POSTER PRESENTATIONS

Awad, M., Myles, P., Roberts, H., Keating, N.   ***Poster 1***

An e-learning package for medical students on genocide & public health

Introduction: Internationally, genocide is a major health problem being the leading cause of preventable death. It has long-term health consequences for survivors. Although the role of health professionals in preventing genocide has been acknowledged, there is little coverage of this topic in undergraduate health courses. The aim of this project was to develop an e-learning package providing an overview of the topic to undergraduate medical students and evaluate its pedagogical value as a learning tool as measured by usability, learner engagement, knowledge and attitude outcomes.

Methods: An e-learning package was designed and evaluated by a sample of 96 self-selected second-year medical students. Questionnaires integrated within the package were used to compare pre- and post-intervention knowledge and attitudes. A control group of 89 first-year medical students was used to compare baseline knowledge/attitudes.

Results: Among the respondents in the intervention group 45% gave a 9/10 score for the e-learning package design and 97% preferred it as a learning mode over traditional lecture based. Post-intervention 93.7% of second-years agreed that genocide is a public health issue as opposed to 23.5% at baseline. The intervention group showed statistically significant positive changes in knowledge and attitudes post-intervention ($p<0.001$) when compared to the control group.

Conclusion: The e-learning package was found to be an effective learning tool in terms of usability, learner engagement, influencing positive change in knowledge and attitudes relating to genocide prevention. Due to the multi-disciplinary nature of genocide prevention, it has the potential to be useful in other courses.

Braybrook, D., Robertson, S., Milnes, K., White, A.   **Poster 2**

The health and help-seeking practices of gay men in committed intimate relationships

The beneficial effects of marriage and partnerships on health have long been noted in the literature. However, the majority of studies considering partner involvement in health and help-seeking practices have focussed on the spousal relationships of heterosexual couples. Given the privileged position that such spousal relationships put partners in to influence their significant others' health and help-seeking practices, it is important not only to consider heterosexual couples, but also how partnered gay men may influence each other. Whilst there is a lack of research indicating the effect of gay partnerships on health, studies on heterosexual partners/spouse have often shown one mechanism which impacts on health-related help-seeking practices is social control. Social control is an interpersonal mechanism defined by direct attempts to influence, constrain or regulate harmful practices or prompt healthy practices. Nevertheless, in line with the lack of research considering gay partnerships' influence on health overall, there is also a lack of literature which considers if and how social control may be at work within the relationships of gay men. The current study is investigating the social control exerted by partnered gay men and, if these are present, how they have affected help-seeking. Partner influence on health practices, including beliefs and attitudes, will also be explored as part of this qualitative, grounded theory study. This poster will highlight the research gap the work will fill, outline the underpinning methodology and method, and explore the ethical issues such a study raises. If appropriate, early emerging findings will be considered.

Brierley-Jones, L.   **Poster 3**

Is there a 'Cancer Personality?'

According to Hegel (1822), Brush (1995) and Fuller (2002) failed historical trajectories can offer unique insight into contemporary problems and suggest solutions. One such problem in contemporary Western society is Cancer and one such failed trajectory is 'homoeopathic 'science'. Here, connections were first suggested between Cancer and identity. Homoeopathic investigators including the famous Burnett (1889) and Foubister (1954) pioneered the development of drugs to treat cancer, as both disease and predisposition. In so doing they observed a cancer 'identity' or 'constitution', one characterised by specific physical and personality characteristics. In adults, these included a need to please others and a history of suffering, in children, a weeping mood from birth, too early responsibility and loneliness. This identity was termed 'Carcinosin' after the nosode (live disease tissue preparation) made from a breast carcinoma used by Burnett.

Recent similar observations have been made in the mainstream medical literature. In his popular medical science work, 'Anti-cancer: a new way of life', David Servan-Schreiber (2011) reviews epidemiological and clinical research to suggest that those with cancer reveal a disempowered 'cancer personality' before the onset of the disease. Personality is not causal but an additional risk factor (to the statistically more significant lifestyle risk factors). A further key biographical component according to Servan is trauma in the remote or recent past.

Can the homoeopathic treatment of cancer in the past inform our understanding in the present and treatment in the future? Is cancer linked to modernity and its impact on identity?

Castro-Vazquez, G.

Nanyang Technological University

Poster 4

Cut or uncut? Japanese mothers thinking of male circumcision

Since childrearing is still almost exclusively a duty of women, Japanese mothers have largely to decide on newborn male circumcision. Male circumcision has never been mandatory for children and adults are mostly circumcised at aesthetic salons. However media reports indicate a tendency among Japanese mothers to have their baby boys circumcised.

A group of 20 mothers were in-depth interviewed to explore their views on hygiene, gender and sexuality concerning male circumcision. Aged 30-47 the sample of mothers was acquired through a snowball technique. No particular criteria were required; any Japanese mother who had given birth to at least one baby boy was eligible to participate. Each mother was interviewed twice in Japanese and transcripts were analysed trough systemic networks and a feminist frame of reference.

In discussing male circumcision, the main issue is language because most references to the procedure sound rude or vulgar. Talking about male circumcision is 'unfeminine'. No form of formal education concerning penile hygiene was reported but mothers whose children faced penile infections were instructed in male genital hygiene. Peers were the main source of information but there was a common assumption that fathers should teach about penile hygiene. Male circumcision could be instrumental to avoid issues of genital hygiene and the embarrassment of dealing with the topic. However, being circumcised could be a source of discrimination and stigma because communal baths are still common and Japanese children are generally uncut. The implications of male circumcision on sexual behaviour were unclear.

Conway, S.

Poster 5

Disgusted subjects, disgusting deaths: class, culture and mortality

This presentation examines how death may be regarded as a site for class tension stuctured around competing ideas about moral worth and aesthetics, highlighting how a symbolic economy of class conflict operates in popular culture. I present various expressions of affective and emotional disregard towards working-class death, especially that of disgust, to explore what this may reveal about the constitution of the middle-class subject. First, I explore how the mortality related practices of the middle-classes constitute their cultural value as a subject of higher social distinction. Second, I examine how this is underpinned by a narrative of the working-class subject as an 'empty vessel'. Third, I illustrate how this is often accompanied by a narrative of declining working-class respectability. Such representations reveal a theme of Otherness towards the working-class subject.

Denny, N.

Poster 6

Patient experiences of cancer follow up in primary care: a qualitative study

The number of patients surviving a diagnosis of cancer is increasing. These patients receive oncological follow up from secondary care but other support is provided by primary care. The Cancer Care Review (CCR), a Quality and Outcomes Framework indicator, provides an incentive for GPs to follow up cancer patients within 6 months of a diagnosis. However, very few studies examine its role. The aim of this study was to inform our understanding of the CCR and the role of primary care in cancer follow up. 28 patients with a diagnosis of bladder or lung cancer since April 2004 were contacted and 15 were interviewed by telephone. The patients were identified from the database of a single Oxfordshire practice. The patients' responses covered three themes about their follow up care: the present role of the GP, their expectations from primary care

and their perceived need for a separate CCR appointment. None of the patients felt their GP played a significant role in their cancer after care. Moreover, all the patients felt that the level of care they received was appropriate. Finally, patients did not think a separate appointment was required for a CCR and gave the following reasons: GPs were too busy; GPs were not cancer specialists; and because these patients did not identify with the areas addressed by the CCR indicator. The results suggest that current practice, when it consists of opportunistic inquiry about a patient's wellbeing, is all that most cancer patients require from primary care for follow up.

Guillemin, M., Gillam, L., Stewart, P., Rosenthal, D., Walker, H.   **Poster 7**

University of Melbourne

Trust me, I'm a researcher: The role of trust in human research practice

This project investigates the role of trust in research from the perspective of researchers and research participants. Although we accept that trust is an essential component of human research we know little about what constitutes trust, how it functions, and what its role should be in research. This qualitative project examines how trust is understood and practised by researchers; it investigates how participants decide to be involved in research, and the role that trust plays in this decision and their subsequent research participation. Research projects have been selected where the research is sensitive in nature and requires a heightened sense of trust. We also examine longitudinal research, in particular where face to face contact does not occur between researchers and participants, but nonetheless trust is important. We will present data collected to date from interviews with 15 researchers, and 24 of their research participants. Our findings indicate that trust in research is largely implicit until something goes wrong. We offer a re-conceptualisation of trust in research which comprises two dimensions: structural and interpersonal dimensions; we discuss how these feature to varying degrees in the research process. Our findings indicate that structural or institutional trust in research features as an important part of why participants decide to take part in research. From the perspective of research participants, interpersonal trust between researcher and participant is largely assumed, unless this trust is transgressed by researchers. Although interpersonal trust is important for research participants, it is predicated on existing conditions of trust.

Handsley, S.   **Poster 8**

De Montford University

Dignity and compassion in mental health: Time for a rethink!

Dignity and compassion have become both the practical and theoretical touchstones of recent good practice in both nursing and health and social care. Such commitment to respect is perhaps ever more pressing when related to mental health given the vulnerability of those who may access these services. However, for many, dignity and compassion form a dialectic dyad of care based upon essentialist ideas which portray both as conventional feminine traits; one built upon embedded beliefs about particular specialties and one which continues to command conclusive currency in biomedical circles. A rigid and restraining model of care which, I argue, similarly suggests that such inherent traits cannot be taught or learnt.

Given the centrality of the professional-client relationship in improving the emotional state of service users and facilitating adjustment to their "illness", I propose, instead, that we consider a more sociological approach to the study of mental healthcare. One based more upon (self)reflection, reflexivity and role performance in which relationship and communication skills can be pedagogically nurtured, fostered and embedded; one which represents a powerful shift for the positioning of the practitioner to provide anticipatory care. Thus, whilst reflection is the examination of personal thoughts and

actions, role performance can be seen here as the 'actual conduct of a particular individual while on duty in his/her) position' and the time spent in individual interactions. Here, 'performances' are seen to embrace empathic elements that demonstrate and foster commitment and 'active' involvement.

Hendrick, R.   **Poster 9**

Conflicts of interest in medical journal publishing: examining the (in)effectiveness of current guidelines

The emergence and rapid growth of a medical writing industry has been accompanied by ethical concerns surrounding the relationships between funders, writers and authors, the potential conflicts of interest that can ensue from these, and the consequent impact on the veracity of the medical journal literature, which ultimately impacts upon public health policy. A number of organizations representing sub-sections of the medical publishing industry, such as ICMJE, COPE, WAME, EMWA, AMWA and ISMPP, as well as individual journals, have responded by creating a variety of authorship and conflict of interest guidelines.

This paper will look at a sample of these guidelines in order to demonstrate their (in)effectiveness and discuss the impact this has on the medical literature, and thus on public health policy. The sample constitutes those guidelines developed by the main industry organisations, together with those produced by the Web of Science's top ten medical journals that provide their own guidelines. This data is supplemented by interviews with key actors: journal editors, authors and medical writers.

While the analysis is on going, early research demonstrates that the guidelines are numerous and vague, with a heavy reliance on the discretion of authors; they are therefore easily circumvented. This paper will explore options for a more independent, rigorous and unified system, one that will ensure greater transparency and therefore improve the integrity of the medical journal literature.

Homer, C., Tod, M. A.   **Poster 10**

What is the experience of obese people undergoing bariatric surgery in the UK?

This poster will present the findings from a review of literature on people's experience of bariatric surgery. The authors will propose a future programme of work to fill the gaps in evidence identified. Key methodological recommendations are made along with a rationale for selecting these approaches.

The literature on bariatric surgery is mainly quantitative in nature, focussing on clinical and quality of life outcome measures. The social narratives, experiences and influences of an obese person undergoing weight-loss surgery are rarely investigated. Existing qualitative research is mainly non-UK based and uses conventional in methodologies to capture experiences.

Obesity is a chronic condition. Demand for surgical weight loss procedures is increasing. The elective option of undergoing bariatric surgery is a turning point in an obese person's life. Narrative Reconstruction theory (Williams, 1984) provides a means to understand how this turning point impacts upon life and identity. Current literature offers limited consideration of these psycho-social issues or how people's narrative changes as a result of the surgical procedure. In this paper Narrative Reconstruction is used as a theoretical backdrop to explore an obese person's experience.

In response to the review findings, and in order to better capture patient experience, the authors propose that future research should be longitudinal, use more creative approaches such as photovoice and consider theories such as Narrative Reconstruction. Based on participatory action research methods, photovoice

empowers participants to share experiences. Photovoice methods will illuminate how people reconstruct their narrative following a life changing event.

Jordan, M., Rowley, Morriss, Manning, **Poster 11**

Staff experiences of working for a collaboration that spans health and academic sectors (i.e. a NIHR collaboration for leadership in applied health research and care)

This poster explores how clinicians, managers, and academics have experienced the implementation and practice of this novel, yet challenging, health and academic collaboration. The Collaboration for Leadership in Applied Health Research and Care-Nottinghamshire, Derbyshire, and Lincolnshire (CLAHRC-NDL) represents a diverse alliance of staff from across university and health and social care sectors. Motivations for engagement in the CLAHRC endeavour alongside tensions and barriers associated with CLAHRC workplace roles and responsibilities are debated. Furthermore, issues related to the notion of 'serving two masters' (i.e. healthcare services and academia), with their somewhat divergent agendas, are discussed. Both staff members' motivations for joining, and understandings of the CLAHRC's goal/s pre-employment, are compared and contrasted – in a temporal sense – with more contemporary understandings and conceptualisations of the CLAHRC. The varied diffusion of the CLAHRC's aim/s throughout its membership body is also addressed. To conclude, CLAHRC staff reflections regarding the impacts of the collaboration are presented.

Keshet, Y. **Poster 12**

Western Galilee Academic College

Energy medicine: proposing the concept of hybrid knowledge

One of the most commonly and widely used, and at the same time puzzling concepts of complementary and alternative medicine (CAM) is 'energy.' The objective of the research was to analyze the meanings attributed to the concept of energy. Methodology: English language publications dealing with energy medicine were analyzed. These included publications of national institutes of health; news articles; and publications of writers involved in the construction of the field of 'energy medicine.' Results: The concept of 'energy' is used as a cultural unifier of diverse CAM concepts (Qi, spirit, vital force, etc.). While conventional science treats energy as a measurable quantitative phenomenon, the concept of energy is used in CAM to articulate and embody intangible, mystical and tacit knowl¬edge. It is used in CAM discourse as a matchmaker that hybridizes contradictory modern knowledge catego¬ries such as body–mind, objective–subjective, and science–spirituality. At the same time this concept imbues CAM with a scientific aura. Contribution: The theoretical concept of hybrid knowledge is proposed to highlight: the construction of CAM knowledge; the attractiveness of holis¬tic treatments based on this knowledge; the challenges CAM presents to bio-medicine; and the responses of bio-medical practitioners and systems in the form of purification acts. More generally, this concept can explain cultural-social epistemological processes characteristic of late modernity and make a contribution to both the sociology of medicine and to the ongoing development and application of the sociology of knowledge and the Latourian theory of proliferation of hybrids of nature and culture.

Lloyd, C., Earle, S., Boden, S. **Poster 13**

The health services experiences of women with diabetes during pregnancy and childbirth

Recent research and recommendations for care have focussed on medical outcomes of pregnancy complicated by diabetes, and little remains known about the psychosocial experiences of women with diabetes in pregnancy.

The aims of this project were to 1) identify the key concerns of women with diabetes in their experience of maternity service provision, and 2) identify more inclusive ways of collaborating with service users for the purposes of health services research.

Women with either pre-existing or gestational diabetes who had experienced the full range of maternity service provision whilst having their baby were invited to meet the researchers to discuss their views on a range of topics. The discussions were audio-recorded, transcribed, and analysed to identify key themes.

Particular concerns identified by the women included high expectations of service provision often unfulfilled in practice, an over-riding concern with the medical management of diabetes to the detriment of psychosocial aspects of care, problematic relationships with health care professionals, and experiences of fragmented care. All participants indicated their interest in collaborating in future research investigating issues around diabetes and pregnancy.

These findings demonstrate the acceptability of using informal discussion groups in order to gain insights into the experiences of women with diabetes during pregnancy. A more complete understanding of the range of health care experiences of women with diabetes during pregnancy could lead to more positive outcomes both at the individual level as well as in terms of wider service delivery.

Perrin, H.   **Poster 14**

University of Kent

Socialisation theory applied to the transition from student to qualified nurse

Several theoretical models of socialisation into occupations have been proposed. Some focus on attitudinal changes, others on criteria observable to others that the initiate is becoming more socialised to the workplace or work group. This study evaluated the application of such models to the socialisation of newly-qualified nurses by evaluating both the theoretical frameworks and the ways in which these have been applied empirically. Three broad sets of applicable frameworks were examined: role socialisation models; career development models; and work role transition models.

Several common themes were identified, including the cohesion of a particular group, the workplace culture, and the acquisition of values by the individual. Whilst most empirical work is from the 1970s, many findings still apply: for example, the difficulty of reconciling theory and practice; the importance of mentors and role models; and pressures on the occupational status of nursing. These models also have potential for investigating relational networks – particularly the contested occupational boundary between qualified nurse and increasingly skilled HCA.

The transition from student to staff nurse is a critical period, particularly in light of the changes to nurse training due in 2013. Little recent work has been done on the impact of socialisation patterns on a student's ability (or failure) to make a successful transition into work; and socialisation models can be usefully applied in examining the sociological processes surrounding the contemporary transition from student to qualified nurse.

Roberts, J., Arribas-Ayllon, M.   **Poster 15**

Language use in cancer genetics: patient and professional perspectives

Cancer genetics is an expanding area of genetic counselling where new and often complex ideas are discussed. This study looks at communication and understanding of cancer risk related to BRCA1 and 2 genes. Through qualitative methods this study explored the experience of genetic counselling from both the professional and patient's perspective. Specifically this study uses ideas from cognitive linguistics to further investigate how concepts in cancer genetics are understood. Three types of conceptual

metaphor: ontological, orientation and structural were found to structure three broad themes of risk, control and responsibility.

A key assumption made by cognitive linguistics is that metaphor is not just part of fanciful or poetic language, instead metaphors are considered fundamental to language, thought and experience. Through a mixture of clinical observations and semi-structured interviews a rich data set was generated regarding both professional and patient experience. Using thematic analysis, with a specific focus on identification of conceptual metaphors the study explores how participants come to understand different aspects of genes, cancer and risk. The key findings from the study were i) The use of metaphors involving a journey were ubiquitously used to understand concepts in cancer genetics ii) Overarching organisational metaphors suggested genetic counselling fits within a Foucauldian conception of the clinic iii) A high variety of metaphors were used to describe what genes 'are' suggesting genes can be thought of as 'boundary objects' iv) metonymy involving body parts where used to think about different aspects of control.

Samuda, N. **Poster 16**

University of Birmingham

Big Talk: An investigation into narratives of health in relation to body shape and size for African Caribbean women

Lay health discourses can often be in contrast to biomedical understandings and perceptions of health may differ between health professionals and their patients. African Caribbean women in the UK are more likely to be overweight or obese than their white counterparts, yet are less likely to identify themselves as overweight or obese. This cultural normalising of the larger female body may present particular issues for health professionals when raising the issue of weight management with African Caribbean female patients. As such, it is important for qualitative health research to be concerned with developing novel methods that can gather and map narratives of health to increase understandings of lay health beliefs for improved patient outcomes. African Caribbean women are also less likely to participate in health research and therefore present as a seldom heard group. The research presented draws on the concept of the liminal space which suggests that spaces exist within communities where power relations that define society are contested and redefined. Conducting health research in such spaces enables investigation to be conducted 'with' rather than 'on' communities and might encourage participation from members of seldom heard groups that might otherwise not engage. This research was conducted on talk radio, as this medium exists as a space where public and private domains intersect and is a valuable site for social analysis. This poster will present the findings of a talk radio discussion, entitled 'Big Talk' about African Caribbean perceptions of health and the female body.

Shephard, A. **Poster 17**

Building assets for health in community based health projects

There is a specific gap in the literature about whether community based health projects (CBHP) help to build the resources people need for a healthy life. A substantial amount of investment has been made in CBHP thanks to specific health streams of regeneration programmes and investment via organisations such as the BIG Lottery Fund. Since 2001 the Big Lottery Fund alone has directed over £355 million towards CBHP.

Given the size of this investment the literature on these projects is relatively small. Where it exists it looks at whether they are successful in addressing specific risk factors. This focus on the pathogenic aspect of health is important, however it is also

important to consider whether they were successful in building the resources people need that allow them to lead a healthy life, the salutogenic perspective.

This research is helping to build the evidence base for policy makers about how to commission around these resources for health. It is working with Blackburn with Darwen Healthy Living, a community based health organisation to:

•   Explore the perceptions of CBHP about what it means to be healthy

•   Investigate if involvement in CBHP increases resources for health, in particular social capital

•   Identify a framework for evidencing the impact of CBHP on health potential

This presentation will set out the progress made in this research over the last two years. It will include the perspectives of policy makers and practitioners on the research and include detail on the participatory methodology being used.

Thygesen, M. K.   **Poster 18**

Differences between 'very good','good', 'bad' and 'really bad' in patients rating healthcare professional help

Background: Patient satisfaction questionnaires are often used to achieve a patient-centered approach in health care. The possible answers often include use of the categories 'very good', 'good', 'bad' and 'really bad', but we do not know how we are to understand the patients' responses.

What is the background for ratings and the patients' reasons for their assessment of the health professionals?

Methods: A qualitative interview study was conducted together with a survey of patient experiences at the gynecological obstetrical department at a Danish university hospital. A total of 205 questionnaires were distributed to outpatients and newly discharged ones and 202 answered. Subsequently, patients were invited to participate in an interview about their experiences of the healthcare system, which 148 accepted. Semi-structured interviews were conducted with 71 patients within a specified timeframe. The individual patient's completed questionnaire was used as interview guide and her experiences underlying the answers were investigated. Fully transcribed interviews formed the basis for an analysis and interpretation process inspired by Paul Ricoeur.

Results: A grading scale for healthcare professional help has been developed and will be presented at the conference. The gradings will show which expectations the professionals should comply with in order to obtain a certain grade. The findings indicate both different parts of healthcare professionals' attitude as well as professional sound expertise help as important.

Discussion: The results can be beneficial for use in creating as well as decoding satisfaction surveys.

Tu, J.   **Poster 19**

Health care transformation in a Chinese county: Practices, interpretations and moral frameworks

Since 1980s when China adopted market-oriented reform, its health care system has experienced a transition from fully state run and financed system toward more private financing and delivery of health care. These changes were accompanied by an ideology shift of health care responsibility from state to individual. The health care changes led to soaring medical fees and poor access to affordable medical services. The consequences of these changes have recently forced the Chinese government to launching the new round of health care reform that aims at universal basic health care coverage. Despite the scale and historical significance of these changes, how they are

implemented and perceived in practice remains something about which relatively little is known.

This research addresses these issues by studying the health care transformation in a Chinese county town under the current health care reform. Specifically, it focuses on the practices, interpretations and moral frameworks of people involved in this process, that is, medical practitioners, health care administrators, and patients themselves. The research employs ethnographic methods. The fieldwork involves participant observation in both public and private health care institutions. Semi-structured interviews are carried out with public and private medical practitioners, patients and healthcare administrators, and focuses on generating data on perspectives with respect to health care transformation, the responsibilities, interests and goals involved as well as loci of trust, and notions of entitlement and rights. Local archives and files about health care change and clinic data of the past years are collected as supplementary information.