



**Medical
Sociology
Study Group**

Annual Conference Programme

13 – 15 September 2023

University of Sussex



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WEDNESDAY 13 SEPTEMBER

13:25 -15:05

Room 118 - Experiences of Health & Illness – Special Event

Using patient experiences to interrogate Long Covid across the life course: chaos, regression, disability, and recovery

Cervantee Wild, Alice Maclean, Sarah Nettleton, Kate Hunt, Sue Ziebland, Alice Maclean, Louise Locock, Callum O'dwyer, Sarah Nettleton, Sue Ziebland, Cervantee Wild, Alice Maclean, Cervantee Wild, Sarah Nettleton, Sue Ziebland, Kate Hunt, Annelieke Driessen, Cervantee Wild, Eilidh Anderson, Sarah Nettleton, Pat Hoddinott, Callum O'dwyer, Sue Ziebland, Lisa Hinton, Kate Hunt (University of Oxford & University of Stirling)

Long Covid is an activity-limiting condition that impacts participation in the labour market and involves over 200 unpredictable and fluctuating symptoms that span 10 organ systems. 'Episodic disability' has been shown to be an apt theoretical framework to conceptualise the multidimensional, fluctuating symptoms of Long Covid. However, no qualitative research to date has utilised 'episodic disability' to comprehend the challenges that those with Long Covid encounter when returning or attempting to return to paid employment.

Drawing on 65 narrative interviews, conducted between 2021-2022, from three separate UK studies involving adults with Long Covid, this presentation shows how participants experienced a reduction in social value or 'spoiled identity' due to being unable to return to their previous working capacity. Participants also experienced the 'uncertainty' of existing in-between illness classifications, which made it challenging to claim 'disability' status when returning to work, resulting in repeated absences and unsuccessful attempts to return. While participants who could mould their work around their fluctuating capacity experienced their working environment as enabling, others were rendered 'bodies-at-odds' with their working environment. The additional 'adjustment' and 'administrative' work involved in navigating disabling systems required participants to carefully balance and prioritise workloads to avoid relapse. Utilising the concept of 'episodic disability' offers evidence that the workplace can be a disabling force that relies on those with Long Covid to conduct additional rehabilitation work to return with little guidance or support.

NB. Eilidh Anderson is a first-time presenter

Using patient experiences to interrogate Long Covid across the life course: chaos, regression, disability, and recovery

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The Covid-19 pandemic has been dominated by discussions of mild and short-lasting cases or acutely serious or lethal forms of the disease, with less attention paid to long-term Covid-19 symptoms ('Long Covid'), particularly in children. This analysis of the experiences of n=39 children and teenagers with Long Covid in the UK and their parents/caregivers, argues that they encounter a 'double invisibility' on account of the condition's limited social currency and their status as less agentic members of society. Analysis of our qualitative interviews demonstrates that participant experiences were shaped by the convergence of three strands of the dominant pandemic narrative: that Covid-19 is mild and everyone recovers; that children are not badly affected by Covid-19; and that the pandemic is essentially 'over'.

Drawing on Frank's chaos narrative, we argue that Long Covid is rendered invisible in much of the public's consciousness. As a result, children, teenagers and their parents encountered significant challenges in making their illness experience visible. They struggled to signal the severity of the condition and elicit care in the same way that could be expected of other (longer established, better understood or more visible) conditions. This was exacerbated by deep-rooted assumptions and stereotypes about (unwell) children and teenagers, and their parents, and their questionable candidacy as reliable, trustworthy patients, with implications for help-seeking. The occurrence of Long Covid in children therefore threatens key aspects of the dominant pandemic narrative, some of which have persisted from the early stages of the pandemic into 2023.

Using patient experiences to interrogate Long Covid across the life course: chaos, regression, disability, and recovery

Cervantee Wild, Alice Maclean, Sarah Nettleton, Kate Hunt, Sue Ziebland, Alice Maclean, Louise Locock, Callum O'dwyer, Sarah Nettleton, Sue Ziebland, Cervantee Wild, Alice Maclean, Cervantee Wild, Sarah Nettleton, Sue Ziebland, Kate Hunt, Annelieke Driessen, Cervantee Wild, Eilidh Anderson, Sarah Nettleton, Pat Hoddinott, Callum O'dwyer, Sue Ziebland, Lisa Hinton, Kate Hunt

(University of Oxford & University of Stirling)

As the Covid-19 pandemic burgeoned during 2020, attention focused largely on the scale and rapid spread of Covid-19 and its potential to cause life-threatening illness or death amongst the elderly and chronically ill. Although the experience of people with long-lasting symptoms is now more visible, young adults have been overlooked. Here we explore their experiences of Long Covid in relation to theories of biographical disruption. Drawing on in-depth, narrative interviews with 15 adults who became ill with Long Covid in their twenties, we discuss the contextual factors which make the naming and understanding of their illness-induced biographical disruption challenging. First, adults in their twenties are often at a crucial stage in forming or solidifying (presumed) adult lifecourse trajectories. Secondly, the recency and novelty of Long Covid itself does not allow for comparison with an existing 'grand narrative' of recovery, so the future course of their illness is not just unknown for them as individuals; there is no prognostic map against which to assess their illness experience. Thirdly, the lives of people with Long Covid have been disrupted in the context of global societal disruption by the same virus, rendering their own experiences both topical yet invisible. We propose that, for these reasons, existing adaptations of the sociological concept of biographical disruption are problematic for this group, and we discuss why the term 'biographical regression' may more accurately reflect the experiences of young adults with Long Covid in the early stages of the Covid-19 pandemic.

Using patient experiences to interrogate Long Covid across the life course: chaos, regression, disability, and recovery

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(University of Oxford & University of Stirling)

Recovery is an important construct within medical sociology which can be used inconsistently, without sufficient nuance or precision. This can result in 'epistemic injustice' where some accounts of recovery are privileged, while others are neglected or rejected. Drawing on narrative interviews (n=95) conducted in the UK between February 2021 and July 2022, this paper investigates the construct of recovery by comparing accounts from adults admitted to ICU with COVID (n=32) and with Long Covid (n=63) defined as ongoing symptoms for at least twelve weeks post-infection.

Comparative analyses generated descriptive themes: 'defining loss and the object of recovery'; 'markers and measures of recovery'; 'doing the hard work of recovery'; and 'recovery in a changed world'. While both groups were existentially changed by COVID and needed to undertake the work of recovery, there was evidence that they moved towards 'recovery' from different 'baseline' positions with varying temporal and directional trajectories. The fact that COVID ICU patients had witnessed the deaths of others in their unit yet had avoided death themselves led to a presumption that they would need time to recover and systems existed to support them, albeit within a healthcare landscape overwhelmed by the pandemic. Long Covid patients by contrast had a then little understood (often

invisible) condition for which no definitive diagnostic tests existed, and healthcare knowledge and services were lacking. While they also experienced significant losses in their daily lives, their need to recover was less well recognised and there was no 'map' to guide them in regaining health.

WEDNESDAY 13 SEPTEMBER

14:35-15:40

Room 155 - Citizenship & Health – Special Event

Overcoming the challenges of multi-stakeholder collaboration to improve health and social care: translating Elinor Ostrom's theory of collaborative group working into practice

Oli Williams, Glenn Robert, Bertil Lindenfalk

(King's College London and Jönköping University)

Increased attention on the roles patients and citizens could play in health research and healthcare improvement led to a so-called 'participatory turn'. This increased interest in methods for citizen engagement, public participation, and involvement of people with relevant lived experience. This has been accompanied by raised expectations within and outside academia for decision-making processes in research to involve multiple stakeholders representing a diverse range of interests, expertise, and experience and for these collaborations to have 'impact'.

Attempts to respond to these expectations have highlighted how challenging this form of collaboration can be. Tokenism, poor practice, and missed opportunities are commonplace. Clearly structures, methods, and resources to support more inclusive, equitable, and effective research are some way behind the 'participatory turn'. Attending to this, we are exploring the potential utility of political economist Elinor Ostrom's Nobel Prize-winning research on collaborative group working.

Ostrom studied how different groups around the world collectively managed 'common pool resources' (e.g., forests) and found that the presence (or absence) of 8 principles largely determined the effectiveness of their collaborative efforts. Ostrom later advocated for using these principles as 'a practical guide for increasing the efficacy of groups in real-world settings'. A decade later, their potential utility remains almost entirely untested.

This interactive workshop will: (1) outline Ostrom's theory and its relevance to the 'participatory turn' (2) discuss the challenges of translating Ostrom's theory into practice (3) share our attempts to create user-friendly resources to achieve this aim and (4) invite you to engage with early prototypes.

WEDNESDAY 13 SEPTEMBER
15:45-16:15
Sandpit Events Sponsored by Wellcome



Room G36 – Sandpit Event

Regional Groups and Special Interest Groups

Find out which groups are available to join and how to go about setting one up in your area.

Room G31 – Sandpit Event

Early Career Researcher Networking - network with other ECRs

Come along to our Wellcome funded networking event, find out about regional and special interest groups, funding or network with ECRs.

Room G35 – Sandpit Event

Funding

Come along and meet two people who have successfully been awarded funding. Find out about their experiences, successes and pitfalls.

WEDNESDAY 13 SEPTEMBER
18:00-19:00

Poster Presentations and SHI Drinks Reception

Please come along and meet the Poster presenters and have a glass of refreshments to help close the first day of the conference

Thursday 14 September

09:00-10:40

Room 118 - Experiences of Health and Illness – Special Event

Adding insult to injury: exploring narratives of unexpected experiences following COVID-19 vaccination

Simon Bailey, Rebecca Cassidy

(University of Kent, UK; University of Oxford, UK; Hamburg University, Germany)

While recognition of Long Covid has been slowly building in medical science and lay populations, the understanding of post-vaccine Long Covid is less acknowledged. In this condition – variously termed vaccine injury, vaccine-induced Long Covid, or post-vaccine syndrome - people experience Long Covid-type symptoms from the Covid vaccine itself, rather than from a Covid infection.

People living with post-vaccine syndrome express their frustration at a ‘falling between categories’ on two fronts. Firstly, their illness experience does not fit into pre-existing biomedical categories, and they contest diagnoses that simplistically reduce their illness to the psychological (anxiety, depression, PTSD etc). They cite this dismissal and ‘gaslighting’ by the medical profession as the greatest part of their suffering.

Their experiences also do not fit into the polarising categories presented by the larger political vaccine discourses: pro-vaccine or anti-vaccine. They are often banned from online forums of Long Covid patient support groups, as their claims to vaccine injury are interpreted as ‘anti-vaccine’, despite their assertions of support for vaccines. At the same time, their experiences are subverted by anti-vaccine advocates to support anti-vaccine discourses. These polarising categorisation practices leave vaccine injured patients in the middle, “being played in a tug of war.”

This paper draws on interviews with people with vaccine injury, as well as data from an online questionnaire. It explores the ways in which they: contest their right to be included in categories; navigate between existing categories; or attempt to forge their own categories which demand recognition.

Simon Bailey

(University of Kent)

Vaccination is considered the best protection against COVID-19 infection yet there is much that is still unknown about the scope and severity of unexpected events that might be related to COVID-19 vaccines. The payment of the first damages to compensate for unexpected vaccine reactions in the UK in 2023 provides recent evidence of this uncertainty (Wise, 2022). Drawing upon first hand accounts of individuals who have experienced unexpected health events following COVID-19 vaccination, we contribute to the sociological understanding of vaccines by analysing what happens when individuals are not believed when presenting unexpected events to health professionals.

Adopting a narrative approach we show how unexpected experiences of vaccines are shaped by three stories of past, present and future: firstly, the existence of pre-existing conditions, especially past experiences of ‘undiagnosability’ (Franssen, 2020); secondly, the experience of not being believed by a health professional and consequent crisis of legitimacy; thirdly, the lived temporality of the narrative and its orientation to the future and feelings of hope and helplessness.

In discussion we develop sociological accounts of vaccination, which are often framed in terms of belief and trust through people's hesitancy or anxiety. While this might recognise nuanced forms of agency, it tends to individualise pathologies that might be infrastructural. We counter this by redrawing attention to the reciprocal character of the social contract within which 'reactions to' vaccines are situated. We conclude by thinking about how contemporary experiences of vaccines can help us rethink this contract in more inclusive ways.

Anna Dowrick

(University of Oxford)

There are few clear roads to recovery for people affected by Long Covid. Emerging evidence indicates that for some people Covid vaccines can lessen troubling Long Covid symptoms, while for others symptoms can be exacerbated (Sivan et al, 2022). There is also emerging evidence of LC-like symptoms developing following vaccination (Murphy & Longo, 2022).

We examine narratives of changes in symptoms and/or novel Long Covid symptoms following vaccination. We explore how 40 patients made sense of their vaccine response and the subsequent impacts of this on their perception of vaccination in general. We identify three main roles played by vaccines in their narratives - as shield, as treatment and as antagonist. These roles were differently emphasised relative to each participant's overall recovery narrative. Where vaccines were positioned primarily as treatment, patients were frustrated about their limited access to further vaccines. Where vaccines were seen as a potential antagonist, it was difficult to integrate this role alongside their potential as a shield.

A move to mistrust was possible from both treatment and antagonist positions. Vaccine trust was maintained when uncertainty was engaged with as a form of 'productive ignorance' (Gross, 2007), where unexpected experiences were felt to contribute towards an expansion of medical or scientific knowledge about Long Covid. Where professionals did not take 'known unknowns' (Knorr-Cetina, 1999) into account this bred mistrust. Through this work we demonstrate the complexity of vaccine positions, building on Brunson and Sobo's (2017) position that a simplistic pro- or anti-vax polarisation is both inaccurate and alienating.

Lesley Branagan

(Hamburg University)

While recognition of Long Covid has been slowly building in medical science and lay populations, the understanding of post-vaccine Long Covid is less acknowledged. In this condition – variously termed vaccine injury, vaccine-induced Long Covid, or post-vaccine syndrome - people experience Long Covid-type symptoms from the Covid vaccine itself, rather than from a Covid infection.

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This paper draws on interviews with people with vaccine injury, as well as data from an online questionnaire. It explores the ways in which they: contest their right to be included in categories; navigate between existing categories; or attempt to forge their own categories which demand recognition.

Thursday 14 September

14:00-15:05

Room 115 – Open – Special Event

Sociology and critique: the Cost of Living blog as a natural experiment in public sociology

Simon Carter

(Open University)

Sociology, by its very nature, has the potential to offer cutting insight and critique into the ongoing social issues. However, all too often, this potential is blunted or even lost, but the prevailing scholarly contexts in which the majority of sociology is written and discussed. There is a clear need for sociological commentary to be conducted in more accessible, public fora in order to enrich debate in those fora, to bring an often absent sociological framing to those debates. In this regard, the Cost of Living blog can be characterised as a natural experiment in public sociology. Blogging is a powerful tool for sociologists to connect with a broader audience and contribute to public discourse. This session explores how issues of public sociology can be developed and utilised to enhance public sociology by bridging the gap between academic research and the general public, amplifying marginalised voices, promoting dialogue and participation, and fostering social change. Whilst sociologists can utilize the accessibility of blogs to share their research findings, theories, and perspectives in a more engaging and approachable way, it is imperative that this is accomplished in a way that directly develops public understanding of sociological critique. This is imperative because the current political climate, both in the UK and further afield, is one where the opportunity and possibility for critique appears to be reducing. Public sociology offers an vibrant and important opportunity to keep critique alive. By weaving personal stories, relatable examples, and anecdotes into their writing, bloggers can effectively communicate complex sociological concepts to a broader audience, encouraging critical thinking and social awareness. In this symposium we outline both the present and the future potential for public sociology in the context of continued hostility to critique.

Friday 15 September

10:45-11:15

Room 155 - Health Service Delivery – Special Event

Inequality in health care - empirical studies on health care professions and health care delivery'

Anette Lykke Hindhede, Marte Feiring, Per Koren Solvang

(University of Copenhagen/ /OsloMet)

Many Western countries are experiencing increased insecurity due to climate change, warfare, and a post-pandemic situation. It is assumed that these unstable situations would further increase healthcare inequality and sustain it. In this session, we will apply various critical socio-cultural theories to illustrate how current healthcare trends entrench health inequalities. While social inequalities in health and social life have been documented in many studies around the Western world, inequality is usually defined by family socio-economic background and social class status. However, there has been less focus on the relationships that create and reproduce social inequality in health or the way that tensions and struggles within the healthcare field participate in shaping inequality. At a time when corporatization and privatization of healthcare coexist or subsume traditional bases of public provision, we need new ways of explaining emergent structures of inequality.

With the goal of strengthening social sustainability as well as social equality of healthcare services, modern healthcare systems are currently rethinking their institutional and professional boundaries, between public and private, as well as between experts and laypeople. This results in the shifting of responsibility and tasks across different groups of health professionals, the voluntary sector, patients/clients, and their relatives. The papers in this session will draw on empirical work from a range of contexts to examine health inequality and task shifting in healthcare, with a particular focus on healthcare financing and care within institutions such as public and private hospitals, outpatient clinics, rehabilitation centres, and individual investments in health.

Exploring the complexity in distributed decision-making for spinal surgery

Per Koren Solvang, Karen Synne Groven, Margreth Grotle, Tone-Dahl Michelsen

(OsloMet)

Background - Primarily, two approaches are available in the treatment of lower back pain: Conservative treatment and/or spine surgery. The decision for surgery is a critical incidence where a wide range of factors are given consideration.

Aim - To understand how evidence is applied in the decision-making process in the treatment of lower spine disorders.

Theory - Distributed decision making. Here, decision making is a process involving a broad set of actors and types of considerations.

Methods - Case study at one hospital department where interviews with spine neurosurgeons and lower back pain patients were carried out.

Results - The consultation emerges as a teaching session where the patient is introduced to clinical reasoning and invited to take an active role in the decision making. In this process, patients' socio-cognitive abilities and surgeons' communicative abilities become decisive. Further, patient lifeworld and the meaning of physical activity is given high priority in the decision-making process. This implies that the risk of surgery is weighted against patient activity level and patient risk perception.

Discussion - What this study adds to previous studies is clarity to the professional identity of the spine neurosurgeon as a skilled facilitator for patient participation in complex evidence-based clinical decision-making. The study also adds depth to the understanding of the patient everyday life as a balancing act between a need to pass as healthy on the one side and managing severe activity restrictions and gaining the skills to take active part in treatment decision making on the other side.

Sorting it all out - classifying clients' hand conditions and their movements between primary and secondary care *Marte Feiring, Silje Zink, Ingvild Kjeklen*

(OsloMet)

Diagnosis is the main classification tool of modern medicine, and diagnosing is a powerful social process. Understanding this process is critical to interpret and improve the relationship between doctors and their clients. This study asks how general practitioners diagnose and treat persons with painful hand conditions. We are also interested in why some clients are referred to secondary healthcare more often than others.

Our theoretical lens is inspired by critical socio-cultural approaches to professional and scientific boundary work as well as the work of Annmarie G Jutel on diagnosis, and Pierre Bourdieu on inequality. Empirically we are analysing 23 anonymized electronic medical records (EMR) extracts of texts made by general practitioners (GPs). The clients' type and level of education and work status were registered.

According to our analysis, we have identified four ways of diagnosing hand conditions: by symptoms, by physical function or activity performance, by formal classification systems (ICD or ICPC) or by a complex process including treatment. We further identified three treatment trajectories: some clients only met with the GP and were advised to self-care, other clients encountered the GP and a rheumatology specialist, and a third group were referred to an orthopaedic surgeon for treatment. The third group were also frequently referred for further consultations with other health professionals as occupational therapists and physical therapists. We also discovered that clients in the third group had higher (educational) cultural capital than the others.

Developing an experiment with reallocation and transformation of institutional healthcare responsibilities - The genealogy of an innovative, public health intervention for the multimorbid

Nicolas Tristan Munk, Kristian Larsen, Tom Møller, Trine Schifter Larsen

(University of CopenhagenRUC)

Background and aim - With this article we wish to inspire and inform future public health interventions. The research object is the development of our public health intervention, "Welfare And Relations" (WeARe), which is characterized by collaborative action research and experimentation with new roles for healthcare professionals outplaced in a local community.

Methods - Inspired by 'historical epistemology' we examine inter-related components and choices (methods, theory, empirical data, practical and personal), which made the intervention possible. Data consists of peer reviewed literature, grey literature, personal emails, project description drafts and presentations, ethnographic fieldnotes and interviews, collaboration notes, and contracts.

Results - Following interrelated themes were constructed; 1) 'Provisional theories' through literature search and subject positions; 2) Raising capital and mobilizing capitals – between community and clinic; 3) Fieldwork & interviews for 'provisional theory' and accumulating cultural- and social capital; 4) Narrowing the scope and qualifying ideas through literature and peer discussions; 5) Consolidating research perspectives and relations with "clinic and community".

Conclusion - Through this article we demonstrate how 'iterative-inductive' research designs and theories of social knowledge can guide processes of creating innovative and collaborative public health interventions. The themes constitute syntheses of research practices and can serve as areas of attention when developing public health interventions. Across themes we show how collaboration, interdisciplinarity, and open-endedness have been practiced in a variety of ways and through multiple, non-linear phases of research practices.

Against all odds –how social nurses succeed in caring for socially vulnerable patients Karin Højbjerg

(University College Copenhagen)

Social nursing is a relatively new function at Danish hospitals. The overall purpose is to reduce social inequality by meeting socially vulnerable patients' special needs. Suffering from multi-illness the patients have difficulties in meeting health care system's expectations of being a legitimate patient. Health professionals perceive the patients as difficult to cooperate with and difficult to accommodate. Conversely, the socially vulnerables feel misunderstood, unwanted, and discriminated against. The frustrations of both patients and health professionals constantly pose the risk of patients leaving treatment which must be restarted in the event of acute and chaotic readmissions. Organizational changes such as New Public Management and LEAN to streamline health care services have reinforced the challenges to focus on the affective/relational work which is of particularly high importance to meet the needs of this patient group.

This paper explores how social nurses - against all odds- manage to practice successfully as a professional with this low positioned patient group.

In a Bourdieu-inspired perspective we analyze data consisting of ethnographic field notes and individual interviews with 12 hospital-based social nurses. We investigate social nurses' strategies when practicing their relatively new, hybrid role. Our findings point out strategies mirroring a feel for the game, i.e. respecting and supporting

- the dominant logic of diagnosis and treatment,
- economic and effective argumentation,
- politically consensus of usage of specific professional tools in treatment
- ethical and moral actions and argumentation towards an extremely vulnerable patient group

Health capital among patients: What does illness mean for the way patients invest in their bodies?

Anette Lykke Hindhede, Kristian Larsen

(University of Copenhagen)

An illness is often experienced as a disruption of everyday life structures. The way individuals experience their illness affects how they understand and react to its symptoms, treatment and, not least, changes in daily life. Some diseases and disorders have a significant impact on how one relates to one's own body, treatment methods, diets, etc., while others seem less important. This paper reports on how illness affects the health behaviour of a heterogeneous sample of hospitalized patients in the Copenhagen area of Denmark. The aim is to understand how illness can affect people's everyday lives, and the effect it has on the way individuals think and act regarding their own well-being and the well-being across patient groups (diagnosis, class, capital, age, gender).

Based on Bourdieu's relational sociology, we employ the concept of Health Capital as a typology of five ways of investing in the surgical body, the chemical body, the nutritional body, the physical body, and the mental body - and the socially differentiated combination of these. Data will be collected via a survey with approximately 600 hospitalized patients (acute and chronic diseases and somatic as well as mental illnesses) and in-depth qualitative interviews with 30 patients. The survey data will be processed quantitatively using the statistical program Multiple Correspondence Analysis (MCA). This study

focuses on the social and unequal implications of illness, adding to studies of illness as a biographical disruption.

Dynamic role boundaries within Norwegian healthcare *Silje Zink, Ingvild Kjekken, Marte Feiring*

(OsloMet)

Professional boundaries within the healthcare workforce are increasingly coming under new pressures due to staffing shortages, economic demands and changing care models. Task-shifting between physicians and other health professionals is progressively used as a strategy to meet these new demands. The current study explores task-shifting as dynamic boundary work between rheumatologists and occupational therapists (OTs) and we apply hand osteoarthritis care in a Norwegian healthcare setting as our empirical case.

In-depth semi-structured qualitative interviews were conducted with 17 participants; 9 rheumatologists and 8 OTs, at 2 different hospitals where task-shifting had taken place. We explore the dynamic role processes within professions, as well as between professions.

The theoretical lens used to explore the data is inspired by Susan Nancarrow's (2005) work on dynamic role boundaries. Nancarrow's analytical terms Diversification and Specification are employed to analyse processes occurring within the roles of the OTs and the rheumatologists (intraprofessional change), and Horizontal and Vertical Substitution is used to explore processes occurring between professions (interprofessional change).

Our preliminary results show that there were both formal and informal shifting of tasks between OTs and rheumatologists. OTs were diversified by gaining tasks and responsibilities outside the traditional scope of their role. However, some reported added responsibility to be anxiety-inducing and highlighted the need for further training. Rheumatologists expressed a wish to retain traditional doctor-related tasks that fall exclusively under their jurisdiction, leading to increased specification of their role and profession. Vertical substitution took place when rheumatologists delegated tasks formerly carried out by them, to OTs.