ability to negotiate the emotional complexities of clinical practice as well as support their own emotional well-being.

**Objective:** The study aimed to explore final year undergraduate nursing and midwifery students' perceptions of emotional intelligence.

**Method:** Qualitative data were collected via face to face semi-structured interviews with final year Bachelor of Nursing and Bachelor of Nursing and Bachelor of Midwifery students enrolled at Deakin University, Victoria. Interviews were digitally recorded with participants' written and informed consent and professionally transcribed. Data was analysed using thematic analysis.

**Key Findings:** Emotional intelligence was valued as an important concept, yet the application of emotional intelligence to their undergraduate curriculum was not well-defined. Participants appeared to be caught between competing paradigms; their perceptions of emotional intelligence and the reality of the clinical environment. Participants acknowledged the emotional aspects of their classroom and clinical learning, but were ill-equipped and/or were not supported in linking their coping strategies to emo-

employed by participants in their attempt to impose emotional control within the clinical environment.

**Conclusion:** Explicitly nurturing emotional intelligence in their undergraduate years would convey to nursing and midwifery students the importance of emotional well-being and may better equip them to manage the emotional complexities of their professional life.

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### 'I don't like being watched!': clinical supervision – monitoring or support?



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**Background:** Clinical supervision is considered to be a professional practice that supports and promotes the emotional wellbeing of healthcare practitioners. In Western Australia (WA), student midwives receive direct and regular clinical supervision in the clinical setting. There appears to be no evidence that registered midwives in WA access formal or informal clinical supervision.

**Aims:** This research sought to understand WA midwives experience, perception and understanding of clinical supervision.

**Methods:** A qualitative exploratory-descriptive approach with a mixed method data collection was employed. Purposeful and snowball sampling were used, with midwives sought from a variety of healthcare facilities. Qualtrics online questionnaire, consisting of 19 items; 12 closed-ended questions, three Likert scales and four open-ended questions was completed fully by 224 midwives. The principles of thematic analysis were used to code and interpret the qualitative data. As this study is descriptive, the expected outcome of data analysis is an analysed descriptive summary of the experiences in question.

**Findings:** A theme identified from the research was the experience of clinical supervision being related to surveillance and monitoring of midwives in clinical practice. Respondents recognised clinical supervision as monitoring of skills, knowledge and practice. Additionally, midwives characterised clinical supervision as a punitive process that involved being monitored in the clinical setting including a sense of fear of ramifications from participating in clinical supervision.

**Implications:** Research is still in progress, it is anticipated that thesis will be completed by July 2018. Increased understanding of midwives' perceptions and understanding of what clinical supervision is, may inform midwifery policy and practice in order to create more supportive environments for midwives.

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