



50th

Anniversary Conference

Celebrating the Legacy - Medical Society: The Next 50 Years.



12-14 September 2018

Glasgow Caledonian University

The British Sociological Association 50th Anniversary Medical Sociology Conference 2018

Glasgow Caledonian University
Wednesday 12-Friday 14 September 2018

Conference Programme and Abstract Book

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Welcome

to the 50th Anniversary Annual Conference of the BSA Medical Sociology Group

Celebrating the Legacy – Medical Sociology: The Next 50 Years

We are really pleased to welcome our **Plenary Speakers**: Professor Lesley Doyal, University of Bristol, who will give the opening plenary, entitled '**Reconfiguring the HIV Pandemic: Power, Politics and Paradigms**', and Professor Jonathan Gabe, Royal Holloway, University of London, who will give the closing plenary with a presentation entitled '**Researching Pharmaceuticals and Society: Past, Present and Future**'. In celebration of our 50th anniversary, there will be an additional plenary session: a panel discussion focusing on the key medical sociology issue of inequalities, which is sponsored by the Foundation of Sociology and Illness. The panel speakers are Professor Ellen Annandale, University of York, Hannah Brady, Uppsala University and Graham Scambler, Emeritus Professor of Sociology at University College London and Visiting Professor of Sociology at the University of Surrey. We extend a particularly warm welcome to our international delegates and those attending the conference for the first time.

Meanwhile, we are delighted to announce that we have organised **nine special events** over the three days of the conference covering a wide range of topics, including Understanding Healthcare Encounters, 21st-Century Medicine in the USA, Ethnicity and Healthcare, Health Activism, Normalisation Process Theory and Materialities of Care. We have two MedSoc Committee special events this year: as well as the annual 'Cost of Living' event, which this year welcomes Stephani Hatch, King's College London, as guest speaker, we have a second event entitled 'Later with MedSoc' and hosted by Nicky Britten. We are also pleased to announce that the Scottish MedSoc group will be hosting a special event to reflect the location of this year's conference in the wonderful city of Glasgow. More details on special events can be found on pages 23-33.

Following on from the success of the last two years, **Mentoring Corner** will continue again this year. This offers mentoring sessions for early-career researchers and others seeking guidance and support from experienced MedSoc researchers and academics. Sign up at the registration desk if you are interested in taking part.

A dedicated session for **poster presentations** continues this year and we will award a book voucher worth £100 (generously donated by SAGE) for best poster, as judged by conference delegates. The poster viewing and voting will take place on Wednesday 12th in the evening, alongside a **drinks reception, once again kindly hosted by *Sociology of Health and Illness* journal**. For more details, please go to page 35. **Please don't forget to vote for the best poster!** Voting slips can be found at the registration desk and the ballot box will be near the posters. The winner will be announced at the conference dinner, along with this year's winners of the **book prize sponsored by the Foundation for the Sociology of Health and Illness (FSHI)** and the **Phil Strong prize**.

A **second drinks reception** will take place on Thursday 13 September at the Glasgow City Chambers in George Square, followed by the **conference dinner, kindly supported by the Wellcome Trust, where a cash bar will be open late**. This year's dinner will include 'on-table' 50th anniversary entertainment and will be followed by the ever-popular MedSoc disco, so get out your glad rags! Precise times and locations for these and other events can be found in the key information section (pages 4-6) and in the timetable (page 10).

The **Annual General Meeting of the BSA Medical Sociology Group** will take place on Thursday 13 September at lunchtime in The Lantern Room, which is situated directly above the registration desk within the Hamish Wood Building. All are welcome to this meeting, which is an important opportunity to discuss the future shape of the conference and other initiatives within the medical sociology community. We would particularly like to invite people to attend who have not done so before. At the meeting, we will be appointing new members of the MedSoc Committee. In line with the Constitution, calls for nominations for committee membership were announced in the run-up to the annual conference and circulated via the JISCMail list. Nominations were received up to two weeks before the conference. Voting, open to BSA members only, will be online and/or at the conference, and will close an hour before the AGM.

This year, there are two vacancies for ordinary members and one for Post Graduate Researcher/Early Career Researcher. Details of the existing MedSoc Committee can be found on page 9. To view the 2017 AGM minutes, see pages 149-151.

We would like to thank everyone who is presenting work, chairing a session or contributing in some other way to the organisation of this event. We welcome any comments or suggestions you may have on the format or organisation of the conference. Let us know your views by attending the AGM or by completing the online evaluation after the event. We hope that you enjoy all aspects of this special 50th anniversary conference.

Key Information

Annual General Meeting

The BSA Medical Sociology Group Annual General Meeting will take place on Thursday 13 September in the Hamish Wood Building, Lantern Room. The meeting will begin at 12:45 and is planned to be finished by 13:45. All delegates are welcome, but only BSA Members are eligible to vote.

There are two vacancies for ordinary members and one for Post Graduate Researcher/Early Career Researcher to be filled by election at this meeting. Nomination forms are available from the conference registration desk. Please hand this form in at the conference registration desk by 12pm on Thursday 13 September 2018.

Chairing

We are extremely grateful to all those who have agreed to chair a session at the conference. If you have agreed to chair but are not able to make the session for any reason, please let us know at the registration desk so we can make alternative arrangements. If you find yourself in a session without a chair, we'd be very grateful if someone in the audience could volunteer to watch the time and, if necessary, field questions to allow the presenters to focus on their papers.

Conference Dinner and Drinks Reception

For those delegates already pre-booked to attend, the 2018 conference dinner and drinks reception will take place in the Glasgow City Chambers, George Square on Thursday 13 September at 18:45. The MedSoc Committee would like to thank **Wellcome** for supporting this event. The FSHI Book Prize and the Poster Prize will be awarded at the conference dinner.

Early Career Researcher Event

The BSA Medical Sociology Group is pleased to announce an event for Early Career Researchers (ECRs). This year in recognition of the BSA Medical Sociology Group's 50th anniversary, the ECR conference event is centred on four key issues affecting ECRs. The event will focus on how to 1. Make research impact and raise your profile in academia and beyond 2. Get published and develop a publication strategy 3. Secure a lectureship 4. Self-care in an increasingly precarious employment environment

Who is the event for? Doctoral, post-doctoral and other early career researchers working in medical sociology and applied health research. This event is an opportunity

- To explore issues affecting early career researchers in medical sociology and applied health research.
- To explore ways of progressing your career/doctoral study while maintaining your wellbeing.
- To build connections with other medical sociologists and applied health researchers.

This event will be held in the Hamish Wood Building Lantern Room on Wednesday 12 September 12:00-17:00. For more information please go to pages 23 and 24.

First-Time Conference Attendees and Early-Career Researchers and Postgraduates

Newcomers to the conference in particular are invited to join the committee in the reception area of the Hamish Wood Building on Wednesday 12 September (see Welcome Reception below) to meet members of the committee and each other. In particular, we would like to hear from any graduate students who might wish to join the committee to represent Early Career Researchers within the group. We hope to elect one representative at the Thursday AGM to serve for one year on the committee. All committee members are easily identifiable as they will be wearing orange delegate badges.

Internet Facilities

Wireless internet access is available within the conference venue. Please use your own laptop or mobile device if you wish to use this facility.

For those with an eduroam account, please use <https://www.gcu.ac.uk/staff/it/wirelessaccess/>. All other delegates may use <https://www.gcu.ac.uk/staff/it/wirelessaccess/guestwifi/>.

Luggage Storage

Luggage storage facilities are available on the following days:

Wednesday 12 September	11:30-19:00
Thursday 13 September	08:30-18:00
Friday 14 September	08:30-14:00

Please note, luggage cannot be stored overnight, and if not collected before the closing time, they may not be available until the following day. This facility is located in Room W007, which is close to conference registration within the Hamish Wood Building.

Meals and Refreshments

For all delegates, lunch is provided in the Hamish Wood Building.

Wednesday 12 September	11:30-13:30
Thursday 13 September	12:30-14:00
Friday 14 September	13:30-14:30

A combined drinks reception and poster-viewing session will be kindly hosted by *Sociology of Health and Illness* journal. Please meet in the entrance to the Hamish Wood Building on Wednesday 12 September from 18:00 to 19:00.

Please note - As this year's conference is non-residential no evening meal is provided on Wednesday 12 September. There are a number of restaurants within in easy walking distance of the conference.

The conference dinner will be held on Thursday 13 September (see details above).

Tea and coffee will be served concurrently with papers in the reception area of the Hamish Wood Building.

Wednesday 12 September	11:30-17:30
Thursday 13 September	08:30-18:00
Friday 14 September	09:00-12:30

Food Allergies and Allergenic Information - Glasgow Caledonian University's catering team takes the health of all delegates seriously. If any delegates have a food allergy and have not already indicated their dietary requirements on their booking information or would like further information about the allergenic content of the food, we ask that they make themselves known to any member of the catering staff. They, in turn, will contact a senior member of the kitchen staff, who will be pleased to discuss delegate requirements.

Delegates please note that the information provided on campus about allergens in any item of food on menus relates to the ingredient(s) in that specific product. However, those ingredients are sourced from, and our food is produced in, an environment where other allergens may be present.

Meeting Rooms

All parallel paper sessions will take place in a number of rooms within the Hamish Wood Building. No other buildings on campus will be used for presentations. The main plenary sessions will take place in Room W011.

Mentoring at the Conference (Mentoring@MedSoc)

Several conference delegates have kindly volunteered to share their knowledge and skills as mentors and a limited number of slots will be allocated each day on a first-come-first-served basis to facilitate this. At the reception desk, you will find a brief outline of their interests and can request one of the available slots.

Messages

There will be a message board in the Hamish Wood Building, close to the conference registration desk, where delegates can leave messages for each other.

Parking

For delegates attending the conference, Glasgow Caledonian University has negotiated a rate of £7.00 per day for car parking at Concert Square and Cambridge Street car parks and £7.50 per day at Dundasvale car park.

Key Information

Upon your arrival at the car park, you will be issued with a ticket. Take this ticket and bring it along to the event at Glasgow Caledonian University, where it will need to be scanned. There are two machines where the tickets can be scanned: one in the reception area at the Goven Mbeki Building and one at the campus security office.

Photography during the Conference

Photographs will be taken at the conference and used in BSA marketing materials and/or publications. Please approach the photographer if you do not wish to be photographed, or email tony.trueman@britsoc.org.uk if you have any queries.

Posters

Posters can be viewed in the reception and refreshment area in the Hamish Wood Building. Presenters will be available alongside their posters on Wednesday 12 September from 18:00 to 19:00, where a drinks reception will be kindly hosted by *Sociology of Health and Illness*.

Please do not forget to vote for the best poster. Voting slips can be found at the registration desk and the ballot box will be near the posters. Voting will close at 18:15 on Thursday 13 September and the winning poster will be announced at the conference dinner, along with the winner of the 2018 FSHI Book Prize.

PowerPoint

All meeting rooms will be equipped with a screen, PowerPoint and a laptop. Presenters should bring a copy of their presentation file on a USB memory stick. Presenters should access session rooms before their session starts or during lunchtimes to check the facilities. Please note that we do not supply Mac converter leads.

Programme Changes

We always seek to avoid programme changes, but some are unavoidable due to last-minute withdrawals. Any programme changes will be displayed on the message board in the Hamish Wood Building close to the conference registration desk, along with any general messages and announcements.

Publishers and Exhibitors

We would like to thank our sponsors and exhibitors warmly for their continued support at BSA conferences and events. The following organisations have sponsored the 2018 Medical Sociology Conference:

Emerald Publishing, Foundation for the Sociology of Health and Illness, John Wiley & Sons Ltd / Polity Press, SAGE, Scottish Rural Health Partnership, *Sociology of Health and Illness* and Wellcome.

Exhibitors: Emerald Publishing and John Wiley & Sons Ltd / Polity Press.

Registration

Conference registration will be open in the Hamish Wood Building entrance at the following times:

Wednesday 12 September	11:30-18:00
Thursday 13 September	08:30-17:30
Friday 14 September	08:30-12:00

Please note: delegates should wear their conference badges at all times while on campus as they may be refused access to conference sessions, refreshments and meals if a badge is not visible. Delegates may be asked to present their badge at any time.

Special Needs and Assistance

We would be glad to hear from any delegates who would like assistance during the course of the conference. If this is the case for you, please let us know at the registration desk. Portable hearing loops are fitted as standard in all conference rooms.

Welcome Reception

All delegates, and particularly newcomers and postgraduates, are warmly invited to come and have a drink to meet each other and members of the MedSoc Committee in the reception area of the Hamish Wood Building from 19:15 to 20:15.

Glasgow Caledonian University and Glasgow Information

About the University

Glasgow Caledonian University has become one of the largest universities in Scotland, with nearly 17,000 students. The campus is self-contained and situated right in the heart of the lively city of Glasgow.

The University is made up of three academic schools:

[School of Health and Life Sciences](#)

[Glasgow School for Business and Society](#)

[School of Engineering and Built Environment](#)

Glasgow School for Business and Society has a fine reputation for developing innovative programmes in areas such as Risk Management, E-Business and International Fashion Marketing. The schools contain state-of-the-art laboratories and a number of renowned centres of excellence.

The University attracts students from a wide range of backgrounds, from local school leavers to PhD students from all over the world. It prides itself on providing a friendly, modern and effective learning environment for all students.

The University's strong commitment to increasing access to study and lifelong learning is illustrated by the fact that it attracts over 4,000 mature students and the largest number of part-time students in Scotland. If you choose to study at Glasgow Caledonian University, you will benefit from the university's worldwide profile and have the opportunity to meet and get to know some of the many international students who are studying there.

International students come from over 100 different countries across the world and bring with them a diversity and enthusiasm which undoubtedly enriches the Caledonian experience for everyone.

About Glasgow

Glasgow is a vibrant and compact city with plenty to offer delegates outside of conference hours.

The city boasts a range of cultural attractions, including many museums and art galleries offering free entry, such as the stunning Kelvingrove Art Gallery and Museum and the award-winning Riverside Museum.

Visitors can explore the works of artist and architect Charles Rennie Mackintosh, walk the city centre Art Mural Trail or take a stroll through one of the many parks and green spaces.

Glasgow is a UNESCO City of Music, with over 150 live music events per week, plus a full calendar of other exciting events and festivals throughout the year.

The food and drink scene offers something for everyone, from traditional whisky pubs to fine dining, in a variety of lively neighbourhoods including Finnieston (SEC), the City Centre, the West End and Merchant City.

Delegates can look forward to a warm welcome in what has been voted 'the world's friendliest city' by Rough Guides. If you're extending your stay, Glasgow has excellent travel connections for exploring Scotland and an exciting selection of year-round tours leaving daily for the Scottish Highlands.

(Text kindly provided by Glasgow Convention Bureau) <https://peoplemakeglasgow.com/>

Glasgow Caledonian University and Glasgow Information

Glasgow Taxis

Glasgow Taxis are the largest fleet in the city, offering five- and six-seater taxis and accessible vehicles.
Contact: 0141 429 7070.

Glasgow Taxis offer for airport transfers

Discounted travel is available for delegates for journeys between Glasgow Airport and City Centre with Glasgow Taxis.

Pre-book your taxi by phoning 0141 429 7070 and use the following codes to get the discounted fare.

Glasgow Airport to City Centre: use code GCB 1 - set fare £18.00

City Centre to Glasgow Airport: use code GCB 2 - set fare £21.00

Delegates looking for a taxi City Tour can use code GCB 3 for a £2.00 discount on all city tours

VisitScotland iCentre – Tourist Information Centre

0141 566 4083

glasgow@visitscotland.com

156a/158 Buchanan Street

Glasgow

G1 2LL

Monday 09:00-18:00

Tuesday 09:00-18:00

Wednesday 09:00-18:00

Thursday 09:30-18:00

Friday 09:00-18:00

Saturday 09:00-18:00

Sunday 10:00-16:00

Public Transport Information

Plan your journey at <https://www.travelinescotland.com/> or by phoning 0871 200 22 33 (24 hours).

Useful Telephone Numbers

Glasgow Taxis

0141 429 7070

Hampden Cabs

0141 429 1122



BSA Medical Sociology Group Committee 2017/2018

Committee Members (wearing orange name badges)

Kylie Baldwin	De Montfort University	Social Programme
Donna Bramwell	University of Manchester	FSHI Prize Lead
Catherine Coveney	De Montfort University	Conference Programme Committee
Flis Henwood	University of Brighton	Co-Convenor
Sarah Hoare	University of Cambridge	Conference Programme Committee
Yesmean Khalil	Nottingham Trent University	Postgraduate Representative/Phil Strong Prize
Zahira Latif	King's College London	Postgraduate Representative/FSHI Prize
Shadreck Mwale	University of Brighton	Co-lead Conference Programme Committee/Communication
Jen Remnant	University of St Andrews	Co-lead Conference Programme Committee/Communication
Sasha Scambler	King's College London	Co-Convenor
Sharon Spooner	University of Manchester	Mentoring @MedSoc
Michelle Webster	Royal Holloway, University of London	Mentoring @MedSoc/Conference Programme Committee

OTHER COMMITTEE MEMBERS

Ex officio representation on committee for BSA Council as Medical Sociology Group Liaison:

Ewen Speed, University of Essex, and Paul Whybrow, University of Bristol.

Sociology of Health and Illness editorial team: Davina Allen, Eva Elliott, Joanna Latimer, Ian Rees Jones, Gareth Williams, all from Cardiff University, and David Hughes, Swansea University.

BSA office: Sophie Belfield, Liz Brown, Sandra Charalambous, Kerry Collins, Alison Danforth, Elaine Forester, Laura Gueriane, Sophie Jaques, Margaret Luke, Gillian Mason, Judith Mudd, Steph Rich, Claire Simmons, Tony Trueman and Donna Willis.

BSA Medical Sociology Group Committee vacancies

There are **three** vacancies on the committee to be filled by election at the Annual General Meeting on 13 September 2018 in the Lantern Room, Hamish Wood Building from 12:45 until 13:45. Voting will take place up to one hour before the AGM and is strictly for members of the BSA only.

Acknowledgements

As always, many people have helped with organising the conference. The committee would like to extend its thanks for this support.

Timetable

Wednesday 12 September 2018

11:30-18:00	Registration	Hamish Wood Building, Reception Area
11:30-17:00	Tea and coffee	Hamish Wood Building
11:30-13:30	Lunch	Hamish Wood Building
12:00-17:00	Early Career Researcher Event	Hamish Wood Building, Lantern Room
12:45-16:45	Paper sessions (nine streams)	Hamish Wood Building
12:45-14:25	MedSoc Committee Event – Later with MedSoc	Hamish Wood Building, Room W118
15:05-16:45	MedSoc Committee Event – Cost of Living Blog	Hamish Wood Building, Room W110
17:00-18:00	Opening plenary – Prof Lesley Doyal	Hamish Wood Building, Conference Hall, Room W011
18:00-19:00	Poster presentation and <i>SHI</i> drinks reception	Hamish Wood Building, Reception Area

Thursday 13 September 2018

08:30-17:30	Registration	Hamish Wood Building, Reception Area
08:30-18:00	Tea and coffee	Hamish Wood Building
08:30-12:30	Paper sessions (nine streams)	Hamish Wood Building
08:30-10:10	Special event: Understanding Healthcare Encounters	Hamish Wood Building, Room W110
10:50-12:30	Special event: 21 st -Century Medicine in the USA	Hamish Wood Building, Room W118
10:50-12:30	Special event: Ethnicity, Health and Healthcare in a Neoliberal Era	Hamish Wood Building, Room W119
12:30-14:00	Lunch	Hamish Wood Building
12:45-13:45	BSA Medical Sociology Group AGM	Hamish Wood Building, Lantern Room
14:00-15:40	Plenary Panel – Inequalities – Prof Ellen Annandale, Prof Hannah Bradby and Prof Graham Scambler	Hamish Wood Building, Conference Hall Room W011
15:45-18:00	Paper sessions (nine streams)	Hamish Wood Building
16:20-18:00	Special event: Contemporary Health Activisms	Hamish Wood Building, Room W115
18:45-19:30	Drinks reception	City Chambers, George Square
19:30 onwards	Conference dinner	City Chambers, George Square

Friday 14 September 2018

08:30-12:00	Registration	Hamish Wood Building, Reception Area
09:00-12:30	Tea and coffee	Hamish Wood Building
09:00-10:05	Closing plenary – Prof Jonathan Gabe	Hamish Wood Building, Conference Hall Room W011
10:10-13:35	Paper sessions (nine streams)	Hamish Wood Building
10:10-11:50	Special event: Normalisation Process Theory (NPT)	Hamish Wood Building, Room W118
10:10-10:40	Pecha Kucha	Hamish Wood Building, Room W004
11:55-13:35	Special Event: Scottish Medical Sociology	Hamish Wood Building, Room W110
11:55-13:35	Special Event: Materialities of Care	Hamish Wood Building, Room W009
13:30-14:30	Lunch and end of conference	Hamish Wood Building

Programme Grid 2018

Wednesday 12 September

11:30-13:30: Lunch (Hamish Wood Building)

		Hamish Wood Building								
Room	Lantern Room	W110	W118	W115	W001	W002	W003	W004	W009	W119
Stream	Early Career Researcher Event	Open (1) Politics of Health (3)	Pharmaceuticals (3) Experiences of Health and Illness (1)	Experiences of Health and Illness	Health Policy (2) STS (2)	Professions	Health Service Delivery	Health Policy	Mental Health (5) Ethics (2)	Lifecourse
12:45-13:15	12:00-17:00	Nettleton, S.	<u>Committee Special Event</u>	Berg, A.	Speed, E.	Drennan, V.	Hanckel, B.	Nimegeer, A.	Buckland, R.	Ceuterick, M.
13:20-13:50		Schrecker, T.	Later with MedSoc: Sociology of Health, Social Justice and the Rest of our Lives Britten, N.	Tyldesley-Marshall, N.	Bloor, K.	Grant, S.	King, E.	Bandola-Gill, J.	Withdrawn	Withdrawn
13:55-14:25	Dr. Petra Boynton 13:15-14:00	McDonnell, O.		Hanna, E.	<u>Special Event</u> Interdisciplinary Sexual Health Brown, S. Boydell, N. Dalrymple, J. Jackson, I. Purcell, C. Young, I.	Håland, E.	Lorimer, K.	Chew, S.	Hornstein, G.	Lie, M.
14:30-15:00	Dr. Fiona Stevenson 14:00-14:45	Remnant, J.	Lindenmeyer, A.	Tomomatsu, I.		McDonald, R.	Goodwin, D.	Whittaker, A.	Niedzwiedz, C.	Rowley, R.
15:05-15:35	Professor Karen Lowton 14:45-15:30		Abraham, J.	Polidano, K.		Nolan, P.	Marsh, C.	Buckton, C.	Brunner, R.	Fenton, L.
15:40-16:10	Sally Storr 15:30-17:00	<u>Special Event</u> MedSoc Committee Event Cost of Living Hatch, S.	Cooper, R.	White, L.	Melby, L.	Moffatt, F.	Wyke, S.	Hilton, S.	Abadie, R.	Coveney, C.
16:15-16:45			Ridge, D	Rossero, E.	Stelmach, A.	Glajchová, A.	Arber, A.	Clifford, B.	Green, G.	Herbrand, C.

17:00-18:00: Opening plenary: Professor Lesley Doyal (Hamish Wood Building, Conference Hall, Room W011)

18:00-19:00: Poster presentation and *SHI* drinks reception (Hamish Wood Building)

Thursday 13 September – Morning

	Hamish Wood Building								
Room	W110	W118	W115	W001	W002	W003	W004	W009	W119
Stream	Patient-Professional Interaction	STS	Experiences of Health and Illness	Citizenship and Health	Methods	Lifecourse	Health Service Delivery	Inequalities	Ethnicity (3) Critical Public Health (1)
08:30-09:00	<u>Special Event</u> Understanding Healthcare Encounters Stevenson, F. Leydon, G. M. Barnes, R. K.	Ducey, A.	Spencer, G.	Jeong, J. M.	McLaughlin, J.	Yamamoto, B.	Bracher, M.	O'Donnell, S.	Kanu, W.
09:05-09:35		Moreira, T.	Lewis, S.	Onuorah, L.	Skinner, J.	Hinton, L.	Hardicre, N.	Atkinson, K.	Karlsen, S.
09:40-10:10		Dimond, R.	Hedlund, M.	Witney, T.	Vougioukalou, S.	Schneider, A.	Armstrong, N.	Withdrawn.	Kareem, T.
10:15-10:45	Hunter, B.	Pickersgill, M.	Saunders, B.	Neary, J.	Cupit, C.	Withdrawn	Locock, L.	Hasselgren, C.	Bendelow, G.
10:50-11:20	Johannessen, L. E. F.	<u>Special Event</u> 21 st Century Medicine in the USA Bell, S. Underman, K. Joyce, K.	Pralat, R.	Kühlbrandt, C.	Drewett, A.	Phipps, R.	Tarrant, C.	Guise, A.	<u>Special Event</u> Ethnicity, Health and Healthcare Latif, Z. Ocloo, J. Hussain, B. Ali, P. Khalil, Y.
11:25-11:55	Pilnick, A.		Withdrawn	Krockow, E.	Chandler, A.	Cluley, V.	Papoutsis, C.	Kelly, M.	
12:00-12:30	Mecinska, A.		Isham, L.	Renedo, A.	Chandola, T.	Allan, H.	Pope, C.	Shah, S.	

12:30-14:00: Lunch (Hamish Wood Building)**12:45-13:45: BSA Medical Sociology Group Annual General Meeting (Hamish Wood Building, Lantern Room)****14:00-15:40: Plenary panel - Inequalities - Prof Ellen Annandale, Prof Hannah Bradby and Prof Graham Scambler (Hamish Wood Building, Conference Hall, Room W011)**

Thursday 13 September – Afternoon

	Hamish Wood Building								
Room	W110	W118	W115	W001	W002	W003	W004	W009	W119
Stream	Patient-Professional Interaction	Experiences of Health and Illness	Citizenship and Health	Professions	Methods	Theory	Health Service Delivery	Gender	Lifecourse
15:45-16:15	Withdrawn	Hawking, M.	McCormack, P.	Bryce, M.	Inckle, K.	Matthaeus, S.	Boydell, N.	Castro-Vazquez, G.	Sanders, T.
16:20-16:50	Withdrawn	Cronin, J.	<u>Special Event</u> Contemporary Health Activisms Stewart, E. Young, I. Mazanderani, F.	Cunningham, Y.	Barbour, R.	Patterson, J.	Hope, J.	Burrows, G.	Sadler, E.
16:55-17:25	Mackintosh, N.	Patterson, R.		Wright, S.	Lister, T.	Wistow, J.	Featherstone, K.	Withdrawn	Baldwin, K.
17:30-18:00	Watson, R.	Al-Muhandis, K.		Skinner, M. S.	O'Connell, L.	Fulton, J.	Northcott, A.	Withdrawn	Hinton, L.

18:45-23:00: Drinks reception and conference dinner (City Chambers, George Square) (pre-booking required)

Friday 14 September**09:00-10:05: Closing plenary – Prof Jonathan Gabe (Hamish Wood Building, Conference Hall, Room W011)**

	Hamish Wood Building								
Room	W110	W118	W115	W001	W002	W003	W004	W009	W119
Stream	Health-Service Delivery	Health Policy	Environment and Health	Critical Public Health	Screening and Diagnosis	Patient-Professional Interaction	Pecha Kucha(3) Experiences of Health and Illness(4) *CAM(1)	Healthcare Organisations	Risk
10:10-10:40	Standing, H.	<u>Special Event</u> Normalisation Process Theory (NPT) May, C. Rapley, T. Myall, M. Finch, T.	Graham, H.	McLean, K.	Rasmussen, E. B.	Sutton, E.	Collins, H Howard, J. Vega, M.J.	Kriznik, N.	Chowdhry, S.
10:45-11:15	Drew, S.		Pei, T.	Ellis, J.	Hudson, N.	Jamie, K.	Maskill, V.	Gartshore, E.	Mwale, S.
11:20-11:50	Withdrawn		Penney, J.	Kananen, J.	Jones, C.	Withdrawn	Heavey, E.	Rees, G.	Rush, L.
11:55-12:25	Special Event Scottish Medical Sociology MacDonald, S.	Uny, I.	Fox, N.	Larsen, J. A.	Hale, R.	Stobbart, L.	King-Okoye, M.	<u>Special Event</u> Materialities of Care Buse, C. Heath, C. Lovatt, M. Weiner, K. Ellis, J.	Skolbekken, J. A.
12:30-13:00		Tjora, A.	Grant, A.	White, L.	Hayes, J.	Willis, K.	Hoare, S.		Dalrymple, J.
13:05-13:35		Hilton, S.	Maguire, K.	Dumbili, E.	Evans-Jordan, S. B.	Hendry, A.	Gupta, M.		Brady, G.

13:30-14:30: Lunch (Hamish Wood Building)***CAM Complementary and Alternative Medicine**



Happy 50th birthday MedSoc!

You know you're growing old when getting lucky means a short wait at the GP's – so the old saying goes. Of course, as social scientists, you'll know there's much more that defines a person than their age, just like there's a lot more to health experiences than a simple statistic like waiting time.

Wellcome is proud to support MedSoc 2018. We fund researchers working in the humanities and social sciences around the world. They explore a mindblowing range of topics at all career stages, from postgraduate to professor.

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See wellcome.ac.uk/funding/scheme-finder for more details, or contact Paul Woodgate (p.woodgate@wellcome.ac.uk) to arrange an informal discussion, either at this conference or at a later date.

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The British Sociological Association
50th Anniversary Medical Sociology Conference Dinner 2018

The 2018 Conference Dinner will take place on Thursday 13 September 2018,
from 19:30 onwards at Glasgow City Chambers, George Square

Pre-drinks will be served at 18:45

This year's dinner will include 'on table' 50th anniversary entertainment,
followed by the ever popular MedSoc disco

The FSHI Book Prize and the Poster Prize will be awarded during the course of the evening

NB Pre booking is required to attend the dinner and drinks reception



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Opening Plenary

Wednesday 12 September 2018 at 17:00-18:00

Hamish Wood Building, Conference Hall, Room W011

Professor Lesley Doyal

Reconfiguring the HIV Pandemic: Power, Politics and Paradigms

This most serious of 'modern plagues' is by no means over, despite the optimistic discourse in which it is increasingly embedded. Indeed, there are a number of good reasons to fear a resurgence rather than a resolution. This presentation will explore the changing relationships between biomedical and social sciences as they have emerged in the battle against HIV/AIDS. It will locate the current stage of the pandemic in the broader context of global political economy and explore likely future scenarios.

Lesley Doyal is Emeritus Professor of Health and Social Care at the School for Policy Studies, University of Bristol and has just completed ten years as a Visiting Professor at the University of Cape Town. She has published widely in the fields of global health and healthcare, with a particular focus on gender. In this capacity, she has acted as a consultant for a number of organisations, including WHO, UNDAW, the Global Forum for Health Research and the British Council. In recent years, she has worked extensively in the area of HIV and AIDS using a combination of political economy, ethnographic and intersectional perspectives. Her latest book, *Living with HIV and Dying from AIDS: Inequality, Diversity and Human Rights* (with Len Doyal), has been acclaimed as the first attempt to provide a global and interdisciplinary approach to life with HIV.



Plenary Panel

Kindly Sponsored by



Thursday 13 September 2018 at 14:00-15:40

Hamish Wood Building, Conference Hall, Room W011

Ellen Annandale, Hannah Bradby, Graham Scambler

Inequalities

Professor Ellen Annandale

The Gendering of Global Health Vulnerability

The relationship between 'gender' and health is complex and multifaceted. Gender is often under-theorised in research, over-simplified as commensurate with biological 'sex' at birth, conceptualised as dichotomous, and reduced to an amalgam of individual roles and statuses. Consequently, while manifold similarities and differences between and within 'genders' on various health measures and experiences have been described in inequalities research for more than four decades now, in the absence of an 'upstream' articulation of gendered powers and their articulation with neoliberal capitalism (on a global scale), we delimit our capacity to understand *why* various patterns exist. In this presentation, I will look at the 'gendering' of health vulnerability as an active process. This will involve the politically contentious issue of how 'gender' is conceived and the association of genders with health vulnerabilities. Examples of the embodiment of global gender power relations will be drawn on, such as life expectancy trends, the health consequences of violent conflict and biogenetic trade.

Ellen Annandale completed her BSc in Sociology at the University of Leicester and her MA and PhD (Sociology) at Brown University.

Her first position was as researcher in the MRC Medical Sociology Unit (now MRC Social and Public Health Sciences Unit) at the University of Glasgow; thereafter, she joined the University of Warwick as a lecturer, and subsequently the University of Leicester as Senior Lecturer, Reader and Professor of Sociology, before moving to the University of York as Professor (she was Head of Department from 2013 to 2017)

She has been Editor-in-chief of *Social Science & Medicine* (2004-2012) and Chair of the Editorial Board of *Sociology of Health and Illness* (1991-2001) where she took a lead role in setting up the *Foundation for the Sociology of Health and Illness*. From 2013 to 2015, she was a Vice President of the *European Sociological Association* and chaired its Postgraduate Committee.

Gender and health have been a central focus of her work. With Xiaodong Lin, she is currently co-editing the book series *Global Research in Gender, Sexuality and Health* (Palgrave).



Professor Hannah Bradby

Migration, Ethnicity, Vulnerability: The Health Politics of Difference

Forced migrants across Europe are prevented from getting access to healthcare through formal, legal as well as informal means, despite evident need. Some of these exclusions appear deliberate. Medical sociological examinations of inequality by ethnic and racialised group have captured inequalities in health and healthcare but risk fixing post-colonial migration into essentialised groups. Highly diversified globalised migration streams overlay post-colonial patterns, adding new complexity to how structural and identity aspects of ethnicity play out in healthcare encounters. Alongside the subtleties of the role of language, culture, religion, generation etc. in healthcare settings, xenophobic welfare chauvinism constructs groups as undeserving of access. How can the ideal of universal healthcare access at the point of need and health as a human right be supported in the face of the deliberate exclusion of both new vulnerable forced migrants and citizens, such as the Windrush generation, who have been made vulnerable?

Hannah Bradby is a professor in the Department of Sociology, Uppsala University, Sweden. Her research covers inequities of access to healthcare and to the determinants of health among migrants and their descendants. Current funded research is looking at the healthcare available to vulnerable migrants across Europe that could reduce inequalities in health outcomes and, in another project, services and support to reduce the damage to migrants' prospects caused by the experience of gender-based violence. Details of publications can be found at hannah.bradby.info.



Professor Graham Scambler

What's Left of Class for Medical Sociology?

Relations of class are now absent from much of mainstream sociology and most of medical sociology. Moreover, proxies like the RG and NS-SEC, not to mention the GBCS, omit the less than 1% (I call them 'capital monopolists') who buy enough power from the state's elite to fashion social and health policies in their interests. What I call the 'class/command dynamic' is for me the fundamental 'social structural' mechanism for explaining health inequalities in Britain.

In this contribution, I point to a number of ambiguities in the present sociological understanding of class occasioned by structural and cultural shifts, the emergence of identity politics and institutional constraints. This leads at the end of the talk to a series of conjectures comprising a research programme of sorts.

Like Sayer and others, I consider class to be *the* key structure or relation in financial capitalism. This is not in any way to diminish the importance of gender and ethnicity, whose histories go back way before the long 16th century in which capitalism was born. For me, class, gender and ethnic relations issue simultaneously in 'tendencies' with the potential to impact on events. How causally constraining or enabling each is with regard to any given phenomenon in the health domain is an empirical matter.

Graham Scambler completed a BSc in Philosophy and Sociology at the University of Surrey in 1971 and began a PhD in Philosophy with David Hamlyn at Birkbeck College, University of London.

Plenary Panel

A year later, in pursuit of a more stable income, he switched disciplines and colleges and signed up for a PhD in Sociology with George Brown at Bedford College, University of London. In less pressurised times, he knocked off his PhD – on the stigma experienced by adults with epilepsy living in the community – in a dozen years. He had become, it seemed, a medical sociologist (although he continues to regard himself as a sociologist who happens to write mostly about health).

His first lecturing post was at Charing Cross Hospital Medical School from 1972 to 1975, followed by another at the Middlesex Hospital Medical School from 1978 to 1987, at which point the Middlesex HMS was swallowed whole by University College London. Progressing slowly through the academic gears, he was eventually appointed Professor of Medical Sociology at University College London in 2001. He was Visiting Professor of Sociology at Emory University in 1998 and remains an Adjunct Professor in its Department of Sociology. He was London Director of a Comparative Health Care summer programme for Emory undergraduate students from 1976 to 2011. In 2010, he was elected an Academician of the Academy of Social Sciences, UK.

He is founding co-editor of *Social Theory and Health* and Visiting Professor of Sociology at the University of Surrey.

On his retirement in 2013, he became Emeritus Professor of Sociology at University College London.



Closing Plenary

Friday 14 September 2018 at 09:00-10:05

Hamish Wood Building, Conference Hall, Room W011

Professor Jonathan Gabe

Researching Pharmaceuticals and Society: Past, Present and Future

Sociologists have generally been curiously incurious about the relationship between pharmaceuticals and society until relatively recently, despite the enormous power and influence of pharmaceutical companies. Taking the title of the year's conference as a guide, this presentation will review the history of research in this area, paying particular attention to recent debates about pharmaceuticalisation and medicalisation. It will also reflect on the experience of engaging with pharmaceutical companies and other vested interests in this area.

Jonathan Gabe is Professor of Sociology at Royal Holloway, University of London. He has published widely in the area of sociology of health and illness, including pharmaceuticals, and is a past editor of the international journal *Sociology of Health and Illness*. He has been a visiting professor/scholar at a number of universities including Campinas (Brazil), Massey (New Zealand), Sydney and Vienna. He is currently Chair of the European Sociological Association Research Committee 16, Sociology of Health and Illness and is a past President of the International Sociological Association Research Network 15, Sociology of Health and Illness. He has been Chair of Trustees of the UK Charity Foundation for Sociology of Health and Illness since 2013 and is a Fellow of the Academy of Social Sciences and of the Royal Society of Arts.





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BSA Medical Sociology Conference Event for Early Career Researchers

Wednesday 12th September 2018 (12pm-5pm)*
Glasgow Caledonian University

The BSA Medical Sociology Group is pleased to announce an event for early career researchers (ECRs). This year in recognition of the BSA Medical Sociology Group's 50th anniversary, the ECR conference event is centred on four key issues affecting ECRs. The event will focus on how to

1. Make research impact and raise your profile in academia and beyond
2. Get published and develop a publication strategy
3. Secure a lectureship
4. Self-care in an increasingly precarious employment environment

Who is the event for?

Doctoral, post-doctoral and other early career researchers working in medical sociology and applied health research. This event is an opportunity for you

- To explore issues affecting early career researchers in medical sociology and applied health research.
- To explore ways of progressing your career/doctorial study while maintaining your wellbeing.

To build connections with other medical sociologists and applied health researchers

Special Events

Agenda

12.00. *Registration and buffet lunch*

13.00. *Welcome and introduction to the event/ECR role*

13.15. *Research impact and raising your profile – Dr Petra Boynton*

Dr Boynton specialises in sexual health research. **Petra's book 'The Research Companion' has become a best-seller for health practitioners and researchers.** Petra has won several awards for her work in bringing sex information to the public and regularly engages with the media. Petra will discuss opportunities for sharing your research with the public.

14.00. *Publishing and developing a publication strategy – Dr Fiona Stevenson*

Dr Stevenson is a reader in medical sociology at University College London and is a **member of the editorial board of the Journal of Sociology of Health and Illness.** Fiona has published over a 100 articles in academic journals including BMJ Open, Social Science and Medicine and Health Expectations. Fiona will share tips on publishing.

14.45. *Applying for a lectureship – Professor Karen Lowton*

Professor Karen Lowton holds a professorship in ageing and health and is currently the **head of department of sociology at the University of Sussex.** Karen convenes university appointment panels and will share insights into what makes a successful lectureship application.

15.30. *Tea/coffee and networking*

15.50. *Interactive session on well-being – Sally Storr (MA Counselling)*

Sally Storr is a qualified integrative psychotherapist and relational coach. **Sally has worked as an academic, careers and recruitment advisor at Cambridge University, the Open University and The World Health Organization.** Sally will deliver an interactive session on managing stress and anxiety in academia.

17.00. *Main conference opening plenary – Professor Lesley Doyal*

19.00. *Dinner and networking*

Special Events

Wednesday 12 September 2018 at 12:45-14:25
Committee Special Event
W118

Later with MedSoc: Sociology of Health, Social Justice and the Rest of Our Lives

Britten, Nicky
(University of Exeter Medical School)

This proposal is about setting up a dialogue between older and younger generations of MedSoc participants. The aim is to begin a discussion about what older generations can contribute to younger generations. Those of us who have retired or who will be retiring in the foreseeable future have networks and academic skills we have built up over our careers, which could be useful to younger colleagues as well as to each other. For example, we can ignore many of the constraints of our working lives, such as the need to publish for the REF, and we can mentor those who need to plan their own publications and careers. We can use our academic skills and experience to support other groups, such as patient organisations and public involvement groups, that are campaigning for social justice and/or want to engage with health research. We are well placed to contribute to role modelling options for 'later' engagement in our extended community of MedSoc colleagues because its values are inclusive, informal, flexible and forward-looking.

Wednesday 12 September 2018 at 13:55-15:35
Special Event
W001

Interdisciplinary Sexual Health Research and Medical Sociology: Reflections on Research Practice in Scotland

Brown, Sally
(Edinburgh Napier University)

Many medical sociologists, both within and outwith 'traditional' sociology departments, work in interdisciplinary settings with a range of health professionals, policymakers, third-sector organisations and 'publics'. Sexual health, as a clinical discipline and research field, is in and of itself highly interdisciplinary and at the interface of public health, biomedicine, policy studies and medical sociology. While there are often debates about what interdisciplinary research is and how you do it, much less attention is given to how medical sociology plays a key role in and contributes to burgeoning practice interdisciplinary research. From collaborative design, data analysis and peer research to public engagement and policy impact, medical sociology offers important learning and methods for high-quality interdisciplinary sexual health research. In this symposium, we draw together researchers from the Scottish Interdisciplinary Research in Sexual Health Network (IReSH) to reflect on how and where medical sociology has played an important role in our sexual health research. This symposium is intended to stimulate reflection and discussion on the ongoing role of medical sociology in interdisciplinary sexual health research.

Following an introduction to the session, speakers will reflect on their research on topics including abortion, public engagement, stigma, implementation of HIV pre-exposure prophylaxis (PrEP) policy, working with the Scottish Government's Framework on Sexual Health and Blood Borne Viruses, clinical practice and sociological research, and community participation in research. Speakers will consider how their work is informed by medical sociology and by their role as a sociologist.

Addressing Stigma in a Policy Context: The Contribution of Medical Sociology

Boydell, Nicola
(University of Edinburgh)

Addressing stigma is identified as one of the most ambitious outcomes of the Scottish Government's Sexual Health and Blood Borne Virus Framework, which shapes and informs public health policy and practice. In this presentation, I outline my work as part of the HIV Anti-Stigma Consortium, a diverse group comprised of community members, representatives from the Scottish Government and third-sector organisations, as well academics. The consortium was brought together to develop a strategy designed to support efforts to reach zero HIV stigma in Scotland, and to create a common agenda among key policymakers and programme makers. As a sociologist, part of my role was to contribute to this work through the application of sociological theory: to ask critical questions about existing notions of stigma and discrimination, to foreground the ways in which stigma reproduces existing inequalities of gender, sexuality, ethnicity and class, and to consider how theoretical concepts can be mobilised in the design of effective anti-stigma

Special Events

programmes and policy interventions. I reflect on my position within this interdisciplinary setting, and the complexities of maintaining space for critical discussion of stigma whilst attending to (often competing) stakeholder priorities in the process.

Hybrid or Harmonious: The Life of the Clinical Academic Sexual Health Nurse

Dalrymple, Jenny

(Glasgow Caledonian University)

Interdisciplinary working in sexual health can be understood as arrangements where individuals from different academic, third-sector, policy or clinical areas come together with a shared goal. This presentation focusses on when the individual herself is interdisciplinary. The experiences of a clinical academic nurse with a social science PhD, informed by medical sociology, and working between frontline NHS sexual health services and a university research team, will be outlined. This dual role presents opportunities and challenges. The former include the potential to feed ideas directly from clinical practice to researchers, having credibility when highlighting the importance of social-science-based research within frontline services and ease of access to both clinicians and researchers. Challenges include identity management in both disciplines while not being fully embedded in either. Strategies for gaining the most from a social science clinical academic post will be explored.

Working with Communities as a Researcher: The African Health Project and Sexual Health

Jackson, Ima

(Glasgow Caledonian University)

In this presentation, I will discuss my role as a community-led researcher supporting the Waverley Care African Health project in its work to evidence experiences within the landscape of sexual health research and policy. This work highlights the long-standing frustrations experienced by practitioners and the communities they worked with; being enabled to research and evidence the problems they experienced as a community of colour with culturally determined health needs, but finding the solutions proposed by the research largely not being understood nor implemented. Although not a sociologist, I became attuned to the potential of medical sociology to help articulate the systemic issues within health provision for those who become 'othered' by the infrastructure which is in place to support them.

Interdisciplinary Research on a 'Sensitive' Subject: Addressing Abortion in Context

Purcell, Carrie

(University of Glasgow)

Working sociologically in an interdisciplinary context can present a range of opportunities and challenges. This may be particularly acute when researching a subject matter that is commonly framed as 'contentious' or 'sensitive' and which is highly stigmatised, such as abortion. This short presentation draws on experiences from several interdisciplinary projects relating to abortion in the UK, addressing some of the possibilities which have arisen through these collaborations. Among these have been the opportunity to critique the language of abortion in applied and locally relevant ways, and to interrogate the implications of shifts in provision and practice through a sociological lens. Reflecting on learning from these examples, and on an ongoing qualitative secondary analysis project, I will explore the potential of interdisciplinary collaboration to produce contextually situated, theoretically informed research and impactful outputs.

Working in Partnership: The Case of PrEP

Young, Ingrid

(University of Edinburgh)

This brief presentation will focus on my experience of working as a medical sociologist in partnership with sexual health and community practitioners over the past seven years in Scotland. In particular, I will reflect on how my qualitative research into HIV pre-exposure prophylaxis (PrEP) led to working in partnership with policy, third-sector and clinical partners and was part of the implementation of PrEP policy and sexual health provision. I will discuss how asking critical questions around inequalities in sexual health, including those around gender, migration and education, helped shape interdisciplinary conversations and collaborations in the development of 'real-world' health policy and provision. I will also reflect on the role of medical sociologists in addressing stakeholder tensions and debates, and consider where an academic researcher should or ought to sit in relation to community activism.

Wednesday 12 September 2018 at 15:05-16:45

Special Event

W110

MedSoc Committee Cost of Living Event

Focusing the Sociological Lens on Tractable Social Problems: Racial Inclusion, Discrimination and Mental Health

Hatch, Stephani

(King's College London)

Sociology is particularly suited to address pervasive and complex social problems, but like much of UK academia, it seems to be incapable of addressing the lack of racial inclusion. This is apparent in not only whose voices are represented in the discipline but also where the sociological lens is focused. Guided by intersectionality and stress process theories, this talk explores why racial inclusion is important for sociology (and academia more broadly) but remains elusive, what impact silencing certain racial groups has on our understanding of intersecting identities and how sociologically driven research can address the tractability of social determinants. To illustrate this, I focus on discrimination and the sociology of mental health research in the UK. As with other social problems, discrimination experiences have a life course narrative, are shaped by multiple statuses and identities, limit educational and occupational opportunities and have a pronounced effect on mental health and healthcare practices. However, there is relatively little information from UK populations about discrimination, which is approached with caution when linked to race. Increased attention is needed on (1) what role discrimination plays in the continued lack of racial inclusion in our educational and research institutions, and (2) what the consequences of continuing to ignore it are.

Thursday 13 September 2018 at 08:30-10:10

Special Event

W110

Understanding Healthcare Encounters through Conversation Analysis

Stevenson, Fiona, Hall, L., Seguin, M., Atherton, H., Barnes, R., Leydon, G., Murray, E., Pope, C., Ziebland, S.

(University College London)

Interactions between patients and healthcare professionals are a central interest of the medical sociology community and an enduring stream at the Medical Sociology conference each year. They thus appear to make a fitting topic within which to situate a special event at the 50th anniversary conference. The proposed event will reflect on what conversation analysis, which provides a detailed analysis of the form and content of talk focusing on how meaning is created by social actors, can bring to the study of healthcare encounters. The planned session will reflect on three key issues: (i) methodological choices and the value of combining methods and analysis to comment on classic sociological ideas, (ii) the value of conversation analysis to comment on policy and practice, and (iii) the potential ability of conversation analysis to contribute to medical research through randomised controlled trials. This will be followed by a panel discussion looking at the importance of this work as a contribution to medical sociology moving forward, and in particular the use of observation as opposed to / in addition to interviews to understand interactions between patients and healthcare professionals. This speaks to the classic sociological focus on groups, systems and collective responsibilities and ultimately an understanding of context as opposed to the individualistic focus of many psychological theories often favoured in the drive for individual behaviour change in medical research.

Patients' and GPs' Management of Boundaries between Inside and Outside of the Clinic in the Internet Age

Stevenson, Fiona

(University College London)

Existing research highlights patients' concerns about challenging medical authority and GPs' sensitivity about such challenges as potential issues to be negotiated during the medical consultation. In this paper, we combine data from reported accounts with observed actions to consider the ways in which boundaries between knowledge gleaned outside the clinic and the presentation of medical concerns in the clinic are jointly negotiated in consultations. Data originate from the Harnessing Resources from the Internet (HaRI) study. A total of 282 GP consultations were video-recorded, baseline information was obtained from all patients via a questionnaire, and semi-structured interviews were conducted with 30 patients and all 10 participating GPs. Both thematic analysis and conversation analysis were employed. Reports of prior internet use for the presenting condition have been linked with actions in the consultation and reports in post-consultation interviews. Doctors' actions in the consultations have also been linked with their views on the internet. We are able to show the value of combining data from different sources in order to shed light on the complexities involved in joint negotiation of the boundary between inside and outside of the clinic. This study updates our knowledge in relation to views about the use of internet-derived knowledge in medical encounters and will contribute to research on the management of boundaries between inside and outside of the clinic in the internet age as well as discussing the opportunities provided by combining the use of observation and interview.

Negotiating for Antibiotics: What Can We Learn from Conversation Analysis?

Leydon, Geraldine, M., Woods, C., Barnes, R.K., Tonkin-Crine, S., Eyles, C., Postle, K., Seely, J., Moore, M. Little, P.

(University of Southampton)

Antimicrobial resistance (AMR) is an increasing and serious threat to public health. In the UK, 80% of antibiotic prescribing occurs in primary care, with over half for respiratory tract infections (RTIs). There is growing evidence that clinician-patient/parent communication plays a significant role in prescribing decisions and is an important research focus, and that antimicrobial stewardship programmes that incorporate elements to support 'clear communication' about symptoms and treatment are more likely to influence

Special Events

and promote prudent antibiotic prescribing practices. However, existing evidence about the challenges associated with antibiotic prescribing has largely been derived from self-reported methods (e.g., questionnaires and interviews) and theoretically driven concepts of what constitutes 'clear'/'effective' communication. Observational research based on large samples of practitioner-patient communication about antibiotics is needed to understand prescribing practices in detail and the range of local contingencies at play that directly influence prescribing decisions. A large corpus of video-recorded GP-patient consultations in which the need for antibiotics was discussed/negotiated for patients with respiratory tract infections was analysed using conversation analysis to understand patterns in communication and core communicative behaviours that influenced antibiotic prescribing decisions. This analysis presents new and important insights into the communicative factors that influence prescribing decisions, providing a deeper understanding to supplement current sociological knowledge on patient-healthcare professional interactions.

Use of Conversation-Analytic Methods in Randomised Controlled Trials of Complex Health Interventions: A Systematic Mapping Review

Barnes, Rebecca Kate, Dooley, J., Richards, A., Savovic, J., Jepson, M.
(University of Bristol)

Most randomised controlled trials (RCTs) of health interventions rely on communication of one kind or another. In some trials, the interventions themselves, or a key component of them, are talk-based. In other words, they are performed with patients as opposed to pharmacological or medical interventions. Talk-based interventions are rooted in theoretical understandings of the likely process of change, for example psychological or behavioural therapies. Such interventions are socially complex, yet evidence for how they are best operationalised interactionally is often absent. Qualitative research is now well established in trials methodology. However, it seldom attends directly to the interactional context in which interventions are delivered or received.

Conversation analysis (CA) is a well-established qualitative method using recordings of naturalistic data. In this presentation, we report findings from a systematic mapping review of studies where CA methods have been used alongside RCTs. Nineteen articles were included and reviewed. CA methods were used to inform the design of an intervention or its primary outcome measure, enhance trial conduct or assess how an intervention had been implemented. One strength of CA, demonstrated in the articles included, is what it can offer to RCTs different to that afforded by interview or focus group methods. Whereas those qualitative approaches rely on participants' reported behaviours, a CA approach can provide insight into how RCT personnel, or intervention providers and participants, accomplish talk-based interventions in situ. The potential rewards for trialists considering using CA methods in RCTs are high.

Thursday 13 September 2018 at 10:50-12:30

Special Event

W118

21st Century Medicine in the USA

'We Lost Our Interpreter, Have to Use the Phone': Assembling Interpreters in Hospital Settings

Bell, Susan E.
(Drexel University)

In 2015, 224 million people worldwide were living in a country other than the one in which they were born, including almost 20 million refugees. US hospitals have developed a variety of strategies to meet federal requirements and provide culturally and linguistically appropriate healthcare for people who report limited English proficiency. A key element in the strategy is the use of healthcare interpreters who may be physically present in the room or in the room via telephone or video conference. This paper analyses the contingent and unstable combinations of heterogeneous human and nonhuman elements that form and disperse during visits to the hospital when healthcare interpreters are used. It draws its analysis from nine months of fieldwork in 2012 that included following 69 adult immigrant and refugee patients in one hospital in Maine and observing their encounters with interpreters and clinic staff. It employs the concept of assemblage – and proposes the concept of interpreter assemblage – to make sense of the transnational mixes of people, technologies and ideas that bring multilingual hospital care to life and give it a character of its own.

Not Just Bones, Organs and Science: Technologies of Affect in Contemporary US Medical Education

Underman, Kelly
(Drexel University)

Contemporary medical education in the United States is increasingly driven by both scientific ways of knowing and concern about emotion— both patient and provider. In my case, I examine how medical students at three medical schools in Chicago learn the pelvic exam on a type of simulated patient called a gynaecological teaching associate. I trace how 'patient-centered' discourses about compassion and empathy get enfolded into routinised clinical practices

that reinforce medical authority. In doing so, I advance a concept I call 'technologies of affect' to account for the practices, knowledges and discourses produced by experts to shape conduct through the modification of emotion/affect.

Smart Textiles: Transforming Digital Subjectivities and Medical Practice

Joyce, Kelly
(Drexel University)

Smart textile medical devices are forms of clothing that use sensors and fabrics to monitor bodily processes and communicate with data systems through wireless transmission. This talk draws on fieldwork conducted in a research lab and focus group data to analyse the sociological implications of the creation of two smart textile medical devices – the bellyband and the babyband. Analysis of these devices demonstrates the emphasis on mobility and the mobile patient as well as the contemporary contours of biomedicalisation and surveillance medicine. Smart textiles blur the boundary between hospital/medicine and home/daily life. In this blurring, biomedicalisation becomes 'cosy' or 'comfortable' and surveillance takes on a friendly form. Smart textile medical devices thus fit into broader trends in healthcare in which hospitals in the United States are designed to be homelike and intimate even as patients and devices become fully integrated into data systems.

Thursday 13 September 2018 at 10:50-12:30

Special Event

W119

Ethnicity, Health and Healthcare in a Neoliberal Era

Latif, Zahira
(University of Birmingham and King's College London)

Minority ethnic groups in pluralistic societies construct health practices and healthcare experiences from their encounters with dominant cultures. This has engendered ethnic inequalities in health and the delivery of healthcare in a milieu of socio-economic disadvantage, structural and institutional racism and social exclusion (Parekh, 2006). While reducing ethnic health inequalities should be a higher priority for health policy and research, there continues to be a lack of strategic direction (Bhopal, 2012). The emergence of the international 'health equity' movement, which is concerned with the social determinants of health, appears to offer an opportunity to address ethnic health inequalities. However, European health research and policy tends to reduce social determinants to socio-economic factors ignoring the role of ethnicity and migration in perpetuating health inequalities (Ingelby, 2012). As part of the BSA Medical Sociology 50th anniversary conference focus on inequality, this event introduces five presentations examining the intersection between ethnicity and health experiences. Josephine Ocloo highlights the implications of excluding minority ethnic groups from participation in patient safety and quality improvement processes. Basharat Hussain introduces research exploring how cultural change is bought about in an NHS mental healthcare trust in order to meet policy expectations as well as the needs of minority ethnic service users. Parveen Ali and Julie McGarry explore the barriers that prevent South Asian women from disclosing their experiences of abuse and accessing health and social services. Yesmean Khalil discusses ethno-religious health experiences. Zahira Latif investigates the potential of family risk communication in South Asian families predisposed to rheumatoid arthritis.

Potential for Risk Communication, Prediction and Modulation of Chronic Illness in At-Risk Families: Perspectives from South Asian Patients with Rheumatoid Arthritis

Latif, Zahira, Stack, R.J., Falahee, M., Raza, K.
(University of Birmingham)

Family networks provide an important nexus for information supporting exchanges of health history and adoption of family-wide risk reduction strategies. While there is a burgeoning literature investigating the processes of intra-family communication of risk information in the general population, there is, as yet, relatively little understanding of these processes in black minority ethnic (BME) families, especially in relation to non-recessive conditions. As a result, we have no insights into the potential for family communication of risk in BME families predisposed to rheumatoid arthritis (RA). Current scholarship indicates that RA adversely affects British South Asian families, so at-risk South Asian families would benefit from the delivery of information related to risk assessment and reduction. This qualitative study explores the factors influencing risk communication and engagement with risk assessment and reduction interventions among British South Asian families. We recruited 15 patients who self-identified as being of South Asian origin through a secondary rheumatology clinic in Birmingham, UK. Semi-structured interviews around risk communication, conducted in English and South Asian languages, were analysed using a modified grounded-theory approach. The analysis suggests there is interplay between patients' willingness to communicate risk with relatives, their perceptions of illness, and social constructions of RA. These findings illustrate the importance for at-risk British South Asian families of considering the intersection between patients' constructions of RA and the delivery of risk information through family communication. This relationship may influence the adoption of family-wide RA risk assessment and reduction approaches in these families.

Discrimination, Medical Harm and Black, Asian and Minority Ethnic Groups: Rethinking Safety and Participation Processes

Special Events

Ocloo, Josephine
(King's College London)

Placing patients and the public at the centre of healthcare has been a recurring policy imperative in recent years. Serious clinical and service failings in the UK and elsewhere have made addressing this issue increasingly urgent and important but progress is patchy and slow. Evidence suggests that involvement processes in the NHS tend to include predominantly people who are white, middle class, educated and older, even though healthcare experiences intersect social positions and processes. This paper reflects upon the patient safety movement which has emerged since the early 1990s, and asks why patient safety and quality improvement processes frequently exclude Black, Asian and minority ethnic communities – groups which often have the poorest health outcomes – leaving them at greater risk of harm. It explores evidence that patients and the wider public can generally be involved at most stages of healthcare, and that doing this can have a number of benefits, even though uncertainty persists about why and how diverse individuals and communities can participate and work in partnership to genuinely influence decision-making. The author argues such uncertainty exposes current models of patient and public involvement to criticisms of exclusivity and tokenism. Addressing these criticisms and issues will require broader understandings of patient safety, addressing issues of institutional racism and other forms of discrimination. These understandings will need to go beyond narrow linear and top-down models of involvement if power and decision-making are to be shared more equitably, so patients and the public are involved in designing, planning and co-producing healthcare.

An Instrumental Case Study of How a Mental Healthcare Trust in England Responds to Race-Related Equality Policy in the Provision of Mental Health Services

Hussain, Basharat, Timmons, S., Repper, J., Stickley, T.
(University of Nottingham)

This abstract presents an instrumental case study of a National Health Service (NHS) mental healthcare trust race equality policy in relation to the delivery of secondary mental healthcare in England. National race equality policy expects NHS mental healthcare organisations to change their culture and deliver equitable, culturally appropriate and satisfactory mental health services to all members of society, including those who identify themselves as 'Black Minority Ethnic' (BME) groups. However, there is limited evidence in the literature on inequalities in mental healthcare experienced by service users who identify themselves as BME groups in England. This study, therefore, explores how a particular NHS mental healthcare trust is trying to bring about cultural changes in order to meet the expectations of policy as well as meeting the needs of BME service users. The study takes a constructionist ontological position based on interpretivist epistemology. Semi-structured interviews were conducted with 20 participants working at three different levels of the organisation: strategic leaders, service-level middle managers and frontline practitioners. Narrative interviews were also conducted with eight members of the Pakistani community living in the local service area to gain their perspectives on mental health services. Findings from this study have served to underline the challenges for the organisation on a day-to-day basis as it attempts to meet the expectations of policy as well as the needs of Pakistani groups in particular.

Domestic Violence, Black and Ethnic Minority Women and Healthcare Professionals

Ali, Parveen, McGarry, J.
(University of Sheffield)

Domestic violence (DV) and abuse is a major public health and social problem that affects people in every community. However, black and minority ethnic (BME) women could experience additional barriers when it comes to disclosing their experiences and accessing support. Examples may include inability to speak the mainstream language of the country, lack of awareness of the available support services and lack of support networks. Healthcare professionals (HCPs) can play an important role in supporting victims of DV from BME communities. To do so, they need to be confident and competent in their ability to identify and support victims and provide person-centred, sensitive and empathetic and culturally appropriate support. However, evidence suggests that HCPs are often unprepared to deal with DV victims due to various barriers such as lack of time, lack of training and lack of confidence, knowledge and awareness about DV and its impact. This situation is arguably amplified when providing care to DV victims with a limited ability to speak English. Such communication issues not only jeopardise the safety of female DV victims and their ability and willingness to seek support but also contribute to inappropriate assessment of the needs of the DV victims by practitioners. In some situations, this can be very dangerous and may put the victim's life at risk. Drawing on qualitative research exploring domestic violence in diverse South Asian communities, this presentation will explore the challenges that BME women may face when disclosing their experiences of abuse and accessing health and social care services.

Is Islamophobia a Public Health Issue?

Khalil, Yesmean
(Nottingham Trent University)

A growing body of research demonstrates the links between the living and working conditions of people and the state of their health. Groups who live in poorer circumstances, with limited and unequal access to political, economic and social resources, have been shown to experience higher rates of morbidity and mortality than their more affluent counterparts. The need to address the social determinants of health that constitute health inequalities is considered a matter of social justice. Public health has a critical role to play in addressing health inequalities and improving the population's health.

Whilst a substantial body of epidemiological research has consistently found a strong correlation between ethnicity, socio-economic status and morbidity and mortality, health, and particularly public health, research has paid little attention to the role religious discrimination plays in shaping socio-economic position and, in turn, the disproportionate burden of health inequalities experienced by certain groups. Specific health research data for Muslim communities in the UK is sparse, and this means that the nexus of ethno-religious identity, and the intersection between socio-economic and health inequalities, is less well understood.

This paper presents an overview of a research study which seeks to advance knowledge on the links between the social and political climate and health by exploring the intersection of religious discrimination experienced by the Muslim community. The study will make a critical contribution to the expansion and diversification of the dominant discourse about Muslims generally and more specifically in relation to health inequalities and public health policy in the UK.

Thursday 13 September 2018 at 16:20-18:00
Special Event
W115

Contemporary Health Activisms: Reflecting on Knowledge, Identity and Community Practices

Stewart, Ellen
(University of Edinburgh)

Sociologists have long studied how patients and publics engage with and contest biomedicine and healthcare. Epstein's (1996) seminal research on AIDS activism proposed the notion of 'lay' expert to describe the kinds of expertise to which patients could lay claim. Research on 'embodied health movements' has emphasised how patients work alongside scientists and health professionals, frequently drawing on their embodied experiences as a means of transforming biomedical research and healthcare services (Brown et al., 2004). More recently, Rabeharisoa et al. (2014) coined the term 'evidence-based activism' to foreground the epistemic role of patient-driven collectives working with, through and sometimes against prevailing biomedical orthodoxies.

This panel explores contemporary health activism, focusing in particular on unpacking:

- the production and contestation of different forms of knowledge, evidence and expertise;
- how identities shape and are, in turn, shaped by activist practices;
- how (new) communities are created and reified through activism, while other perspectives and experiences are silenced;
- the consequences of different technologies and techniques deployed by activists, in different contexts and domains;
- how, as researchers, we position ourselves in contexts where the definition of expertise is an object of major, ethically fraught, contestation.

This symposium will draw on three case studies on patient activism: in relation to HIV pre-exposure prophylaxis; in response to a controversial theory about multiple sclerosis; and to 'save' local hospitals in the NHS. Our goal is to prompt discussion on the changing dynamics of contemporary health activism.

Presenters: Ellen Stewart, Fadhila Mazanderani, Ingrid Young

Discussant: Tiago Moreira

There's a Time for Protest and a Time for Negotiating: On the Epistemic Labour of Healthcare Activism In 'Save Our Hospital' Campaigns

Stewart, Ellen, Dodworth, K., Ercia, A.
(University of Edinburgh)

Research on patient activism within the sociology of health and illness has focused on embodied social movements brought together by experience of a particular condition. This paper focuses instead on patient activism which seeks to 'save' local healthcare facilities which are threatened with closure or downgrade, a topic which to date has been analysed via media coverage (Brown, 2003; Moon & Brown, 2001) rather than personal narratives of campaigning (cf Barnett & Barnett, 2003). Drawing on in-depth qualitative interviews with 22 campaigners against hospital closures in the UK (within two wider research projects on the topic), we explore their experiences with a focus on the construction of knowledge claims about the appropriate future for local healthcare services. We draw on Newman's (2012) concept of 'knowledge work' in activism and 'going it alone' versus forming alliances and groupings. But we draw on sociology of health and illness to seek to develop a healthcare-specific understanding of the epistemic labour of challenging biomedical and managerial hegemonies in healthcare activism. We explore how activists strategically employ their embodied experiences of healthcare, their civic identities of local 'belonging' and conflicting clinical evidence to construct persuasive narratives of the value and qualities of the healthcare facilities they defend.

Configuring the PrEP User? Exploring Patient Activism and Citizenship in HIV Pre-exposure Prophylaxis

Young, Ingrid, Jones, C.

Special Events

(University of Edinburgh)

Biological citizenship (Petryna, 2002; Rose, 2007) is characterised by activism, self-management and medical expertise, enabled through advances in biotechnologies, and made more visible through social and digital media. An example of this can be seen in HIV activism. Pre-exposure prophylaxis (PrEP) – the use of HIV treatment in HIV-negative people to prevent HIV – has been hailed as a transformative new prevention option. Heightened in response to delayed and/or absent NHS provision, UK community activism led primarily by gay men has driven the private provision of generic PrEP alongside a state-funded health system. This activism has also played a key role in public PrEP provision (NHS, trials). Yet, there remain important questions about who might be excluded from access to PrEP, how gender and sexuality shapes the experiences of those who struggle to navigate systems to access and/or afford generic PrEP, and ultimately how this configures the PrEP user in policy and practice. We draw on ethnographic data from the Sex, Drugs and Activism project which explores the way in which sexual identity and biological citizenship frame not only HIV activism, but also PrEP users and PrEP itself. This presentation considers how the relationship between communities and public/private health provision is transformed by activism around, and implementation of, pharmaceutical prevention. It also explores how new forms of private healthcare are emerging in an age of self-management and increased biological citizenship, and how this might shape and be shaped by social inequalities, including gender and sexuality.

'I Want to Be a Lamp on a Hill': Patient Activism and Digital Technologies, An (Auto)Biographical Analysis

Mazanderani, Fadhila, Cassidy, K.

(University of Edinburgh)

An increasingly prevalent theme that cuts across the literature on patienthood is that patients are no longer the passive recipients of treatment and care, but active participants in their own healthcare, as well as a powerful force in biomedicine more generally. This has resulted in a plethora of new designations – from 'informed' and 'expert' to 'engaged' and 'empowered' – to describe emergent forms of 'active' patienthood. Drawing on the extensive video and textual diaries created by Kerri Cassidy, a patient activist living with multiple sclerosis (MS) in Australia, this paper unpacks a number of fundamental tensions in contemporary understandings of active and, in particular, activist, patienthood. More specifically, it traces how Kerri's use of social media to improve her own care (e.g., seeking information, cultivating support networks, searching for treatment) over time transformed into activities that changed the care landscape within which she is embedded (e.g., lobbying politicians, producing knowledge, crowdfunding for clinical trials). It examines how a series of complex choices that Kerri was faced with in relation to her own care cumulatively resulted in a technologically mediated shift in her subject position: from compliant (private) patient to impassioned (public) activist. The paper highlights how patients such as Kerri who choose to go 'public' with their experiences can come, often unintentionally, to represent, both as embodied subject and political figurehead, particular health social movements. Furthermore, it unpacks the repercussions that this has for the wider field within which patients operate, their sense of identity and healthcare decision-making.

Friday 14 September 2018 at 10:10-11:50

Special Event

W118

Working with Normalisation Process Theory in Studies of Health and Healthcare

May, Carl, Myall, M., Rapley T., Finch, T.L.

(London School of Hygiene and Tropical Medicine)

Normalisation Process Theory (NPT) is one of a number of approaches that help us to frame healthcare intervention design, feasibility testing and process evaluation within an explicitly sociological framework. Oriented towards action, NPT focuses attention on the collective action mechanisms that motivate and shape social processes. Over the past few years, more than 200 research protocols, empirical studies and reviews have been published that have employed NPT to investigate the adoption and implementation of innovations in healthcare and, through extensions of the theory, to explore their effects on patients and caregivers. This workshop will support new and experienced users of NPT to think through its application. It will include sessions that introduce NPT and show how it has been used by other researchers, using NPT in the contexts of qualitative studies and quantitative applications of NPT using the NoMAD instrument. We will also explore how NPT – as a middle-range theory – can be federated with other theories and approaches (e.g., STS, realist evaluation, grounded theory) to provide comprehensive analyses of complex processes in action.

Who's Using NPT? How Are They Doing It? Thinking through Theory beyond a Systematic Review

May, Carl, Cummings, A., Girling, M., Bracher, M., Mair, F.S., Murray, E., Myall, M., Rapley, T.J., Finch, T.L.

(London School of Hygiene and Tropical Medicine)

The central task of sociological theory is to provide rational, context-independent explanations of social phenomena. NPT characterises social mechanisms that motivate and shape implementation processes, and goes on to explain how the operation of those mechanisms leads to particular kinds of effects. A systematic review of NPT studies provides the opportunity to consider the ways in which healthcare researchers have mobilised a sociological theory and their different approaches to analysis and explanation. The presentation considers 130 articles presenting results of feasibility studies and process evaluations of innovations in the organisation and delivery of healthcare. It compares and contrasts (deductive, confirmatory) framework and (inductive, exploratory)

thematic approaches to the use of theory, and suggests the value of abductive, theory-informed approaches to investigation and explanation. The presentation also considers the ways in which middle-range sociological theories can be federated with each other to develop more comprehensive accounts of implementation processes in their organisational and institutional contexts. This is an interactive workshop presentation, and we hope that participants and presenters will work together to think through practical problems around the mobilisation of methods of investigation in theory-informed studies, and to think about the ways in which theories themselves call for specific methodological perspectives.

Introducing Normalisation Process Theory

Rapley, Tim, Myall, M., Finch, T.L., May, C.R.
(Northumbria University)

Understanding the processes by which practices become routinely embedded in everyday life is a long-standing concern of sociology. Normalisation Process Theory (NPT) helps us to understand the ways in which innovations in healthcare practice, organisation and delivery are adopted, implemented and operationalised in practice. NPT is oriented towards action: it is concerned with the things that people do to put different kinds of practices in play and the mechanisms that shape implementation processes. NPT is now frequently used to facilitate feasibility studies and process evaluations in complex intervention trials, and has also been used to analyse patient and caregiver experiences. In this presentation, we will introduce the core concepts of NPT and point to the kinds of research questions and problems that the theory suggests. This is an interactive workshop presentation, and we hope that participants and presenters will work together to think through practical problems around the integration of sociological theory and empirical research, and to think about the place of sociological theory in the practice of healthcare research.

Using Normalisation Process Theory to Understand and Explain the Implementation of Complex and Contentious Interventions in Healthcare: Qualitative Approaches

Myall, Michelle, Campling, N., Cummings, A., Lund, S., Richardson, A., May, C.R.
(University of Southampton)

Normalisation Process Theory (NPT) offers a theoretical framework for explaining the factors that facilitate or inhibit the routine incorporation and embedding of innovations into everyday practice and facilitates understanding of the implementation processes relating to complex healthcare interventions. This presentation draws on lessons learned from a qualitative study that applied NPT to implementing a process to support shared decision-making for treatment and care in an emergency, known as treatment escalation plans (TEPs), which led us to identify and characterise some interventions in health as not only complex but also contentious in practice. Methodological questions around a qualitative process evaluation of TEPs' implementation in acute, general-practice and community settings are addressed. We discuss how NPT was applied to identify, characterise and explain barriers and facilitators that lead to implementation (or not) of interventions that are both complex and contentious. We show how we build a theoretical model of successful implementation and routine incorporation of interventions that are both complex and contentious: focusing attention on mechanisms that operate at an individual, organisational and systems level. We suggest how theoretical modelling using NPT can be used to support implementation within complex healthcare contexts. This is an interactive workshop presentation, and we hope that participants and presenters will work together to think through practical problems around the use of qualitative methods of investigation in theory-informed studies, and to think about the ways in which theory shapes the processes of evaluation.

From Constructs to Variables: Measuring Implementation Processes with Normalisation Process Theory Tools

Finch, Tracy, Girling, M., May, C.R., Rapley, T.J.
(Northumbria University)

Sociological theories often seem hard to translate into quantitative tools. Translating theory constructs into meaningful components of toolkits and surveys is a complex and intensively collaborative process that is more than a matter of methodology. Indeed, the construction of measures has effects on the ways in which theories themselves are understood. Normalisation Process Theory (NPT) is no different: in this presentation, we will discuss how building toolkits, instruments and translational frameworks involves understanding not only the components of a theory, but also rethinking the phenomena with which it deals. Using the development of NPT instruments as a vehicle, in this presentation, we will discuss the way in which aspects of NPT have been understood and made malleable to quantification. This began with work that sought to understand how users could operationalise NPT constructs in stable and consistent ways, and then converted these understandings into fixed forms of words in which relatively fluid ideas about social relations and processes are fixed in time and space and tied to rigorously argued definitions. These kinds of processes not only have implications for surveys and trials, but, more importantly, they frame the ways that theories like NPT can be used as a bridge between perspectives in mixed-methods studies. This is an interactive workshop presentation, and we hope that participants and presenters will work together to think through what it means to translate theories into instruments and how methodological development shapes not just the use of theory in practical research but also the fundamental structures and meanings of theories themselves.

Special Events

Friday 14 September 2018 at 11:55-13:35

Special Event

W110

Scottish Medical Sociology: Past, Present and Future

*Macdonald, Sara, Grant, S., Hilton, S., Scottish Medical Sociology Study Group
(University of Glasgow)*

Scotland has a long and strong tradition of medical sociology scholarship. More than eight decades ago, the importance of social circumstances for maternal and child health outcomes was acknowledged by Dugald Baird, a professor of midwifery who, during his time at the University of Aberdeen, created a climate that enabled a multidisciplinary approach to the study of health in the city. Baird's work culminated in the formation of the MRC Medical Sociology Unit in 1965. Under the guidance of Raymond Illsey, the Unit produced a generation of medical sociologists whose work continues to influence our practice today. In this, its 50th year, MedSoc comes to Glasgow, and our special event Scottish Medical Sociology: Past, Present and Future will reflect on how historical challenges have evolved to become current issues and consider how they translate into the enquiries of the future.

The BSA Scottish Medical Sociology Study Group, resurrected in 2014, will bring together contributions from colleagues with Scottish links. The event will showcase the various contributions that Scottish colleagues have made to key medical sociology debates.

Friday 14 September 2018 at 11:55-13:35

Special Event

W009

Materialities of Care: Encountering Health and Illness through Artefacts and Architecture

*Buse, Christina, Martin, D., Nettleton, S.
(University of York)*

This event celebrates the launch of the 24th monograph of *Sociology of Health and Illness*, on the theme Materialities of Care: Encountering Health and Illness through Artefacts and Architecture. The special issue explores the role of material culture within health and social care encounters, including everyday objects, dress, interiors and architecture. The session introduces the special issue, and the concept of 'materialities of care' as a heuristic device for making visible the mundane and often unnoticed aspects of material culture within healthcare and social care contexts, and exploring interrelations between materials and care in practice. The session then presents four papers by authors involved in the special issue, exploring the role of material culture across different spatial contexts. It includes papers on: the material culture of food in hospice care; the significance of everyday objects in the ongoing performance of identity in care homes; everyday practices of blood pressure and body mass index monitoring and the role of paper records alongside digital ones; scrub nurses and use of mundane materials in the operating theatre. The papers draw attention to how everyday artefacts actively mediate embodied practices, identities and lived experiences of health and illness, and how analysis of materials can shed light on wider issues in medical sociology. The session also encourages consideration of methodological approaches for grasping the material and sensory aspects of healthcare encounters.

Melanie Lovatt (University of Stirling), Kate Weiner (University of Sheffield) and Catherine Will (University of Sussex), Julie Ellis (University of Sheffield), Christian Heath (King's College London)

Exchanging Implements: The Micro-Materialities of Multidisciplinary Work in the Operating Theatre

*Heath, Christian, Luff, P., Sanchez-Svensson, M., Nicholls, M.
(King's College London)*

Surgical procedures rely upon an array of commonplace tools, implements and materials that mediate practice and disciplinary collaboration within the operating theatre. Substantial time is dedicated to the issue and provision of these artefacts and their timely exchange is critical to the successful accomplishment of surgical procedures. In this article, we consider the practice, knowledge and agency that informs how particular implements and materials are passed by the scrub nurse to the surgeon that in turn enables their deployment with regard to the particular procedure and the contingencies 'at hand'. We address the technicalities of these 'non-technical skills' and examine how they rely upon a disciplinary vision and interactional organisation that informs both the scrutiny of action and the ways in which implements and materials are handled and exchanged. We explore the implications of our analysis for our understanding of agency in action and the growing interest in developing robots or autonomous agents to support work and collaboration in healthcare.

Becoming at Home in Residential Care for Older People: A Material Culture Perspective

*Lovatt, Melanie
(University of Stirling)*

Residential homes encourage new residents to bring belongings with them, so that they can personalise their room and 'feel at home'. Existing literature on material culture in residential homes views objects as symbols and repositories of home and identity, which can facilitate a sense of belonging in residents through their display in residents' rooms. I suggest that this both misunderstands the processual and fluid nature of home and identity and conceptualises objects as essentially passive. This article uses ethnographic data and theories of practice and relationality to argue that rather than the meaning of home being inherent in objects, or felt subjectively by residents, meaning is generated through ongoing, everyday interactions between the two. I show that residents became at home by acquiring new things – as well as displaying existing possessions – and also through interacting with mundane objects in everyday social and relational practices such as cleaning and hosting. I conclude that being at home in older people's residential homes need not be so different from being at home at other stages of the life course and in other settings. This challenges conceptualisations of older people's homes – and older age itself – as somehow unknowable and unfamiliar.

Records, Self-Monitoring and Everyday Data Practices

Weiner, Kate, Will, C., Williams, R., Henwood, F.
(University of Sheffield)

In this presentation, we discuss everyday practices of self-monitoring focusing particularly on record keeping, charting and visualising. We draw on a study focused on two cases: blood pressure monitoring and body mass index/weight monitoring. Looking across the range and combinations of digital and paper records people create and keep, we ask what is being made visible and to whom? We are interested in the meaning of records made as well as those misplaced, forgotten or discarded, and readings not taken or recorded. We are also interested in practices of sharing in different ways. In our research, we find people who keep no records, or make records but do not review them, and instances where people do not record unwanted or disappointing readings. We note also the continued role of paper charts and records even for those who track digitally. In thinking about what is made visible through everyday tracking practices, we extend the notion of 'filtration work' (Nielsen, 2015) to include not only what data is shared with others, but also which data is committed to record at all. Further, in trying to understand instances where numbers are unremarkable, not recorded or reviewed, we pursue the idea that monitoring may provide information to be consumed rather than data to be tracked (Knorr Cetina, 2010). In elaborating what is and is not made visible in the local settings of health monitoring, we offer insights into what might remain inaccessible to clinicians and to companies in the digital economy.

Family Food Practices: Relationships, Materiality and the Everyday at the End of Life

Ellis, Julie
(University of Huddersfield)

This article draws on data from a research project that combined participant observation with in-depth interviews to explore family relationships and experiences of everyday life during life-threatening illness. In it, I suggest that death has often been theorised in ways that make its 'mundane' practices less discernible. As a means to foreground the everyday, and to demonstrate its importance to the study of dying, this article explores the (re)negotiation of food and eating in families facing the end of life. Three themes that emerged from the study's broader focus on family life are discussed: 'food talk' and making sense of illness; food, family and identity; and food 'fights'. Together the findings illustrate the material, social and symbolic ways in which food acts relationally in the context of dying, extending conceptual work on materiality in death studies in novel directions. The article also contributes new empirical insights to a limited sociological literature on food, families and terminal illness, building on work that theorises the entanglements of materiality, food, bodies and care. The article concludes by highlighting the analytical value of everyday materialities such as food practices for future research on dying as a relational experience.



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Poster Presentations

Posters will be displayed in the Hamish Wood Building reception area for the duration of the conference. There is a designated poster viewing time: Wednesday 12 September 2018 at 18:00-19:00. Presenters will be available during this time to discuss their work. Posters are listed in alphabetical order by first named author. **Alongside the poster session, we are pleased to announce that a drinks reception will be kindly hosted by *Sociology of Health and Illness*.**

SOCIOLOGY OF HEALTH & ILLNESS

Poster Presentation Prize

Please don't forget to vote for the best poster: each poster has been allocated a number, so please refer to this number when completing your ballot slip. You will find the ballot slips at conference registration, the ballot will be placed near the poster display area. Voting will close at 18:15 on Thursday 13 September, and the winning poster will be announced at the conference dinner. The winner will receive £100 in SAGE book vouchers.

POSTER 1

Parents' Constructions of Childhood and Parenthood When a Child Has Cancer: A Qualitative Analysis of Online Narratives

Burles, Meridith, Bally, J.
(University of Saskatchewan)

The diagnosis of childhood cancer can introduce an array of complex emotions into family life, as well as disruptions to past routines and functioning. Parents often struggle with fear and uncertainty related to their child's illness and possible health-related outcomes. While some parents find it difficult to communicate about their worries, others take solace in documenting and communicating about their experiences on the internet via blogs, social media and personal stories shared on organisational websites. These online narratives offer rich insight into family experiences when a child has cancer and the ways in which parents construct and given meaning to their circumstances. This presentation will describe findings from a qualitative study of publicly available online narratives produced by Canadian parents of children with cancer. Narrative analysis revealed parents' awareness that childhood cancer diverges from dominant socio-cultural constructions of the life course and their ensuing efforts to find meaning in their child's potentially shortened life. In this presentation, parents' constructions of childhood cancer and associated meanings will be examined through a sociological lens that incorporates theories of the life course and childhood. In addition, parents' understandings of the caregiving role will be explored to illuminate how they manage the threat of cancer to their child's well-being relative to constructions of parenthood.

POSTER 2

A Proactive Recruitment Approach for Inviting Residents from Disadvantaged Neighbourhoods to a Health Intervention: Why, When and for Whom Does It Work?

Bysted, Sofie, Overgaard, C., Bøggild, H.
(Aalborg University)

Title: Using proactive recruitment to reach low-SES-neighbourhood populations. A qualitative evaluation of inviting residents to participate in a community-based health intervention.

Background: People living in low-SES neighbourhoods participate less in health interventions compared to groups in a more prosperous socio-economic position. Active recruitment strategies are found to increase the participation rate. However, why and under what circumstances divergent recruitment approaches work requires further investigation. In Aalborg, Denmark, health professionals employed by the municipality perform proactive recruitment ringing doorbells in low-SES neighbourhoods. They ask residents how they are doing and invite them to participate in health-related activities available in their local area.

Aim: To assess why and under what circumstances this proactive recruitment strategy applied in Aalborg can promote participation amongst low-SES groups. We examine what the proactive meeting immediately entails for residents, which groups are recruited for activities and how residents experience being contacted by a health professional this way.

Design: A realistic evaluation design which aims at addressing what works, for whom, under what circumstances and why. A program theory explaining assumptions about how this recruitment approach works is tested.

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Methods: How three different health professionals in three divergent neighbourhoods implement the proactive recruitment approach is investigated by interviews with the professionals and direct observations during recruitment. An adjusted version of the realist interview is used for interviewing residents having met the health professionals in the recruitment process.

Results: This study is being conducted from April to July; results will be presented at the conference.

POSTER 3

Beyond the Bespoke: Can the Hands of X Model of Co-Design for Prosthetic Limbs Be Applied within the Context of the NHS?

Gooding, Jo

(Kingston School of Art)

Hands of X was an RCUK-funded research project led by designers at DCJAD, University of Dundee. It produced a collection of prosthetic hands featuring a palette of everyday materials, demonstrated co-design between the wearers and makers and offered patients an experience that facilitated engagement and choice in limb selection. There is a culturally constructed social stigma associated with many medical appliances and assistive technology. The interactions between clinicians, patients, designers and creators can be pivotal in influencing the reception and use-value of medical aids. Design-thinking approaches can have a role to play in addressing, and hence improving, the experiences of patients.

The project produced prosthetics and prototyped the user experience of the service. Patients were offered consultations in a bespoke-fashion environment rather than a clinical transaction in a medical setting.

The innovations of the project have received academic and design recognition; examples of the prototype hands feature in the exhibition Access+ Ability at the Cooper-Hewitt Design Museum in New York; and the team received a Stephen Fry award for public engagement with research.

At its 70th anniversary, the NHS is reflecting on how it can support patient-focused innovations. This 'Design for Health Interactions' fellowship asks the questions: Can the Hands of X model of co-design for prosthetic limbs be applied within the context of the NHS? What are the considerations and challenges that need to be overcome?

This poster will present the initial findings of this scoping project and invite reflection and insights from conference delegates.

POSTER 4

Parent and Health Professionals' Experiences of iuMRI in Prenatal Diagnosis for Foetal Brain Anomaly

Graham, Ruth, Lie, M., Robson S., Griffiths, P.

(Newcastle University)

Prenatal diagnosis (PND) technologies have attracted much critical attention to social science, in part because PND offers rich case studies of intrinsic interest which can be used to reflect on ethical, legal and social dilemmas in healthcare provision. However, as Williams (2005) notes, such reflections are often retrospective in foetal medicine, taking place after care pathways have developed. This sociological study of parent and professional experiences of iuMRI in PND was nested within a clinical trial aiming to assess the diagnostic accuracy of iuMRI in developmental brain anomalies (MERIDIAN). It offers the opportunity to consider not only what the iuMRI technology does, but also how professionals and parents use it to transform their experiences of diagnostic and prognostic uncertainty into more imaginable possibilities. Our analysis provides insight into parents' and professionals' perceptions of encountering the iuMRI technology, and its broader acceptability for use in antenatal healthcare. We combine the perspectives of both professionals and patients as stakeholders in a context of ongoing development of iuMRI provision in the UK, and identify three dominant themes in participants' accounts of using iuMRI in PND for brain anomaly. These three themes – (1) accessibility, (2) triangulation and (3) quality assurance – demonstrate the centrality of a collaborative community of understanding for those who use iuMRI, and the active, embodied role that pregnant women contribute to the PND process. Whilst the iuMRI technology is a significant player in this area of policy development, so too are the people who accomplish this form of healthcare.

POSTER 5

The Current Sociological Status of Family Medical History in the UK and Japan

Iida, Hiroshi, Iida, H., Muto, K.

(University of Tokyo)

Family medical history (FMH) provides clues about predisposition to illnesses and may highlight specific concerns that a patient has about a certain disease. However, previous studies on the prevalence and extent of genetic discrimination have only described genetic discrimination based on family history. Several papers note that the definition of genetic discrimination include being treated unfairly because of FMH (Bombard et al., 2009; Joly et al., 2013). In the US, the Genetic Information Nondiscrimination Act (GINA) of 2008 legally protects individuals against genetic discrimination on the basis of genetic information in health insurance and employment, including FMH. Neither the UK nor Japan have any legislation to ban genetic discrimination in insurance and employment based on an individual's FMH and genetic test results. In the UK, life insurance companies can request that applicants

declare their FMH when issuing their applications, while Japanese life insurance companies stopped collecting FMH from applicants more than 40 years ago due to its being useless for precise assessment. Compared to genetic test results or genomic data, the appropriate protection and use of FMH has not been discussed. We explore the current sociological status of FMH both in the context of genetic discrimination and the protection of personal information in the UK and Japan.

POSTER 6

Exploring a Methodology for Interrogating Abortion Stigma

Maxwell, Karen, Purcell, C., Hoggart, L., Bloomer, F., Rowlands, S.
(University of Glasgow)

A growing literature has examined abortion stigma, primarily in the US context, highlighting its grounding in health inequalities which are predicated on rigid understandings of female sexuality. Despite a body of recent work examining abortion, manifestations of abortion stigma in the UK remain poorly understood. Given that stigma is highly socio-culturally specific, UK-focused investigation of this phenomenon has potentially significant implications for equitable access to reproductive healthcare.

This paper explores methodological issues from the Sexuality and Abortion Stigma: Secondary Analysis (SASS) project. This interdisciplinary, Wellcome Trust-funded study is designed to explore how abortion stigma is constituted in the UK, the common assumptions about female sexuality which frame abortion narratives, how abortion stigma is resisted and perpetuated and how abortion and other sociocultural narratives might converge or differ across the UK's various jurisdictions. To do so, ongoing qualitative secondary analysis (QSA) is incorporating accounts from a broad range of groups, including women who have sought treatment, health professionals, educators, young people and trade union members.

The paper explores the potential of a QSA methodology to facilitate the interrogation of existing data on abortion, where original sources of data vary in focus and format. The paper thus builds on learning from previous QSA studies to explore the specific advantages and challenges involved in conducting secondary analysis of data on a potentially sensitive topic. In so doing, it contributes to the body of knowledge on implementing QSA and on the applicability of existing conceptualisations of abortion stigma to the UK context(s).

POSTER 7

Illness Accountability: Why Must Sufferers of ME/CFS and FM Account for Their Illness?

Nojima, Natsuko
(Osaka University)

Contested illnesses such as ME/CFS and FM are medically suspect since they have not yet been defined or recognised as actual diseases. Even though the perception of these illnesses has changed in some countries, the symptoms and problems of patients suffering from these illnesses still tend to be trivialised.

Drawing on interviews with ME/CFS and FM patients, this study examines when, how and why such patients account for their illness to others. In both the intimate and public spheres, they must often explain their illness in order to be exempted from their normal duties, to be understood in their suffering or to receive disability pensions. In many cases, patient explanations are dismissed as lacking legitimacy and arouse suspicions of the patient's motives. Although sufferers may describe their condition in detail using the latest medical facts, there remains a contemporary quandary: when the medical facts are not biomarkers, they may explain the condition, but they cannot explain the causation.

Unlike cancer or diabetes, it is the salient feature of contested illnesses that patients must account for their illness again and again. This study suggests that a description of the condition is not considered sufficient to fulfil the requirement of accountability in the case of contested illnesses, and that without biomarkers or proof of causation by biomedicine, it is inevitable that patients run into an impasse.

POSTER 8

Outcomes of Patients' Evidence with Novel, Do-It-Yourself Artificial Pancreas Technology (OPEN)

O'Donnell, Shane, Raile, K., Braune, K., Cleal, B., Kechadi, T., Doyle, G., Willaing, I., Skinner, T., Lewis, D., Tappe, A.
(Insight Centre for Data Analytics)

Patient-led or 'do-it-yourself' approaches to technology-enabled solutions for chronic conditions such as type 1 diabetes mellitus (T1DM) has become an increasingly common phenomenon in recent years and is currently a 'hot topic' amongst healthcare professionals, the industry and patients themselves.

A key example is the growing movement of those living with T1DM who are choosing to build do-it-yourself artificial pancreas systems (DIYAPSs) with the support of open-source guidelines developed by a group of core patient innovators (<https://openaps.org/>). There is prima facie evidence to suggest that these systems are more advanced, sophisticated and safe than anything currently commercially available to patients. Despite this, there has been a paucity of academic research carried out to date on DIY closed-loop technology and its end users.

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This project brings together an international and intersectoral network of technologists, clinicians, social scientists, patient innovators and advocates to develop an evidence base surrounding the impact of DIYAPSs on those living with T1DM as well as current chronic care models more generally.

Utilising a realist evaluative framework and mixed-methods approach, this project will examine the key clinical and quality-of-life outcomes of DIYAPS end users. Secondly, it will examine potential barriers to scale and, in particular, the health equity implications associated with socio-economic, gendered, ethnic and age-related differences in access to technologies needed to build such systems. A critical component of this research is patient/public involvement and all aspects of project development are led by researchers who live with T1DM.

POSTER 9

Electronic Patient Records and the Shaping of Clinical Hospital Work

Reay, Victoria, Wood L., Brewster, L.
(Lancaster University)

Medicine as a practice has been adjusting and adapting to technologies for hundreds of years. From the stethoscope to the microscope, each has led to changes in the way medicine is carried out. The formation of the medical record has been part of that evolution, with the note growing from a doctor's personal archive to a multidisciplinary institution-held file. Electronic patient records (EPRs) are now starting to replace paper medical notes in hospitals across the UK. EPRs promised increased accessibility, legibility, safety and efficiency, but despite costly national programmes, adoption of the EPR in hospitals as a replacement for paper has been slow. Research has shown that removal of the paper record as a central communication and collaboration device appears to be having effects on the way that clinicians work together. My project will be based on a medical ward, observing the use of the EPR enacted through a computer on wheels. Ethnographic research methods will be used in conjunction with actor-network theory to reveal how the relocation of information from paper to computer is changing the ways in which medicine is practised.

POSTER 10

Disclosure of Hereditary Cancer Risk within Families: Cancer Patients' and Families' Attitudes and Experiences in Japan

Ri, Izen., Ri, I., Nagai, A., Muto, K.
(University of Tokyo)

Since the 2010s, professionals have increasingly encouraged patients to share medically 'actionable' information, such as hereditary cancer risk, with family members for early disease detection and prevention. Cancer patients who undergo tumour profiling tests may reveal incidental/secondary findings, such as BRCA1/2, which is an 'actionable' gene predisposing to hereditary breast and ovarian cancer (HBOC), to at-risk relatives.

Despite several empirical studies about familial communication (Forrest-Keenan et al., 2003, 2005) and preference regarding incidental genomic findings discovered during tumour profiling (Yushak et al., 2016), little has been revealed in Japan. This study explored cancer patients' and families' willingness to share hereditary cancer risks and HBOC patients' and their families' experiences of familial disclosure.

Anonymous online surveys were administered to 2661 cancer patients and family members of patients aged 20–79 years in March 2018. Of 1761 respondents, 927 cancer patients and 834 family members responded (response rate: 66.2%). HBOC patients and their families were recruited for in-depth qualitative interviews; six female patients, two genetic relatives and one male partner participated from January to March 2018.

In total, 68.7% of cancer patients preferred to share hereditary cancer risk information with their families and 82.4% of family members preferred to receive such information from patients. However, our interview suggested that although many HBOC patients felt responsible for sharing genetic test results, relatives' understanding of medical or genetic information influenced who the patients confided in. This paper explores cancer patients' attitudes towards genetic testing and scope of familial disclosure in the genomic era.

POSTER 11

Experiencing and Making Sense of Suffering in Palliative Care Work

Richardson, Natalie
(University of Sheffield)

Suffering is an emerging field of sociological thought. Much has been written about how suffering is experienced by chronically or terminally ill individuals, refugees and people living in poverty. In this, we understand that suffering often involves a renegotiation, or a loss, of personhood. However, little is known about the caregiver's perspective and their own understandings of witnessed patient suffering. This presentation draws on the early findings of an ethnographic research project currently being conducted over six months in a hospice located in the North of England. The work seeks to explore the day-to-day experiences of palliative care workers, who attempt to lessen or alleviate the suffering of terminally ill patients on a daily basis. More specifically, the study looks to appreciate

the social relationships, interactions and engagements between palliative care workers and their patients. Beyond the emotional labour rhetoric, significant and important relationships exist within hospices, between carers and their patients, which are mostly saturated with intense human suffering. This research seeks to explore the ways in which suffering is made sense of when it is witnessed on an almost daily basis by professionals. In doing so, the study hopes to provide an alternative contribution to the sociology of suffering by examining the ways in which the caregiving palliative professional experiences suffering within their place of work.

POSTER 12

The Ethics and Politics of Sharing Stories for Patient and Public Involvement

Sanders, Caroline

(University of Manchester)

Doing qualitative research about experiences of health and healthcare often entails research participants telling their personal stories of such experiences. Feminist researchers have long drawn attention to the 'ethics and politics' of in-depth interviewing pointing to the exploitative potential, power dynamics and inequalities in such research. Others have also reflected on the ethical issues associated with researching sensitive topics for researchers (interviewers) and research participants (those being interviewed). Increasingly, public involvement in such research also means that patient and public involvement (PPI) partners share their own stories of experience, as well as working with researchers to analyse data. Many research projects using these methods can involve collecting and sharing sensitive and sometimes upsetting stories. New collaborations established through PPI are very different to the historical approach to doing research, where researchers tended to work at a distance from their research participants. Putting patients and the public at the centre of our research entails relationships based on partnership between researchers and PPI contributors, and between contributors who are often working within small, focused groups. This in turn may be reflected in changing features of research relationships including requirements for greater reciprocity and mutual disclosure. However, there may also be new issues regarding responsibility, ethics and reflexivity for which researchers and PPI partners feel ill prepared. This paper explores these issues in relation to recent research focused on the collection and use of stories of healthcare experience for people with long-term conditions, including severe and enduring mental health problems.

POSTER 13

"I will cook what my grandchildren love": Indonesian families controlling hypertension

Sawitri, Ni Komang Ari, Cuthill, F., Kean, S.

(The University Of Edinburgh)

Hypertension is widely understood to be a lifestyle disease that is most commonly experienced in adulthood. In contrast to European countries, where the management of hypertension is framed within an individual behavioural context, everyday management in Asian countries inevitably involves the partner, children or grandchildren. In this context, the family members' perspectives and direct care practices require exploration.

The study aims to explore the family's experiences in controlling hypertension in Denpasar, Indonesia. It shows that the control of hypertension in daily family life can result in conflict between family members, for instance between the need to control daily food intake and personal food preferences. Other sources of conflict may be the need for families to face their responsibility to society; for example, Balinese female patients forgo attending weekly exercise class because they were expected to fulfill their responsibilities in preparing banten (the offerings) at their temple. The concept of 'family negotiation' has emerged as a key aspect of hypertension management within intergenerational families in Bali. Negotiations are influenced by the family's perceptions and knowledge about hypertension, the socio-cultural-economic aspects, and emotions. Theoretically, these 'family negotiations' are situated within the System Theory (Bertalanffy, 1968; Broderick, 1993) where the family is understood as interrelated, dynamic and complex.

Individualised self-management health improvement models, as promoted by the Indonesian government, are not necessarily the most appropriate for an Indonesian context, where family plays a critical role in the control of hypertension.

POSTER 14

Are Differences in Physical Activity across Socio-economic Groups Dependent on Which Physical Activity Variables Are Studied?

Stalsberg, Ragna, Pedersen, A. V.

(Norwegian University of Science and Technology)

In recent years, the assumption that individuals of higher socio-economic status (SES) are more physically active than their lower-SES counterparts has been challenged by findings that differences across groups might be related to which physical activity (PA) domains have been studied. Many studies may have concluded on the relationship without accounting sufficiently for the total amount of PA. The present review identified relevant studies in the MEDLINE, ISI Web of Knowledge and SPORTDiscus databases using the search terms 'socioeconomic', 'socio-economic', 'socio economic' and 'social class' to meet all variations of the variable 'socio-economic status' in combination with the term 'physical activity'. Only studies applying the dimensions of intensity, frequency, type/mode and duration in measuring PA were included in order to secure a more homogenous sample. Of the nearly 3,400 titles and abstracts examined, 56 studies met the inclusion criteria and were included in the sample. These were subsequently split into four PA domains; transport PA (TPA), occupational PA (OPA), housing PA (HPA) and leisure time PA (LTPA). The assumption of a

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higher PA level in the high-SES group held only for LTPA, whereas the relationship was non-existent or even opposite for all other domains. In conclusion, the assumed positive relationship between SES and PA is mainly a relationship between LTPA and SES. It is further suggested that the undue focus on LTPA paints an unrepresentative picture of the low-SES group, and that studies should account for all PA domains when studying said relationships.

POSTER 15

The Social Background of Finnish Mentally Disordered Offenders Detained in Forensic Mental Health Units

Törölä, Miisa

(University of Eastern Finland)

In Finland, the scientific knowledge of people detained in forensic mental health units is being accumulated predominantly using a biomedical approach. In general, forensic mental health research discusses individual-level (e.g., genetic or neurological) factors of violent behaviour, psychopathology or substance abuse. There is an apparent lack of a sociological approach in this field of research, and therefore a lack of understanding about the effects of social background and prolonged social disadvantage on the life courses of mentally disordered offenders.

The aim of my ongoing thesis is to explore social process, which outcome is status of forensic psychiatric patient in Finnish context. Drawing on empirical data consisting of reports of mental state examination, records of previous psychiatric hospital treatment, extracts from criminal records, and records of previous terms of punishment, my analysis indicates three separate groups of patients with different institutional profiles and social networks.

In this paper, I present the main findings of my research and discuss the practical implications for social work and treatment modalities in forensic mental health units.

POSTER 16

Evaluating the Social and Emotional Education and Development (SEED) Programme in Primary Schools: More Than an Event within a System?

Wight, Daniel, Tweedie, S., Elliott, L., Henderson, M.

(MRC/CSO Social and Public Health Sciences Unit, University of Glasgow)

Background research suggests that improved social and emotional well-being (SEW) in primary school benefits health and academic outcomes, but it is unclear how this can be achieved. This paper will describe the co-produced Social and Emotional Education and Development (SEED) Programme, its evaluation through an RCT, and preliminary findings from the process evaluation.

The SEED Programme aims to improve pupils' SEW through a cycle of:

- 1) assessment of school needs through staff, pupil and parent questionnaires;
- 2) feedback to school staff and reflexive discussion leading to school-appropriate, evidence-based actions at both class and whole-school level;
- 3) implementation and maintenance of initiatives.

A five-year RCT involving 37 Scottish primary schools is complemented by process and economic evaluations.

Findings: SEED was welcomed by most schools, delivered largely as intended, and enabled staff to reflect on pupils' and teachers' SEW needs and foster a collective commitment to tackle them. It was less successful in tailoring initiatives to school-specific needs.

However, the wider education system already had guidelines and policies at both national and local-authority levels to encourage schools to promote SEW. Conversely, the system also constrained schools' abilities to implement this radical new programme fully due to inflexible timetabling, the need for very long-term planning and competing priorities. Consequently, the control and intervention arms differed little in their adoption of SEW initiatives.

Conclusion: The trial outcomes will show whether the intervention was a sufficiently distinct 'event' in the wider educational system (Hawe et al., 2009) for its effects to be detected.

POSTER 17

Capturing the Patient Experience in Acute Care Settings: Making Sense of the Data or Making Data of the Sense?

Yiallouris, Jennifer, Bion, J., Brookes, O., Willars, J., Tarrant, C.

(University of Leicester)

Patient experience is identified by NHS England as a key component in improving care quality. Although several indicators have been developed to measure patient experience and provide institutional benchmarks, comparatively little is known about the range

of sources of information about patient experience within healthcare, or about how staff interpret and use experiential data to enhance knowledge and improve care.

We conducted ethnographic observations and interviews with a purposive sample of healthcare staff in intensive care units and acute medical units in three NHS hospital sites, involving around 116 hours of observations and 36 interviews.


We identified a spectrum of types of information about patient experience, including written feedback from surveys and complaints, 'bedside' conversations or patients returning to speak about their experiences, and information received in a sensory way such as hugs or gifts of chocolates or flowers. Some types of data were codified and used as intelligence within organisations to monitor and improve services, but much of the information about patient experience remained 'below the line': it was recognised by staff and used to shape their practice informally, but never entered the formal economy of data for improvement.

We suggest that, rather than trying to convert this 'soft' information into hard data that can be counted at an organisational level, there is value in recognising the different ways in which different types of information about the patient experience can be harnessed to drive improvement. Soft data can promote grassroots improvement by reinforcing good practice and facilitating reflection.

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Paper Sessions

Wednesday 12 September 2018 12:45-13:15

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Open Room W110	<i>Nettleton, Sarah, Buse, C., Martin, D., Patrick, M., McGinley, C.</i> BUILDING STORIES: REPRESENTATIONS OF ARCHITECTURAL DESIGN, COMMISSIONING AND CONSTRUCTION OF SETTINGS FOR LATER-LIFE CARE
Experiences of Health and Illness Room W115	<i>Berg, Anita</i> LIVING WITH BARIATRIC BODIES EIGHT YEARS AFTER SURGERY
Health Policy Room W001	<i>Speed, Ewen, Mannion, R.</i> POPULISM AS POLITICAL PERFORMATIVITY: IMPLICATIONS FOR HEALTH POLICY
Professions Room W002	<i>Drennan, Vari, Gabe, J., Halter, M.</i> PHYSICIAN ASSOCIATES IN MEDICAL TEAMS IN SECONDARY CARE: ACCOMMODATION BY OR CHALLENGE TO OTHER PROFESSIONS?
Health-Service Delivery Room W003	<i>Hanckel, Benjamin, Green, J.</i> RUNNING THE CLASS: EXAMINING THE IMPLEMENTATION OF A PHYSICAL HEALTH INTERVENTION IN PRIMARY SCHOOLS
Health Policy Room W004	<i>Nimegeer, Amy, Patterson, C., Hilton, S.</i> FRAMING THE ZIKA VIRUS IN UK ONLINE NEWS MEDIA
Mental Health Room W009	<i>Buckland, Rosie</i> NAVIGATING DOMINANT DISCOURSES IN A WOMEN'S MENTAL HEALTH GROUP
Lifecourse Room W119	<i>Ceuterick, Melissa, Van den Bogaert, S., Piet Bracke, P.</i> THE SILVER LINING OF GREYING: AGEING DISCOURSES AND POSITIONING OF AGEING PERSONS IN THE FIELD OF SOCIAL HEALTH INSURANCE
Committee Special Event Room W118 12:45-14:25	<i>Britten, Nicky</i> LATER WITH MEDSOC: SOCIOLOGY OF HEALTH, SOCIAL JUSTICE AND THE REST OF OUR LIVES

Paper Sessions

Wednesday 12 September 2018 13:20-13:50

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Politics of Health Room W110	<i>Schrecker, Ted</i> THE POLITICAL ECONOMY AND HEALTH AND ILLNESS: WHAT DOES TAKING IT SERIOUSLY ACTUALLY REQUIRE?
Experiences of Health and Illness Room W115	<i>Tyldesley-Marshall, Natalie, Peet, A., Greenfield, S.M., Neilson, S.J.</i> CHILDREN WITH BRAIN TUMOURS AND THEIR PARENTS: HOW DO THEY COPE?
Health Policy Room W001	<i>Bloor, Kate, Faulkner, A., Hale, V.</i> THE POLITICS AND POLICY OF LYME DISEASE TESTING: PATIENT PERSPECTIVES
Professions Room W002	<i>Grant, Suzanne, Dickson, J., Mesman, J., Guthrie, B.</i> INTER-PROFESSIONAL SAFETY WORK IN AN ACUTE MEDICAL UNIT: A VIDEO REFLEXIVE ETHNOGRAPHIC STUDY
Health Service Delivery Room W003	<i>King, Emma, Cheyne, H.</i> SKIP-IT: DEVELOPMENT AND TESTING OF A NARRATIVE TEXT MESSAGING INTERVENTION TO SUPPORT SMOKING CESSATION IN PREGNANT WOMEN
Health Policy Room W004	<i>Bandola-Gill, Justyna</i> 'IT'S MARRYING POLITICS WITH EVIDENCE': KNOWLEDGE EXCHANGE ORGANISATIONS AND EVIDENCE-BASED HEALTH POLICY
Mental Health Room W009	<i>Bonnington, Oliver</i> DOING ANTI-STIGMA: ENACTING AND SUSTAINING NATIONAL PRACTICES OF MENTAL HEALTH CHAMPIONS
Lifecourse Room W119	<i>Amini, Elham</i> UNDERSTANDING OF MENOPAUSE: ISSUES OF POWER AND AGENCY IN IRANIAN MUSLIM MENOPAUSAL WOMEN'S LIVED EXPERIENCES

Wednesday 12 September 2018 13:55-14:25

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Politics of Health Room W110	<i>McDonnell, Orla</i> THE MEDICAL PROFESSION AND ABORTION IN IRELAND: NEGOTIATING A SOCIALLY CONTESTED ISSUE AS A MEDICAL PROBLEM
Experiences of Health and Illness Room W115	<i>Hanna, Esme</i> WHAT DO YOU WANT TO DO WITH THE LEG? CONSIDERING DISPOSAL IN THE CONTEXT OF AMPUTATION
Professions Room W002	<i>Håland, Erna, Heldal, F., Kongsvik, T.</i> RECONSTRUCTING PATIENT SAFETY IN NURSING
Health Service Delivery Room W003	<i>Lorimer, Karen, Ross, J., Caswell, R.</i> EMPOWERMENT, POWER AND CONTROL OF SURVIVORS OF SEXUAL VIOLENCE IN HEALTHCARE SETTINGS: EVIDENCE FROM A SYSTEMATIC REVIEW
Health Policy Room W004	<i>Chew, Sarah, Martin, G.</i> BUILDING A CULTURE OF OPENNESS ACROSS THE HEALTHCARE SYSTEM: USING THE CONCEPT OF SEMI-AUTONOMOUS SOCIAL FIELDS TO UNDERSTAND THE POTENTIAL IMPACT OF THE STATUTORY DUTY OF CANDOUR TO DRIVE ORGANISATIONAL CHANGE
Mental Health Room W009	<i>Hornstein, Gail</i> THE HEARING VOICES MOVEMENT: A CASE STUDY IN PATIENT RESISTANCE TO PSYCHIATRIC AUTHORITY
Lifecourse Room W119	<i>Lie, Mabel, Woods, S., Hearne, C., Smith, D., Baseman J., Hughes, J.</i> ART, AUTHENTICITY AND CITIZENSHIP IN CARE HOMES
Special Event Room W001 13:55-15:35	<i>Brown, Sally</i> INTERDISCIPLINARY SEXUAL HEALTH RESEARCH AND MEDICAL SOCIOLOGY: REFLECTIONS ON RESEARCH PRACTICE IN SCOTLAND <i>Boydell, Nicola</i> ADDRESSING STIGMA IN A POLICY CONTEXT: THE CONTRIBUTION OF MEDICAL SOCIOLOGY <i>Jackson, Ima</i> WORKING WITH COMMUNITIES AS A RESEARCHER: THE AFRICAN HEALTH PROJECT AND SEXUAL HEALTH <i>Dalrymple, Jenny</i> HYBRID OR HARMONIOUS: THE LIFE OF THE CLINICAL ACADEMIC SEXUAL HEALTH NURSE

Paper Sessions

Purcell, Carrie

INTERDISCIPLINARY RESEARCH ON A 'SENSITIVE' SUBJECT:
ADDRESSING ABORTION IN CONTEXT

Young, Ingrid

WORKING IN PARTNERSHIP: THE CASE OF PREP

Wednesday 12 September 2018 14:30-15:00

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Politics of Health Room W110	<i>Remnant, Jen</i> GET BETTER OR DIE: HOW WORK AND WELFARE INSTITUTIONS IN THE UK UNDERSTAND EMPLOYEE DIAGNOSES OF CANCER
Pharmaceuticals Room W118	<i>Lindenmeyer, Antje, Greenfield, S., Kuznetsova, I., Lavis, A., Phillimore, J., Widdows, H.</i> MEDICINES ON THE MOVE: MATERIALITIES, PRACTICALITIES AND ETHICS OF TRANSNATIONAL MEDICATION USE
Experiences of Health and Illness Room W115	<i>Tomomatsu, Ikuko</i> A CONCEPTUAL FRAMEWORK FOR THE IDENTITY RECONSTRUCTION PROCESS: COMPARING EXPERIENCES OF HEART TRANSPLANT RECIPIENTS AND INDIVIDUALS WITH CHRONIC DISEASES
Professions Room W002	<i>McDonald, Ruth, Vollm, B.</i> ALL THE TIME IN THE WORLD? PROFESSIONAL IDENTITY AND POWER IN ENGLISH SECURE HOSPITALS
Health Service Delivery Room W003	<i>Goodwin, Dawn</i> THE ART OF DESCRIPTION IN ESTABLISHING ORGANISATIONAL FAILURES IN HEALTHCARE
Health Policy Room W004	<i>Whittaker, Anne, Martin, F., Olsen, A., Wincup, E.</i> THE GOVERNANCE OF PARENTAL DRUG USE IN THE UK: A CRITICAL ANALYSIS OF 'HIDDEN HARM'
Mental Health Room W009	<i>Niedzwiedz, Claire</i> THE EMBODIMENT OF MENTAL HEALTH STIGMA: A QUANTITATIVE ANALYSIS OF STIGMATISING ATTITUDES AND METABOLIC AND DIETARY BIOMARKERS AMONG ADULTS WITH MENTAL HEALTH DISORDERS
Lifecourse Room W119	<i>Rowley, Rebecca</i> UNRAVELLING THE STIGMA, EXPOSING THE SECRECY: THE ISLE OF MAN AND ABORTION

Paper Sessions

Wednesday 12 September 2018 15:05-15:35

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Pharmaceuticals Room W118	<i>Abraham, John</i> ASSESSING PROGRESS: 50 YEARS OF UK MEDICINES REGULATION (1968-2018)
Experiences of Health and Illness Room W115	<i>Polidano, Kay, Saunders, B., Farmer, A.D., Bartlam, B., Chew-Graham, C.A.</i> FROM DISRUPTION TO RENEWAL? BIOGRAPHICAL IMPACT OF OSTOMY SURGERY IN YOUNG ADULthood
Professions Room W002	<i>Nolan, Peter, Yates, E., Weyman, A., Roy, D., Plugor, R.</i> WHAT ABOUT THE WORKERS? STAFF ATTRITION AND CHURN IN THE CASH-STRAPPED NHS
Health Service Delivery Room W003	<i>Marsh, Claire, Sheard, L.</i> THE CENTRALITY OF FACILITATION: NAVIGATING THE COMPLEXITY OF SUPPORTING HOSPITAL STAFF TO USE PATIENT FEEDBACK TO IMPROVE SERVICES
Health Policy Room W004	<i>Buckton, Christina, Patterson, C., Katikireddi, S.V.F., Lloyd-Williams, F., Hyseni, L., Elliott-Green, A., Capewell, S., Hilton, S.</i> A CRITICAL DISCOURSE ANALYSIS OF THE SOFT DRINKS INDUSTRY LEVY POLICY DEBATE IN UK NEWSPAPERS: THE POWER AND INFLUENCE OF STAKEHOLDER ARGUMENTATION
Mental Health Room W009	<i>Brunner, Richard</i> WHAT DOES APPLYING MARTHA NUSSBAUM'S DOMAINS MODEL OF THE CAPABILITIES APPROACH TELL US ABOUT THE SOCIAL JUSTICE EXPERIENCES OF PEOPLE WITH MENTAL DISTRESS? METHODOLOGICAL AND SUBSTANTIVE FINDINGS FROM A SCOTTISH STUDY
Lifecourse Room W119	<i>Fenton, Laura</i> FROM IDENTITY TO RELATIONALITY: RE-POSITIONING WOMEN'S DRINKING IN MIDLIFE
Special Event Room W110 15:05-16:45	<i>Hatch, Stephani</i> FOCUSING THE SOCIOLOGICAL LENS ON TRACTABLE SOCIAL PROBLEMS: RACIAL INCLUSION, DISCRIMINATION AND MENTAL HEALTH

Wednesday 12 September 2018 15:40-16:10

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Pharmaceuticals Room W118	<i>Cooper, Richard, Radford, H.</i> RESENTFUL, RESIGNED AND RESPECTFUL: OPIOID ANALGESICS, PAIN AND CONTROL
Experiences of Health and Illness Room W115	<i>White, Lauren</i> FOOD AS A SOCIAL LENS FOR NEGOTIATING EVERYDAY LIFE WITH IRRITABLE BOWEL SYNDROME (IBS)
STS Room W001	<i>Melby, L., Håland, E.</i> HEALTH PERSONNEL'S EXPERIENCES WITH STANDARDISED CANCER PATIENT PATHWAYS
Professions Room W002	<i>Moffatt, Fiona, Kerry, R.</i> MANIPULATING PROFESSIONAL IDENTITY: A DISCOURSE ANALYSIS OF THE 'CRISIS' IN MUSCULOSKELETAL PHYSIOTHERAPY
Health Service Delivery Room W003	<i>Wyke, Sally, Tomaz, S.A., Zihindula, G., Bunn, C., Gray, C.M., Hunt, K., Micklesfield, L.K., Draper, C.</i> IMPILO NEZENKOLO (INZ): DEVELOPING AND EVALUATING A HEALTHY LIFESTYLE PROGRAMME TO LOW-INCOME FAITH-BASED SETTINGS IN URBAN AND RURAL SOUTH AFRICA (SA)
Health Policy Room W004	<i>Hilton, Shona, Buckton, C., Fergie, G.</i> A DISCOURSE NETWORK ANALYSIS OF ALCOHOL AND SUGAR PRICING POLICY DEBATES IN UK NEWSPAPER COVERAGE: COMPARING INFLUENCE ACROSS TWO UNHEALTHY COMMODITY INDUSTRIES
Ethics Room W009	<i>Abadie, Roberto</i> 'MONEY HELPS': RESEARCH PARTICIPANTS' VIEWS ON FINANCIAL COMPENSATION AND ITS ETHICAL IMPLICATIONS
Lifecourse Room W119	<i>Coveney, Catherine, Hudson, N., LaFuente, S., Provoost V., Herbrand, C., Pavone, V., Culley, L., Pennings, G.</i> GIFTING, SHARING, DONATING, HELPING: TRACING DISCOURSES OF ALTRUISM AND MEDICAL NEED IN FERTILITY CLINICS' RECRUITMENT OF EGG PROVIDERS

Paper Sessions

Wednesday 12 September 2018 16:15-16:45

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Experiences of Health and Illness Room W118	<i>Ridge, Damien, Fixsen, A.</i> FROM HELL TO HEALING: INTERNET USERS CONSTRUCTION OF BENZODIAZEPINE DISTRESS AND WITHDRAWAL
Experiences of Health and Illness Room W115	<i>Rossero, Eleonora</i> 'WHY IS MY BODY TURNING ON ITSELF?': MAKING SENSE OF AUTOIMMUNE DISEASES
STS Room W001	<i>Stelmach, Aleksandra</i> THE SINS OF THE FATHERS: MEN AND NEW REPRODUCTIVE IMAGINARIES IN DISCOURSES OF EPIGENETICS
Professions Room W002	<i>Glažchová, Alena</i> 'GOOD' PATIENT OR VULNERABLE PATIENT: COMMUNICATION AND ABILITY TO COOPERATE BETWEEN PATIENTS AND HEALTHCARE PROVIDERS
Health Service Delivery Room W003	<i>Arber, Anne</i> STAYING CONNECTED: SYMPTOM ASSESSMENT BY MOBILE PHONE
Health Policy Room W004	<i>Clifford, Brendan, Harris, P.</i> THE ROLE OF HEALTH IN POLICY RESPONSES TO HOMELESSNESS IN SYDNEY, AUSTRALIA
Ethics Room W009	<i>Green, Gill</i> ETHICS OF USING END-OF-LIFE BLOGS FOR RESEARCH
Lifecourse Room W119	<i>Herbrand, Cathy</i> HAVING 'A CHILD OF ONE'S OWN' IN THE CONTEXT OF INHERITED DISEASE: MEANINGS AND MOTIVATIONS OF WOMEN CARRYING MITOCHONDRIAL DISORDER

Thursday 13 September 2018 08:30-09:00

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
STS Room W118	<i>Ducey, Ariel</i> THE EXPERIENCE OF INCONGRUOUS TREATMENT PRACTICES IN SURGERY: KNOWLEDGE, EVIDENCE, AND RESPONSIBILITY
Experiences of Health and Illness Room W115	<i>Spencer, Grace, Lewis, S., Reid, M.</i> 'TRADING HEALTH': YOUNG PEOPLE'S RESPONSES TO, AND EXPERIENCES, OF (ILL) HEALTH AT
Citizenship and Health Room W001	<i>Jeong, Jong-Min</i> AGENCY AS CREATIVE ENTANGLEMENT IN DEMENTIA
Methods Room W002	<i>McLaughlin, Janice, Wysocki, L.</i> THE ROLE OF COMIC FORMAT INFORMATION SHEETS IN EXPLAINING MEDICAL PROCEDURES TO CHILDREN: DRAWING THE MRI SCAN
Lifecourse Room W003	<i>Yamamoto, Beverley, Kitano, N.</i> CREATING A SPACE FOR YOUNG PEOPLE AND PROFESSIONALS IN SECONDARY SCHOOLS IN ENGLAND AND JAPAN TO CONFIDENTIALLY AND SAFELY DISCUSS ISSUES AROUND SEXUALITY AND SEXUAL HEALTH
Health Service Delivery Room W004	<i>Bracher, Mike, Wallis, K., Steward, K., May, C., Murphy, J.</i> INVESTIGATING PROFESSIONAL BEHAVIOUR CHANGE IN TEAMS UNDER PRESSURE: RESULTS FROM PHASE ONE OF A PROSPECTIVE PROCESS EVALUATION OF A NEW PROCEDURE FOR SCREENING AND TREATMENT OF MALNUTRITION IN COMMUNITY CARE FOR OLDER PEOPLE (INSCOPE).
Inequalities Room W009	<i>O'Donnell, Shane</i> 'YOUR WEALTH IS YOUR HEALTH': THE FUNDAMENTAL CAUSES OF INEQUALITIES IN DIABETES MANAGEMENT OUTCOMES: A QUALITATIVE ANALYSIS
Ethnicity Room W119	<i>Kanu, Winifred, Ezeji, P.O.</i> UNDERSTANDING DRIVERS AND BARRIERS TO ADOPTION OF EXCLUSIVE BREAST FEEDING AMONG MOTHERS IN RURAL COMMUNITIES OF IMO STATE, NIGERIA
Special Event Room W110 08:30-10:10	<i>Stevenson, Fiona, Hall, L., Seguin, M., Atherton, H., Barnes, R. Leydon, G., Murray, E., Pope, C., Ziebland, S</i> UNDERSTANDING HEALTHCARE ENCOUNTERS THROUGH CONVERSATION ANALYSIS <i>Stevenson, Fiona</i> PATIENTS' AND GPs' MANAGEMENT OF BOUNDARIES BETWEEN INSIDE AND OUTSIDE OF THE CLINIC IN THE INTERNET AGE

Paper Sessions

Woods, Catherine, Barnes, R.K., Tonkin-Crine, S., Eyles, C., Postle, K., Seely, J., Moore, M., Little, P., Leydon, G.M.

NEGOTIATING FOR ANTIBIOTICS: WHAT CAN WE LEARN FROM CONVERSATION ANALYSIS?

Barnes, Rebecca Kate, Dooley, J., Richards, A., Savovic, J., Jepson, M.

USE OF CONVERSATION ANALYTIC METHODS IN RANDOMISED CONTROLLED TRIALS OF COMPLEX HEALTH INTERVENTIONS: A SYSTEMATIC MAPPING REVIEW

Thursday 13 September 2018 09:05-09:35

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
STS Room W118	<i>Moreira, Tiago, Hansen, A.A., Lassen, A.J.</i> FROM QUANTIFIED TO QUALCULATED SELF? THE HEALTH PRAGMATICS OF BIOLOGICAL AGE MEASUREMENT
Experiences of Health and Illness Room W115	<i>Lewis, Sophie, Kirby, E., Kenny, K., Broom, A.</i> HOPE, TRUST AND DIMINISHING RETURNS: HEALTHCARE CHOICE IN THE CONTEXT OF ADVANCED CANCER
Citizenship and Health Room W001	<i>Onuorah, Love, Draper P., Santy-Tomlinson, J.</i> PERCEPTIONS, BEHAVIOURS AND OUTCOME OF SUB-SAHARAN AFRICANS IN THE UK IN RELATION TO DIABETES
Methods Room W002	<i>Skinner, James, Macdonald, S., Walabyeki, J., Dyson, J., Macleod, U., Mitchell, L.</i> THE CHALLENGES OF USING QUALITATIVE FOCUS GROUPS TO UNDERSTAND SHIFTING HEALTH NARRATIVES
Lifecourse Room W003	<i>Hinton, Lisa, McNiven, A.</i> 'YOU CAN SEE WHY PEOPLE WANT HOME BIRTHS IN A FIELD WITH A DOLPHIN FOR A MIDWIFE NOWADAYS': PRE-ECLAMPSIA AND PREGNANT WOMEN'S RELATIONSHIPS WITH HEALTH PROFESSIONALS
Health Service Delivery Room W004	<i>Hardicre, Natasha, Murray, J., Shannon, R., Hughes, L., Lawton, R.</i> 'TRANSITION OF CARE' OR JUST DISCHARGE? HOW CURRENT CARE PROCESSES CREATE LIMINAL SPACES FOR OLDER ADULTS RETURNING HOME FROM HOSPITAL
Inequalities Room W009	<i>Atkinson, Karen</i> EXPERIENCES OF PRACTICE EDUCATORS SUPPORTING DISABLED PHYSIOTHERAPY STUDENTS: A CRITICAL EXPLORATION
Ethnicity Room W119	<i>Karlsen, Saffron</i> SOCIOLOGICAL INFLUENCES ON THE DEVELOPMENT OF ETHNIC/RELIGIOUS INEQUALITIES ACROSS THE HEALTH TRAJECTORY

Paper Sessions

Thursday 13 September 2018 09:40-10:10

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
STS Room W118	<i>Dimond, Rebecca, Stephens, N.</i> ENACTING ETHICAL FUTURES: CAMPAIGNING FOR AND AGAINST MITOCHONDRIAL DONATION
Experiences of Health and Illness Room W115	<i>Hedlund, Marianne, Landstad, B.J., Kendall, E.</i> PRACTICING IN A PERSONALIZED, PERSON-CENTRED AND POSITIVE ENVIRONMENT: SELF-HELP GROUPS AS AN ESSENTIAL ELEMENT OF REHABILITATION
Citizenship and Health Room W001	Witney, Tom IS THIS SAFE? DOES IT MATTER? REFRAMING SAME-SEX SERODISCORDANT INTIMACY IN THE ERA OF 'TREATMENT AS PREVENTION'
Methods Room W002	<i>Vougioukalou, Sonia, Lamont-Robinson, C., Tope, R., Boddington, P., Northcote, A., Featherstone, K.</i> THINKING WITH YOUR FINGERS: PARTICIPATORY VISUAL AND TACTILE (ARTISTIC) METHODS TO SUPPORT PEOPLE LIVING WITH DEMENTIA AND THEIR FAMILY CARERS TO ACCESS AND SHARE HARD-TO-EXPRESS EXPERIENCES AND EMOTIONS
Lifecourse Room W003	<i>Schneider, Anna, Atherton, I.</i> DEPRIVATION AND LIVING ALONE AT THE END OF LIFE
Health Service Delivery Room W004	<i>Armstrong, Natalie</i> OVERDIAGNOSIS AND OVERTREATMENT: A SOCIOLOGICAL PERSPECTIVE ON A CONTEMPORARY HEALTHCARE SYSTEMS ISSUE
Inequalities Room W009	<i>Sutherland, Allan J., Takenaka, K.</i> COMPARATIVE EVALUATION OF THE EFFICACY OF SOCIAL STRATIFICATION SCALES FOR DETECTING SOCIOECONOMIC VARIATIONS IN HEALTH AND ILLNESS WITHIN JAPAN
Ethnicity Room W119	<i>Kareem, Thompson Olusegun, Fulton, J.</i> THE PERCEPTION AND HEALTH SEEKING BEHAVIOUR SURROUNDING VACCINE-PREVENTABLE DISEASES IN CHILDREN: FOCUS ON THE NOMADS OF NIGERIA - THE FULANIS

Thursday 13 September 2018 10:15-10:45

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Patient–Professional Interaction Room W110	<i>Hunter, Benjamin</i> COMMERCIAL HEALTHCARE BROKERAGE: ORIGINS AND EVOLUTION OF AN EMERGING INDUSTRY
STS Room W118	<i>Pickersgill, Martyn</i> DOMESTICATING INFRASTRUCTURES: THE TAMING OF DIAGNOSTIC SYSTEMS AND FUNDER ENJOINDERS WITHIN PSYCHIATRIC RESEARCH
Experiences of Health and Illness Room W115	<i>Saunders, Benjamin, Bartlam, B., Artus, M., Konstantinou, K.</i> BIOGRAPHICAL SUSPENSION AND LIMINALITY OF SELF IN ACCOUNTS OF SEVERE SCIATICA
Citizenship and Health Room W001	<i>Neary, Joanne, Thomson, H., Katikireddi, V., Macdonald, E.</i> USING CANDIDACY THEORY TO EXPLORE UNEMPLOYED OLDER PEOPLE'S EXPERIENCES OF ILL-HEALTH, TREATMENT BURDEN, AND LABOUR MARKET ACTIVATION POLICIES
Methods Room W002	<i>Cupit, Caroline</i> USING INSTITUTIONAL ETHNOGRAPHIC METHODS TO STUDY HEALTHCARE FROM THE PERSPECTIVES OF PATIENTS
Lifecourse Room W003	<i>Purcell, Carrie, Moore, L., Mitchell, K.</i> COMPETING SEXUAL KNOWLEDGES: A PHENOMENOLOGICAL ANALYSIS OF A NOVEL APPROACH TO YOUNG PEOPLE'S SEX AND RELATIONSHIPS EDUCATION
Health Service Delivery Room W004	<i>Locock, Louise, Parkin, S., Chisholm, A., Montgomery, C. on behalf of US-PEX research team</i> UNDERSTANDING HOW NHS FRONTLINE STAFF USE PATIENT EXPERIENCE DATA FOR QUALITY: ETHNOGRAPHIC CASE STUDY RESEARCH
Inequalities Room W009	<i>Hasselgren, Caroline, Ekbrand, H., Dellve, L., Zettergren, A., Zetterberg, H., Blennow, K., Skoog, I.</i> SOCIOECONOMIC STATUS, GENDER AND DEMENTIA: THE INFLUENCE OF WORK ENVIRONMENT EXPOSURES AND THEIR INTERACTIONS WITH GENETIC RISK FACTOR APOE ?4
Critical Public Health Room W119	<i>Bendelow, Gillian</i> WHAT IS A MENTAL HEALTH CRISIS?

Thursday 13 September 2018 10:50-11:20

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Patient–Professional Interaction Room W110	<i>Johannessen, Lars E.F.</i> 'GIVING ADVICE' OR GUARDING THE GATE? THE DISCRETIONARY GATEKEEPING OF EMERGENCY DEPARTMENT TRIAGE NURSES
Experiences of Health and Illness Room W115	<i>Pralat, Robert, Franklin, S., Johnson, M., Yarrow, E., Anderson, J., Burns, F., Barber, T.</i> HIV, GAY MEN AND REPRODUCTION: HOW DOES THE AWARENESS OF SPERM WASHING AND VIRAL UNDETECTABILITY INFLUENCE THINKING ABOUT PARENTHOOD?
Citizenship and Health Room W001	<i>Kühlbrandt, Charlotte</i> CREATING 'GOOD CITIZENS' AND 'GOOD PATIENTS': ROMA HEALTH MEDIATION AS CARE AND CORRECTION
Methods Room W002	<i>Drewett, Alison, O'Reilly, M.</i> 'SEEING IS BELIEVING': THE ROLE OF VIDEO-ETHNOGRAPHIC METHODS IN HOSPITAL RESEARCH TO UNDERSTAND HOW MENTAL HEALTHCARE HAPPENS DURING PATIENT AND PRACTITIONER TALK
Lifecourse Room W003	<i>Phipps, Rebecca, Mitchell, K., Nimegeer, A., Hilton, S.</i> REFLECTIONS ON USING CREATIVE METHODS AS PART OF A PERSON-CENTRED APPROACH TO INTERVIEWING FATHERS WHOSE PARTNERS HAVE DIED
Health Service Delivery Room W004	<i>Tarrant, Carolyn, Jenkins, D., Colman, A., Chattoe-Brown, E., Mehtar, S., Perera, N., Krockow, E.</i> ANTIMICROBIAL STEWARDSHIP: A PRINCIPAL-AGENT PROBLEM?
Inequalities Room W009	<i>Guisse, Andrew, Thompson, C., Lewis, D., Burrows, M.</i> UNIVERSAL CREDIT, HOMELESSNESS AND HEALTH IN LONDON: A SOCIAL PRACTICE PERSPECTIVE
Special Event Room W118 10:50-12:30	<p><i>Bell, Susan E.</i> STUDYING 21ST-CENTURY MEDICINE IN THE UNITED STATES: KEY TRENDS AND PRACTICES</p> <p><i>Bell, Susan E.</i> 'WE LOST OUR INTERPRETER, HAVE TO USE THE PHONE': ASSEMBLING INTERPRETERS IN HOSPITAL SETTINGS</p> <p><i>Underman, Kelly</i> NOT JUST BONES, ORGANS, AND SCIENCE: TECHNOLOGIES OF AFFECT IN CONTEMPORARY US MEDICAL EDUCATION</p> <p><i>Joyce, Kelly</i> SMART TEXTILES: TRANSFORMING DIGITAL SUBJECTIVITIES AND MEDICAL PRACTICE</p>

Special Event
Room W119
10:50-12:30

Latif, Zahira

ETHNICITY, HEALTH AND HEALTHCARE IN A NEOLIBERAL ERA

Latif, Zahira

POTENTIAL FOR RISK COMMUNICATION, PREDICTION AND MODULATION OF CHRONIC ILLNESS IN AT-RISK FAMILIES: PERSPECTIVES FROM SOUTH ASIAN PATIENTS WITH RHEUMATOID ARTHRITIS

Ocloo, Josephine

DISCRIMINATION, MEDICAL HARM AND BLACK, ASIAN AND MINORITY ETHNIC GROUPS: RETHINKING SAFETY AND PARTICIPATION PROCESSES

Hussain, Basharat

AN INSTRUMENTAL CASE STUDY OF HOW A MENTAL HEALTHCARE TRUST IN ENGLAND RESPONDS TO RACE-RELATED EQUALITY POLICY IN THE PROVISION OF MENTAL HEALTH SERVICES

Ali, Parveen

DOMESTIC VIOLENCE, BLACK AND ETHNIC MINORITY WOMEN AND HEALTHCARE PROFESSIONALS

Khalil, Yesmean

IS ISLAMOPHOBIA A PUBLIC HEALTH ISSUE?

Paper Sessions

Thursday 13 September 2018 11:25-11:55

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Patient–Professional Interaction Room W110	<i>Pilnick, Alison</i> ON GOOD INTERACTIONAL REASONS FOR ‘BAD’ HEALTHCARE PRACTICE
Experiences of Health and Illness Room W115	<i>Neal, Kate</i> PERSONAL TROUBLES OR PUBLIC ISSUES? AN EXPLORATION OF THE EXPERIENCES OF ADULTS WITH CONGENITAL AND EARLY-ACQUIRED HEMIPLEGIA
Citizenship and Health Room W001	<i>Krockow, Eva, Jenkins, D., Colman, A., Chattoe-Brown, E., Mehtar, S., Perera, N., Tarrant, C.</i> BALANCING THE RISKS OF ANTIBIOTIC USE: A SYSTEMATIC REVIEW AND SYNTHESIS OF QUALITATIVE RESEARCH ON ANTIBIOTIC PRESCRIBING BEHAVIOUR IN HOSPITALS
Methods Room W002	<i>Chandler, Amy, Simopoulou, Z.</i> UNDERSTANDING SELF-HARM: AN ARTS-INFORMED INQUIRY
Lifecourse Room W003	<i>Cluley, Victoria, Radnor, Z.</i> UNDERSTANDING FRAILTY: PATIENT, CARER, AND PROFESSIONAL EXPERIENCES OF FRAILTY
Health Service Delivery Room W004	<i>Papoutsis, Chrysanthi, Shaw, S., Wherton, J., A’Court, C., Greenhalgh, T.</i> PURITY AND DANGER IN ORDERING TECHNOLOGY-SUPPORTED HEALTHCARE
Inequalities Room W009	<i>Kelly, Michael, Kriznik, N.</i> A SOCIAL NEUROSCIENCE ACCOUNT OF THE PATTERNING OF HEALTH INEQUALITIES

Thursday 13 September 2018 12:00-12:30

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Patient–Professional Interaction Room W110	<i>Mecinska, Aleksandra (Lula)</i> 'ONE WEEK SHE HAD MILK DRIPPING INTO HER SLIPPERS, NEXT WEEK THE DOCTOR TOLD HER SHE DRIED UP!' BREASTFEEDING WOMEN NARRATING NEGATIVE EXPERIENCES OF INTERACTIONS WITH HEALTHCARE PROFESSIONALS
Experience of Health and Illness Room W115	<i>Isham, Louise, Bradbury-Jones, C., Hewison, A.</i> FAMILY CARERS AFFECTED BY HARMFUL BEHAVIOUR: A CASE OF EPISTEMIC INJUSTICE?
Citizenship and Health Room W001	<i>Renedo, Alicia, Marston, C.</i> TRANSITIONS TO ADULTHOOD: SELF-GOVERNANCE AND DISCIPLINING IN THE MAKING OF PATIENT CITIZENS
Methods Room W002	<i>Chandola, Tarani</i> ARE SOCIOLOGICAL CRITICISMS OF BIOSOCIAL RESEARCH VALID?
Lifecourse Room W003	<i>Allan, Helen, Van den Akker, O., Culley, L., Symon, A., Mounce, G.</i> EARLY PARENTHOOD SUPPORT NEEDS FOLLOWING NON-DONOR-ASSISTED CONCEPTION: AN INTEGRATIVE LITERATURE REVIEW
Health Service Delivery Room W004	<i>Pope, Catherine, McKenna, G., Turnbull, J., Prichard, J., Rogers, A.</i> DELIBERATIVE 'CITIZEN'-FOCUSED APPROACHES TO UNDERSTAND URGENT CARE HELP SEEKING
Inequalities Room W009	<i>Shah, Swati, Ergler, C., Hohmann-Marriot, B.</i> SURROGACY, A SECRET AFFAIR: UNDERSTANDING EXPERIENCES OF INDIAN COMMISSIONING PARENTS

Paper Sessions

Thursday 13 September 2018 15:45-16:15

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Patient–Professional Interaction Room W110	<i>Shachar, Leeor</i> DOCTORS WITHOUT BORDERS: THE CONSTRUCTION OF PROFESSIONAL IDENTITY AND EPISTEMIC AUTHORITY AMONG FAMILY PHYSICIANS IN THE DIGITAL AGE
Experiences of Health and Illness Room W118	<i>Hawking, Meredith</i> NARRATING MEDICINE PRACTICES AND CONSTRUCTING THE SELF AMONGST ATRIAL FIBRILLATION PATIENTS
Citizenship and Health Room W115	<i>McCormack, Pauline</i> THE MYTH OF BIOSOCIALITY IN RARE DISEASE
Professions Room W001	<i>Bryce, Marie, Archer, J.</i> MEDICAL REGULATORY REFORM FROM A 'RANK AND FILE' PERSPECTIVE: UK DOCTORS' EXPERIENCES OF REVALIDATION
Methods Room W002	<i>Inckle, Kay</i> I-POEMS AND DISABLED CYCLISTS: A CREATIVE ENGAGEMENT WITH DATA
Theory Room W003	<i>Matthaeus, Sandra</i> TOWARDS A THEORY OF PRACTICE OF MADNESS: UNDERSTANDING THE FORMATION OF (IL-)LEGITIMATE SUBJECT(IVITIE)S IN (LATE) MODERNITY
Health Service Delivery Room W004	<i>Boydell, Nicola, Harden, J., Cooper, M., Johnstone, A., McCabe, K., McCracken, L., Cameron, S.</i> POST-PLACENTAL INTRAUTERINE CONTRACEPTION (PPIUC): NORMALISATION PROCESS THEORY AS A LENS FOR EXPLORING THE IMPLEMENTATION OF A NEW CONTRACEPTIVE SERVICE
Gender Room W009	<i>Castro-Vazquez, Genaro</i> A HEALTHY, CHUBBY JAPANESE MAN
Lifecourse Room W119	<i>Sanders, Tom, Elliott, J., Norman, P., Johnson, B., Heller, S.</i> YOUTH TRANSITIONS AND ONTOLOGICAL SECURITY IN EMERGING ADULTS WITH TYPE 1 DIABETES: CHRONIC ILLNESS AS BIOGRAPHICAL DISRUPTION IN YOUNGER AGE

Thursday 13 September 2018 16:20-16:50

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Patient–Professional Interaction Room W110	<i>Griffith, Veronique</i> MENSTRUATION AS ILL-HEALTH: A PAST VIEW?
Experiences of Health and Illness Room W118	<i>Cronin, James, Spiteri-Cornish, L., Susan Dunnett, S.</i> OVERCOMING TOXIC MYTHOLOGIES: THE ROLE OF INDIVIDUALISED COUNTER MYTHS IN WOMEN'S RESISTANCE TO FAT STIGMA
Professions Room W001	<i>Cunningham, Yvonne, Thomas, L., O'Donnell, K., Mair, F., Nicholl, B., Jani, B., McQueenie, R., Murray, V.</i> DISRUPTED PROFESSIONAL IDENTITIES: STAFF RESPONSES TO NEW WAYS OF WORKING IN REHABILITATION SERVICES
Methods Room W002	<i>Barbour, Rose</i> CAPITALISING ON LAY THEORISING
Theory Room W003	<i>Patterson, Jennifer</i> BECOMING A PATIENT: SAVAGE FEMINISM, WILD PROTEST AND THE NEED FOR MAGICAL THINKING
Health Service Delivery Room W004	<i>Hope, Jo, Bridges, J., Schoonhoven, L., Gould, L., Griffiths, P.</i> 'WE GIVE THEM CHOICES WITHIN PARAMETERS THAT MAKE THEM SAFE': FRAGMENTED NURSING PRACTICES AND LIMITS TO THE PERSONALISATION PROJECT
Gender Room W009	<i>Burrows, George, Mitchell, K., McDaid, L., Young, I.</i> DISCLOSURE OF GENDER IN TRANSGENDER ADULTS' ROMANTIC AND SEXUAL RELATIONSHIPS: THE IMPACT ON EMOTIONAL SAFETY
Lifecourse Room W119	<i>Sadler, Euan, Sevdalis, N., Sandall, J.</i> EXPERIENCES OF INTEGRATED CARE AMONG OLDER PEOPLE WITH FRAILTY
Special Event Room W115 16:20-18:00	<i>Stewart, Ellen</i> CONTEMPORARY HEALTH ACTIVISMS: REFLECTING ON KNOWLEDGE, IDENTITY AND COMMUNITY PRACTICE <i>Stewart, Ellen</i> THERE'S A TIME FOR PROTEST AND A TIME FOR NEGOTIATING': ON THE EPISTEMIC LABOUR OF HEALTHCARE ACTIVISM IN 'SAVE OUR HOSPITAL' CAMPAIGNS <i>Young, Ingrid, Jones, C.</i> CONFIGURING THE PREP USER? EXPLORING PATIENT ACTIVISM AND CITIZENSHIP IN HIV PRE-EXPOSURE PROPHYLAXIS <i>Mazanderani, Fadhila</i>

Paper Sessions

'I WANT TO BE A LAMP ON A HILL': PATIENT ACTIVISM AND
DIGITAL TECHNOLOGIES, AN (AUTO)BIOGRAPHICAL ANALYSIS

Thursday 13 September 2018 16:55-17:25

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Patient–Professional Interaction Room W110	<i>Mackintosh, Nicola, Verdezoto, N., Gong, Q.S., Hadjiconstantinou, M.</i> DIGITALLY MEDIATED REPRODUCTIVE HEALTH ACROSS CARE BOUNDARIES
Experiences of Health and Illness Room W118	<i>Patterson, Rebecca, Stobbart, L., Fisher, A., Exley, C.</i> 'I OBVIOUSLY COULDN'T SHOW HER THAT I WAS TERRIFIED...': THE ENACTMENT AND IMPACT OF EMOTION WORK PERFORMED BY FAMILY MEMBERS THROUGHOUT THE TRANSPLANTATION PROCESS IN THE UK
Professions Room W001	<i>Wright, Sarah, Stirling, D., Porteous, M., Hallowell, N.</i> PROFESSIONALS' VIEW OF MAINSTREAMING GENETICS: THE IMPACT OF 'TREATMENT-FOCUSED GENETIC TESTING' ON PROFESSIONAL ROLES AND IDENTITY IN BREAST AND OVARIAN CANCER CARE
Methods Room W002	<i>Lister, Thomas</i> SITUATIONAL ANALYSIS: FOREGROUNDING THE SOCIAL IN THE STUDY OF SOCIAL PROCESSES
Theory Room W003	<i>Wistow, Jonathan</i> HEALTH INEQUALITIES AND THE SOCIAL CONTRACT
Health Service Delivery Room W004	<i>Featherstone, Katie, Northcott, A., Boddington, P.</i> EVERYDAY TECHNOLOGIES OF ATTENTION WITHIN THE ACUTE HOSPITAL WARD: THE PRODUCTION OF VISIBILITIES AND INVISIBILITIES OF PEOPLE LIVING WITH DEMENTIA
Gender Room W009	<i>Larsson, Jakob</i> THE MEANING OF MASCULINITY: A PHENOMENOLOGICAL INVESTIGATION OF THE PSYCHOTHERAPEUTIC SITUATION
Lifecourse Room W119	<i>Baldwin, Kylie</i> ANTICIPATING INFERTILITY AND ANXIOUS REPRODUCTION: EXPLORING THE PROMISSORY POTENTIAL OF EGG FREEZING IN A NEOLIBERAL ERA

Paper Sessions

Thursday 13 September 2018 17:30-18:00

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Patient–Professional Interaction Room W110	<i>Watson, Rose, Basu, A., Pearse, J., Rapley, T.</i> (RE) CONFIGURING THE PARENTAL GAZE: EARLY INTERVENTION FOR PERINATAL STROKE
Experiences of Health and Illness Room W118	<i>Al-Muhandis, Khalid</i> MANAGING THE UNPRESENTABLE AND UNCOMFORTABLE BODY: EXPERIENCES OF LIVING WITH A CHRONIC SKIN CONDITION
Professions Room W001	<i>Skinner, Marianne S.</i> WANTED AND WELCOMED? NORWEGIAN HEALTHCARE PROFESSIONALS' ATTITUDES TOWARDS COLLABORATING WITH UNPAID VOLUNTEERS IN LONG-TERM CARE SERVICES
Methods Room W002	<i>O'Connell, Lauren</i> RESEARCHING ANOREXIA 'FROM THE INSIDE': SELF-DISCLOSURE, REFLEXIVITY AND INSIDER RESEARCH
Theory Room W003	<i>Fulton, John, Cuthill, F.</i> THE USE OF FILMS IN TEACHING SOCIOLOGY
Health Service Delivery Room W004	<i>Northcott, Andy, Featherstone, K.</i> THE MORAL CATEGORIES OF CONSUMPTION: MEALTIMES AND MEMORY ON THE HOSPITAL WARD
Gender Room W009	<i>Arnold, Kate</i> TURNING POINTS IN TRANS HEALTH NARRATIVES: REWRITING THE 'SCRIPT' OF THE GENDERED BODY
Lifecourse Room W119	<i>Hinton, Lisa, McNiven, A., Duffy, J., McMnus, R.</i> 'IT WAS MY BODY. IT WAS HAPPENING TO ME. I SHOULD HAVE KNOWN.' WOMEN'S KNOWLEDGE AND INFORMATION NEEDS IN PREGNANCIES COMPLICATED BY PRE-ECLAMPSIA

Friday 14 September 2018 10:10-10:40

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Health Service Delivery Room W110	<i>Standing, Holly, Patterson, R., Dalkin, S., Brittain, K.</i> USE OF AN ELECTRONIC PALLIATIVE CARE COORDINATION SYSTEM (EPACCS) FOR PALLIATIVE CARE: PATIENT AND PROVIDER PERSPECTIVES
Environment and Health Room W115	<i>Graham, Hilary, De Bell, S., Flemming, K., Sowden, A., Wright, K., White, P.</i> OLDER PEOPLE'S EXPERIENCES OF EVERYDAY TRAVEL IN THE URBAN ENVIRONMENT: A THEMATIC SYNTHESIS OF QUALITATIVE STUDIES IN THE UK
Critical Public Health Room W001	<i>McLean, Katherine</i> INADEQUATE AND UNACCEPTABLE: BUPRENORPHINE DIVERSION AND THE FORESEEABLE FAILURE OF DRUG TREATMENT POLICY IN THE UNITED STATES
Screening and Diagnosis Room W002	<i>Rasmussen, Erik Børve</i> AMBIGUITY AS A RELATIONAL PROPERTY: THE ROLE OF SCIENCE AND SOCIETY IN MAKING MEDICAL CATEGORIES AMBIGUOUS
Patient–Professional Interaction Room W003	<i>Sutton, Elizabeth, Tarrant C., Eborall, H., Martin, G.</i> PATIENTS' UNDERSTANDINGS OF SAFETY: TRUST, VULNERABILITY AND PATIENT INVOLVEMENT
Pecha Kucha Room W004	<i>Collins, Hillary, Hilton, S., Wight, D.</i> MOTHERS' PERCEPTIONS OF MEDIA REPRESENTATIONS OF 'PARENTAL DETERMINISM' AND THE IMPACT OF THESE ON THEIR WELL-BEING: COMPARING FACE-TO-FACE INTERVIEW AND ONLINE FORUM DATA <i>Howard, Jade, Boylan, A.M., Prinjha, S.</i> FROM 'MORALLY WRONG' TO 'SAVING LIVES': EXPLORING THE PERSPECTIVES OF DONORS, RECIPIENTS, AND DONOR FAMILIES ON AN OPT-OUT SYSTEM OF ORGAN DONATION IN ENGLAND <i>Vega, Maria Jesus, Caro, P., Johnson, L., Papadaki, A.</i> BEHAVIOURAL DETERMINANTS OF OBESITY (PHYSICAL ACTIVITY, SEDENTARISM AND DIET) ACCORDING TO SOCIOECONOMIC POSITION IN CHILE: PROTOCOL FOR A SYSTEMATIC REVIEW
Healthcare Organisations Room W009	<i>Kriznik, Natasha, Simmons, R, Willars, J., Dixon-Woods, M.</i> THE CHALLENGES OF STANDARDISATION IN HEALTHCARE: A QUALITATIVE STUDY OF A LINE LABELLING POLICY

Paper Sessions

Risk Room W119	<i>Chowdhry, Sushila</i> GETTING THE MESSAGE ACROSS
Special Event Room W118 10:10-11:50	<p><i>May, Carl, Myall, M., Rapley T., Finch, T.L.</i> WORKING WITH NORMALISATION PROCESS THEORY IN STUDIES OF HEALTH AND HEALTHCARE</p> <p><i>May, Carl, Cummings, A., Girling, M., Bracher, M., Mair, F.S., Murray, E., Myall, M., Rapley, T.J., Finch, T.L.</i> WHO'S USING NPT? HOW ARE THEY DOING IT? THINKING THROUGH THEORY BEYOND A SYSTEMATIC REVIEW</p> <p><i>Rapley, Tim, Myall, M., Finch, T.L., May, C.R.</i> INTRODUCING NORMALISATION PROCESS THEORY</p> <p><i>Myall, Michelle, Campling, N., Cummings, A., Lund, S., Richardson, A., May, C.R.</i> USING NORMALISATION PROCESS THEORY TO UNDERSTAND AND EXPLAIN THE IMPLEMENTATION OF COMPLEX AND CONTENTIOUS INTERVENTIONS IN HEALTHCARE: QUALITATIVE APPROACHES</p> <p><i>Finch, Tracy, Girling, M., May, C.R., Rapley, T.J.</i> DOMESTIC FROM CONSTRUCTS TO VARIABLES: MEASURING IMPLEMENTATION PROCESSES WITH NORMALISATION PROCESS THEORY TOOLS</p>

Friday 14 September 2018 10:45-11:15

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Health Service Delivery Room W110	<i>Drew, Sarah, Judge, A., Cohen, R., Gooberman-Hill, R.</i> ENHANCED RECOVERY AFTER SURGERY IMPLEMENTATION IN PRACTICE: AN ETHNOGRAPHIC STUDY OF SERVICES FOR HIP AND KNEE REPLACEMENT
Environment and Health Room W115	<i>Pei, Tong</i> CIGARETTES AS A SOCIAL CURRENCY: YOUNG MEN'S SMOKING EXPERIENCE IN CHINA
Critical Public Health Room W001	<i>Ellis, Jaimie, Vassilev, I., Rogers, A.</i> ANTIMICROBIAL RESISTANCE: A GLOBAL PUBLIC HEALTH THREAT THAT REQUIRES THE INFLUENCE OF PERSONAL SOCIAL NETWORKS TO BE RECOGNISED
Screening and Diagnosis Room W002	<i>Hudson, Nicky, Coveney, C., Culley, L., Herbrand, C., LaFuente, S., Pennings, G., Pavone, V., Provoost, V.</i> MATERIALISING THE PERFECT EGG 'DONOR': EXAMINING THE WORK OF SCREENING TECHNOLOGIES IN CLINICAL, COMMERCIAL AND COUNSELLING PRACTICES
Patient–Professional Interaction Room W003	<i>Jamie, Kimberly</i> SOCIOLOGY OF/AND PHARMACY: THE PERSISTENCE OF THE 'PROFESSIONAL' PROBLEM AND THE BRAVE NEW COLLABORATIVE WORLD
Experiences of Health and Illness Room W004	<i>Maskill, Virginia, Seaton, P., Crowe, M., Inder, M.</i> THE IMPACT OF TYPE II DIABETES AND COMORBID CONDITIONS ON SELF-IDENTITY AND IN TURN SELF-MANAGEMENT PRACTICES
Healthcare Organisations Room W009	<i>Gartshore, Emily, Waring, J. and Timmons, S.</i> HOW DO CARE HOME STAFF MAKE SENSE OF SAFETY?
Risk Room W119	<i>Mwale, Shadreck</i> MANAGING AND NEGOTIATING TRUST AND RISK AMONG REPEAT HEALTHY VOLUNTEERS IN COMMERCIAL CLINICAL DRUG TRIALS

Friday 14 September 2018 11:20-11:50

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Health Service Delivery Room W110	<i>Khan, F. Ali, Cheema, A.</i> ACHIEVING HEALTH EQUITY, BUT HOW? CHALLENGES OF ACCESS TO HEALTH FACILITIES IN RURAL COMMUNITIES
Environment and Health Room W115	<i>Penney, Jessica</i> CONCEPTIONS OF HEALTH AND RESISTANCE AMONG LABRADOR LAND PROTECTORS IN CANADA
Critical Public Health Room W001	<i>Kananen, Johannes</i> SCIENCE, POLITICS AND PUBLIC HEALTH: THE NORTH KARELIA PROJECT 1971–1997
Screening and Diagnosis Room W002	<i>Jones, Charlotte</i> 'DOES THIS MEAN WE HAVE A LITTLE GIRL?': EPISTEMIC VULNERABILITY AND THE (UN)CERTAINTIES OF SEX
Patient–Professional Interaction Room W003	<i>Senghor, Abdou Simon</i> WHAT PARTICIPANT STATUS FOR FAMILIES IN THE DECISION-MAKING PROCESS INVOLVING PATIENTS WITH KIDNEY FAILURE AND HEALTH PROFESSIONALS REGARDING THE CHOICE OF A DIALYSIS METHOD TREATMENT?
Experiences of Health and Illness Room W004	<i>Heavey, Emily, Lempp, H., Allen, H., Williams, R., Santana-Suarez, et al.</i> METAPHOR USE BY PATIENTS WITH LONG-TERM CONDITIONS: A SECONDARY QUALITATIVE DATA ANALYSIS
Healthcare Organisations Room W009	<i>Rees, Gethin</i> 'THE DOCTORS WERE OUTSOURCED TO A COMPANY... I THOUGHT IT WAS GREAT, BUT LITTLE DID I KNOW THAT IT WAS LIKE A TURKEY VOTING FOR CHRISTMAS': POLICE CUSTODY NURSES' ATTITUDES TO OUTSOURCED HEALTHCARE
Risk Room W119	<i>Rush, Lynne, Patterson, C., McDaid, L., Hilton, S.</i> 'A SIMPLE DOSE OF ANTIBIOTICS': HOW UK NEWSPAPERS USE CASE HISTORIES TO FRAME SEPSIS – A QUALITATIVE CONTENT ANALYSIS

Friday 14 September 2018 11:55-12:25

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Health Policy Room W118	<i>Uny, Isabelle</i> WEIGHING THE OPTIONS FOR DELIVERY CARE IN RURAL MALAWI: COMMUNITY PERCEPTIONS OF THE 2007 POLICY PROMOTING FACILITY DELIVERIES AND BANNING TRADITIONAL BIRTH ATTENDANTS
Environment and Health Room W115	<i>Fox, Nick</i> MEDSOC 2068: HOW CLIMATE CHANGE (AND POSTHUMANISM) REDUCED HEALTH INEQUALITIES, IMPROVED NUTRITION AND SAVED THE WHALE
Critical Public Health Room W001	<i>Larsen, John, Aggergaard, Appleton, A.</i> UNDERSTANDING DIFFERENCES AMONG UK DRINKERS: THE ROLE OF SEGMENTATION ANALYSIS TO INFORM THE TARGETING OF ALCOHOL EDUCATION
Screening and Diagnosis Room W002	<i>Hale, Rachel, Boardman, F.</i> AN ANALYSIS OF THE SOCIAL AND ETHICAL IMPLICATIONS OF A SHIFT IN REPRODUCTIVE DECISION-MAKING AROUND GENETIC SCREENING FROM FAMILIES AFFECTED BY GENETIC CONDITIONS TO THE GENERAL POPULATION
Patient–Professional Interaction Room W003	<i>Stobbart, Lynne, Thomson, R., Scott, J., Vaittinen, A., Hrisos, S.</i> BLACKBOX: SHARED DECISION-MAKING INSIDE THE CLINICAL CONSULTATION – THE HIDDEN WORK OF THE PATIENT
Experiences of Health and Illness Room W004	<i>King-Okoye, Michelle, Arber, A., Faithfull, S.</i> MEN AND PARTNERS' EXPERIENCES OF PROSTATE CANCER ALONG ROUTES TO DIAGNOSIS IN TRINIDAD AND TOBAGO
Risk Room W119	<i>Skolbekken, John-Arne</i> THE RISK EPIDEMIC IN MEDICAL JOURNALS 1967-2016: REFLECTIONS ON 50 YEARS OF EXPANSION
Special Event Room W110 11:55-13:35	<i>MacDonald, Sara, Grant, S., Hilton, S.</i> SCOTTISH MEDICAL SOCIOLOGY: PAST, PRESENT AND FUTURE
Special Event Room W009 11:55-13:35	<i>Buse, Christina, Martin, D., Nettleton, S.</i> MATERIALITIES OF CARE: ENCOUNTERING HEALTH AND ILLNESS THROUGH ARTEFACTS AND ARCHITECTURE <i>Heath Christina, Luff, P., Sanchez-Svensson, M., Nicholls, M.</i> EXCHANGING IMPLEMENTS: THE MICRO-MATERIALITIES OF MULTIDISCIPLINARY WORK IN THE OPERATING THEATRE <i>Lovatt, Melanie</i> BECOMING AT HOME IN RESIDENTIAL CARE FOR OLDER PEOPLE: A MATERIAL CULTURE PERSPECTIVE

Paper Sessions

Weiner, Kate, Will, C., Williams, R., Henwood, F.
RECORDS, SELF-MONITORING AND EVERYDAY DATA
PRACTICES

Ellis, Julie
FAMILY FOOD PRACTICES: RELATIONSHIPS, MATERIALITY AND
THE EVERYDAY AT THE END OF LIFE

Friday 14 September 2018 12:30-13:00

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Health Policy Room W118	<i>Tjora, Aksel</i> INTO THE SOCIETAL-CLINICAL WAR-ZONE: THE INCOMMUNICABILITY OF MEDICAL-SOCIOLOGICAL CONSTRUCTIVISM IN THE DEBATE ON ADHD
Environment and Health Room W115	<i>Grant, Aimee, Robling, M.</i> BREASTS AND THE CITY: FINDINGS FOM URBAN ETHNOGRAPHY AND WALKING INTERVIEWS WITH BREASTFEEDING MOTHERS IN CARDIFF, UK
Critical Public Health Room W001	<i>White, Lauren, Chambers, S., Hilton, S.</i> PARENTS' AND STAKEHOLDERS' VIEWS REGARDING THE REGULATION OF DIGITAL ADVERTISING OF UNHEALTHY FOOD AND BEVERAGES TO CHILDREN AND YOUNG PEOPLE: INDIVIDUAL AUTONOMY VS STATE-LEVEL REGULATION
Screening and Diagnosis Room W002	<i>Hayes, Jennie</i> DRAWING A LINE IN THE SAND: AUTISM DIAGNOSIS AS SOCIAL PROCESS
Patient–Professional Interaction Room W003	<i>Willis, Karen, Lewis, S., Smith, L., Franklin, M., Hughes, S.</i> BRINGING THE SOCIAL INTO CHRONIC CONDITION SELF-MANAGEMENT: HOW DO HEALTH PROFESSIONALS MAKE SENSE OF THEIR ROLE?
Experiences of Health and Illness Room W004	<i>Hoare, Sarah, Barclay, S., Kelly, M.</i> PRACTICALLY DYING: UNDERSTANDING THE OCCURRENCE OF END-OF-LIFE HOSPITAL ADMISSIONS
Risk Room W119	<i>Dalrymple, Jenny, McAloney-Kocaman, K., Flowers, P., McDaid, L., Frankis, J.</i> DIFFERENT SOCIOCULTURAL ISSUES IMPACT SEXUAL HEALTH RISK BEHAVIOURS AND HIV TESTING AMONG OLDER AND YOUNGER MEN WHO HAVE SEX WITH MEN: IMPLICATIONS FOR SEXUAL HEALTH PROMOTION

Paper Sessions

Friday 14 September 2018 13:05-13:35

STREAM/ROOM	PRESENTER/TITLE OF PRESENTATION
Health Policy Room W118	<i>Hilton, Shona, Ikegwuonu, T., Weishaar, H., Smith, K.</i> ORGANISATIONAL STAKEHOLDERS WHO ENGAGE IN SCOTTISH E-CIGARETTE POLICY DEBATES: A MIXED-METHODS APPROACH
Environment and Health Room W115	<i>Maguire, Kath, The Health and Environment Public Engagement Group</i> WHAT DO WE REPRESENT AND HOW? CITIZEN INVOLVEMENT IN RESEARCH ABOUT THE ENVIRONMENT AND HUMAN HEALTH
Critical Public Health Room W001	<i>Dumbili, Emeka</i> 'IF THERE IS NO ALCOHOL, THERE IS NO PARTY': ALCOHOL AND SOCIAL IDENTITY CONSTRUCTION IN NIGERIAN STUDENTS' PARTY
Screening and Diagnosis Room W002	<i>Evans-Jordan, Sarah Beth, Skolbekken, J.A.</i> 'THIS IS NOT A GENE BANK OF THE POPULATION, IT'S A SPOT OF BLOOD ON A PIECE OF PAPER': SHIFTING DISCOURSES IN NEWBORN SCREENING POLITICS
Patient–Professional Interaction Room W003	<i>Hendry, Annie, Hiscock J., Neal, R.D.</i> SMOKING, LUNG CANCER AND MANAGING 'SPOILED IDENTITIES'
Complementary and Alternative Medicine Room W004	<i>Gupta, Mitushi</i> AYURVEDIC PRACTICES FOR THE TREATMENT OF INFERTILITY: A STUDY OF TWO PUBLIC AYURVEDIC HOSPITALS OF INDIA
Risk Room W119	<i>Brady, Geraldine, Franklin, A., Sarah Brown, S., Crookes, R.</i> 'IT'S SO MUCH MORE COMPLICATED THAN JUST SITTING AND TICKING A BOX': PROFESSIONAL INSIGHT ON YOUNG PEOPLE'S 'RISK' OF SEXUAL EXPLOITATION, IMPLICATIONS FOR POLICY AND PRACTICE

BSA MedSoc Regional Groups

There are a number of MedSoc Regional Groups around the UK that regularly organise local events. Joining one is a great way to meet colleagues in your area and stay linked in to the MedSoc community throughout the year.



Is there one near you?

East Midlands

Contact: Nicky Hudson NHudson@dmu.ac.uk

London

Contact: Oliver Bonnington oliver.bonnington@lshtm.ac.uk or Lorelei Jones lorelei.jones@lshtm.ac.uk

North West

Contact: Donna Bramwell Donna.Bramwell@postgrad.manchester.ac.uk

North East

Currently vacant; if you are interested in becoming a convenor of the group please contact Claire Simmons Claire.Simmons@britsoc.org.uk

Scottish

Contact: Suzanne Grant smgrant@dundee.ac.uk, Sara MacDonald sara.macdonald@glasgow.ac.uk or Shona Hilton shona.hilton@glasgow.ac.uk

South Coast

Contact: Catherine Will c.will@sussex.ac.uk, or Shadreck Mwale S.Mwale@brighton.ac.uk

South West

Contact: Gayle Letherby gayle.letterby@plymouth.ac.uk or Anthony Gilbert anthony.gilbert@plymouth.ac.uk

Wales

Contact: Julie Latchem LatchemJM@cardiff.ac.uk

West Midlands

Contact: Geraldine Brady g.brady@coventry.ac.uk

Yorkshire

Contact: Barry Gibson b.j.gibson@sheffield.ac.uk

If there isn't one near you, why not start one?

The MedSoc Group Committee is keen to support the establishment of new Regional Groups and the revival of currently inactive ones. Funding is available on an annual basis to support events and networking. (See following page for details.)

BSA MedSoc Special Interest Groups

There are currently four MedSoc Special Interest Groups. Joining one is a great way to meet colleagues with similar research interests throughout the year.

Applied Qualitative Health Research (AQHR)

Contact: Tim Rapley tim.rapley@ncl.ac.uk or Cath Exley catherine.exley@ncl.ac.uk

Sociology of Mental Health

Contact: Rich Moth mothr@hope.ac.uk or Ewen Speed espeed@essex.ac.uk

Deconstructing Donation

Contact: Laura Machin l.machin@lancaster.ac.uk

Environment and Health

Contact: Richard Compton richard.compton@kcl.ac.uk or Nick Fox n.j.fox@shef.ac.uk

If you have an idea for a Special Interest Group, why not start one?

The MedSoc Group Committee is keen to consider proposals for Special Interest Groups. Funding is available on an annual basis to support events and networking.

For further details about running a MedSoc Regional or Special Interest Group, please contact:

- MedSoc committee co-convenors (Fiona Stevenson f.stevenson@ucl.ac.uk or Sasha Scambler sasha.scambler@kcl.ac.uk)
- BSA events team events@britsoc.org.uk

Paper Abstracts

Listed in alphabetical order by first named author

Wednesday 12 September 2018 at 15:40-16:10

Ethics
W009

'Money Helps': Research Participants' Views on Financial Compensation and its Ethical Implications

Abadie, Roberto
(University of Nebraska-Lincoln)

While payment to research subjects is a longstanding practice, it continues to elicit ethical debates. Payment increases recruitment, enhancing scientific validity and contributing to the production of valuable scientific knowledge. Yet, critics argue that financial inducements might unduly coerce research participants, particularly in the case of vulnerable research populations. Yet, despite an over production of ethically inspired frameworks to approach this issue, there is a lack of empirical data regarding participants' views regarding financial compensation. This paper aims to document how People Who Inject Drugs (PWID) perceive and understand research payments within the context of HIV epidemiological studies, and to develop recommendations to inform best research ethics practices. One of the strengths of this study is that participants' responses are rooted in their previous experience in a community health study which offer financial compensation. Research was conducted among a sub set N=40 active PWID > 18 years of age, living in towns within rural Puerto Rico who had been previously enrolled in a much larger study involving N=360 participants. Findings suggest that financial compensation was among the main motivations participants had to initially consider enrolling in the study. Since most participants live in poverty and one in three were currently homeless at the time of the study, financial compensation was not only perceived as an unmitigated good, but also as part of an exchange where participants contributed with their time and disposition to engage in the study, while in turn, researchers reciprocated by financially assisting them.

Wednesday 12 September 2018 at 15:05-15:35

Pharmaceuticals
W118

Assessing Progress: 50 Years of UK Medicines Regulation (1968-2018)

Abraham, John
(King's College London)

As well as the 50th Anniversary of BSA Medical Sociology conference, it is also 50th anniversary of the 1968 Medicines Act – legislation, which first introduced government regulation of medicines safety and efficacy in the UK, together with a government regulatory authority/agency implement it. For many years medical sociology has concerned itself with the politics of medicines/pharmaceuticals. Drawing on years of archival, interview, and other field research, this paper assesses what progress has been made in the regulation of pharmaceuticals in the UK since the 1968 Act. It does this by reference to key relevant criteria derived from political science, public health and science, technology & innovation studies. Specifically, the paper examines the following: (i) how well have scientific and regulatory standards of medicines safety and efficacy been raised and maintained in the interests of public health? (ii) how well have the demands/expectations by patients and patient organizations for rapid access to pharmaceutical innovations to treat serious and life-threatening conditions been managed? (iii) how well have public concerns about regulators' conflicts of interest with the pharmaceutical industry, regulatory capture by the industry, and/or corporate bias towards the industry been addressed? (iv) how well have issues of confidentiality, secrecy, transparency, and public accountability of regulatory decision-making been managed in this advanced democracy? The analysis suggests some painstakingly slow progress along some criteria, but worrying deterioration along others, and provides pertinent sociological explanations for why those trajectories have come to pass.

Thursday 13 September 2018 at 12:00-12:30

Lifecourse
W003

Early Parenthood Support Needs Following Non-Donor-Assisted Conception: An Integrative Literature Review

Allan, Helen, Van den Akker, O., Culley, L., Symon, A., Mounce, G.
(Middlesex University)

Existing research into (and popular accounts of) post- in vitro fertilisation (IVF) parenthood are predicated upon a view of conception which normalises non-donor conception; the non-donor IVF conception route is seen as no different from spontaneous conception in

Paper Abstracts

terms of adjustment to parenthood. As a result, research focuses on donor conception as other and the gendered, biomedical and psychological consequences of non-donor assisted conception are rendered invisible.

We present findings from an integrative literature review into non-donor couples' experiences of parenting after IVF in comparison with donor and spontaneously conceiving couples. Moving beyond a narrow focus on postnatal depressive symptomatology which draws largely on biomedical and psychological perspectives, we explore the psychosocial, the gendered, and the relationship and parenting experiences of couples following successful IVF. Significantly, we conceptualise assisted non-donor conception as a social rather than either an exclusively biomedical or psychological process. This process has significant social, bioethical and psychological implications for individuals, for gendered relations in parenthood, for families (including siblings), and for society. Secondly we address the normativity of current work on ART parents, which has focused on donor parenting and experiences of donor children. Thirdly we examine gendered expectations and experiences, particularly men's/fathers' needs following IVF in non-donor couples which, we argue, remains a neglected area of the literature. Our analysis offers a framing of non-donor IVF parenting which recognises the social and gendered nature of assisted reproduction and parenting as well as the consequences of technologically assisted conception.

Thursday 13 September 2018 at 17:30-18:00

Experiences of Health and Illness
W118

Managing the Unpresentable and Uncomfortable Body: Experiences of Living with a Chronic Skin Condition

Al-Muhandis, Khalid
(Royal Holloway, University of London)

Chronic skin conditions such as eczema and psoriasis together affect more than one in twenty people in the UK, while acne is almost universal in young people and remains common in adulthood. The skin is in many ways a social organ, yet the symbolic value attached to the appearance, function and sensory experience of the skin, and the impact of living with skin that is disordered, have received little sociological attention.

Combining in-depth interviews with 25 adults aged 18 to 65 and the production of participant-generated videos by these respondents, this research seeks to address these issues by exploring lived experiences of a range of chronic skin conditions. Framed around embodiment and illness work, and developing on the concept of aesthetic capital, this study examines the sensory, material and social dimensions of living with such conditions, and the practices employed in attempting to manage them.

The practical, emotional and social burden of treating and managing painful, itchy, scaly or inflamed skin was found to have a profound impact on self-identity. Stigma surrounding disordered skin conferred a sense of shame and marginality across a range of social fields, from work-life to the development of romantic relationships. And given that skin conditions can be erratic in their presentation and their responses to treatment, feelings of powerlessness were common. Through extensive and ongoing illness work, however, respondents developed strategies and practices used to manage their disordered skin, as well its impact on their identity and broader life experience.

Wednesday 12 September 2018 at 13:20-13:50

Lifecourse
W119

Understanding of Menopause: Issues of Power and Agency in Iranian Muslim Menopausal Women's Lived Experiences

Amini, Elham
(Royal Holloway, University of London)

Conducting my fieldwork among Muslim (Shiite) menopausal women in Iran raised the question of the relationship between ageing, sexuality, the body/embodiment and gender in the way that they understand their menopausal time. I will argue that socio-cultural structure of Iranian society, medicalisation and the gender order have a significant effect on the process through which women understand their menopause.

This paper by exploring the gendered experiences of these women and taking a biographical narrative approach; will discuss the ways in which individual biographies are shaped by cultural, social structures; and the different agentic ways in which such women may respond, in turn, to these social structures. It is both a statement on and an exploration of agency as it relates to a group in society that is commonly perceived to have little, or even none.

I addressed menopause as a gendered, embodied and lived phenomenon by which we can view individuals' engagements with cultural meanings concerning the ageing body, and women's understanding of it as a significant life event. Also, I will articulate that medicalisation of menopause has double aspects. This also creates women's perception about their bodies and transforms their bodies as an environment of profound consumer culture.

This paper, by highlighting the importance of subjectivity and agency of the participants, as women living in constrained social milieus which structure their gendered and sexual practices, challenges 'passive' accounts of Iranian Muslim menopausal women's lives.

Wednesday 12 September 2018 at 16:15-16:45

Health Service Delivery
W003

Staying Connected: Symptom Assessment by Mobile Phone

Arber, Anne
(University of Surrey)

Naomi Klepacz, Maguire, R., Connaghan, J.

Interventions using mHealth are increasingly adopted as a routine part of NHS care. There is evidence that patients with advanced cancer using web-based symptom reporting had better health related quality of life outcomes (Basch et al 2016). In this paper, we discuss a feasibility study funded by the British Lung Foundation on the use of daily symptom reporting using a mobile phone device for patients diagnosed with a rare cancer called pleural mesothelioma. Using data collected daily on patient's symptom experiences and patient reported outcome measures at three time points provides a picture of symptom experience and quality of life over time. An in-built risk model triggered alerts to clinicians for symptoms causing clinical concern and allowed cancer specialists to intervene. The simplicity of the mobile phone reporting device meant that those who were recruited to the study found the mobile phone easy to use and acceptable. There was mostly a positive response from the Healthcare professionals (mainly specialist nurses) who monitored the system and alerts. Generally the intervention was easily managed within the parameters of specialist nurse's current role. Few alerts were generated during the time of the study. Feeling connected was beneficial for the patients and the specialist nurses and was experienced as an acceptable way to receive additional supportive care.

Thursday 13 September 2018 at 09:40-10:10

Health Service Delivery
W004

Overdiagnosis and Overtreatment: A Sociological Perspective on a Contemporary Healthcare Systems Issue

Armstrong, Natalie
(University of Leicester)

Overdiagnosis and overtreatment are increasingly recognised as a problem but are yet to receive significant sociological attention, beyond that arguably transferable from the medicalisation literature. Overdiagnosis and overtreatment occur when a diagnosis is 'correct' according to current standards but the diagnosis or associated treatment has a low probability of benefit, and may instead be harmful. The problem is often constructed as one best addressed by educating patients and clinicians and improving the relationships between them, e.g. through shared decision making. It is questionable, though, whether significant traction is possible through these means alone. Even when professionals and patients may wish to do less rather than more, the system within which care is delivered and received can make this challenging. Overdiagnosis and overtreatment are compounded by the way in which many attempts to improve care quality tend to encourage both doing more rather than less. Guidelines intended to reduce variation and improve care have arguably encouraged the neglect of respect for patients' preferences. This paper argues that a sociological perspective on overdiagnosis and overtreatment recasts them as issues that must be understood as a consequence of the organisational, financial and cultural attributes of the system, not just individual interactions. Social theory exploring accountability, governance and regulation can enhance our thinking about how features of the health system may make it challenging for clinicians and patients to do less rather than more, not least because of concerns that doing so might be considered deviant.

Thursday 13 September 2018 at 17:30-18:00

Gender
W009

Turning Points in Trans Health Narratives: Rewriting the 'Script' of the Gendered Body

Arnold, Kate
(University of Nottingham)

The goal of this research was to take a sociological approach to understanding trans people's experiences of the UK healthcare system and, in particular, the 'unfolding trajectory' of their healthcare journey across multiple people, places and technologies (Rapley, 2008). Through eliciting stories, this research explores how the meaning of these encounters is constructed (McNay, 2000). In-depth narrative interviews were conducted with 15 trans participants of various gender identities, aged between 21 and 72.

An open coding strategy led me to focus on particular moments in the narratives where the story fundamentally shifted. To understand these moments, I employ the concept of turning points as an analytic frame, making a distinction between turning points that appeared

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driven by internal processes and those which were a product of things external to the narrator. A thematic analysis of these internally driven turning points produced three themes: i) embodied and emotional ii) cultural and iii) rational. These themes are discussed in terms of Arthur Frank's four dimensions of embodied experience (Frank, 1995) and Sara Ahmed's conception of 'queer feelings' (Ahmed, 2004). This research serves to highlight the way that turning points in these stories of gender identity development are fundamentally situated in socio-cultural and institutional contexts, demonstrating the interaction between grand narratives of gender and trans people's healthcare experiences.

Thursday 13 September 2018 at 09:05-09:35

Inequalities
W009

Experiences of Practice Educators Supporting Disabled Physiotherapy Students: A Critical Exploration

Atkinson, Karen
(University of Hertfordshire)

Disabled physiotherapists have been part of the profession for over 100 years, nevertheless, the greatest influences physiotherapy has in relation to disability are therapeutic alliances with clients; which are often managed through a largely reductionist biomedical approach. This can lead to dissonance when a disabled person is in a professional rather than a client role.

Practice educators aim to enable students to assume often standard physiotherapy 'ways of being'. Previous research suggests that while disabled students often tend to be viewed through a deficit lens, few studies have specifically sought to identify the concerns of practice educators when working with them and to explore the influence that the presence of disability has on the educational process in the clinical setting. This study involved interviews with eight physiotherapy practice educators from London/the South-East.

Through an interpretive, ideographic approach, drawing upon Bourdieu's sociology of practice and critical hermeneutics key themes were identified. Participants rarely explicitly discussed their understandings of disability; yet had specific requirements for students to 'disclose' their impairments. Accounts were related to the professional doxa and habitus of physiotherapy that impacted upon understandings of disability and practice. Consequently, a 'practice gap' was identified in relation to the support of disabled students.

Tensions were identified regarding the competence-based focus of education in contrast to possibilities offered by reconceptualising physiotherapy moving from traditional definitions of disability to a more critical understanding of it. Opportunities are needed in physiotherapy to explore professionalism and psychosocial aspects of health, through critical thinking and professional reflection.

Thursday 13 September 2018 at 16:55-17:25

Lifecourse
W119

Anticipating Infertility and Anxious Reproduction: Exploring the Promissory Potential of Egg Freezing in a Neoliberal Era

Baldwin, Kylie
(De Montfort University)

The proliferation of assisted reproductive technologies (ARTs) in recent decades has seen the emergence of techniques and procedures concerned not simply with ensuring a live birth following insemination, but focused on preventing unwanted outcomes such as the transmission of genetic diseases from parent to child or 'preventing' unwanted childlessness via methods of fertility 'preservation'. This presentation will explore the phenomenon of social egg freezing and will argue that this technology is better conceptualised and understood not as a form of fertility preservation but as a 'fertility extension technology' which shifts the boundaries of reproduction, as well as normative conceptions of infertility, by extending the period of time in which women can realise genetic motherhood. This paper will examine how this technology is part of a growing field of reproductive biomedicine which is targeted at presumably healthy (wealthy) women and seeks to incorporate them in to the 'fertility industrial complex' before they know whether they will 'need' fertility treatment or even prior to deciding whether they want to pursue motherhood. It will explore how, alongside technologies of ovarian reserve testing and fertility monitoring, social egg freezing generates and responds to a social, neoliberal, imperative for individuals to remain reflexive, informed and accountable for their reproductive decisions. Accordingly, this paper will argue how contemporary reproductive citizenship is characterised by highly gendered anxieties borne out of discourses of fertility risk which pathologises the natural process of age-related fertility decline and reframes it as a problem in need of active monitoring and management.

Wednesday 12 September 2018 at 13:20-13:50

Health Policy
W004

'It's Marrying Politics with Evidence': Knowledge Exchange Organisations and Evidence-Based Health Policy

Bandola-Gill, Justyna
(University of Edinburgh)

The recent decades have brought about a series of changes in the relationship between science and policy and politics in the UK. On the one hand, the policymakers are expected to increase the use of research in order to produce 'evidence-based policy'. On the other hand, as a result of so-called impact agenda, the academics are expected to present ways in which their research has had an 'impact' on policies. Based on over 50 interviews with the UK academics and policymakers working in the area of health policy, this paper will explore how the expectation of increased engagement between science and policy has influenced the production and implementation of health policies.

In particular, this paper will focus on three themes. Firstly, I will explore the contradictory institutionalised understandings of science that are guiding the practices of health researchers engaged in health policy. Secondly, I will discuss the different approaches to knowledge exchange, including evidence advocacy, learning facilitation, co-production of knowledge and challenging the existing frameworks. Thirdly, I will explore the different types of impacts health researcher have on policy, going beyond instrumental and conceptual uses of evidence.

The overall argument put forward in this paper is one of the symbiotic relationship between politics and technocracy as two contradictory but co-dependent logics of health governance.

Thursday 13 September 2018 at 16:20-16:50

Methods
W002

Capitalising on Lay Theorising

Barbour, Rose
(The Open University)

While medical sociology has, over the past 50 years, attained greatly enhanced respectability, this has led to a situation where much funded research is necessarily policy- or practice-driven. This focus, coupled with tight timescales, has resulted in a preponderance of 'drive-by' one-off interviews or focus groups, with theory being overwhelmingly invoked-by myself as well as others -in order to describe or illustrate our findings, rather than being freshly formulated or interrogated. It is argued that our participants engage in lay theorising (often of a sophisticated and nuanced nature) occurs throughout the process of generating data, but that this is frequently skipped over in pursuit of more readily 'package-able' conclusions. Following on from the work of Touraine, but considering its relevance for other cultural/temporal context, this paper explores the potential for harnessing such everyday theorising through repeated and targeted contact with our participants. Ephemeral, but ultimately sociologically rich constructs, such as those underpinning jokes, shared reference points, popular imagery and even Internet memes, can hold the key to problematising and refining key sociological concepts, but only if we are alert to these and if we are prepared to be innovative in how we capitalise on these as possible 'stimulus' material. Some examples and, indeed, missed opportunities from my own research (into sub-fertility and obesity) are presented.

Thursday 13 September 2018 at 10:15-10:45

Critical Public Health
W119

What Is a Mental Health Crisis?

Bendelow, Gillian
(University of Brighton)

The proposed paper presentation will draw upon an iconic paper published in the first volume of the journal *Sociology of Health and Illness* in 1979 entitled 'Normal Rubbish' by Roger Jeffry which examined the perceptions of emergency department health professionals towards people who attended who were not deemed to be medically in need. Some forty years later, the themes of parity of esteem across physical and mental illness and the resulting stigma and marginalisation of those seeking help and support in emergency situations are revisited through in depth interview accounts of the extremely distressed and suicidal collected through a research study of emergency mental healthcare in Sussex funded by the British Academy and NIHR.

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Wednesday 12 September 2018 at 12:45-13:15

Experiences of Health and Illness

W115

Living with Bariatric Bodies Eight Years after Surgery

Berg, Anita

(Nord University)

Bariatric surgery, which involves modifying healthy organs to enhance the ability to lose weight, is considered as a last resort in the treatment of morbidly obesity as a lifestyle disease. The treatment is the most effective treatment on sustained weight loss and reduction of weight related comorbidities. Despite being a relatively successful treatment in objective parameters, not much is known about the long-term experiences of living with bariatric bodies.

Based on individual interviews with seven previous Norwegian patients eight years after undergoing bariatric surgery, this study explores the long-term everyday life experiences of living with bariatric bodies. Based on open-ended interviews data were analyzed inductively and thematically to sort out patterns in the experiences of patients living with bariatric bodies many years after surgery.

Living with bariatric bodies surgery was described as living with a lighter, but also weakened and unstable body. Since the surgery is elective and irreversible, patients felt responsibility and shame for their choice of treatment. Unknown and undesired long-term consequences of bariatric surgery were as well prominent. Those experiencing complications blame themselves whereas those with few health related problems describe themselves as being lucky. The fact that the treatment is financed by the public Healthcare, and that they experienced several good years before onset of complications coupled with the shame attached to obesity and bariatric surgery makes it hard for these patients to speak out about their health problems living with bariatric bodies.

Wednesday 12 September 2018 at 13:20-13:50

Health Policy

W001

The Politics and Policy of Lyme Disease Testing: Patient Perspectives

Bloor, Kate, Faulkner, A., Hale, V.

(Free University Brighton (community project))

This presentation explores socio-political issues regarding Lyme disease-as one example of growing risks from tick-borne infections and heightened public concern. We address why patients' groups, have come to regard official statutory approaches to Lyme disease testing as inadequate, and their understandings of testing technologies and their related evidence.

Whilst the complex controversy developed around Lyme disease from the early 80s onwards in America, the UK more recently came into international attention. Public Health England has guidelines, whilst the Department of Health has recently commissioned a set of reviews. NICE is to produce new guidelines soon-already hotly rejected by patient groups. In France and America legal class action is being taken, whilst an ad hoc group have petitioned the WHO (to change ICD codes) and raise human rights issues.

This paper will discuss issues related to patient groups' understandings of problems related to testing, illustrating these controversies, set against statutory policy. We will also examine, using interview survey data from patients, how this has impacted on the patient experience

We will draw on sociological theories which have been looked at health social movements, health politics, medical uncertainty, and evidence-based activism. We shall explore conceptually the complex power relations involved in this area where socio-technical innovation meets medical uncertainty-which provide very substantial barriers to change. The research team includes one person with lived experience of Lyme disease and activism.

Wednesday 12 September 2018 at 13:20-13:50

Mental Health

W009

Doing Anti-Stigma: Enacting and Sustaining National Practices of Mental Health Champions

Bonnington, Oliver

(London School of Hygiene and Tropical Medicine)

National mental health and illness-related anti-stigma campaigns aim to reduce stigma and discrimination. Whilst aspects of these campaigns are evaluated by academics and private research agencies, no ethnographic study has sought to understand the processes by which anti-stigma gets made, enacted and sustained in and through such campaigns, providing a more fine-grained picture of how anti-stigma realities get done.

Drawing upon a year's ethnography with one national anti-stigma campaign, involving observations of meetings, social marketing activities, social contact events, training and workshops, conference presentations and media performances, as well as interviews with key stakeholders and analyses of campaign materials, I will explore the developing practices of national anti-stigma work. I

outline how the campaign's anti-stigma practices are made and sustained, noting distances between claims and actualities. I sketch the campaign's alignments to and management of affordances which choreograph unfolding relations of equivalence between it and multiple actors, including funders, governments, scientists, private companies, scientific epistemologies and methods, charities, laws, supranational bodies, people with mental health problems, influencers, employers, schools, technologies, local authorities and mental health services. Through such relations, I argue, multiple (in)cohering 'championing' surfaces of anti-stigma products and practices emerge with varying effects. Concentrating on how depression-related stigma issues are conceived/combated in the campaign, I highlight hitherto unrecognised gains of such practices for stigma mitigation and, at the same time, elucidate salient limitations, impediments and exclusions. I finish by problematising the meaning and value of sustainable anti-stigma practices and speculate on future anti-stigma re-orientations.

Thursday 13 September 2018 at 15:45-16:15

Health Service Delivery
W004

Post-Placental Intrauterine Contraception (PPIUC): Normalisation Process Theory as a Lens for Exploring the Implementation of a New Contraceptive Service

Boydell, Nicola, Harden, J., Cooper, M., Johnstone, A., McCabe, K., McCracken, L., Cameron, S.
(University of Edinburgh)

Increasing women's access to effective contraception after childbirth can reduce the possibility of subsequent unintended pregnancy. There is good evidence globally that Post Placental Intrauterine Contraception (PPIUC), the insertion of a 'coil', within 48 hours of childbirth is both safe and feasible. However, currently PPIUC is not routinely offered in the UK. A PPIUC service has recently been introduced within a maternity service in central Scotland. Here we present preliminary findings from an evaluation of the service exploring Healthcare Professionals' (HCPs) perspectives on the implementation of PPIUC. Applying the theoretical lens of Normalisation Process Theory (NPT) to data drawn from individual and group discussions with 25 HCPs involved in PPIUC service provision, we examine the practices and processes involved in implementing, embedding, and 'normalising' PPIUC as a contraceptive service. Preliminary analysis suggests that the sense-making work undertaken by HCPs around the new service is shaped by understandings of inter-professional work practices and boundaries, and that HCPs ability to engage others in implementation of PPIUC is constrained by the extent to which other staff 'buy in' to the rationale for the service. HCPs emphasised practical considerations around resources, time and space, describing how they anticipated these affected the work needed to make PPIUC work in practice. We highlight ways in which the insights gained through the evaluation can be used to support implementation in other UK contexts, and discuss the utility of NPT in understanding the complex processes and practices involved in the delivery of contraceptive interventions.

Thursday 13 September 2018 at 08:30-09:00

Health Service Delivery
W004

Investigating Professional Behaviour Change in Teams under Pressure: Results from Phase One of a Prospective Process Evaluation of a New Procedure for Screening and Treatment of Malnutrition in Community Care for Older People (INSCCOPe).

Bracher, Mike, Wallis, K., Steward, K., May C., Murphy, J.
(University of Portsmouth)

Background-Sociological research has contributed to empirical understanding of contexts and processes relating to implementation of developments in healthcare. It has also identified generic processes that attend these patterns of collective, goal-oriented action, providing bases for theoretical developments. However, comparatively few studies have examined implementation in community settings. This is a significant gap in terms of an ageing population to whom services will increasingly be provided in the community, as well as sociological understanding of how attendant contexts and contingencies may differ from those found in hospital settings. We present findings from the INSCCOPe (Implementing Nutrition Screening in Community Care for Older People) process evaluation study (phase one).

Methods-Implementation was assessed through observation of staff at two points: prior to implementation of training (T0), and 2 months following training (T1). Each observation point consisted of a survey and follow-up semi-structured telephone interview. Quantitative data were analysed using Wilcoxon rank-sum (sub-group comparison) and Wilcoxon signed-rank (within-group observation point comparison) tests. Audio and transcription data were analysed using Normalization Process Theory (NPT) as a framework for deductive thematic analysis.

Results and discussion: Data indicate that while staff supported the activity, implementation faced logistical and organisational constraints. A new model of implementation is proposed, and implications for sociological understanding of community care contexts discussed with respect to the distributed nature of community team working. Implications for sociology of diagnosis are also discussed in the context of barriers to effective implementation of diagnostic service development in community settings.

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Friday 14 September 2018 at 13:05-13:35

Risk
W119

'It's So Much More Complicated Than Just Sitting and Ticking a Box': Professional Insight on Young People's 'Risk' of Sexual Exploitation, Implications for Policy and Practice

Brady, Geraldine, Franklin, A., Brown, S., Crookes, R.
(Coventry University)

Recent research which has explored the use of screening and assessment tools in the identification of Child Sexual Exploitation in the UK has drawn attention to the limitation of the research evidence base on which the development of such instruments has been based. This is perhaps not surprising given that such tools have arisen directly from practice, often in response to large scale high profile incidents of child sexual exploitation within various localities. Drawing on data from professionals working in practice, within a range of agencies and at various levels of front line and management positions, this paper will explore the ways in which professionals conceptualised 'risk' of sexual exploitation amongst children and young people, drawing on a deficit model of young people and a 'risk' discourse which individualised their behaviour and, at times, conflated 'risk' with actual harm.

Attention is drawn to the importance of taking into account the complexity and dynamic nature of young people's lives, locating lives within a structural context. The paper is particularly focused on the fruitfulness of exploring alternatives to a 'risk' framing lens in the approaches taken to working with young people and their families. It concludes with discussion of how challenging powerful discourses and embedded assumptions can support the development of professional practice and policy.

Wednesday 12 September 2018 at 15:05-15:35

Mental Health
W009

What Does Applying Martha Nussbaum's Domains Model of the Capabilities Approach Tell Us about the Social Justice Experiences of People With Mental Distress? Methodological and Substantive Findings from a Scottish Study

Brunner, Richard
(University of Glasgow)

Across the advantaged world, people with mental distress tend to experience poor social outcomes, and people that enter the psychiatric system are subject to laws designed to constrain freedom. These dual injustices are of core interest to the capabilities approach, a framework devised by Amartya Sen and Martha Nussbaum seeking to evaluate quality of life, incorporating human agency, and outcomes as they are actually experienced. However, people with mental distress are underrepresented in the capabilities approach literature. This paper describes methodological and substantive findings from a qualitative study in Scotland exploring what people with recent experience of psychiatric hospital were subsequently able to be and do in life. Developing the work of Nussbaum amongst others, the study used a 'capabilities domains framework' to evaluate the attainment of thresholds that indicate a minimal account of social justice across a variety of life domains, such as health, physical security, and participation. The study found that all participants had subjectively experienced thresholds being breached, sometimes across multiple domains, an indication of the social injustices experienced by the sample. Applying the framework demonstrated how people with mental distress experience corrosive disadvantages impacting on the achievement of thresholds, so providing an original interpretation of how people with mental distress tend to experience social injustice. Applying the framework also drew out suggestions from participants for practical changes in areas of life which would enhance the potential for achievement of domain thresholds-and thus of minimal social justice-by people with mental distress.

Thursday 13 September 2018 at 15:45-16:15

Professions
W001

Medical Regulatory Reform from a 'Rank and File' Perspective: UK Doctors' Experiences of Revalidation

Bryce, Marie, Archer, J.
(CAMERA, University of Plymouth)

Medical regulatory reform internationally has increasingly focused on the implementation of continued competence processes. The UK introduced revalidation in 2012, requiring practising doctors to collect information about their practice, reflect upon it, and attend annual appraisal meetings. Analyses to date have framed revalidation variously as an extension of state surveillance over the profession (Chamberlain 2014), as potentially shifting from embodied trust in professionals to enforceable trust (Spendlove 2018), and as having risked the McDonaldisation of appraisal (Archer 2017). This paper explores the implementation of revalidation from the perspective of those subject to it, and particularly considers those working outside professional 'elites', on whom less analytic attention has focused.

Drawing on template thematic analysis of semi-structured interviews with 75 doctors, conducted between November 2015 and September 2016 as part of a wider evaluation of revalidation, we analyse doctors' experiences of participation in revalidation. We found doctors reported mixed views, with many characterising their involvement in terms of additional burdens of workload and time, as a tick-box exercise (McGivern & Ferlie 2007), and as having reduced professional autonomy. However, other participants, particularly those in atypical or peripheral roles, such as locums and associate specialists, felt that the advent of revalidation had increased opportunities for them to engage in appraisal and professional development, and had resulted in a greater sense of inclusion in professional activities. Our analysis challenges oversimplified notions of singular, shared professional perspectives on regulatory change and highlights professional heterogeneity, and diverse responses to regulation shaped by context.

Wednesday 12 September 2018 at 12:45-13:15

Mental Health
W009

Navigating Dominant Discourses in a Women's Mental Health Group

Buckland, Rosie
(University of Bath)

STEPPS (Systems Training for Emotional Predictability and Problem Solving) is a manualised group programme aimed at supporting people who experience difficulties with emotional regulation and who may meet the diagnostic criteria for Borderline Personality Disorder (BPD) or the term now more commonly used, Emotionally Unstable Personality Disorder (EUPD). It has been adapted for use in primary care and young people's services, but its provision is relatively new in the UK. I was one of the facilitators of a twenty week closed group based on the STEPPS programme, for seven women, all of whom were on a Community Recovery Team caseload within secondary mental health services. We made significant practice changes to the existing STEPPS model however, arising partly from practical constraints and our experiences with the group week by week, but mostly resulting from our ideological difficulties around BPD/EUPD as a diagnosis and thus its 'treatment'. The diagnosis long been denounced by feminist critics for its elision of women's experiences of violence and abuse and I argue that its use causes further harm by perpetuating simplistic dominant narratives about women, men and risk. This paper outlines these narratives in relation to BPD/EUPD and draws on the experience of facilitating the group to suggest ways of challenging these. In doing so I argue for the importance of the links between theory and practice, where sociological theory may counter the weight of harmful medical discourse.

Wednesday 12 September 2018 at 15:05-15:35

Health Policy
W004

A Critical Discourse Analysis of the Soft Drinks Industry Levy Policy Debate in UK Newspapers: The Power and Influence of Stakeholder Argumentation

Buckton, Christina, Patterson, C., Katikireddi, S.V.F., Lloyd-Williams, F., Hyseni, L., Elliott-Green, A., Capewell, S., Hilton, S.
(University of Glasgow)

There is growing evidence that so-called unhealthy commodity industries (UCIs) such as alcohol and tobacco use common tactics to maximise profits and resist upstream regulation. That includes using the news media to influence the public and policy-makers. We used critical discourse analysis (CDA) to examine if and how stakeholders in the soft drinks industry levy (SDIL) policy debate used UCI tactics during a time of intense policy deliberation.

We searched eleven national newspapers from April 2015 to November 2016 for articles reporting on the SDIL debate. Stakeholder citations were identified and imported into NVivo for qualitative coding according to a thematic typology developed and tested in a previous analysis of alcohol and tobacco industry tactics. We used CDA to uncover the argumentation employed by stakeholders in the debate.

We included 491 newspaper articles citing 1,761 arguments by 287 stakeholders; 65% were for and 35% against the SDIL. We identified three scenarios of argumentation: 1) The soft drinks industry as a public health stakeholder; 2) the SDIL as a small but important step in tackling obesity; and 3) the SDIL as a 'win-win' scenario. Our findings support the concept of a common 'playbook' of arguments used by policy opponents. Conversely, SDIL proponents demonstrated inconsistency in argumentation.

Public health policy advocates may benefit from increasing awareness of the typical direct lobbying and denialism tactics used by producers and marketers of unhealthy commodities. Advocates need to present clear and consistent objectives, and support their arguments with quality evidence.

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Thursday 13 September 2018 at 16:20-16:50

Gender

W009

Disclosure of Gender in Transgender Adults' Romantic and Sexual Relationships: The Impact on Emotional Safety

Burrows, George, Mitchell, K., McDaid, L., Young, I.

(MRC/CSO Social and Public Health Sciences Unit, University of Glasgow)

Background-Transgender people must weigh up whether, how and when to disclose their gender status in order to optimise their safety. This includes judging how recipients of the information might respond, and potential implications for feeling safe within relationships.

This study explored transgender adults' experiences of disclosing their transgender status to partners, framing the analysis in discussion of emotional safety within relationships.

Methods-Six qualitative interviews were conducted in Scotland. Experiences of disclosure were discussed to understand perspectives on 'emotional safety' in romantic and sexual relationships. A Constructivist Grounded Theory approach was used (Charmaz, 2006). Initial coding and data familiarisation commenced during fieldwork, facilitating theoretical sampling in later interviews. Memos and discussion helped to articulate the categories, before re-examining and incorporating them into the grounded theory.

Results-All participants discussed their decisions and approaches to disclosing their transgender identity, body or history to partners or potential partners. Timing and approaches to disclosure varied between one-off, newer and established relationships. Disclosures were verbal or non-verbal, and occurred in person or online. Participants hoped to feel safer in their relationships by disclosing, but disclosure also jeopardised their safety.

Conclusion-Transgender adults face some distinct challenges to emotional safety. Disclosing gender to a partner is a calculated risk. Participants' varied timing and manner of disclosing transgender status formed one set of strategies for attaining emotionally safe relationships. Some strategies were common across relationship types. Others were specific to individuals or relationship type. For all participants, disclosure was pivotal to feeling safe with partners.

Thursday 13 September 2018 at 15:45-16:15

Gender

W009

A Healthy, Chubby Japanese Man

Castro-Vazquez, Genaro

(Kansai Gaidai University)

In light of official reports indicating a still prevalent tendency to masculinised obesity and overweight in Japan (Ministry of Health Labour and Welfare, 2015), this paper explores the experiences of 28 Japanese men grappling with bodyweight control. Aged between 24 and 67, three of the men were postgraduate or undergraduate students, seven self-employed, 17 company workers and one retired. Fourteen hold a university degree, one completed senior high school and ten finished three-year junior college. Twelve were married and 16 were single. Ten of the participants have been requested to lose weight because of being at risk of developing metabolic diseases, the rest have been called 'chubby' (debu) and all of them have unsuccessfully tried to lose weight. A set of two, in-depth semi-structured interviews was conducted with each participant in Tokyo and Osaka and grounded in symbolic interactionism, the interview analysis allows for a reading of the participants' embodied subjectivity in line with three axes: autodidact self, gendered self and emotional self. In conclusion, the paper highlights how the feminisation of care has an effect on the participant's daily interactions, as well as the salience of 'emotional attachment' to food (Lupton, 1998, p. 158), the 'emotionalisation' of food consumption and the emotinalisation of the 'fat body' in understanding their experiences dealing with corpulence in a country where slimness appears to be 'ethnicised'.

Wednesday 12 September 2018 at 12:45-13:15

Lifecourse

W119

The Silver Lining of Greying: Ageing Discourses and Positioning of Ageing Persons in the Field of Social Health Insurance

Ceuterick, Melissa, Van den Bogaert, S., Piet Bracke, P.

(Ghent University)

Contemporary ageing discourses and policies perceive being active as the key to a good later life and thereby focus on individual responsibility and self-care. Drawing on website articles and press releases of Belgian sickness fund agencies (SFAs), this study analyses the ageing discourses and positioning of ageing persons produced by these organisations. A discourse analysis was performed using positioning theory to analyse how sickness fund agencies discursively construct the ageing process and position

ageing persons, and to investigate how these positioning acts are related to sickness fund agencies' roles as social insurer, social movement, social entrepreneur, and private insurer.

Our results reveal three storylines on ageing; ageing as a medical problem, ageing as a new stage in life, and ageing as a natural life process. These storylines differ in how they construct ageing and position ageing persons. Furthermore, depending on their role, SFAs take on different positions drawing on these different storylines. We also show how these storylines reproduce the moral framework on how to age well and thereby disempower ageing persons. Our results underline the importance of multidimensional perspectives on ageing.

Thursday 13 September 2018 at 11:25-11:55

Methods
W002

Understanding Self-harm: An Arts-Informed Inquiry

Chandler, Amy, Simopoulou, Z.
(University of Edinburgh)

Self-harm is a complex practice which can have multiple, competing and contradictory meanings. Qualitative research which seeks to explore this complexity has expanded significantly in recent years. However, questions can be raised as to the extent to which qualitative research prioritising verbal communication – e.g. in-depth interviewing – is able to adequately examine a practice which is embodied, and often characterised as reflecting distress which cannot otherwise be articulated. In this paper we explicitly draw out some of the contradictions and tensions which emerge in attempts to understand self-harm. Our discussion draws on findings from a recently completed collaborative, arts-informed pilot project with people who had self-harmed, and practitioners who work with those who self-harm. The project used group discussion and participatory creative responding using a range of artistic approaches (painting, creative writing, collaging) in order to explore meanings of self-harm. In this paper we examine the extent to which these methods were able to preserve some of the 'live(d)ness' of social interaction and meaning-making in practice, and the relevance of these approaches to studying the complexity of other embodied, contested health-related practices.

Thursday 13 September 2018 at 12:00-12:30

Methods
W002

Are Sociological Criticisms of Biosocial Research Valid?

Chandola, Tarani
(University of Manchester)

With the advent of novel biomarkers measuring different aspects of human biology, there has been an explosion of biosocial studies on associations between new biomarkers and social phenotypes. Alongside, there has been increasing criticism of the methods and theoretical implications of these biosocial studies from sociologists, anthropologists and other social sciences. Much of the critical focus has been on the nature vs nurture debates in relation to phenotypes like intelligence. However, these criticisms have also focussed on other conceptual and methodological issues related to determinism, reductionism and the normative assumptions underlying biosocial research and researchers. However, some of these criticisms may not be valid, partly because of the selected sample of biosocial studies reviewed.

This study examines a range of biosocial studies in the light of these criticisms largely arising from the sociological literature. Case studies of biosocial studies where these criticisms may be valid or invalid will be presented. A critical evaluation of some biosocial studies from a sociological perspective will be examined alongside an evaluation of the assumptions underlying some of the sociological critiques of biosocial research. The study will end with some potential recommendations on how we could produce better biosocial research with greater input from the social sciences and how biosocial research and researchers can cross disciplinary boundaries.

Wednesday 12 September 2018 at 13:55-14:25

Health Policy
W004

Building a Culture of Openness across the Healthcare System: Using the Concept of Semi-Autonomous Social Fields to Understand the Potential Impact of the Statutory Duty of Candour to Drive Organisational Change

Chew, Sarah, Martin, G.
(University of Leicester)

High-profile failings in healthcare organisations have led to a suite of initiatives intended to drive organisational change and ensure healthcare organisations normalise an ethos of openness, candour and learning, including the implementation of a statutory duty of candour. In summary, this requires healthcare organisations to ensure that:

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Patients are rapidly informed and apologised to when harms have occurred
Incidents are investigated and reported on in a transparent open way that involves the patient if they so wish
A meaningful letter of apology is sent to the patient

Based on interviews with strategic-level policy-makers and executive-level staff, we report early findings concerning the duty of candour.

We found the duty has placed openness on board-level agendas and clarified that apologising is not an admission of liability. Our findings also suggest, however, that the duty of candour is most effective in promulgating an ethos of openness where there is already acknowledgement that a formulaic, box-ticking approach to compliance is insufficient. Moreover, when multi-agency care is involved, complex negotiations can ensue. In some circumstances, the imperative for candour may conflict with the wishes of patients. Further, when death or serious harm has occurred, sometimes the legal next of kin should not, because of grief and stress, be assumed to have the capacity to make informed decisions.

We discuss our findings with recourse to the sociology of law and, by applying the concept of semi-autonomous social fields, seek to explicate the varied impact of legislation as a tool of social change within the NHS.

Friday 14 September 2018 at 10:10-10:40

Risk
W119

Getting the Message Across

Chowdhry, Sushila
(University of Edinburgh)

In this presentation I discuss findings from my PhD study investigating larger women's experience of pregnancy in the context of maternal healthcare in Scotland. The current Western medical approach to larger women's pregnancies involves labelling the pregnancy as 'high-risk'. Obstetricians play a significant role in the medical governance of high-risk pregnancies, and therefore, it is crucial to understand how they configure this framing of pregnancy within and through their clinical practice.

The research findings presented here are based on in-depth interviews with five obstetricians about their management of 'maternal obesity'. Analysis involved a structural narrative approach, examining the stories obstetricians told about this aspect of their work. The findings suggest that, as obstetricians tend to frame larger women's bodies as 'failing', 'risky', and a somewhat 'unwieldy' barrier to the fetus, larger women are viewed as placing the obstetrician, him or herself, as at risk; as it is the obstetrician who must manage the risks associated with these pregnancies.

The findings also suggest that obstetricians view 'maternal obesity' as 'socially contagious': blaming women's lack of knowledge about weight-management, and the increasing prevalence of larger bodies, as contributing to the 'maternal obesity epidemic'. Moreover, the obstetric practice of 'providing information' about risk may be viewed as 'disciplinary' in that it may be aimed at disseminating information to the wider population via larger pregnant women themselves. These findings provide a context for further discussion with which to examine the Othering of larger women in the context of maternal obesity healthcare policy and practice.

Wednesday 12 September 2018 at 16:15-16:45

Health Policy
W004

The Role of Health in Policy Responses to Homelessness in Sydney, Australia

Clifford, Brendan, Harris, P.
(University of Sydney)

Homelessness has been a concern of Public Health since its foundation as a discipline. In recent years, however, there has been a shift in framing from one where housing conditions are presented as a pre-requisite to good health, to one where homelessness is presented as a burden to health and social services. As a key social determinant of health, understanding how housing and homelessness interact with health in the policy-making sphere may hold useful lessons in understanding in what ways health is used (and not used) more broadly for intersectoral action on health equity.

This presentation will present findings thus far from a study of the role of health in policy responses to homelessness in Sydney from 1995 to 2015, drawing a review of policy documents on homelessness and interviews with key policy informants. This time period includes the Summer Olympic Games of 2000 as well as a later punctuation in homelessness policy characterised by the influx of American homelessness program models such as Common Ground and Housing First. In this analysis, efforts to address homelessness are found to be largely framed in terms of helping health and other social services reduce utilisation by people experiencing homelessness rather than improving quality of life or health outcomes for this population. This is shown to be related to an underpinning logic of homelessness as an issue of urban amenity for other citizens, rather than as issue of social justice.

Thursday 13 September 2018 at 11:25-11:55

Lifecourse
W003

Understanding Frailty: Patient, Carer, and Professional Experiences of Frailty

Cluley, Victoria, Radnor, Z.
(University of Leicester)

Frailty is a condition and experience that is increasingly reported in the UK. In England 1.8 million people over 60 and 0.8 million people over 80 are living with frailty, additionally, 65% of people over 90 are clinically determined to be frail (ELSA 2016). In healthcare settings frailty is generally defined and measured clinically. Indeed, there are a variety of clinical indexes, assessments and scoring systems that health professionals can use to determine frailty in a patient. Such systems focus on clinical and/or biological factors alone. Frailty, however, is a complex experience that is comprised of and influenced by a range of factors, including: environmental, cultural, social and economic determinants. Owing to these considerations, we are interested in how those who determine frailty and also those who are determined to be frail, understand and make sense of frailty as a term and a life experience. In May 2018 we will begin a two month qualitative study, using situated interviews and observations of key stakeholders providing and accessing emergency care at Leicester Royal Infirmary. The aim of the study is to better understand how these stakeholders make sense of frailty in order to improve the care offered to frail patients. The interview talk will be analysed using Potter and Wetherell's (1987) approach to discourse analysis, specifically interpretive repertoires. Based on this analysis, our presentation will focus on frail patients' and Healthcare providers' experiences of frailty and how they talk about this.

Friday 14 September 2018 at 10:10-10:40

Pecha Kucha
W004

Mothers' Perceptions of Media Representations of 'Parental Determinism' and the Impact of These on Their Well-being: Comparing Face-to-Face Interview and Online Forum Data

Collins, Hillary, Hilton, S., Wight, D.
(MRC/CSO Social and Public Health Sciences Unit, University of Glasgow)

Furedi's notions of "parental determinism" (attributing most child outcomes to parenting practices) and "paranoid parenting" (parental confidence undermined by political problematising of parenting) challenge UK government parenting interventions and contemporary social framings of parenting. Literature around these notions suggests that the political and social focus on parenting may be stressful for mothers, though it does not provide evidence to support this. Seale has argued that people use cultural scripts to construct their identities and that media representations form the largest available repository of these scripts, while Rizzo et al, in a study in the USA, found endorsement of certain parenting ideologies to be associated with poorer maternal wellbeing. This project is investigating how mothers' perceptions of media representations of parenting affects their parenting identities, practices and overall wellbeing. This paper will present an initial analysis of data from interviews with c.20 mothers and content from an online parenting forum, used cumulatively and comparatively, to examine how mothers perceive media representations of "parental determinism" and how this affects the

Wednesday 12 September 2018 at 15:40-16:10

Pharmaceuticals
W118

Resentful, Resigned and Respectful: Opioid Analgesics, Pain and Control

Cooper, Richard, Radford, H.
(School of Health and Related Research, University of Sheffield)

Opioid analgesic prescribing has increased significantly in many countries with associated concerns about dependence and addiction. This study sought to gain insights from non-cancer patients taking opioid analgesics to explore views of opioid analgesic consumption, pain and medical and healthcare engagement.

Twenty-two patients were purposively sampled using theoretical saturation from ten GP practices across England and participated in semi-structured qualitative interviews in 2017. Braun and Clarke's six stage thematic analysis was used to code transcripts and generate emerging latent and semantic themes.

Patients resented taking opioid medicines due to tolerance and addiction concerns but were stoic and resigned to experiencing chronic pain. Control emerged in two key ways: patients' acceptance of medical control over treatment decisions, and patient's attempted control over medicine consumption. This involved attempts to control pain but avoid tolerance and addiction although for many this was viewed as being inevitable with some 'tapering' or 'cold turkey' reported. Non-medical treatments were often viewed negatively. Relatively sophisticated opioid lay knowledge of strengths and doses emerged, and addiction awareness arose from various sources including the media and particularly tramadol and celebrity addiction. Patients were respectful of doctors with frequent 'othering' and use of the pronominal 'they.' Some negativity towards doctors arose in terms of addiction warnings and reviews not

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occurring, iatrogenesis, and difficulty obtaining appointments. Family and friends did not appear significantly in narratives and little evidence of medical shared decision-making suggested that ultimately, opioid analgesic patients relinquish and maintain control over opioids and pain in differing, but relatively isolated, ways.

Wednesday 12 September 2018 at 15:40-16:10

Lifecourse

W119

Gifting, Sharing, Donating, Helping: Tracing Discourses of Altruism and Medical Need in Fertility Clinics' Recruitment of Egg Providers

*Coveney, Catherine, Hudson, N., LaFuente, S., Provoost V., Herbrand, C., Pavone, V., Culley, L., Pennings, G.
(De Montfort University)*

Fertility treatment using donor eggs is a growing phenomenon, with over 40,000 cycles performed across Europe per year. European regulations stipulate that in advertising for women to come forward as egg providers, promotional materials must uphold the principles of voluntary and unpaid donation (VUD). This is interpreted differently between countries with some permitting a range of advertising methods and others limiting or prohibiting any form of advertising relating to human bodily material.

This paper examines how egg donation is framed in fertility clinic marketing and recruitment discourse as a particular form of bodily donation associated with the treatment of infertility. It draws on a sample of 58 fertility clinic websites across the UK, Belgium and Spain and analysed using a combination of content analysis and frame analysis.

We examine the ways in which clinic marketing materials present a particular version of what egg donation involves and an image of the type of woman who acts as an egg donor. We suggest that clinic websites are important cultural spaces that manage the tensions of the market and the logics of altruism within the European context. We illustrate how the promissory potential of donor eggs and associated 'cure narratives' are drawn from a distinctly biomedicalised and individualised imaginary which renders egg provision as a noble and socially essential action. In this way egg donation can be framed as a culturally valued practice that should be separated from the logics of the market.

Thursday 13 September 2018 at 16:20-16:50

Experiences of Health and Illness

W118

Overcoming Toxic Mythologies: The Role of Individualised Counter Myths in Women's Resistance to Fat Stigma

*Cronin, James, Spiteri-Cornish, L., Susan Dunnett, S.
(Lancaster University)*

Today, the phenomenon of 'callout culture' has encouraged a zealous and participatory ethos of challenging stigma and celebrating identities perceived to be undesirable or outside of the mainstream. Despite the prevalence of emancipation-oriented social movements and acceptance-fetishising activism, fat stigma remains pervasive in Western society. In this paper, we theorise how fat stigma is perpetuated by two neoliberal rationalities: medicalisation and cultural caricature. The interaction between these forces catalyses what we consider to be a toxic mythology of fatness, centred on crises of personal responsibility, moral failure and individual corruption. This, we argue, ensures that overcoming and challenging fat stigma is largely operationalised through personal and apolitical coping rather than more collectivised identity politics or ideological, socio-political forms of protest.

The study draws upon 28 depth interviews with women who wear UK size 18 and over clothing (the average size of UK women is 14-16), and who self-identify as fat. Our analysis focusses on the practices and processes through which they cope with and 'demythologise' fat stigma in conditions outside of communal protest or social movements. The purpose of our paper is, therefore, to theorise how subjects of stigma, living under neoliberal conditions of personal responsibility, must insulate their identities from undesired, imposed meanings through the appropriation of individualised counter-myths. In doing so, we suggest that politico-collective action may be less effective at combatting stigmas experienced in daily life when compared with personal demythologisation practices assembled from subject's biographical and social backgrounds.

Thursday 13 September 2018 at 16:20-16:50

Professions

W001

Disrupted Professional Identities: Staff Responses To New Ways of Working in Rehabilitation Services

*Cunningham, Yvonne, Thomas, L., O'Donnell, K., Mair, F., Nicholl, B., Jani, B., McQueenie, R., Murray, V.
(University of Glasgow)*

An ageing population with increasing multiple morbidities, particularly in areas of socioeconomic deprivation, is resulting in greater patient frailty and complexity.

HARP (Healthy and Active Rehabilitation Programme), established in 2015, is a rehab programme in the South West of Scotland for people living with multiple conditions including cancer, COPD, cardiac conditions, stroke or at a high risk of falling. This paper uses Normalisation Process Theory (NPT) to examine the responses of staff to this new way of working.

In-depth semi-structured qualitative interviews were held with key informants implementing the HARP programme, including nurses, physiotherapists, managers and volunteers. Staff were initially cautious about HARP, indeed some vociferously objected, they feared that disruptive changes would mean that their specialist community of practise would be diluted while simultaneously they would be unable to cope and effectively manage the necessary expansion to their skills necessary to manage a changing workload.

HARP has now been running for two and a half years and staff attitudes have changed, this was achieved by careful management of training, support and feedback by senior project leads. In interviews, staff reported the benefits to them of HARP: (1) their clinical knowledge had expanded; (2) their communication and networks with other service providers in the community had improved; (3) patient treatment was enhanced and more holistic; (4) a ripple effect of improvement for the other single-condition rehab services provided due to staff learning from HARP; and (5) increased job satisfaction.

Thursday 13 September 2018 at 10:15-10:45

Methods
W002

Using Institutional Ethnographic Methods to Study Healthcare from the Perspectives of Patients

Cupit, Caroline
(University of Leicester)

'Institutional ethnography' (IE) as developed by Canadian, Dorothy Smith (2005), has become an established methodological approach to ethnographic enquiry. However, its uptake in healthcare research has been limited, particularly outside Canada. In this paper, I discuss its potential for examining why patients have troubling experiences of healthcare, using illustrations from my doctoral study, an ethnography of cardiovascular disease prevention in English general practice.

Smith describes IE as a 'sociology for people' rather than about people. The approach (rooted in feminist concerns) demands that the researcher assumes a 'standpoint' — i.e. that they are committed to discovering the social organisation of peoples' experiences on their behalf, from their standpoint location in relation to the institution. This method moves beyond local accounts of experience, to discovering why they happen as they do. This is achieved by starting with patient accounts and tracing connections into institutional processes.

Taking a standpoint with patients involves various challenges. However, I argue that this commitment, along with other aspects of the IE approach, has the potential to facilitate alternative 'ways of seeing' which may prove useful in improving healthcare for patients. I show how I avoided applying dominant sociological theories to patients' accounts, which may obscure the lived reality of their experiences. Finally, I highlight differences between the IE approach of 'taking a standpoint' and some other methods which foreground patient experiences.

Smith, D.E. (2005). *Institutional Ethnography: A Sociology for People*. Rowman Altamira.

Friday 14 September 2018 at 12:30-13:00

Risk
W119

Different Sociocultural Issues Impact Sexual Health Risk Behaviours and HIV Testing among Older and Younger Men Who Have Sex with Men: Implications for Sexual Health Promotion

Dalrymple, Jenny, McAloney-Kocaman, K., Flowers, P., McDaid, L., Frankis, J.
(Glasgow Caledonian University)

Older (>50 years) men who have sex with men (MSM) remain sexually active, with diverse life course partnership experiences. Sexually transmitted infection (STI) diagnoses among MSM aged have risen in Britain since 2012, with the greatest increases of chlamydia, gonorrhoea and syphilis incidence among MSM aged >45. Moreover, new HIV diagnoses among UK MSM aged >50 have risen by 41% between 2006-2015, compared to a reduction among MSM aged 35-49.

Current evidence suggests concomitant increases in sexual risk-taking among all MSM, but it is less clear if factors contributing to risk taking differ according to age. Socio-cultural phenomena, including the changing trajectory of MSM's visibility and legal rights, unique experiences of living through the most devastating years of the HIV epidemic, as well as age-related stigma may influence older MSM's approach to sexual risk-taking differently to younger MSM.

We analysed data from 2665 MSM participants, sampled via sociosexual media in the Social Media, Men who have Sex with Men, Sexual and Holistic Health survey (SMMASH2), comparing factors associated with high risk condomless anal sex and recent HIV testing for MSM aged <=45 and >45 years. Four multivariate logistic regression models found that sexual identity, relationship status,

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alcohol use and geographical region significantly influence sexual risk-taking and HIV testing differently within each age group. These data suggest temporal sexual cultures among MSM and highlight the need for qualitative investigation of socio-cultural and cohort influences on sexual risk taking among older MSM, in order to develop targeted sexual health promotion interventions.

Thursday 13 September 2018 at 09:40-10:10

STS
W118

Enacting Ethical Futures: Campaigning for and Against Mitochondrial Donation

Dimond, Rebecca, Stephens, N.
(Cardiff University)

In this presentation we explore how competing visions of an ethical future were mobilised in campaigns to allow, and prevent, a change in law which would legalise mitochondrial donation. The reproductive technology enables women with mitochondrial disease to have healthy children, but legalisation was controversial because it involved germline modification. Our project tracked the intense period of scientific and ethical review, public consultation and parliamentary debates which preceded the change in law, and which ultimately led to the UK being the first country in the world to legalise mitochondrial donation. We draw on interviews with stakeholders and institutional documentation to explore how those in the 'for' and 'against' clusters engaged in promissory, emotional, bureaucratic, ethical, embodied and clinical labour to offer a persuasive account of the future benefits, or pitfalls, of legalisation. We provide an overview of some of the key aspects of the campaigns, including how each cluster positioned themselves in relation to the other, how representation of suffering and patient-families became key mobilising points, and how objections 'in principle' were carefully managed. We conclude by highlighting how legalisation of mitochondrial donation is the latest iteration of a UK sociotechnical imaginary which was legitimised through its modes of consultation within a permissive but strongly regulated system.

Wednesday 12 September 2018 at 12:45-13:15

Professions
W002

Physician Associates in Medical Teams in Secondary Care: Accommodation by or Challenge to Other Professions?

Drennan, Vari, Gabe, J., Halter, M.
(Kingston University and St. George's, University of London)

Like other Healthcare systems, the National Health Service (NHS) in England, faced with medical staff shortages and rising costs, has looked to new staffing configurations. One solution has been to employ physician associates (PAs) in medical and surgical teams in hospitals. PAs are trained in the medical model to assess, diagnose and commence treatment under the supervision of a physician. Health professions are shaped by accommodations and contests for jurisdictional arenas. This paper explores the effects on working practices, relationships and professional boundaries of introducing a completely new professional group into hospital teams. It draws on a study completed in 2017 of which one element was case studies in six regionally dispersed and different sized acute care hospitals. Methods included documentary analysis, interviews with executive managers and clinicians (n= 21) doctors of differing seniority (n=40), nurses of differing seniority and types of role (n= 27), operational managers (n= 10) and patients and carers (n= 28) as well as observation of PAs in different medical, surgical and emergency medicine teams at a variety of times including nights and weekends (n= 82). From the data synthesis it is argued that at the team level professional boundaries of become malleable and subject to negotiation, however the stratification within professional groups creates nuanced responses from acceptance to hostility in the face of a new and potentially competing, occupational group.

Friday 14 September 2018 at 10:45-11:15

Health Service Delivery
W110

Enhanced Recovery after Surgery Implementation in Practice: An Ethnographic Study of Services for Hip and Knee Replacement

Drew, Sarah, Judge, A., Cohen, R., Gooberman-Hill, R.
(University of Bristol)

Background-Enhanced Recovery After Surgery (ERAS) improves care quality by optimising components of the care pathway and programmes for joint replacement exist across the UK. However, there is variation in delivery and outcomes. This study aims to understand processes of implementation using the Consolidated Framework for Implementation Research (CFIR).

Methods-We conducted an ethnographic study at four hospitals. The study comprised observation sessions and interviews with 38 staff. Data were analysed using a thematic analysis and an abductive approach, in which themes were mapped onto the 31 constructs and five domains of the CFIR.

Results.Results showed 17 CFIR constructs influenced implementation in all five domains. Within 'intervention characteristics', participants thought that ERAS afforded advantages and that guidance was adaptable. In the 'outer setting', it was felt ERAS should be tailored to patients and education used to empower them in their recovery. However, there were tensions with primary care. Within the 'inner setting', multi-disciplinary collaboration was achieved by transferring information along the care pathway. ERAS was viewed as a 'message' that had to be communicated consistently. There were concerns about resources, high numbers of patients and access to information. At the domain 'characteristics of individuals', knowledge and beliefs impacted on implementation. Within 'process', employing 'champions' facilitated engagement. Formal and informal feedback helped develop services.

Conclusions.CIFR provided structure to our analysis. We used CFIR because of its emphasis on meeting patients' needs in service design. Additionally, our study highlighted that effective communication and planning processes were central to successful implementation.

Thursday 13 September 2018 at 10:50-11:20

Methods
W002

‘Seeing is Believing’: The Role of Video-Ethnographic Methods in Hospital Research to Understand How Mental Healthcare Happens during Patient and Practitioner Talk

Drewett, Alison, O'Reilly, M.
(University of Leicester)

The critical questioning by sociology regarding the concept of vulnerability has challenged the protectionist discourses embedded in ethical dialogue. Historically, inpatients were defined as considerably vulnerable and research with this group was generally avoided. However, the rhetoric of person-centeredness and the promotion of empowerment in sociological research has led to new debates about how to

best capture patient experiences. The default was to utilise researcher-generated methods, for example, surveys, interviews and focus groups. The focus for this paper, is on the growing trend towards using naturally-occurring data, including video-ethnographic methods. Natural data provides an important kind of evidence because it generates data that is 'talk-in-action' rather than remembered communication. Practitioner and patient talk can be analysed as sequences of turns so speakers and listeners are not divorced from one another, nor from the natural setting and context in which they occur. Videoing also provides an interventionist method for reflective practice and implementing change. Drawing on the current study, the challenges of doing sociological research in natural inpatient environments are outlined and critically discussed. The challenges of undertaking video-recordings of ward rounds in a mental health hospital investigating how staff, families and patients 'talk' about care management are considered to provide a reflection on how the intersection of sociology and health can be problematic in terms of what can become competing 'empowerment' and 'safeguarding' positions. The authors outline the benefits of using naturally occurring data in hospital settings and demonstrate the value of a medical sociology contribution to inpatient healthcare

Thursday 13 September 2018 at 08:30-09:00

STS
W118

The Experience of Incongruous Treatment Practices in Surgery: Knowledge, Evidence, and Responsibility

Ducey, Ariel
(University of Calgary)

This paper examines incongruous approaches to the treatment of patients among a group of surgeons, at the individual and collective level. Existing STS research on clinical and scientific knowledge in medicine shows that such incongruity is not uncommon in medicine or science (i.e., as routines, epistemic cultures, or multiple ontologies), but in this paper the experience and management of this irreconcilability is explored, by drawing on in-depth interviews with over two dozen surgeons and observations of over a dozen international clinical meetings, in the field of pelvic floor surgery. The paper focuses on the relation of these surgeons' awareness of their colleagues' use of what they see as different, and often inferior, treatment approaches, to their ideas about knowledge, evidence, and responsibility/ethicity. Especially given that pelvic floor surgeons are in the phase of reckoning with their widespread adoption of transvaginally-implanted synthetic mesh for the treatment of pelvic floor disorders, now the object of the largest mass-tort action in U.S. history, it is crucial to understand how they experience their disagreements about treatment practices as a way of gauging whether situations like transvaginal mesh are likely to recur. This research has been funded by the Canadian Institutes of Health Research.

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Friday 14 September 2018 at 13:05-13:35

Critical Public Health

W001

‘If There Is No Alcohol, There Is No Party’: Alcohol and Social Identity Construction in Nigerian Students’ Party

Dumbili, Emeka

(Nnamdi Azikiwe University)

In traditional Nigeria, alcohol was primarily used for pleasure and adult males dominated drinking spaces while women were culturally constrained from drinking. In contemporary Nigeria, young males and females are drinking alcohol regularly and associating heavy drinking with a higher social status. Drawing on social capital and social identity scripts, this study explores how 19-24-year-old male and female students employ alcohol to construct social identity and develop social capital in party contexts. Thirty-one semi-structured interviews were conducted with male and female students attending a Nigerian University. The findings show that for a social event to be 'qualified' as a 'party', alcohol must be served. While the brands of alcohol served in each party are associated with social class, the meanings attached to drinking in parties and drinking motives are fluid. The study argues that entertaining guests with foreign/expensive alcoholic beverages confers a higher social status on the host than serving locally-made brands. Also, the larger the quantity served, the higher the host is ranked within a social ladder. Consequently, young people, employ the promise of sumptuous beverages to woo potential party attendees to their parties. Males are generally wooed because they will drink free and expensive alcohol while females tend to perceive the host as possessing 'economic capital'; thus, they want to associate with him. At the same time, the ability to outdrink peers during gendered 'drinking games' is used to construct a range of social identities and to develop social capital. The implications of these findings are discussed.

Friday 14 September 2018 at 10:45-11:15

Critical Public Health

W001

Antimicrobial Resistance: A Global Public Health Threat that Requires the Influence of Personal Social Networks to Be Recognised

Ellis, Jaimie, Vassilev, I., Rogers, A.

(NIHR CLAHRC Wessex, University of Southampton)

Antimicrobial resistance (AMR) has been identified by the World Health Organisation (WHO) to be a global health risk that requires immediate attention (WHO, 2015). In a public health context the focus has been to promote judicious uses of antibiotics in Healthcare; particularly primary care. In England, recent public health campaigns include encouraging individuals to sign up to become an Antibiotic Guardian as well as continuation of the 2017 'Keep Antibiotics Working' campaign (PHE, 2017). The latter has three overarching aims to 'alert and inform the public about AMR', 'reduce public expectations' and 'support Healthcare professional change'. This paper will take these most recent campaigns and discuss how they contribute towards creating an individualised health environment that fail to adequately, and appropriately, recognise the important role of personal social networks in the formation of health behaviours and attitudes. Drawing on data collected through semi-structured interviews, which included a personal network mapping exercise, with 24 people who had been prescribed antibiotics by a primary care physician, the presentation will outline how different personal social network typologies influence individuals' antibiotic behaviours and attitudes. Through situating the data alongside recent campaigns, the presentation will illustrate how important it is that public health campaigns recognise individuals are part of a collective.

Friday 14 September 2018 at 13:05-13:35

Screening and Diagnosis

W002

‘This is Not a Gene Bank of the Population, It’s a Spot of Blood on a Piece Of Paper’: Shifting Discourses in Newborn Screening Politics

Evans-Jordan, Sarah Beth, Skolbekken, J.A.

(Norwegian University of Science and Technology)

Technological advances during the last two decades have allowed a manifold expansion of the screening of infants in many developed countries for rare but serious inborn errors of metabolism.

Newborn screening is both a medical intervention and a public health initiative in continuous change. Its expansion is driven by many factors, including technological and scientific advancements as well as patient advocacy, and it is regulated by policy development. The aim of this ongoing study is to examine and theorise about these processes of expansion.

Public consultations in conjunction with two recent expansions of Norway's newborn screening programme serve as a case study. Consultation documents are examined by their content, construction, use, and function, and by using the tools of Situational Analysis, especially positional maps, to identify both dominant discourses and areas of silence in public consultation data. This analysis reveals

shifts in how newborn screening and its constituent elements are (re)constructed in the public and the political mind. Preliminary results show increased openness among scientists about their hope to appropriate the blood samples for research. Also seen is a general shift in the conceptualisation of newborn screening from a health intervention for the individual ('saving babies'), to an untapped research resource for the commercial and the public good. Additionally, there is evidence that the consultation process is sometimes perceived as a mere formality and the expansion as an inevitability. These shifts represent a fundamental departure from longstanding research-ethical values and highlight eroding confidence in the democratic process.

Thursday 13 September 2018 at 16:55-17:25

Health Service Delivery
W004

Everyday Technologies of Attention within the Acute Hospital Ward: The Production of Visibilities and Invisibilities of People Living with Dementia

Featherstone, Katie, Northcott, A., Boddington, P.
(Cardiff University)

Philosophical and biomedical perspectives both agree that the ways in which someone is seen is critical to their wellbeing. There is empirical work which confirms the philosophical claims that attention is an active process, a relationship between the subject and the observer, which in turn changes both of them. How one is seen affects how one sees oneself and studies suggest that this impacts on physical functioning and independence, clinical outcomes, recovery from disability, longevity, and the 'will to live'. This is important for older people and people living with dementia, particularly when they are admitted to a hospital ward.

We draw on the empirical findings of our 18 month ethnography within 5 hospitals across England and Wales (NIHR HS&DR researcher led funding) to explore the ways in which everyday technologies are enrolled to drive attention to the existence, diagnosis, and needs of people living with dementia at the bedside. Within the acute setting, seeing 'dementia' and the person living with dementia has been transformed into technical products and routinized task focussed approaches to delivering essential care at the bedside.

We explore the ways in which these everyday technologies both produce and maintain the invisibilities of people living with dementia. We show the ways in which the use and reliance on technical approaches to perceived problems of attention and 'seeing' people living with dementia, instead, narrows attention, which can compete with a wider appreciation of people's individual care needs and restrict the expertise of ward staff.

Wednesday 12 September 2018 at 15:05-15:35

Lifecourse
W119

From Identity to Relationality: Re-Positioning Women's Drinking in Midlife

Fenton, Laura
(University of Manchester)

It is widely acknowledged that British women's alcohol consumption has increased markedly over the past fifty years. Consistent with the findings of survey research, my doctoral research on women's drinking biographies found that women born after 1960 had notably distinct experiences with alcohol compared to women born in the 1940s. This paper explores the experiences of research participants born in the 1960s and 1970s with renegotiating their drinking in midlife. Unlike their predecessors, these women grew up during a time when alcohol was increasingly accessible to young women, and when norms surrounding the social acceptability of women's drinking were slowly and unevenly beginning to soften. The paper considers how a life history methodology enables an understanding of how women's approaches to alcohol are renegotiated across biographical and historical time. I argue that the tendency of existing research to focus on the performance of normative identities in the context of public drinking can risk missing how women's negotiations with alcohol are shaped by local relational norms and the practical work of 'doing' relationships, as well as wider norms of gender.

Friday 14 September 2018 at 11:55-12:25

Environment and Health
W115

MedSoc 2068: How Climate Change (and Posthumanism) Reduced Health Inequalities, Improved Nutrition and Saved the Whale

Fox, Nick
(University of Sheffield)

This paper envisions looking back from the 100th Medical Sociology conference in 2068 at how environment and health interacted over the past half-century. It charts and analyses failures to address and counter anthropogenic climate change by:

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- The United Nation (2016) goals for sustainable development;
- Liberal environmentalism (Bernstein, 2000);
- Green capitalism' (Stern, 2008).

These approaches failed because they linked environmental sustainability to continued human economic development.

Eventually, it was acknowledged instead that the character of the 'anthropocene' epoch (Waters et al, 2016) was fundamentally defined by the social relations of a market-based economy. This led to the realisation that capitalist production not only generated many public health problems and issues (from health inequalities to malnutrition to diseases of industrialisation and urbanisation) that had been discussed and analysed by health sociologists, but that to effectively address climate change globally required a fundamental move away from an economic model (whether capitalist or state-socialist) predicated upon continual growth.

Radical steps were taken to shift towards a negative-growth economy (Martinez-Alier et al., 2010). Though this fundamentally altered many of the expectations of humanity dating back to the Industrial Revolution, the knock-on effects were not only to reduce to zero the production of climate-affecting emissions, but also – by ending a market-economy – to improve the public health and end human pillaging of physical and biological resources.

The paper concludes by reflecting on these intricate relationships between environment and health, and the need in 2018 for an ecological and posthuman health sociology.

Thursday 13 September 2018 at 17:30-18:00

Theory
W003

The Use of Films in Teaching Sociology

Fulton, John, Cuthill, F.

This presentation reports on the use of films as an aid to teaching. In many health related programmes there are a range of students, many of whom have no prior experience of sociology. Without previous experience it can be challenging for students to apply sociological concepts to health related issues, resulting in many of the students becoming disengaged. Meyer and Land (2005) discuss threshold concepts and argue that certain concepts are important to ensure mastery of the subject. This paper will discuss how films were used as a means of teaching and consolidating social construction as a threshold concept in undergraduate students studying Public health. The students were encouraged to identify and justify discourses which were evident in the film and any contradictions which were evident.

Drawing from the work of Foucault, the use of films in the teaching and consolidation of discourses and discursive practices will be considered, in particular the challenges of identifying a film which explored health related issues. The criteria against which films should be selected and the instructions given to students will be outlined. Using the film 'Untouchable' and drawing from examples of student work, the range of discourses identified will be outlined. Drawing from student work and student evaluations, the ways in which this identification, developed an understanding of key sociological concepts such as discourse; social construction and the formation of discursive practices will be analysed. The presentation will conclude with a general consideration and evaluation of the method as a teaching tool

Friday 14 September 2018 at 10:45-11:15

Healthcare Organisations
W009

How Do Care Home Staff Make Sense of Safety?

Gartshore, Emily, Waring, J., Timmons, S.
(University of Nottingham)

Care homes are a setting that have been largely neglected by health researchers, particularly in the area of patient safety. In response to evidence of poor practice within this sector, approaches to safety have been translated from large NHS organisations that often take a bureaucratised approach to patient safety and applied to care homes with little consideration of whether these methods are appropriate. Drawing on qualitative data from 4 months of ethnographic fieldwork and 33 interviews with staff, this paper explores how care home staff make sense of safety, and how they construct notions of safety and safe practice. Safety practices in care homes are varied and largely centred on, and conditioned by the relatively low-skilled workforce. These organisations are highly differentiated, ranging from small family run businesses, to large chains. Care home staff did not consider safety to relate to organisational structures or processes, but this was instead an aspect of the physical environment. Patient-centred care was articulated and demonstrated to be the focal point of how care home staff identified risk and ensured safety. The paper shows that care home staff understand safety in a very different way to hospital staff who work within the NHS bureaucracy. If we want to improve safety in care homes, this research suggests that there may be limited benefit to adopting approaches from hospital settings and applying these to care homes. A more individualised and person-centred approach to patient safety is essential.

Wednesday 12 September 2018 at 16:15-16:45

Professions
W002

'Good' Patient or Vulnerable Patient: Communication and Ability to Cooperate between Patients and Healthcare Providers

Glajchová, Alena
(University of West Bohemia)

Communication and mutual understanding between patients and health professionals is a key aspect and essential for good relationship and trust between them. Good relationship ensure patient knowledge and results in better self-reported health and higher medical adherence. Moreover, effective communication and language skills influence patient satisfaction and treatment is more effective.

Ability to communicate and cooperate is considered as a basic requirement within healthcare system. However patient participation and ways of communication with health professionals are conditioned by many factors, such as age, education, socioeconomic status, ethnicity, state of health or, for example, approach to own health and treatment. These possible factors and aspect can disadvantage some patients and constitute their vulnerable position, not only within interaction with health providers, but also in the whole healthcare system.

In my contribution I focus on factors or aspects which make barriers for patients, care receivers, and affect the way of communication. Based on ethnographic research in one gynaecological-maternal unit, my goal is to elaborate sources of women's vulnerability and how different factors contribute on health professionals' categorization of women. My analysis of observations and interviews reveal that health providers use different labels for categorization on the basis of women's ability to cooperate. This categorization intensify and strengthen women's vulnerable position, although inability to cooperate, for example because of language barrier, is perceived as attribute of "good" patient.

Wednesday 12 September 2018 at 14:30-15:00

Health Service Delivery
W003

The Art of Description in Establishing Organisational Failures in Healthcare

Goodwin, Dawn
(Lancaster University)

This paper examines how 'failure' comes to be recognised in the context of UK healthcare. Repeatedly, inquiries into healthcare failings have found 'culture' to be the cause. However, for practitioners, the normalising effects of 'culture' potentially render imperfect but acceptable care indistinguishable from unacceptable care. How then do we recognise when prevailing standards of practice are inadequate?

In 2008, 5 'serious untoward events' occurred on the maternity unit of Furness General Hospital. The prevailing view, held by clinical staff, hospital managers and executives, was that these events were unconnected and did not signal systemic failures in care. This consensus was maintained by the testimony of staff and governance procedures conducted by managers and executives, and prevented the incidents from being considered together. Multiple investigations were conducted but the events were examined separately until the Morecambe Bay Investigation was commissioned in 2015.

Drawing on the report of this investigation, I examine how the prevailing view was dismantled and replaced. I explore the requirement of affected parents to become activists, engaging with governing bodies and legal processes, challenging clinicians, lobbying for inquests, mobilising social media and engaging with the national press. I trace how descriptions weaken or strengthen as they travel through different forums, processes, and are presented to different audiences – all pivotal to whether a description may hold as a reliable account. This paper engages with longstanding concerns of Medical Sociology about the delivery and organisation of health services, the risks they carry, and their governance.

Friday 14 September 2018 at 10:10-10:40

Environment and Health
W115

Older People's Experiences of Everyday Travel in the Urban Environment: A Thematic Synthesis of Qualitative Studies in the UK

Graham, Hilary, De Bell, S., Flemming, K., Sowden, A., Wright, K., White, P.
(University of York)

The UK population is ageing and increasingly urban. The local travel environment matters for everyone but is particularly important for older people. Qualitative studies provide unique insight into people's experiences, with syntheses of qualitative research enabling findings from multiple studies to be integrated.

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We conducted a qualitative evidence synthesis of UK-based studies of older people's experiences of travelling in the urban environment. We searched health, social science, age-related and transport-related databases from 1998 to 2017. Fourteen papers were included in a thematic synthesis, a process that moves iteratively between codes, descriptive themes and cross-cutting analytical themes. Themes were refined with policy advisors.

Four themes were identified. The first theme pointed to the value that older people attach to 'getting out' to counter social isolation and to structure their day and to being a self-reliant traveller. The third and fourth themes highlighted how the local environment and travel systems enabled (or prevented) them from realising these valued dimensions of travel. Recurrent environmental concerns were the loss of local amenities and micro-environmental features such as pavement quality, personal safety and aesthetic appearance. Free modes of travel like walking and bus travel were highly valued, including the social worlds they contained.

Our review suggests that, while the extrinsic value (reaching destinations) of local travel matters, its intrinsic value matters too. The process of travel is experienced and enjoyed for its own sake, with older people articulating multiple ways in which it contributes to their wellbeing.

Friday 14 September 2018 at 12:30-13:00

Environment and Health

W115

Breasts and the City: Findings from Urban Ethnography and Walking Interviews with Breastfeeding Mothers in Cardiff, UK

Grant, Aimee, Robling, M.
(Cardiff University)

Mothers in Britain are advised that the best way to feed infants and children is to breastfeed alone for the first six months, and to continue providing breastmilk for at least two years. This necessitates regularly breastfeeding outside of the home. In England and Wales, the Equality Act 2010 gives mothers the legal right to breastfeed in public spaces, and also requires that staff in businesses defend this right. We previously synthesised qualitative studies from high income countries, and found significant barriers to breastfeeding in urban space. Our study involved urban ethnography, and repeat interviews with 15 mothers in Cardiff, Wales. The interviews were, (i) in their homes using visual methods to map spaces, and (ii) in urban spaces that they would usually frequent with their child(ren). We present findings in relation to the physical space, and the actors within the spaces. Our discussion of the physical environment includes places where women tend to breastfeed, including mother and baby rooms and other 'safe' spaces, and the attributes of space which is hostile to breastfeeding. Alongside this, various actors, including strangers and staff within businesses, were involved in policing or facilitating breastfeeding outside of the home, and this is discussed. We situate our analysis within a society that is socialised to accept the sexual breast, at the expense of comfort in the presence of the maternal breast. We conclude that for mothers to breastfeed in line with public health guidance, it is important that urban space becomes more welcoming of breastfeeding.

Wednesday 12 September 2018 at 13:20-13:50

Professions

W002

Inter-Professional Safety Work in an Acute Medical Unit: A Video Reflexive Ethnographic Study

Grant, Suzanne, Dickson, J., Mesman, J., Guthrie, B.
(University of Dundee)

Almost all emergency medical admissions in the UK are now initially managed via specialist wards known as Acute Medical Units (AMUs). Although there are benefits to this model, the high throughput of very sick patients (e.g. frail older people with multimorbidity) and staffing by multidisciplinary teams working multiple shifts also make this a highly risky environment. Dominant approaches to improving patient safety usually employ a 'measure-and-manage' approach to identify and manage risk, but this approach is less suitable when care is very complex, and ignores the fact that most risk does not cause harm because clinicians, patients and carers work together to mitigate risks. Newer approaches to improving safety therefore aim to understand positive features of teamwork that promote safety, and the adjustments and trade-offs made by professionals when balancing safety with the need to deal with very high workloads. The aim of this paper is to examine the inter-professional 'safety work' (Strauss 1985) undertaken by AMU team members using video reflexive ethnography (VRE). VRE is a collaborative methodology comprising traditional ethnographic methods along with negotiated filming of practice complemented by reflexive viewing to co-analyse footage for research and improvement purposes. Drawing on video reflexive ethnographic fieldwork conducted in an Acute Medical Unit with a high turnover of patients (~15,000/year) and over 200 staff members that change daily, this paper examines how different professions safely balance competing risks, the key moments that these take place, and the value of VRE for improving inter-professional safety practices in AMUs.

Wednesday 12 September 2018 at 16:15-16:45

Ethics
W009

Ethics of Using End-of-Life Blogs for Research

Green, Gill
(University of Essex)

Powerlessness is a common response to illness as diagnosis may lead to a disruption of identity often resulting in a loss of self. I am researching responses to powerlessness by analyzing blogs available on the internet written by people with a terminal diagnosis. This paper examines ethical dilemmas involved in using blogs as source material for research about the end of life experience.

There is an on-going debate in relation to the ethics of internet research about whether bloggers are 'subjects' or 'authors', ie. For research purposes, are they human participants in research or are they authors who have written publicly available material? Whilst bloggers can be both subject and author and the material is publicly available, often inviting contact and comments from their readers, researchers are unlikely to be their target audience. Furthermore, blogs are not anonymous unless the blogger uses a pseudonym and those written by people with a terminal illness generally contain intimate details about their lives. If direct quotes and personal information about the blogger is disclosed in research output, then they will be easily identifiable through a simple internet search.

Blogs are public but this does not necessarily mean that they are 'fair game' for researchers. Issues, such as informed consent processes, confidentiality, privacy and contact are discussed in an attempt to map traditional principles of ethical research conduct with vulnerable populations to an on-line environment.

Thursday 13 September 2018 at 16:20-16:50

Patient-Professional Interaction
W110

Menstruation as Ill-health: A Past View?

Griffith, Veronique
(Durham University)

Endometriosis, a chronic disease which affects approximately 1.5 million women in the UK, is characterized by extremely painful menstrual periods chronic pelvic pain, pain during sexual intercourse and infertility. The average time to diagnosis in the UK remains between 5 and 7 years from first presentation to a doctor.

This paper seeks to contextualize the current understanding of endometriosis in a historical background, through a historical review of past understandings of menstruation, and data based on an ethnographic study, conducted in the United Kingdom, which shed light on how health professionals and patients negotiate endometriosis. Interviews and questionnaires were undertaken with 35 women suffering from endometriosis and 20 gynaecologists. In addition, participant observation was carried out in a gynaecology clinic and at endometriosis support group meetings. The data collected were coded thematically.

This paper will argue that clinical practice of endometriosis still links to the view of menstruation as 'ill-health'. Women with endometriosis both complain about being told 'It's all in Your Head' and that because 'It's a Woman's Lot to Suffer,' they are not allowed to complain about menstrual pain, ultimately impacting their ability to access care. Such notions particularly impact on teenagers who are often told painful menstruation is the 'norm' and therefore not considered potential patients. Recently a consultant gynaecologist and representative of the NICE guidelines stated in a 'facebook live' event on endometriosis that teenagers often complain of period pain since they are not yet accustomed to normal levels of menstrual pain.

Thursday 13 September 2018 at 10:50-11:20

Inequalities
W009

Universal Credit, Homelessness and Health in London: A Social Practice Perspective

Guise, Andrew, Thompson, C., Lewis, D., Burrows, M.
(King's College London)

The experience of people who are homeless in London, and the associated health burden, is increasingly recognized as a policy priority. Within an evolving service delivery and support context, the introduction of Universal Credit is a severely testing development for this group, further eroding their tenuous status in relation to the social determinants of health. Concerns about how the pursuit of Universal Credit goals around 'simplifying' the benefit system, 'reducing dependency', and rewarding work are impacting upon the most vulnerable are widespread. Within an academic-community partnership we are studying the consequences of Universal Credit for the health of vulnerable and homeless Londoners. Drawing on qualitative data from semi-structured interviews with both people who are homeless in London (15) and policy stakeholders and third sector workers (10) we address two main questions: first, how is Universal Credit being experienced? Second, how do experiences with Universal Credit mediate and shape the health experiences of vulnerable Londoners? We use a social practice perspective as a framework to explore shared health practices, rather than individual behaviours, and, thereby, critically explore 'dependency' and how this figures in health. In this respect, changes brought

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about by Universal Credit are shaping shared practices and altering notions of citizenship and 'appropriate' support. A social practice perspective on Universal Credit can inform strategies to respond to the challenges experienced by people who are homeless in London by highlighting the diffuse impacts of policies designed to deter dependency.

Friday 14 September 2018 at 13:05-13:35

Complementary and Alternative Medicine

W004

Ayurvedic Practices for the Treatment of Infertility: A Study of Two Public Ayurvedic Hospitals of India

Gupta, Mitushi
(JNU)

Preventive and curative services for infertility have not yet been a priority in India. There are few public hospitals which provide IVF or other infertility treatments but many super specialty allopathic hospitals in private sector are providing sophisticated treatments for infertility like intra uterine insemination, in vitro fertilization and surrogacy. There are certain sections of society who cannot afford these expensive procedures. Studies suggest that apart from cost, success rate of these treatments is also questionable. There are several medical complications women have to face while undergoing these treatments. Feminists have already raised these issues. But there are few studies in sociology of health related with the treatment of infertility in other alternative systems of medicine prevailing in India. One such study was conducted at public Ayurveda hospitals in two metro cities of India by me. In this paper I would highlight that how ayurveda looks at infertility. What are the treatment options mentioned in Ayurveda for treating infertility? Are these treatment methods invasive, expensive and intrusive as in biomedicine? How much feasible is for the patients to adopt Ayurvedic treatment for infertility. Content analysis of Ayurvedic texts, In-depth interviews with physicians and respondents was done as part of methodology. Findings reveal that Ayurvedic physicians treat infertility despite limited facilities adopting integrative methods in some cases. The responses from respondents were also of varied nature regarding invasive and intrusive Ayurvedic treatment protocols

Wednesday 12 September 2018 at 13:55-14:25

Professions

W002

Reconstructing Patient Safety in Nursing

Håland, Erna, Heldal, F., Kongsvik, T.
(Norwegian University of Science and Technology)

Patient safety has traditionally been an implicit topic in the nursing profession, integrated in the day-to-day nursing practices. Recently, with the introduction of more efficient patient trajectories and other efficiency initiatives, patient safety within nursing has been explicitly highlighted and subject to measurement and control to a larger extent. Efficiency initiatives has a certain tradition within healthcare settings of being met with either resistance or fake compliance – often explained with professionals' opposition to being measured, controlled and surveyed. In this paper, we investigate the introduction of a patient safety initiative within nursing that, contrary to previous research, was hailed as positive. Drawing on individual and group interviews with nine nurses, head nurse, quality manager, hospital director and chief medical officer, we explore how nurses understand, translate and work with patient safety in the setting of the patient safety initiative. We argue that through this work, what counts as patient safety within the nursing profession is being reconstructed. Furthermore, we argue that even the professional identity is being reconstructed, implying new ways of being a professional and competent nurse. Through these reconstructions the nurses' professional status is being raised, contributing to the positive reception of the patient safety initiative. We explore reconstructions of patient safety within nursing along the following dimensions: Reconstruction of trust relationships (from trusting professional knowledge to trusting the system), reconstruction of work (from invisible to visible work), reconstruction of professional values (from care to cure), reconstruction of status (from low(er) status to high(er) status).

Friday 14 September 2018 at 11:55-12:25

Screening and Diagnosis

W002

An Analysis of the Social and Ethical Implications of a Shift in Reproductive Decision-Making Around Genetic Screening from Families Affected by Genetic Conditions to the General Population

Hale, Rachel, Boardman, F.
(University of Warwick)

Whilst a limited number of prenatal and newborn screening programmes currently operate for genetic disorders (e.g. Cystic Fibrosis, Thalassaemia), new genetic technologies (such as next generation sequencing) mean that the sheer number of conditions that can now be identified pre- and postnatally has dramatically expanded. Several studies have explored public attitudes towards the

possibility of expansive genetic screening, but the views of people living directly with genetic disorders has been relatively under-explored.

The inclusion of their viewpoints in debates around genetic screening is essential; not only because the introduction of such screening would have tangible impacts on their lives, but also because they are uniquely positioned to consider the nature and value assigned to life with a genetic disorder. Viewing their perspectives in this way- as an experientially-based resource with which to imagine and appraise future lives affected by genetic conditions- raises important social and ethical questions around the implementation and consequences of expansive genetic screening programmes. As responsibility for reprobogenetic decision-making shifts from affected onto the general population through the implementation of genetic screening, the role and significance of 'experiential knowledge' becomes of critical importance. I will compare the attitudes and experiences of reproductive decision-making within families living with a genetic disease with those of the general population, to bring in to critical relief the disparity of insight and expertise between these two groups; whilst also variously highlighting the implications for both emerging screening policies within the UK-context, but also for the constitution and future of wider society.

Wednesday 12 September 2018 at 12:45-13:15

Health Service Delivery

W003

Running the Class: Examining the Implementation of a Physical Health Intervention in Primary Schools

Hanckel, Benjamin, Green, J.

(King's College London)

Across the UK there has been an increasing interest in getting children to be more physically active, with the intention of decreasing obesity and enhancing population health and wellbeing. It is within this context that an intervention called The Daily Mile (TDM) has been developed, which requires children to walk, jog or run for 15 minutes each day in the schools in which it has been implemented. Whilst the program has been met with enthusiasm by many schools, and is a supported intervention in the UK Childhood Obesity plan, there remains a need for further sociological research into how the program gets implemented in the classroom setting, and how it impacts on the lifeworlds and bodies of children. In this work-in-progress paper we draw on Bourdieu's concepts of social field, habitus and capital to present initial findings from a rapid-ethnographic study conducted in schools that have implemented the TDM with children (7-11 years old) in the south of England. Our study examines how the implementation of the intervention works to (re)produce forms of physical capital in specific locations. We examine the socially structured expectations placed on children's bodies, particularly in relation to gender, race and class, within the temporal and spatial constraints of each school. In doing so we reflect on how habitual action is extended and disrupted as physical activity interventions move children's bodies in particular ways, at particular times of the school day.

Wednesday 12 September 2018 at 13:55-14:25

Experiences of Health and Illness

W115

What Do You Want to Do with the Leg? Considering Disposal in the Context of Amputation

Hanna, Esmee

(De Montfort University)

Whilst the numbers undergoing lower limb amputations continue to grow, due to increased incidences of vascular diseases as well as diabetes related complications, our consideration of amputation within medical sociology remains relatively limited. Disposal of the amputate after the process of amputation has not received sustained sociological reflection, despite medical and psychological literature highlighting its relevance to adaptation to amputation and the likelihood of the development of phantom limb syndrome. Disposal sits in a liminal space- to borrow from Crawford (2012) the amputate is 'apparent 'residue' of that which is no longer 'me' but still definitively 'mine' (p445)- the limb itself ceases yet its owner lives on. There is then the dying of the limb but not death itself, contravening normative expectations around both bodily integrity and death. Grief is routinely implicated in the experience of amputation, yet no formalised ritual exists around disposal to help patients mourn or say 'goodbye' to what was theirs but is no longer part of them.

This paper then explores the landscape around disposal in the context of lower limb amputations, examining what we know around the role disposal plays within the patient experience of amputation and unpacking the challenges of the current conceptualisation of amputates as 'medical waste' within healthcare settings. The paper draws on examples of innovative practice for offering dignified and culturally sensitive approaches to disposal, as well as highlighting how the abject is invoked by media reporting of more 'unusual' approaches to disposal.

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Thursday 13 September 2018 at 09:05-09:35

Health Service Delivery

W004

'Transition of Care' or Just Discharge? How Current Care Processes Create Liminal Spaces for Older Adults Returning Home from Hospital

Hardicre, Natasha, Murray, J., Shannon, R., Hughes, L., Lawton, R.

(Bradford Institute for Health Research)

Discharging patients from hospital traditionally marks handover of care to community services. However, system pressures provide impetus towards early discharge that is often problematic for older people and exacerbated by un navigable community services. The literature recognises this problem, offering the concept of 'transitions of care' to shift thinking towards 'seamless transitions' within which discharge is one point in time. We undertook research to explore 'transitions' from the patient's perspective. Our findings suggest that transitions of care are rarely experienced by patients.

In hospital, an overwhelming narrative of patient flow created a focus on the present needs of one patient, to free up a bed for another. Little was done to prepare people for managing at home. Indeed, the opposite was often true. Responsibility for managing daily activities was taken from patients at admission and given back to them at discharge. Meanwhile, people lost both confidence and skills.

Moreover, although responsibility was transferred to primary care at discharge, this was not experienced as the transfer of care by patients because they rarely received care from their GP once at home. Patients felt discharged from the hospital but did not feel 'received' into the community. When coupled with loss of skill and confidence, 'transition' home was experienced as a liminal space between structured hospital care and becoming acquainted with a new 'normal', creating anxiety that sometimes prompted readmission. We suggest that creating a 'transitional space' within the hospital, alongside active receipt into the community, would improve experience and contribute to improved outcomes.

Thursday 13 September 2018 at 10:15-10:45

Inequalities

W009

Socioeconomic Status, Gender and Dementia: The Influence of Work Environment Exposures and their Interactions with Genetic Risk Factor APOE ?4

Hasselgren, Caroline, Ekbrand, H., Dellve, L., Zettergren, A., Zetterberg, H., Blennow, K., Skoog, I.

(University of Gothenburg)

The fact that unfavorable social and economic conditions have a negative impact on health and longevity is well-established. Recent findings suggest that this is true also for dementia. Yet, most common indicators of socioeconomic status say very little about the actual mechanisms at play in disease development. The present paper explores five work exposure characteristics, all of which have a clear social gradient, that could potentially shed further light on the relationship between SES and dementia. Specifically, it is investigated whether these exposures could moderate the impact of a well-known genetic risk factor-the APOE e4 allele. The empirical analyses are based on data from a Swedish population study (n=1019). Main occupation was linked to The Job Exposure Matrix in order to estimate the individuals' exposure to the following work environment factors; work control, support, psychological demands, physical demands and job hazards. Data were analyzed using binary logistic regression and all models focused specifically on gene-work exposure interactions. The results suggest that work control is the most influential indicator to moderate the effect of the gene variant, albeit in different ways among men and women. Not only do these findings underscore the importance of considering interactions between social and genetic risk factors in order to better understand multifactorial diseases such as dementia. They also propose that gender and class based inequalities interact, and hence must be considered simultaneously, also in relation to this particular disease.

Thursday 13 September 2018 at 15:45-16:15

Experiences of Health and Illness

W118

Narrating Medicine Practices and Constructing the Self Amongst Atrial Fibrillation Patients

Hawking, Meredith

(Queen Mary, University of London)

In this paper I consider how constructed narratives in research about medicines become moral narratives. Drawing on empirical data from my doctoral study of the illness experiences of patients with atrial fibrillation (AF) taking oral anticoagulants, I discuss how participants construct the self in line with notions of being a 'good patient' and discourses around deservingness, blame and surveillance of medicine practices. In particular I describe how stories about monitoring of blood INR levels become a key mechanism through which participants perform morality and the consequences this has for adherence to the newer novel anticoagulants, which do not require monitoring. Finally I discuss the tensions arising in illness narratives as participants construct 'adherent' selves whilst

simultaneously reporting biomedically 'non-adherent' practices. The data consists of in-depth interviews (n=18) based on the biographic-narrative-interpretive method that were conducted with purposively sampled participants from anticoagulant clinics in London and South West England. Analysis was multi-layered, using a novel three dimensional approach incorporating thematic, structural and metaphorical techniques within and across narratives.

Friday 14 September 2018 at 12:30-13:00

Screening and Diagnosis

W002

Drawing a Line in the Sand: Autism Diagnosis as Social Process

Hayes, Jennie

(University of Exeter)

Diagnosis of autism is undertaken within a multi-disciplinary context and includes a wide and sometimes conflicting range of observations, interviews and third-party reports. Deciding where the diagnostic threshold lies can be problematic: symptoms are behavioural and there are no biomarkers. The process of diagnosis, therefore, is complex and multi-faceted, and can be particularly challenging when cases are considered 'borderline' or where there are coexisting conditions.

Drawing on calls for a sociology of diagnosis, this study considers diagnosis as a social transactional process which may be negotiated by a variety of actors, in this case, clinicians, patients and carers. I aim to examine social processes in autism diagnosis, particularly in cases where diagnosis is uncertain or disputed, asking the question: how do social factors play a role in the formulation of diagnosis in multidisciplinary (MDT) decision-making meetings?

This on-going study takes an ethnographic approach, observing MDT meetings in four specialist autism assessment teams. I will discuss preliminary themes emerging from the data including: the utility and functionality of a diagnosis; interaction between professional and family expertise; and a fluid understanding of the categorisation of the condition of autism itself. I propose that diagnostic narratives are constructed as an interactive process between clinicians in MDT meetings, and consider how decision-making is socially framed, challenging the notion of diagnosis as a purely clinical process.

Friday 14 September 2018 at 11:20-11:50

Experiences of Health and Illness

W004

Metaphor Use by Patients with Long-Term Conditions: A Secondary Qualitative Data Analysis

Heavey, Emily, Lempp, H., Allen, H., Williams, R., Santana-Suarez, et al.

(University of York)

The use of metaphors is a pervasive tendency in human speech and researchers have established that people express one metaphor for every 10-25 words, or about six metaphors per minute. Medical language in particular is built around metaphors that express, reflect, and reinforce implicit meanings attributed to illness experience. Common metaphors applied to the experience of illness include those relating to war and to journeys.

In this paper we explore the use of metaphor among patients with a variety of long-term physical and mental health conditions. We conducted a secondary analysis of data from studies of adults with seven different conditions (cancer, dementia, fibromyalgia syndrome, infertility, inflammatory myopathy, lower-limb amputation, osteoarthritis) and a study of parents whose children had undergone neonatal surgery. After a pilot phase to establish researcher inter-reliability, we identified all metaphors relating to living with the condition, including interaction with clinicians. Two of the researchers identified 'semantic families' that recurred across the data sets. These included the experience of illness as: a journey, a fight, a financial transaction, a sport, a burden, and an interaction with an outside agent. In addition, patients conceptualised their own bodies as vessels and malleable objects.

We will discuss the differences and similarities between metaphors across different conditions, the implications for patients' adjustment, and possible relevance in clinical practice.

Thursday 13 September 2018 at 09:40-10:10

Experiences of Health and Illness

W115

Practicing in a Personalized, Person-Centred and Positive Environment: Self-Help Groups as an Essential Element of Rehabilitation

Hedlund, Marianne, Landstad B.J., Kendall, E.

(Nord University, Faculty of Nursing and Health Science)

There is little systematic knowledge about self-help processes experienced by participants in self-help groups and experiences that promote outcomes. A typical self-help group involves a group of individuals who are willing to share with each other experiences and

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knowledge about the same predicament, disease, or disability. The aim of this study was to explore processes and outcomes for participants with disabilities and chronic conditions who were, or had been, engaged in a self-help group as an adjunct to a rehabilitation or treatment program following an injury, mental health condition or other chronic condition diagnosis. Participants (8 men and 24 women) were recruited through one rehabilitation unit, one local disability organization and a national resource centre for self-help groups. These units advertised the project to potential participants who had been involved in self-help group activities for more than six months. The participants had lived with a significant disabling chronic condition (or multiple conditions) for several years and had voluntarily joined a self-help group. The analysis revealed that self-help groups were an important adjunct to rehabilitation for people with disabilities, injuries and mental illnesses. Three main processes reflected participants' experiences within self-help groups that contributed to the rehabilitation process. They were: (1) Learning and practicing in safety, (2) Refuge from expectations and (3) Accentuating positives. These three qualities of the self-help environment distinguished it from other rehabilitation or treatment environments and from everyday social environments.

Friday 14 September 2018 at 13:05-13:35

Patient–Professional Interaction

W003

Smoking, Lung Cancer and Managing 'Spoiled Identities'

Hendry, Annie, Hiscock J., Neal, R.D.

(Bangor University)

Smoking is the leading cause of lung cancer and lung cancer is the leading cause of cancer death in Wales. Previous research has shown that smokers are less likely to see their GP promptly when they experience potential lung cancer symptoms. This study aimed to discover the reasons for delayed help seeking through qualitative interviews and focus groups with lung cancer patients and current smokers.

Data shows that smokers often feel stigmatised for their smoking, by society and by Healthcare providers, and that lung cancer patients can feel a sense of blame for their condition. Some participants also reported feeling less worthy of care due to being a smoker and some felt that Healthcare providers would be less willing to treat a person who smoked. Previous negative experiences and negative perceptions of Healthcare providers shaped the help seeking process. Participants described their concerns about wasting doctor's time and taking up appointments that could be used by other people. Participants discussed their experiences of health interactions and help seeking in terms of their identity as either a member of a 'deviant group' or as a person with a 'self-inflicted' cancer.

Using Erving Goffman's theory of stigma and the 'spoiled identity' this paper will discuss the experiences of current smokers and those with lung cancer regarding help seeking decisions.

Wednesday 12 September 2018 at 16:15-16:45

Lifecourse

W119

Having 'a Child of One's Own' in the Context of Inherited Disease: Meanings and Motivations of Women Carrying Mitochondrial Disorder

Herbrand, Cathy

(De Montfort University)

Mitochondrial disorders are genetic disorders which can cause severe symptoms and possibly lead to death, in particular in young children. As there is no treatment available to cure these disorders, reproductive choices can be especially challenging for women who know they can transmit the genetic mutation to their offspring. Most women happen to learn about this risk after having a genetic test when one of their children or relatives suffers from the disease. If they want children, these women can either take the risk of conceiving naturally, adopt, use gamete donation or turn to high-profile technologies, such as pre-natal or pre-implantation genetic diagnosis (PGD), if the faulty mutation has been identified.

In my study based on in-depth interviews with 28 women at risk of transmitting these disorders, most women rejected the possibility to adopt or use gamete donation, preferring natural conception and the associated transmission risk of transmission or using reproductive technologies involving genetic testing, such as PGD. Drawing on works exploring meanings of family relatedness and reproductive loss (Freeman et al. 2014, Earle et al. 2012, Nordqvist and Smart, 2014, Franklin and Roberts 2006), this presentation examines the reasons given by participants for wanting a child in these challenging circumstances and why it was crucial for them to have a 'child of their own'; in particular after having had or lost a child affected by the disorder.

Wednesday 12 September 2018 at 15:40-16:10

Health Policy
W004

A Discourse Network Analysis of Alcohol and Sugar Pricing Policy Debates in UK Newspaper Coverage: Comparing Influence across Two Unhealthy Commodity Industries

Hilton, Shona, Buckton, C., Fergie, G.

(MRC/CSO Social and Public Health Sciences Unit, University of Glasgow)

Increasingly unhealthy commodity industries (UCIs) strategically use the news media to advance their policy preferences. In politically-charged pricing policy debates, such as Minimum Unit Pricing (MUP) for alcohol and Sugar-Sweetened Beverage (SSB) taxation, industry efforts to disrupt policy progress have been significant. By comparing the debates on MUP for alcohol and SSB taxation featured in print media using discourse network analysis (DNA), we aim to visually map the key actors and relationships, highlighting similarities and differences across industry sectors. Eleven national UK newspapers were searched between May 2011 and November 2012 to identify all published articles relating to alcohol and pricing, and between May 2015 and November 2016 to identify articles relating to sugar tax. Statements made by actors and organisations in the debates were inductively identified and coded using network analysis software to produce relational data to generate visualisations of discourse networks.

The construction of MUP for alcohol and SSB taxation networks provides the first visual evidence of the positioning of industry representatives across two policy debates. Both networks show tight discourse coalitions of manufactures acting in opposition to policy advocates, with the largest corporations most active, and most central in these coalitions at key points in the debate. Less active industry representatives and cross-sector corporations (such as supermarkets) are more peripheral to the network, indicating both cleavages within industries and across corporate actors. Conducting comparative discourse network analysis across policy debates shows promise for better understanding the common tactics of different UCIs to disrupt public health policies.

Friday 14 September 2018 at 13:05-13:35

Health Policy
W118

Organisational Stakeholders who Engage in Scottish E-Cigarette Policy Debates: A Mixed-Methods Approach

Hilton, Shona, Ikegwuonu, T., Weishaar, H., Smith, K.

(MRC/CSO Social and Public Health Sciences Unit, University of Glasgow)

Electronic cigarettes (e-cigarettes) have become subject to highly contested public and political debates, including the role of commercial stakeholders in development and implementation of e-cigarette policy. There are concerns that e-cigarette debates provide opportunities for commercial stakeholders to demonstrate alignment with public health interests, build reputation, and gain influence over policy processes. While previous research on commercial sector engagement in policymaking has enhanced understanding of its impact on public health, a striking research gap exists regarding commercial stakeholders' engagement in e-cigarette debates.

Taking the Scottish context as a case study, this project aims to increase understanding of commercial stakeholders' engagement in policy debates on e-cigarettes, generate debate on the sector's engagement in e-cigarette policy, and contribute to the development of effective e-cigarette policy. The project is investigating commercial stakeholders' interests in, and position on, the benefits, harms and regulation of e-cigarettes, and efforts to build collaboration and shape e-cigarette policy.

A mixed-method approach was applied, combining the use of social network analysis to systematically analyse the relationships between commercial and other policy stakeholders and thematic analysis of documentary and interview. Publicly available policy documents and data from semi-structured, in-depth interviews with key stakeholders were analysed.

The analysis found that, while commercial stakeholders support e-cigarette regulation in general (e.g. age restrictions), there are efforts to influence regulation in a way that fits within their economic interests. This project shows that commercial stakeholders seek endorsement from public health organisations, in order to make health claims that can support the 'harm reduction argument'.

Thursday 13 September 2018 at 09:05-09:35

Lifecourse
W003

'You Can See Why People Want Home Births in a Field with a Dolphin for a Midwife Nowadays': Pre-eclampsia and Pregnant Women's Relationships with Health Professionals

Hinton, Lisa, McNiven, A.

(University of Oxford)

Little is known about the overall experiences of pregnant women who develop serious high blood pressure problems (e.g. pre-eclampsia, HELLP syndrome) and, in particular, how becoming ill impacts on the quality of their relationships with the health

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professionals they encounter during their ante- and postnatal care. Based on in-depth qualitative interviews with 19 women from the UK who previously had pre-eclampsia or HELLP, the paper will explore the ways in which health professionals were described. Examples are drawn from across the duration over which women experience these conditions-from being monitored, having raised blood pressure detected, and responded to, as well as during the 'recovery' phase for both women post-birth and for babies born with health complications. The unpredictable and varied nature of these conditions, with limited management options, meant that some women became extremely unwell in a short space of time, signalling a sense of urgency or 'panic'. Others experienced significant periods of time with rapid deterioration looming over them. In such a context, health professionals often became central characters not only in monitoring and providing medical treatment, but also in terms of moderating the emotional impacts. Women described a spectrum of experiences, ranging from praise for health professionals providing effective reassurance and alleviation of distress through to frustration and isolation at not being listened to or adequately communicated with. In the context of empowering women during their pregnancy, we will explore how these narratives shine a light on women's relationship with their care givers during complex pregnancy.

Thursday 13 September 2018 at 17:30-18:00

Lifecourse

W119

'It Was My Body. It Was Happening To Me. I Should Have Known.' Women's Knowledge and Information Needs in Pregnancies Complicated by Pre-eclampsia

Hinton, Lisa, McNiven, A., Duffy, J., McMnus, R.
(University of Oxford)

Introduction-Raised blood pressure (BP) is a common problem in pregnancy which can lead to significant morbidity and mortality for mother and child, particularly when accompanied by proteinuria or other metabolic changes (pre-eclampsia). There is little research on the psychological consequences of experiencing pre-eclampsia, although women's perceptions and experiences suggest they are physically and emotionally distressed. Women's knowledge about hypertension in pregnancy and pre-eclampsia, and their information needs during and after pregnancy, are largely unknown.

Methods-In-depth semi-structured interviews were carried out with 18 women in the UK who had experienced pre-eclampsia or HELLP syndrome about their experiences of pregnancy and its complications.

Results-Women often did not know how serious blood pressure problems in pregnancy could be, and described knowledge journeys from largely ignorance to becoming experience-based experts. Women often struggled to understand and make sense of information they were given, especially while they were ill. Although women and their relatives could go online, information and communication from health professionals was key. In the absence of verbal explanations, sometimes women interpreted body language and glanced looks.

Discussion-Women lack knowledge about hypertension in pregnancy and its risks. If they develop complications, their learning curve is steep and often frightening as their anticipated pregnancy journey goes awry. Using the dual lenses of biographical disruption (Bury; Locock et al) and sense-making (Weick), we discuss women's loss of self and the role of knowledge in coming to terms with these pregnancy complications.

Friday 14 September 2018 at 12:30-13:00

Experiences of Health and Illness

W004

Practically Dying: Understanding the Occurrence of End-of-Life Hospital Admissions

Hoare, Sarah, Barclay, S., Kelly, M.
(University of Cambridge)

According to NHS policy, end-of-life care patients should die in the community. Supporting these patients to die at home and preventing their admission to hospital is therefore a significant task for community-based practitioners. Despite this home focus, nearly half of all deaths in the UK occur in hospital. In this presentation I consider why healthcare staff instigate end-of-life hospital admissions by exploring practices of care at home and in hospital.

To do so I use interviews with healthcare staff from both hospital and community settings involved in the admission to hospital of patients close to the end of life. Through an analysis of this data I demonstrate the precarious nature of home-based end-of-life care. I highlight how an absence of clinical care or continuous family support can challenge the desirability of home-based care for staff and transform hospital from a poor site of end-of-life care to a refuge for sick patients. I consider this inversion of the relative appeal of home and hospital using Shove et al.'s practice theory, focusing on the end-of-life care practices tied to each. I demonstrate the similarities of home and hospital care to explain why GPs instigated hospital care, arguing that when end-of-life care being practised at home did not match contemporary dying practices, the meanings attenuated to hospital care could be reprioritised to become a necessary place of care.

Thursday 13 September 2018 at 16:20-16:50

Health Service Delivery
W004

'We Give Them Choices within Parameters that Make Them Safe': Fragmented Nursing Practices and Limits to the Personalisation Project

Hope, Jo, Bridges, J., Schoonhoven, L., Gould L., Griffiths, P.
(University of Southampton)

This paper uses social theory to explore difficulties faced by a project aiming to increase patient choice in basic care in hospital. It brings together concepts including governmentality, resistance and the role of objects to explore personalisation in practice and ward engagement with care improvement research. The project co-developed previously successful interventions through focus groups with recent patients and current staff and an expert panel of nursing specialists and academics. Final interventions were adapted versions of a patient request card (the 'Tell Us' card) and the Creating Learning Environments in Compassionate Care training package (CLECC). Data from the four focus groups, field notes taken by practice nurses supporting the intervention and post-intervention interviews with patients and staff are being analysed to explore implementation difficulties (final interviews taking place alongside analysis, likely n=50). The role of discourses around patient safety and 'the overstretched NHS' are emerging as important themes. These limited patients' willingness to make care personalisation requests. Staff also used these discourses to resist giving open-ended patient choices and explain difficulties attending project training and meetings. Wards resisted giving patients control over their 'Tell Us' cards as intended. Staff either controlled access to cards or pursued patient completion as a compliance task, assuming (falsely) that the ward was being judged on completion rates. This suggests a focus on fragmented, surveillance-oriented nursing that can make it difficult to implement broader process-led interventions. This raises concerns about the wider project of personalisation and care quality improvement work in the current NHS.

Wednesday 12 September 2018 at 13:55-14:25

Mental Health
W009

The Hearing Voices Movement: A Case Study in Patient Resistance to Psychiatric Authority

Hornstein, Gail
(Mount Holyoke College)

Throughout the history of psychiatry, patients have challenged the explanations and treatment methods of their doctors, but only recently have these critiques succeeded in changing outcomes on a broad scale. The closing of the large asylums, combined with the continuing lack of a clear empirical base for psychiatry's practices, have allowed patients to organize internationally to create their own approaches and to pressure the mental health system to incorporate their work. My ethnographic research with activists in the Hearing Voices Network (HVN) over the past decade illuminates the social processes operating both inside and outside contemporary psychiatry.

HVN is a worldwide collaboration of professionals, people with lived experience, and their families and friends who have been working for more than 25 years to develop an alternative approach to anomalous experiences like voices, visions, and other extreme emotional states that is empowering and useful and does not start from an assumption of chronic mental illness. The peer support groups that HVN sponsors are transforming the lives of people all over the world, allowing them to understand and cope with experiences that may long have confused or frightened them. What makes these groups so effective is that people dismissed as 'out of touch with reality' or 'thought disordered' are able to reconstruct their life narratives to do justice to the complexity of their experiences rather than reducing them to an imprecise and stigmatizing diagnostic label. In so doing, they expose the weak empirical bases of psychiatry and re-assert their own agency.

Friday 14 September 2018 at 10:10-10:40

Pecha Kucha
W004

From 'Morally Wrong' to 'Saving Lives': Exploring the Perspectives of Donors, Recipients, and Donor Families on an Opt-out System of Organ Donation in England

Howard, Jade, Boylan A.M., Prinjha, S.
(University of Oxford)

On 23rd February 2018, 'The Organ Donation (Deemed Consent) Bill 2017-19' passed its second reading in the House of Commons. In light of this development, the possibility of adopting an opt-out system in England has once again become the subject of public and political scrutiny. Indeed, the moral permissibility of an opt-out system and the implications that this could have on donation rates has engendered much academic debate. However, whilst previous research has focused on the views of the public, health professionals and, to a lesser extent, donor families on such legislation, the voices of donors and recipients are absent in such discussions. Drawing on a secondary analysis of 25 qualitative interviews, this paper will explore the perspectives of donors, recipients and donor families on an opt-out system of organ donation, including the range of opinions that exist between and across

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these groups, from those in favour of an opt-out bill to those who oppose changes to the current opt-in system. Beyond arguments around increasing the donor pool and reducing the current organ shortage, this paper will consider other factors which arose around discussions on deemed consent, including how perceptions of the (deserving) recipient, the idea of "wasted" organs, and fears over violated or disrupted bodies, played out in these narratives. The findings will be situated within the "gift" discourse that has dominated organ donation literature, looking at how the opt-out system is perceived to threaten the significance of donations as gifts that are "altruistic" and freely-given.

Friday 14 September 2018 at 10:45-11:15

Screening and Diagnosis

W002

Materialising the Perfect Egg 'Donor': Examining the Work of Screening Technologies in Clinical, Commercial and Counselling Practices

*Hudson, Nicky, Coveney, C., Culley, L., Herbrand, C., LaFuente, S., Pennings, G., Pavone, V., Provoost, V.
(De Montfort University)*

Within Europe, fertility treatment using donor eggs is increasing, with demand coming from a diverse and growing number of recipients, including older women and gay male couples. Within the EU, the practice is governed by common regulation, which states that human tissue must only be provided within principles of voluntary unpaid donation. However country-level policies and practices vary, and it has been argued that due to increasing demand and varying levels of compensation, there is effectively an unofficial egg market emerging within Europe. Simultaneously, forms of clinical screening – both biomedical and discursive-mean that the reproductive potential of some women are given priority over others within this context.

This paper explores how a range of screening and selection techniques work to produce the ideal egg donor. Drawing on policy mapping, marketing analysis, and interview data from clinicians and egg providers in the UK, Belgium and Spain, it considers how professional and policy rationalities, screening tools and the knowledges they produce, materialise a particular construction of the idealised, healthy, altruistic 'donor'. This idealised donor is typically free from psychological and genetic 'risks' and expresses motivations in alignment with the principles of voluntary and unpaid donation and as enshrined within European law. We consider whether these tools and technologies may be part of a set of increasingly commercialised choreographies within egg donation in Europe.

ESRC funding ref: ES/N010604/1

Thursday 13 September 2018 at 10:15-10:45

Patient–Professional Interaction

W110

Commercial Healthcare Brokerage: Origins and Evolution of an Emerging Industry

*Hunter, Benjamin
(King's College London)*

The process of accessing healthcare often entails navigating a complex and opaque landscape of service provision and social institutions. This paper examines the work of brokers in mediating this process. Brokers are third-party intermediaries who occupy a spectrum of formality, ranging from community-based actors and their informal networks, to corporate agencies and online booking platforms. They can facilitate access to healthcare by providing information, arranging consultations, tests and treatments, and by accompanying healthcare users.

Drawing on brokerage theories from economic sociology, political sociology and the sociology of organisations, this paper presents an approach for the sociological study of healthcare brokerage. The approach pays close attention to personal histories and strategies amongst brokers in order to better understand their practices and the implications for how people access healthcare. It is illustrated using findings from ongoing qualitative research that involves thematic analysis of websites, promotional materials and transcripts from interviews with domestic and international brokers based in India and the United Kingdom.

Findings show the ways in which uneven landscapes of capital enable and constrain brokerage, the mechanisms for consolidating intermediary positions, and the opportunities for leveraging payments from users and providers alike. They point to precarity in broker status, as brokers are held responsible for service provision problems beyond their control and struggle to retain their intermediary positions amidst institutional and cultural shifts. The paper considers the potential that healthcare commercialisation, individualising social trends and the changing nature of work have for explaining healthcare brokerage and its anticipated vibrant future.

Thursday 13 September 2018 at 15:45-16:15

Methods

W002

I-Poems and Disabled Cyclists: A Creative Engagement with Data

Inckle, Kay

(University of Liverpool)

Creative methods have received much attention as a means of representing complex, sensitive and embodied experiences such as self-harm and mental distress. Creative forms are deemed particularly apt as a means to promote empathic rather than objective/objectifying engagement because of their capacity to contain ambiguity and contradiction and to avoid reducing multi-dimensional experiences to linear, dualistic formats. In this paper I explore the use of creative methods as a means of data analysis. Drawing on a qualitative study of the health, identity and social impacts of cycling for people with physical disabilities, I discuss how the use of I-poems became an important analytical tool. I-poems were originally developed by feminist researchers as a means of maintaining the centrality of participants' voices and encouraging the reflexive awareness of the researcher. I began to use I-poems as a means to focus on the subjectivity of the participants and in contrast to the policy-oriented analytic themes I initially developed. However, I found that the I-poems brought to light new aspects of the data and powerfully conveyed the emotional/mental impacts of the physical, attitudinal and policy barriers encountered by disabled cyclists. In this presentation I focus on three I-poems in order to explicate their methodological purpose as well as their impact as forms of representation.

Thursday 13 September 2018 at 12:00-12:30

Experiences of Health and Illness

W115

Family Carers Affected by Harmful Behaviour: A Case of Epistemic Injustice?

Isham, Louise, Bradbury-Jones, C., Hewison, A.

(University of Birmingham)

This qualitative empirical study explored the experiences of family carers affected by violent, abusive or harmful behaviour by the older person for whom they cared. It involved interviews with twelve carers and five focus groups with health and social care professionals. The theory of epistemic injustice and in particular the concept of 'hermeneutic injustice' (Fricker, 2007) informed the analysis of the interview transcripts.

It was found that prejudicial flaws relating to gender, age and the contingent credibility of 'informal' carers shaped how people understood and expressed their experiences of harmful behaviour. This was made more complex by hermeneutic factors, such as the assumption that people who are ill or 'vulnerable' in some way cannot instigate violence or abuse intentionally. This makes it difficult for people – family members and health and social care practitioners for example – to recognise the complex and fluid nature of power dynamics between adults. The analytical approach also shed light on the relational and temporal nature of issues including co-dependency and intimacy in later life. Carers' experiences of harmful behaviour are often 'hidden' in part because of these hermeneutic factors.

Surfacing the powerful and distinctive epistemic and ethical practices that shape familial and intimate relationships, reveals a new and hitherto under-explored dimension of the theory of epistemic injustice, which has implications for research and practice in this area.

References-Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing*, Oxford University Press.

Friday 14 September 2018 at 10:45-11:15

Patient–Professional Interaction

W003

Sociology of/and Pharmacy: The Persistence of the 'Professional' Problem and the Brave New Collaborative World

Jamie, Kimberly

(Durham University)

This paper examines Sociology's treatment of community (or high street) pharmacy, a practice which plays a key role in the British health care system yet is relatively under-theorised. I trace the development of pharmacy work from a craft-type occupation focused on compounding medicines to its modern incarnation wherein practitioners dispense pre-packaged drugs alongside providing public health advice, minor ailment support and health testing. Such changes have shifted the "gaze" of pharmacy work, necessitating new forms of body work, altered relationships with market forces and new forms of governmentality.

Alongside this, I trace the development of sociological analyses of pharmacy. I argue that Denzin and Mettlin's (1968) seminal paper which conceptualised pharmacy as an "incomplete profession" set the tone for much sociological thought in the latter part of the

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twentieth century. I suggest this lead to a somewhat damaging pre-occupation with pharmacy's professional status which hampered attempts to engage fully with the complexities, intricacies and indeed mundanities of pharmacy work.

However, I also argue that we are entering a new era of sociology of pharmacy. While acknowledging that ambiguous professional status continues to be an important backdrop for sociological analyses of pharmacy, I show that scholars are (re)focusing on everyday work incorporating analyses of, amongst other things, emotional and body work, governmentality, space, technology and practitioners' experiences. I argue that this does not just provide us with a more holistic sociology of pharmacy but opens up new opportunities for collaboration and the development of a sociology and pharmacy approach.

Thursday 13 September 2018 at 08:30-09:00

Citizenship and Health

W001

Agency as Creative Entanglement in Dementia

Jeong, Jong-Min

(University of Manchester)

This article challenges the prevailing perceptions of living with dementia in an institutional setting, which are often described as loss of self with no meaningful social interaction and communication and thus with no agency, but only scheduled daily (care) practice. Based on practice-based art activity in a Jewish care home in London, I attempt to re-evaluate what it means to live with loss as residents living with dementia put their labour into expressive performativity in creating images and objects whilst they continuously respond to immediate surroundings within their illness capacities. In doing so, I argue that conventional notion of agency which is based on individual capacity needs to be extended toward co-creating affordability in the condition of co-welling.

Thursday 13 September 2018 at 10:50-11:20

Patient–Professional Interaction

W110

'Giving Advice' Or Guarding the Gate? The Discretionary Gatekeeping of Emergency Department Triage Nurses

Johannessen, Lars, E.F.

(Oslo Metropolitan University)

This ethnographic study explores gatekeeping practices in a Norwegian ED that – in common with many EDs internationally – was facing significant problems with crowding. This posed problems not only for the patients having to wait but also for the staff who had to solve these problems in their everyday work. In the clinic under study, these pressures were arguably felt most intensely by the ED's frontline triage nurses, who worked to limit attendance while having little authority to deny patients access, as management only allowed nurses to 'advise' patients to seek help elsewhere. Adopting Lipsky's framework of 'street-level bureaucracy', this article asks how triage nurses translated this policy of 'giving advice' into actual practice. The findings show that nurses acted more as salespeople than advisers, emphasising the advantages and downplaying the disadvantages of the alternatives they offered. Moreover, the findings show that the nurses' 'advice' was highly dependent on patients' compliance, which benefitted those who 'stood their ground' and disadvantaged the 'meeker' patients. The study complements previous gatekeeping research by highlighting the interactional dilemmas involved in nurses' gatekeeping practices. It further highlights the importance of nurses' rhetorical skills – a form of skill that is rarely acknowledged in nursing or other medical education. In sum, the study shows how the macro-level challenges of crowding are handled creatively in micro-level practice, thus adding to our understanding of both gatekeeping and street-level work more generally.

Friday 14 September 2018 at 11:20-11:50

Screening and Diagnosis

W002

'Does This Mean We Have a Little Girl?': Epistemic Vulnerability and the (Un)Certainties of Sex

Jones, Charlotte

(University of Edinburgh)

'What if they don't know? What if she's both? What if she's neither? What if, what if, what if –'

Over the last twenty years, the ethical dependability of orthodox medical practice with regards to non-consensual, irreversible surgical interventions on intersex people has been widely disputed (Davis 2015, Holmes 2002, Preves 2008). In this paper, I develop a critical exploration into the relationship between truth and authenticity in medical approaches to intersex. I focus on one case study, taken from a larger qualitative study, involving Beth and the medical sex categorisation process of her new-born infant, Imogen.

I develop critical perspectives on certainty and truth by engaging with Gilson's (2014) concept of 'epistemic vulnerability'. Here, I consider how personal mutability, vulnerability and an openness to revision and change may alter our ability to 'know' sex (and the body), and transform the ways in which complexities of sex assignment and categorisation are understood.

The medical performance of certainty in the process of sex ascertainment and the ways in which some physiological information is highlighted, whilst other details are overlooked, presents an impression of conviction and trust in medical authority. I argue that the belief that parents of new-born babies require absolute certainty in their child's binary sex may frame the clinical approach to sex ascertainment. I consider whether this drive towards medical certainty is necessarily in the best interests of people with intersex traits in all instances, and how an appreciation of epistemic vulnerability serves to trouble approach

Friday 14 September 2018 at 11:20-11:50

Critical Public Health

W001

Science, Politics and Public Health: The North Karelia Project 1971–1997

Kananen, Johannes

(University of Helsinki)

Focusing on the evolving relationships between medicine, public health and politics, this paper reviews and reconstructs the internationally renowned Finnish North Karelia project of community control. This project contributed significantly to both national and international debates about public health by trying to change the health behaviour of the population in the region for about a quarter of a century. The perspective adopted in the paper draws on Foucaultian medical sociology and conceptual history, according to which meanings of concepts such as public health are not fixed but socially constructed. Distancing itself from conventional presentations of the North Karelia Project, which create an image of linear progress and falling mortality rates, the paper shows how the project changed during the course of time. After an initial phase of formulating a medical scientific understanding of the causes of cardiovascular disease, the North Karelia project acquired administrative authority for public health experts. It then established a social and ideological movement at the local level, and finally, identified the real needs of the people in accordance with expert knowledge. The project also consolidated the symbiotic relationship between public health and biomedicine in Finland and contributed to a collective understanding of the objects of knowledge in these fields. Note: the paper extends and builds on a chapter published in the edited volume 'Conceptualising Public Health: Historical and Contemporary Struggles over Key Concepts' (Routledge, 2018).

Thursday 13 September 2018 at 08:30-09:00

Ethnicity

W119

Understanding Drivers and Barriers to Adoption of Exclusive Breast Feeding Among Mothers in Rural Communities of Imo State, Nigeria

Kanu, Winifred, Ezeji, P.O.

(Imo State University, Owerri)

There is a serious concern over the health condition of infants and children under 5 years of age in Nigeria. Research shows that Nigeria is one of the highest contributors to infant and child mortality. Malnutrition is observed to be one of the major causes of morbidity and mortality among infants and children under 5 years old. Researchers acknowledge that exclusive breast feeding plays a crucial role in early childhood developments and as well reduces infant mortality. However available literature shows that the rate of adoption of exclusive breast feeding among mothers in Nigeria is still low. The rate is even found to be lower in rural areas, where large proportions of women live. Given the benefits of exclusive breastfeeding to both mother and child, it is still unclear why some mothers particularly in rural areas do not practice exclusive breastfeeding, even when it is known to be more affordable than supplementary breastfeeding. This therefore makes it crucial to understand the early breast feeding practices of mothers which can have a long term effect on health condition of children. Specifically this study examines breastfeeding practices among mothers of different socio-economic background in rural areas to understand drivers and barriers of exclusive breastfeeding among them. A total of 203 mothers with children below one year were purposively sampled from 12 rural communities in Imo State. The study adopts a combination of qualitative and quantitative methods for data collection. The data will be analysed using descriptive and inferential statistical tools.

Thursday 13 September 2018 at 09:40-10:10

Ethnicity

W119

The Perception and Health Seeking Behaviour Surrounding Vaccine-Preventable Diseases in Children: Focus on the Nomads of Nigeria - The Fulanis

Kareem, Thompson Olusegun, Fulton, J.

(University of Sunderland)

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Background: In Nigeria, despite the National Program on Immunization, the effective delivery of vaccine remains a problem in many parts of the country, particularly in remote, improvised or strife-torn areas and particularly among the Nomadic Fulani population.

Nomadic communities are on continual pastoral movement across borders, live in very traditional settings and they adhere strongly to traditional cultural values and beliefs, which can lead to poor health outcomes. In Nigeria, there is a lack of understanding of these customs, values and beliefs, due to limited information and research among Nomadic populations. Hence, this is a novel contribution to existing public health research in terms of methods and findings.

Aim: The thesis sets out to grasp the complexity of vaccination, in particular, focusing on the Nomadic Fulani's Perception and care-seeking behaviour around vaccine-preventable diseases in children.

Methodology: Through Situational Analysis (SA), an approach to Grounded theory as described by Clarke (Clarke, 2005) which is philosophical oriented in social constructionism and Qualitative semi-structured interview were conducted of Fulani women of childbearing age as well as Focus Group among Fulani men gave a clear picture on how their cultural practice has shaped their understanding of social and environmental factors and subsequently their adoption of preventive behaviour towards vaccination of children against common diseases.

Result: The preliminary result indicated poor knowledge of the vaccination practice; the impact of cultural belief and practice on the decision-making process in nomadic communities to the role of traditional treatment and their link to the formal health system.

Thursday 13 September 2018 at 09:05-09:35

Ethnicity
W119

Sociological Influences on the Development of Ethnic/Religious Inequalities across the Health Trajectory

Karlsen, Saffron
(University of Bristol)

This paper uses secondary quantitative analysis of the Understanding Society survey to explore the ways in which responses to the poor health experienced by those with different ethnicities and religions at different stages of the health trajectory combine to produce particular health inequalities. Existing empirical research has identified ethnic inequalities in health in terms of, among other things, patients' symptom recognition and health service engagement, doctor-diagnosis and treatment. However, this work often considers these varying markers as both reliable and inter-changeable markers of a single phenomenon. The work presented here similarly adopts a multi-dimensional approach to the definition of health: examining self-reported and measured symptoms, limitation and differential health service engagement, including both potential-patients' and service staff's identification of and responses to symptoms (as recognized in variations in perceptions of need, attendance, diagnosis and treatment). But, in contrast to this earlier work, this work acknowledges the biases and social processes underlying each marker and examines the ways in which these are inter-related: that biases in one measure influence another which in combination produce particular health experiences and inequalities. The research examines the development of ethnic/religious inequalities across the health trajectory, while allowing for the influence of other factors potentially influencing this such as religiosity, victimization, and migration and socioeconomic status. More detailed understanding these relationships offers a valuable opportunity to develop more effective policy in this area..

Thursday 13 September 2018 at 11:25-11:55

Inequalities
W009

A Social Neuroscience Account of the Patterning of Health Inequalities

Kelly, Michael, Kriznik, N.
(Department of Public Health and Primary Care, University of Cambridge)

The links between early death and increased rates of illness and socio economic status, gender, ethnicity, and sexual orientation are well established. They have been studied extensively by medical sociologist as well as by epidemiologists, health psychologists and health economists. Competing binary explanations have been advanced over the years-material vs cultural, behavioural vs social, individual vs population-and so on. In more recent times new theories have been advanced which in the pragmatist tradition of Mead and Dewey seek to dissolve the boundary between the social and the biological. One such approach is to be found in social neuroscience. This paper will explore some of the emerging explanations from social neuroscience (or what is sometimes called neurosociology). These are based on the work of Mead, Weber, Schutz, Blumer, Bourdieu and Giddens through the idea of inter-subjectivity to modern conceptions of predictive brain processing. At the heart of the consilience between sociology and neuroscience is their common interest in the way that the thinking brain engages with the social world and their shared non-reductionist epistemology. The ways that these new hypotheses illuminate inequality and power generally and health inequalities in particular, will be described.

Friday 14 September 2018 at 11:20-11:50

Health Service Delivery
W110

Achieving Health Equity, but How? Challenges of Access to Health Facilities in Rural Communities

Khan, F. Ali, Cheema, A.
(Rural Support Programmes Network)

The global call for the achievement of sustainable development goals includes health equity. This research examines the benefits of utilisation and challenges to the utilisation of inpatient health insurance provided to poor rural and remote communities living in the eight districts of the Sindh province of Pakistan. Started in 2015, funded by the European Union, 'Sindh Union Council and Economic Strengthening Support' (SUCCESS) programme would reach 770,000 rural households in until 2021, an overall budget of EUR 82.13 million. Twenty-five percent of the poorest households would be provided with the micro health insurance covering inpatient costs for each of the household member up to Pakistan Rupees 25,000/- per annum. This research focuses on a sample drawn from the intended recipients, 460,586, of the insurance for the period from February 2017 to January 2018. Through interviews, focus group discussions, participant observation and a number of formal and informal interactions with the rural communities and staff of the SUCCESS programme implementing organisations over two years since the programme inception. Findings highlight insurance utilisation saves the poor from getting indebted to the local landlords and shopkeepers in addition to providing a sense of security. key challenges to the utilisation of the insurance include affordability to travel to avail insurance, seasonal migration, the perception of disease infliction as a result of getting insured and unavailability of computerised national identity cards. The findings directly contribute to the mid-course correction of the SUCCESS programme and design of an equitable future health policy in a rural context.

Wednesday 12 September 2018 at 13:20-13:50

Health Service Delivery
W003

SKIP-IT: Development and Testing of a Narrative Text Messaging Intervention to Support Smoking Cessation in Pregnant Women

King, Emma, Cheyne, H.
(NMAHP-RU, University of Stirling)

Smoking during pregnancy is a major preventable cause of serious risks to mother and infant health. Smoking is strongly related to health inequality, with higher smoking rates in lower socioeconomic groups. In Scotland an average of 17% of women are reported as smoking at their first antenatal appointment, but levels are as high as 38% in women under 20 years of age from deprived areas.

Current interventions have had limited effectiveness and uptake of traditional smoking cessation services by those from deprived backgrounds is low. Self-help interventions can provide good value for money and tap into a changing society, where people are increasingly constrained for time but also more technology literate.

We have developed and carried out initial testing of a theoretically and empirically informed narrative intervention delivered via text message. This narrative storyline follows 'Megan', a woman who is pregnant and trying to stop smoking. Embedded within the narrative are behaviour change techniques designed to support a quit attempt. Women will also be sent images showing the size of the fetus.

The intervention is now being trialled in a combined pilot and feasibility trial in two health boards in Scotland. We will be recruiting 70 pregnant women who smoke, at around 14 weeks of pregnancy, and continuing contact with them until 6 weeks post-birth (as evidence suggests there is a high relapse rate post-birth). Half of these women will receive their usual care, and half will receive the intervention in addition to usual care.

Friday 14 September 2018 at 11:55-12:25

Experiences of Health and Illness
W004

Men and Partners' Experiences of Prostate Cancer along Routes to Diagnosis in Trinidad and Tobago

King-Okoye, Michelle, Arber, A., Faithfull, S.
(University of Surrey)

Background: Prostate cancer is the leading cause of death among Afro-Caribbean men in Trinidad and Tobago (TT). Men present late as emergencies to health services with symptoms suggestive of advancing prostate cancer, such as bone pain, blood in urine and urinary retention. There is a dearth of qualitative research that explores men and their partners' experiences along routes to diagnosis for prostate cancer in TT.

Methods: Utilising grounded theory, semi-structured and focus group interviews were conducted with 51 Afro-Caribbean men diagnosed with prostate cancer from urology/oncology centres and 16 partners of these men from TT.

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Results: The core category: 'Silence' among Afro-Caribbean men' was generated from the data. This pertained to men's accounts of health providers' silences along care pathways and men's reciprocal silence in relation to passivity in the doctor-patient relationship. Contributory factors of health provider silence were shortage of skilled staff, increased patient workload, malfunctioning equipment and movement between public and private healthcare systems. Men's reciprocal silence was related to hegemonic masculinity norms, lack of self-confidence, belief in doctor's expertise, self-management of symptoms and disconnected feelings with health service providers. Partners acted as 'silence breakers' by filling in service gaps through accessing information on men's behalf and questioning service providers, trying to smoothen men's journey.

Conclusions: A better understanding of men and their partners' experiences along routes to diagnosis for prostate cancer can target public health messages to address barriers to early diagnosis for men in TT where prostate cancer levels are among the highest in the world.

Friday 14 September 2018 at 10:10-10:40

Healthcare Organisations
W009

The Challenges of Standardisation in Healthcare: A Qualitative Study of a Line Labelling Policy

Kriznik, Natasha, Simmons, R, Willars, J., Dixon-Woods, M.
(Healthcare Improvement Studies Institute, University of Cambridge)

This paper will explore the life course of a recently introduced standardised line labelling policy designed to reduce instances of wrong route administration. Standardisation promises to lead to technologies and practices becoming uniform across time, place, and culture. It is important to recognise that standardisation is a social act and, therefore, is not a neutral process.

We conducted 18 telephone interviews with staff involved in the development of the policy, its implementation, or both, in order to understand the need for the policy, the processes of design and implementation that were undertaken, and what we could learn from their experience.

The examination of this policy's creation, its implementation, and its intended outcomes provides insights into the underlying assumptions of the policy's designers, the emergence of conflicting perspectives over its perceived efficacy, and socio-technical challenges encountered throughout the process. Many of the challenges faced during implementation of the policy were practical rather than based on changing "hearts and minds" of staff, as assumed by designers, and emerged because of flawed assumptions about the ease of introducing a standardised policy. Even the relatively simple idea of introducing standardised labels and practices for line labelling requires a great deal of work to ensure that staff are convinced of the need for change, that new labels are designed appropriately, that the policy is meaningful for staff, and that there are suitable infrastructures in place to support staff during implementation and beyond. Standardisation in healthcare settings therefore requires careful thought about delivering on operational reality.

Thursday 13 September 2018 at 11:25-11:55

Citizenship and Health
W001

Balancing the Risks of Antibiotic Use: A Systematic Review and Synthesis of Qualitative Research on Antibiotic Prescribing Behaviour in Hospitals

Krockow, Eva, Jenkins, D., Colman, A., Chattoe-Brown, E., Mehtar, S., Perera, N., Tarrant, C.
(University of Leicester)

Over-prescribing of antibiotics is a significant problem globally, contributing to the growth of antimicrobial resistance (AMR). Risk perceptions play a critical role in medicines overuse. To explore the role of risk perceptions in antibiotic prescribing decisions in hospitals, we conducted a systematic review and Framework synthesis of qualitative research, including literature from high and LMICs, drawing on the Health Belief Model.

Evidence from the literature indicates that AMR is generally perceived to be a serious threat, but, due to the abstract and long-term nature of the risk, it is perceived as loosely coupled to individual doctor actions. The link between overprescribing in hospitals and AMR is often questioned, and behaviour change seen as futile in the fight against a problem so complex. Physicians perceive antibiotics as highly effective, and their prescribing behaviour is shaped by avoidance of immediate and highly salient risks – risks of patient deterioration and death, and negative consequences for themselves as doctors. Prescribing antibiotics enables doctors to manage immediate risks with minimal cognitive demand. Literature from LMIC settings indicates that antibiotic prescribing occurs in a context of heightened uncertainty and risk, due to poor microbiology and infection control services.

Framing the problem of antibiotic prescribing behaviour in terms of risk perceptions identifies the multiple and conflicting risks that have to be managed in making prescribing decisions, in particular, the tension between individual and collective risks and outcomes. These dynamics of risk need to be taken into account in designing interventions to optimise antibiotic prescribing.

Thursday 13 September 2018 at 10:50-11:20

Citizenship and Health
W001

Creating 'Good Citizens' and 'Good Patients': Roma Health Mediation as Care and Correction

Kühlbrandt, Charlotte
(King's College London)

Who counts and who does not count as a citizen is closely intermeshed with who does or does not count as a patient. Similarly, how to be a 'good patient' is interlinked with how to be a 'good citizen'. The Roma health mediation programme, a community-led health intervention in Romania, provides an avenue for undocumented citizens to become registered and for unregistered children to receive a national identity number. Both are necessary steps towards ensuring access to healthcare to often marginalized community members. Drawing on data collected during a year of ethnographic fieldwork and forty interviews with mediators, health professionals and state actors, my analysis of health mediation in practice suggests that mediators are caught between community and state interests. Mediators take pride in teaching community members how to perform as deserving people. I give examples of how, through discourse and action, mediators create 'good citizens' and 'good patients' who can access state benefits and free Healthcare. While this can be seen as a form of care towards fellow community members, it also promotes a narrow and normative notion of patienthood and citizenship. Applying a more politicised understanding that looks to postcolonial and intersectional theories suggests that health mediation plays into constructions of Roma as defective and inferior, which justify the need for 'correcting' them both as patients and as citizens. I discuss practical implications for health mediation and, following on from theories of neoliberal citizenship, implications for the concept of patienthood in relation to citizenship.

Friday 14 September 2018 at 11:55-12:25

Critical Public Health
W001

Understanding Differences among UK Drinkers: The Role of Segmentation Analysis to Inform the Targeting of Alcohol Education

Larsen, John, Aggergaard, Appleton, A.
(Drinkaware)

Drinking alcohol causes significant harm in the UK. In 2015, close to 9,000 people died from alcohol, and alcohol was a contributing factor in more than one million hospital admissions. Around one in three men and one in five women drink over the low-risk drinking guidelines. In order to effectively work to reduce these figures, it is important to understand differences among drinkers.

Segmentation analysis offers a method to identify individuals who have common needs, attitudes and behaviours. The approach is informed by Bourdieu's theories on social stratification based on aesthetic taste as related to social class (Distinction, 1979), and it has been adopted by marketers and public health professionals, designing and implementing strategies to target groups of individuals.

In this presentation we provide an overview of a segmentation analysis identifying eight types of UK drinkers. Then study involved a UK representative survey of 6,174 adults considering drinking behaviours and attitudes, as well as drink moderation activity, mental wellbeing and wider lifestyle health behaviours – which is particularly relevant given the finding of the 'alcohol harm paradox' of greater harm in lower socioeconomic groups (Bellis et al., 2016).

We present key findings relating to the eight drinker types, representing differences in respect to motivations for drinking, drinking occasions, level of consumption and perceptions of likely future health implications. The limitations of basing the analysis on self-report survey data are considered, and it is discussed how in-depth research into drinking practices and co-production work with target groups offer essential additional insights.

Thursday 13 September 2018 at 16:55-17:25

Gender
W009

The Meaning of Masculinity: A Phenomenological Investigation of the Psychotherapeutic Situation

Larsson, Jakob
(Department of Education)

Masculinity is an elusive and ambiguous phenomenon that manifests itself in many different shapes in diverse cultural contexts, and yet, is something that most people, men and women, can relate to and experience in both their everyday and professional lives. In this presentation, I will draw on some preliminary results from my on-going PhD project where masculinity is investigated in the context of psychodynamic psychotherapy from a first-person perspective. In other words, I am interested in how masculinity is experienced from the perspectives of both the patient and the therapist – and how these lived perspectives contribute to a co-constitution of masculinity within the psychotherapeutic situation. In order to gain access to these perspectives, a phenomenological method has been used and an empirical study, containing approximately ten interviews with former patients and ten interviews with licensed psychotherapists, has been conducted. The presentation will focus on some findings from the interviews with the patients;

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the phenomenological analysis shows that the experience of masculinity is intertwined with concepts and ideas of therapeutic process and progress. Masculinity can be experienced as both a positive and negative phenomenon, and within the psychotherapeutic situation these experiences can change over time. In particular, therapy can contribute to the experience of belonging to a certain sex and at the same time make possible an identification with non-hegemonic masculinity ideals. In this sense, therapy can contribute to a widening of gender identifications.

Thursday 13 September 2018 at 09:05-09:35

Experiences of Health and Illness
W115

Hope, Trust and Diminishing Returns: Healthcare Choice in the Context of Advanced Cancer

Lewis, Sophie, Kirby, E., Kenny, K., Broom, A.
(UNSW Sydney)

Cancer care guidelines emphasise the importance of patient-centred approaches, in which patients are involved in decision-making about their health and healthcare. This assumes that patients are 'rational actors' with sufficient knowledge and equal capacity to make choices most beneficial to their health. Yet 'rational' choices about treatment and care options are complicated by dynamics of vulnerability, uncertainty, and the threat of incurability. There remains limited sociological research about healthcare choice in the context of cancer. We conducted in-depth interviews with individuals living with advanced cancer and their carers to explore how they perceive and experience healthcare choice within the Australian context. We find choice is imagined and enacted in varied ways: as an opportunity for self-actualisation; an additional responsibility to those already occupying daily living; and a form of tyranny (one may choose between treatment options but no one chooses to get cancer). Choice is rarely executed individually, but is negotiated in relation to family, friends, and health professionals. We explore issues such as trust and hope, especially as they inflect shared decision-making between patients and healthcare provider, and the relational dynamics which inflect choice including perseverance, burden, and obligation. We explore choice within the landscape of diminishing returns: the decreasing 'benefits' of treatment options in relation to prolonging (quality of) life, as cancer advances. We argue any straightforward notion of choice in the context of cancer cannot sufficiently account for the complicated interpersonal, professional and cultural dynamics, and broader social impacts, of living with an incurable condition.

Wednesday 12 September 2018 at 13:55-14:25

Lifecourse
W119

Art, Authenticity and Citizenship in Care Homes

Lie, Mabel, Woods, S., Hearne, C., Smith, D., Baseman J., Hughes, J.
(Newcastle University)

Aims-The HELIX ArCH project funded by the Wellcome Trust aimed to explore the notions of authenticity and citizenship by asking: 1) to what extent and how do people living with dementia in a care home express their authentic voice and demonstrate their citizenship, 2) what factors contribute to their realization and 3) how would art contribute to enhancing or maintaining authenticity and citizenship for residents.

Methods-Ethnographic methods were employed in which the work of the visual artist was observed, and residents, relatives and care home staff interviewed. Using the constant comparative method of qualitative analysis, the thematic findings were established through regular team meetings.

Results-In nineteen days of ethnographic fieldwork and observation, 14 residents, 8 relatives and 9 staff were interviewed. Emerging themes under 'Authentic life' included 'identity matters', 'freedom to speak and act' and 'envisaging or confronting death'. Under 'Citizenship' were the themes of 'ageing, citizenship and autonomy' and 'the good citizen', and under 'Salience of place', the ideas of 'being in the right place or out of place' and 'the world outside' were explored. In the context of residents' biographical details and the nature of their engagement in care home activities, the key finding from the research was that with the support of the care home, residents with dementia can and do continue to live authentic lives as citizens. This needs to be acknowledged by wider society, and art that actively engages residents and the public in an authentic way can make this happen.

Wednesday 12 September 2018 at 14:30-15:00

Pharmaceuticals
W118

Medicines on the Move: Materialities, Practicalities and Ethics of Transnational Medication Use

Lindenmeyer, Antje, Greenfield, S., Kuznetsova, I., Lavis, A., Phillimore, J., Widdows, H.
(University of Birmingham)

Medicines and pharmaceuticalisation (including of daily life) are a well-established field of medical sociology. In an era of global migration which has been characterised as superdiverse, medicines have become an important part of the fabric of transnational

lives. Anthropologists and ethnobotanists studying the 'social lives of medicines' outline their double nature as rooted in the local and specific while also being a global trade commodity, always on the move.

We argue what has been missing from medical sociology is a theoretical framework to explore and contextualise the everyday practices of people living transnational lives in sourcing, exchanging, storing and taking medicines. Drawing on our expertise in medical sociology, anthropology, social geography and global ethics, we will sketch out the interdisciplinary dimensions of the framework taking into account both what people 'do' and what medications 'mean' while addressing concepts such as kinship and community; place and space; local and global flows of objects and knowledges; power and agency.

We will draw on our existing research projects based in the UK, Europe and beyond to develop the framework and suggest future areas of research including:

- The role played by personal, kinship, local and transnational networks
- Medicines as material objects with a potential to embody the familiar and comforting
- Continuing to use medicines from 'back home' as way of maintaining connections
- How flows of medical philosophies and practitioners may lead to shifts in what is considered 'mainstream' and 'alternative'
- Global ethical dimensions of access and portability of medicines, for example across (shifting) borders

Thursday 13 September 2018 at 16:55-17:25

Methods
W002

Situational Analysis: Foregrounding the Social in the Study of Social Processes

Lister, Thomas
(University of Exeter)

In traditional grounded theory (GT), social processes are often abstracted from the social context in which they are embedded. This means that the wider social, structural and discursive settings that both constitute and shape social processes are side-lined in the analysis.

Situational analysis (SA) is a newly emerging extension of GT that aims to explicitly situate social processes by bringing the wider social context squarely into the analysis. Using the 'situation' as the unit of analysis-the contextual whole in which a person, object or event is situated, which is made up of human, non-human and discursive elements – social processes are analysed in relation to the most salient elements that condition them. This is done by creating maps of the situation of interest, which plot all the analytically pertinent factors, as framed both by those in the situation and by the analyst. Understanding these elements and their relationality is the primary goal of SA.

In this talk I will present an overview of SA and how I am using it in my PhD research, which aims to understand how people come to be labelled, or to label themselves, as 'autistic' in adulthood. This involves situating it amongst the various actors, structures and popular discourses surrounding what autism is and what it means to be autistic. By foregrounding the social factors that play a role in the acquisition of particular labels and identities, SA can help to specify analytically who and what really matters in this situation.

Thursday 13 September 2018 at 10:15-10:45

Health Service Delivery
W004

Understanding How NHS Frontline Staff Use Patient Experience Data for Quality: Ethnographic Case Study Research

Locock, Louise, Parkin, S., Chisholm, A., Montgomery, C. on behalf of US-PEx research team
(University of Aberdeen)

Background/aim-The NHS collects a wealth of data on patient experience, particularly through the national patient survey programme, but there are concerns that it does not use this information to improve care. This study explored if and how frontline staff use patient experience data for service improvement.

Methods-Ethnographic case studies of patient-centred quality improvement in six hospital medical wards, and a before-and-after patient experience survey. The sample included sites with varied performance and experience of patient-centred quality improvement.

Key findings-Many kinds of quantitative and qualitative patient experience data were used by front line healthcare staff. The number and scale of projects varied, as did the degree of involvement from patients and relatives. Progress was generally greater when there was support from a central patient experience/quality improvement function, and when the ward team comprised a range of clinical and non-clinical professionals of different levels of seniority. Drawing on Bourdieu, we develop the concept of 'team capital' to analyse the impact of this conjoining of resources and skills.

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Staff could not always point to specific patient experience data underpinning their projects. Some ward teams focused on improving staff experience as an indirect way to improve patient experience, through motivation and improved morale. Staff also drew on less formal forms of 'soft intelligence' – informal interactions and their own embodied knowledge of the ward-which are not always recognised as legitimate sources of patient experience 'data'. We apply the concept of 'clinical mindlines' to understand this tacit synthesising process.

Wednesday 12 September 2018 at 13:55-14:25

Health Service Delivery
W003

Empowerment, Power and Control of Survivors of Sexual Violence in Healthcare Settings: Evidence from a Systematic Review

Lorimer, Karen, Ross, J., Caswell, R.
(Glasgow Caledonian University)

Disclosure of previous experience of sexual violence, even within a health care setting, can be difficult for the survivor. Recognising that people of all ages and genders seeking healthcare after sexual violence have more barriers in accessing care than others makes the importance of understanding their perspective all the more critical. Our systematic review sought to: determine how patient reported outcomes (PROMs) and experiences (PREMs) have been assessed, and; to identify key themes regarded by patients as priorities for delivering a high-quality service for individuals who have experienced sexual violence. We included all study types, published in English language, with people age 13 years or older, published across seven databases. Our included 22 studies (11 qualitative, 9 quantitative and 2 mixed methods) revealed no gold standard instrument for measuring PROMS or PREMs. Across the questionnaire-based studies, key 'outcome' themes were: trauma care (e.g. assessment of injuries, pain relief), medical and gynaecological care (e.g. STI testing, emergency contraception, termination of pregnancy, HIV prophylaxis), forensic examination and psychological care. The qualitative evidence revealed a clear patient need to feel in control throughout care, which is enabled by listening without judgement, while carefully conveying information. This presents challenges for healthcare professionals who may feel obligated to ensure particular outcomes, such as emergency contraception, are provided when the patient simply wants to be offered choice. Whilst recognising the importance of compassionate care, we will discuss our findings in relation to the need to deliver care that empowers individuals and hands control back to them.

Thursday 13 September 2018 at 16:55-17:25

Patient–Professional Interaction
W110

Digitally Mediated Reproductive Health across Care Boundaries

Mackintosh, Nicola, Verdezoto, N., Gong, Q.S., Hadjiconstantinou, M.
(University of Leicester)

Reproduction is a ubiquitous topic which affects all the population. However, within sociology it is often categorised in subfields such as assisted reproduction, parenting cultures or childbirth risk. This paper brings together scholarship across sociology, communication studies, and computer-supported cooperative work to explore the intersection of digital health within the bio-politics of reproduction.

Increasingly, digital platforms are being used by women to manage risk and uncertainty during the reproductive process. We report on a narrative synthesis of qualitative empirical studies which explored the relational, social and embedded experiences of women as they engage in digital health practices to mediate care boundaries between home and the clinic. We draw on data (including interviews, focus groups, observations, and analyses of digital media content) from 19 studies involving over 400 women to explore women's experiences of using different forms of digital support such as the internet, mobile programmes (apps and text messaging), social media, and remote monitoring devices in their reproductive journeys.

We find that the digital supplements, blurs and challenges lay-professional boundaries, and reconfigures constructs of and responsibilities for 'care'. It can enable risk and diagnostic work to become visible, acting as a form of accounting for 'good mothering' behaviours. Temporal, spatial and relational features of the digital sit at odds with bounded, tightly regulated maternal health services. The digital also highlights notions of expertise, legitimacy and decision making.

We consider the implications of this for those managing the space between physiology and pathology in the increasingly politicized field of reproductive health.

Friday 14 September 2018 at 13:05-13:35

Environment and Health
W115

What Do We Represent and How? Citizen Involvement in Research about the Environment and Human Health

*Maguire, Kath, The Health and Environment Public Engagement Group
(University of Exeter)*

Public involvement in research includes many different concrete activities and conflicting discourses ; echoing complex historical, social and theoretical drivers. Researchers might engage with publics pragmatically to: identify research priorities; contextualise analysis in lived experience; improve the communication and implementation of research findings; or because funders require engagement. Ideologically, engagement may be seen as a democratic political imperative , a vital recognition that knowledge is socially produced. Individuals also have varied motives for engaging with researchers, some very personal, others more general. They might have specific goals or simply be curious.

This diversity has led to ongoing debates about which forms of involvement are legitimate and how involved individuals might be seen to represent wider communities and publics. In research about the complex interactions between environments and human health, concerns have been raised about research agendas being hijacked by pressure groups and about unrepresentative individuals having excessive influence.

An empirical study, including 34 in-depth interviews, identified nine categories of representation used by patient/public contributors in health research. At a workshop involving the Health and Environment Public Engagement group and researchers based at the European Centre for the Environment and Human Health, we explored the perceived legitimacy of these categories in the context of public health research. In this presentation we will discuss the outcomes of the workshop and issues of accountability and independence in public health research which it raised.

Wednesday 12 September 2018 at 15:05-15:35

Health Service Delivery
W003

The Centrality of Facilitation: Navigating the Complexity of Supporting Hospital Staff to Use Patient Feedback to Improve Services

*Marsh, Claire, Sheard, L.
(Bradford Institute for Health Research)*

Recently, there has been intense interest in collection of patient feedback (e.g. asking the 'right' questions of the 'right' number of people) at the expense of understanding how this feedback can be used. The ability of frontline healthcare staff to effectively use patient feedback to make improvements is still a missing piece in the jigsaw of the patient experience movement. Previously, we articulated the Patient Feedback Response Framework (PFRF) (Sheard & Marsh 2017) that used concepts of legitimacy (individual and group) and organisational readiness to explain complex multi-tiered factors surrounding feedback use.

We conducted a 32 month study, predominantly qualitative, with the methodological focal point being 12 months of intense action research. We worked with 6 clinical teams and patient representatives in 3 hospital Trusts, testing theoretical assumptions about what feedback is, who needs to be involved and how, and what can actually be achieved by using feedback to guide change.

We present three empirically derived propositions: 1) feedback can be much more than instrumental data that 'tells staff what to do', rather, it can be a prompt for group reflection, creativity and staff empowerment 2) staff can achieve desired changes but they need support at all the levels articulated by the PFRF-personal, group and organisation 3) facilitation of the process by action researchers can be pinpointed as the key lever which allowed improvement to flourish in part because it allowed complex multi-level connections to be made across hierarchical boundaries. We illuminate the above with relevant empirical examples.

Friday 14 September 2018 at 10:45-11:15

Experiences of Health and Illness
W004

The Impact of Type II Diabetes and Comorbid Conditions on Self-Identity and In Turn Self-Management Practices

*Maskill, Virginia, Seaton, P., Crowe, M., Inder, M.
(Centre for Postgraduate Nursing Studies, University of Otago, Christchurch, New Zealand)*

Background-A diagnosis of a chronic condition, including Type II diabetes, can significantly impact an individual's self-identity, which in turn can have considerable implications on how they adapt to and self-manage their condition. This Paper reports on the findings from a qualitative PhD study of forty participants diagnosed with Type II diabetes and comorbid conditions. The study focuses on the impact conditions had on self-identity and self-management practices.

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Methods-Participants were recruited from a larger study which explored the effectiveness of a therapeutic intervention on glycaemic control. Interviews were audio-recorded, transcribed verbatim and analysed using narrative thematic analysis.

Results-The majority of participants experienced a loss of their normal self and struggled to integrate diabetes and comorbid conditions into their self-identity. Illness perception and visibility, social-self stigma, knowledge, support and integration of conditions directly influenced self-identity and in turn self-management practices.

Conclusion-Living with diabetes and comorbid conditions can significantly impact individuals' self-identity which can influence self-management practices.

Thursday 13 September 2018 at 15:45-16:15

Theory
W003

Towards a Theory of Practice of Madness: Understanding the Formation of (Il-)legitimate Subject(ivitie)s in (Late) Modernity

Matthaeus, Sandra
(European University Viadrina Frankfurt (Oder))

Against the background of reviewing the main sociological accounts of mental illness (Scheff, Goffman, Foucault, Rose etc.), I am introducing an innovative approach towards mental illness based on an affect- and subjectification-theoretical reconstruction of the theory of Pierre Bourdieu that is able to tackle two decisive problems of this research area. 1) It allows for an understanding of mental illness as a social construction without depriving phenomena categorized that way of its embodiment and, thus, its practical realness. 2) It conceptualizes mental illness not only in general as a deviation from social norms, but suggests the (late) modern norm of practical self-appreciation being at the heart of this (Matthaeus, forthcoming; Matthaeus, 2017).

In order to show that, I demonstrate, firstly, how with Bourdieu's theory madness is neither mere natural fact, nor arbitrary attribution, or social construction on the symbolic level alone, but a specific social practice produced by a twofold subjectified embodied subject: subjectified by collective history (discourse) framing specific ways of being as (il-)legitimate, but also by individual history (socialization) providing the manifest conditions under which actual lived embodied subject(ivitie)s emerge. Secondly, I explicate how according to Bourdieu the way in which subjects practically refer to themselves evaluatingly based on how others/the world referred to them is the central dimension in constituting the (il-)legitimacy of subject(ivitie)s in (late) modern society. Thirdly, I provide a case study on schizophrenia based on a discourse analysis and analyses of the social practice of schizophrenia using i.a. material from phenomenological psychiatry.

Thursday 13 September 2018 at 15:45-16:15

Citizenship and Health
W115

The Myth of Biosociality in Rare Disease

McCormack, Pauline
(Newcastle University)

Rare disease advocates have long harnessed ideas related to biosociality to draw attention to a lack of research and effective treatments for rare disorders. By positioning rare diseases as a single concern affecting 30m people in Europe, they have been effective in creating interest in, and levying funds for research. This has resulted in people with rare disease being represented as having unified needs and goals with homogenous views on such matters as research participation, regulation and data sharing. This paper reports on the first ever study to explore the views of people with a range of rare disorders, through focus groups conducted with 52 people from 16 countries about the sharing of data and biomaterials for research. Rather than being homogeneous, people's approaches to research were highly variable and sometimes in opposition. Their opinions were situated and were influenced by the characteristics of their particular disease, their past experiences of research participation, as well as legal and clinical norms and practices in their home country. The paper will discuss what the implications are for biosociality and the social licence between researchers and patients and ask if legal, ethical and regulatory approaches to rare disease research are nuanced enough to represent the heterogeneity of rare disease patients' views.

Wednesday 12 September 2018 at 14:30-15:00

Professions
W002

All the Time in the World? Professional Identity and Power in English Secure Hospitals

McDonald, Ruth, Vollm, B.

Time pressures can be corrosive of professional values undermining personal and professional identities (Adam 2004). Our paper draws on interviews with doctors (30) and patients (40) who interact over many years at a much more relaxed pace than in most

healthcare settings. Here, the aim of curing and returning mentally disordered offenders to the community is at odds with the reality that many will remain hospitalised for most of their lives. Our data suggest that waiting for a 'recovery' which may never occur creates problems for staff and patients. With regard to the former group, the inability to blame failure on time pressures creates a threat to professional identity. Whilst doctors are powerful relative to patients, there are limits to this power since they are unable to provide a 'cure' in many cases. An inability to blame time constraints means that professionals engage in various practices to defend against this threat to their identity. Specifically, at the level of language, the goal of recovery is maintained but deferred to an unspecified future date. Simultaneously doctors are reorganising service delivery in tacit recognition of the fact that, for many patients, discharge will not be possible and treatments are ineffective. This paper challenges the view of time pressures as wholly negative, identifying their important contribution to professional identity narratives. Additionally, it adds to our understanding of waiting as an active social process, underpinned by complex power dynamics.

Wednesday 12 September 2018 at 13:55-14:25

Politics of Health
W110

The Medical Profession and Abortion in Ireland: Negotiating a Socially Contested Issue as a Medical Problem

McDonnell, Orla
(University of Limerick)

While much has been written about the abortion debate in Ireland, there has been little focus on the role of the medical profession. The medical profession in the Republic of Ireland was deeply implicated in the politicisation of abortion in the early 1980s as a part of a campaign to render abortion a moral issue. This paper will explore the mobilisation of doctors around the abortion issue and examine the shift from the ascendancy of 'pro-life' medical discourse, which dominated the Irish Medical Association, the Medical Council and the Institute of Obstetricians and Gynaecologists to the emergence of a more vocal medical voice supporting abortion reform. A key turning point that sees a shift in how doctors position themselves in the abortion debate was the death of Savita Halappanavar in 2012 following her treatment for a miscarrying pregnancy. This was a critical turning point, which tipped the balance in abortion discourse from abortion as a moral issue to a healthcare issue and, as in the case of previous abortion debates, the medical profession was a key actor in the re-politicisation of abortion albeit in a different direction. As a way of contextualising and mapping how the medical profession negotiate the socially contested issue of abortion as a medical problem, the paper will draw on public statements from the medical profession in the Irish Medical Times and mainstream media reports and in various public hearings including three Parliamentary Committee hearings on abortion (2000, 2013 and 2017) and a Citizen's Assembly (2016).

Thursday 13 September 2018 at 08:30-09:00

Methods
W002

The Role of Comic Format Information Sheets in Explaining Medical Procedures to Children: Drawing the MRI Scan

McLaughlin, Janice, Wysocki, L.
(Newcastle University)

There is much recognition of the need to engage children in thinking about the provision of healthcare services for them and to design 'child-appropriate' materials to help them understand what can happen to them in a healthcare settings. Working with the Great North Children's Hospital in Newcastle we have been working to design comic format information leaflets for children to use when undertaking MRI scans. Developing the comic has generated questions for us about what it is that comics enable as a tool to provide reader-friendly information through words and images, but also more broadly what it is that children need to be informed about when undertaking an MRI scan. The comic was structured around 3 scenarios of different contexts within which a child might have a MRI scan and involved a close working relationship between the comic designer, us as researchers and the MRI radiographers to understand the processes involved and the experiences of children receiving a scan. The work was also informed by discussions with children via the Young People's Advisory Group at the hospital. The next stage is piloting the comic with children receiving MRI scans for their feedback. The presentation will explore the process of designing the comic and reflect on the dynamics of creating materials to support the social and material practices involved in having a MRI scan.

Friday 14 September 2018 at 10:10-10:40

Critical Public Health
W001

Inadequate and Unacceptable: Buprenorphine Diversion and the Foreseeable Failure of Drug Treatment Policy in the United States

McLean, Katherine
(Penn State Greater Allegheny)

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Buprenorphine "substitution therapy" has been widely recognized as one of the "most effective" treatments for heroin and other opiate use disorders. Though long approved for the maintenance of opioid-dependent individuals, there exists significant reluctance to expand buprenorphine treatment in the United States, largely due to concerns around drug diversion. Unlike methadone, buprenorphine may be prescribed from office-based medical practices; daily consumption of buprenorphine may thus proceed unsupervised, allowing individuals to share, sell, or store the drug. The current study draws on in-depth interviews with 50 individuals who reported selling or using buprenorphine outside of medically-sanctioned contexts in the past year; interviews characterized participants' reasons for and means of diverting buprenorphine in a state characterized by growing rates of heroin use and accidental overdose. Preliminary analyses reveal complex and diverse motivations underlying the sale and purchase of buprenorphine "on the street." Where buyers expressed a desire for treatment autonomy and flexibility that could not be achieved within clinically-supervised regimens, individuals also indicated a lack of formal treatment access due to geographic, institutional, or financial barriers. Similarly, some individuals who diverted buprenorphine sought to "self-titrate" their dosage according to changing patterns of illicit drug use; many also reported responding to an irresistible financial incentive posed by a booming black market. Reflecting on Attewell and Gerstein's (1979) classic piece on the foreseeable failure of federal policies that neglect local realities, this paper will suggest that buprenorphine diversion is a predictable response to policies that make substitution therapy unavailable and unacceptable to potential "clients."

Thursday 13 September 2018 at 12:00-12:30

Patient–Professional Interaction

W110

‘One Week She Had Milk Dripping Into Her Slippers, Next Week the Doctor Told Her She Dried Up!’ Breastfeeding Women Narrating Negative Experiences of Interactions with Healthcare Professionals

Mecinska, Aleksandra (Lula)
(Lancaster University)

In interviews and within online groups breastfeeding women in Poland frequently recount their own – or narrate others' – negative experiences with healthcare professionals (HCPs) recommendations and views on breastfeeding. These stories range from accounts of dated advice and 'folk superstitions' and a 'formula preference', through denial of medication and specialist referrals, to shaming and casual racism. This reveals the tension between the ostensible 'promotion' efforts around breastfeeding by local and supranational healthcare actors and the everyday experiences of women who breastfeed their children. Based on in-depth interviews and six years of online research, this presentation aims to make sense of and systematise these narratives and their narrative tropes. It also compares the Polish examples to ones encountered by breastfeeding women in the UK, asking how and why these stories are shared, what purpose do they serve and how they could be made use of to improve patient-professional interactions. For breastfeeding women these stories may be a way to highlight persistent obstacles to breastfeeding relevant socially and a way to seek out and receive the support they might need from lay women. But they also highlight the gaps in support for breastfeeding women in the healthcare systems of Poland and the UK. More worryingly, these narratives reveal deficits of care and knowledge displayed by the HCPs and deficit of trust in HCPs displayed by women.

Wednesday 12 September 2018 at 15:40-16:10

STS

W001

Health Personnel's Experiences with Standardised Cancer Patient Pathways

Melby, L., Håland, E.
(SINTEF)

Standardised patient pathways represent an increasingly common way to organize patient treatment and care. The objective is frequently formulated as to reduce variations across healthcare settings and to make services more efficient. In Norway, the introduction of standardised cancer patient pathways (CPPs) is an example of such a way of organizing services. The aim of CPPs is to make diagnosis, treatment and follow up of cancer predictable, high quality and timely processes. 28 CPPs were introduced during 2015, covering the most common cancer types.

The introduction of CPPs plays into existing work practices for cancer care, and must – like all standardisation efforts – be translated and given meaning by local actors in different healthcare settings. In this paper, drawing on interviews with different groups of health personnel in two public hospitals and two private radiology and medical imaging clinics, we explore how health personnel understand, define and experience the CPPs – and how the CPPs affect their daily work. What were health personnel's expectations to the CPPs and how did they prepare the organisations for new ways of working? And how do they organise and coordinate their work after the introduction of CPPs? To explore these issues, we draw on sociological perspectives on work, coordination and cooperation, and on perspectives on standardisation and translation from Science & Technology Studies (STS). The analysis represents a first step in a research project evaluating the introduction of CPPs in Norway.

Wednesday 12 September 2018 at 15:40-16:10

Professions

W002

Manipulating Professional Identity: A Discourse Analysis of the 'Crisis' In Musculoskeletal Physiotherapy

Moffatt, Fiona, Kerry, R.

The origins of the physiotherapy profession have been historically embedded in the phenomenon of passive therapeutic interventions such as touch and electrotherapy. More recently however, there appears to be a crisis at hand – emergent scientific evidence invariably fails to support the role of these interventions in achieving meaningful health outcomes in a cost-effective way. The effect of this is that the utility of such therapies is seriously questioned in clinical guidelines addressing the management of many painful movement dysfunctions.

This evidence-induced crisis has been felt no more acutely than in the specialism of musculoskeletal physiotherapy – a discipline traditionally defined, and in some instances achieving licensure, by its manipulative practices. Such is the concern that members of the specialism have come together to debate issues of reasoning, responsibility and reform, in partial response to this crisis.

This paper presents the results of an interpretive discourse analysis of a consensus meeting of UK musculoskeletal physiotherapists, and the Storify narrative generated from the meeting's Twitter hashtag. Using an analytical framework based upon Wenger's notion of identity and belonging within a community of practice, it describes constitution and re-constitution of professional musculoskeletal physiotherapy identity through the modes of engagement, imagination and alignment. What this paper adds is a critical insight into the pursuit for reformation of professional identity in response to perceived challenges presented by contemporary shifts in scientific evidence.

Thursday 13 September 2018 at 09:05-09:35

STS

W118

From Quantified to Qualculated Self? The Health Pragmatics of Biological Age Measurement

Moreira, Tiago, Hansen, A.A., Lassen, A.J.
(Copenhagen University and Durham University)

In the past decade, there has been an increasing interest in understanding how emerging practices of self-measurement and quantification affect 'individualisation' of health and ageing identities in contemporary societies. This interest has become more pertinent with the growing availability of services and devices offering biological, personalised age measurement, from simple on-line questionnaires to telomere length quantification. Little is known, however, about who uses these devices, why they use them and the socio-technical implications of such uses. To explore these issues, we conducted semi-structured interviews and focus groups with users of measurements of biological age in Denmark. We found that participants engage with the measurements with a degree of scepticism regarding their technical validity, reliability and sensitivity. Rather than seeking an exact biological quantification, participants use measurements as a pragmatic, rough indication of individual health. We develop a conceptual model to understand participants' engagement with biological age measurements, which suggests that, instead of a substitution of chronological age for biological age, users gauge the difference between the two to qualify their present and future individual trajectory in a lay model of the relationship between functional capacity and age. We propose that this particular form of reasoning should be understood as a form of everyday qualculation (Cochoy, 2008), a transient, fragile self-classification equipped by mundane objects and qualitative points of reference.

Friday 14 September 2018 at 10:45-11:15

Risk

W119

Managing and Negotiating Trust and Risk Among Repeat Healthy Volunteers in Commercial Clinical Drug Trials

Mwale, Shadreck
(University of Brighton)

While it is commonly agreed that healthy volunteers are primarily motivated by the financial rewards on offer to take part in clinical trials. Recent sociological research has highlighted the sociological and ethical questions about the role of financial rewards in relation to healthy volunteer involvement in clinical trials (Fisher 2015/16; Mwale 2017). However, it would be naïve to assume that financial rewards in themselves are enough to make participants repeat volunteers. This paper aims to explore what else brings about repeat volunteering among healthy participants in such drug trials. Precisely, this paper explores the role of trust and mistrust in influencing healthy volunteer attitudes and perception of risk and how it brings about repeat volunteering.

Drawing on qualitative research using interviews with healthy volunteers and professionals involved in phase 1 commercial clinical drug trials, the paper argues while financial rewards may be the motivating factor for healthy volunteer involvement in clinical trials, I

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argue that healthy volunteers take a pragmatic and incremental approach to trust (Abadie 2018), they often start their involvement in clinical drug trials from a point of mistrust, this however changes to trust based upon their networks, experiences and relationships with the research team. Therefore, the wider networks of relationships with professionals, institutions, technology and relations outside of the trial are equally central to understanding repeat volunteering and their views of attitudes towards risk in phase I clinical trials.

Thursday 13 September 2018 at 11:25-11:55

Experiences of Health and Illness
W115

Personal Troubles or Public Issues? An Exploration of the Experiences of Adults with Congenital and Early-Acquired Hemiplegia

Neal, Kate

(Royal Holloway, University of London)

Hemiplegia is a form of cerebral palsy affecting one side of the body, resulting from damage to the brain. People may be affected quite differently, and the condition may or may not appear 'obvious' to a casual observer. Neurologically it is a non-progressive condition, yet physical deterioration often occurs with age and around half of people have additional diagnoses (HemiHelp, 2018). Research has largely focused on adults who have acquired hemiplegia (e.g. through stroke) and children with hemiplegia, but there lies a gap in the sociological literature surrounding the experiences of adults who continue to live with the condition. This doctoral research draws on literature from medical sociology, disability studies, the body, and chronic illness, but this paper will consider areas including the self, identity, and stigma. With the theoretical approach of symbolic interactionism underpinning this research, the social and interactive nature of the body and identity in disability are considered. A constructivist grounded theory (Charmaz, 2006) is used, with data collected through twenty-three in-depth qualitative interviews with adults with hemiplegia. This paper will focus on the 'personal troubles' and experiences of those interviewed, including how people may self-identify, but also upon some of the 'public issues' (Mills, 1959), societal, institutional and structural aspects which are inextricably entwined with participants' experiences of 'doing' and living with hemiplegia.

Thursday 13 September 2018 at 10:15-10:45

Citizenship and Health
W001

Using Candidacy Theory to Explore Unemployed Older People's Experiences of Ill-Health, Treatment Burden, and Labour Market Activation Policies

Neary, Joanne, Thomson, H., Katikireddi, V., Macdonald, E.

(University of Glasgow)

In the UK, as elsewhere, receipt of unemployment benefit is tied to labour activation policies which seek to move unemployed individuals towards the labour market through mandated activities (such as CV writing, and compelled job searching) (Carter and Whitworth, 2016). Individuals in receipt of health related benefits are also required to undergo a health assessment, to assess eligibility for benefit receipt and fitness to return to work. Individuals are also required to attend longer welfare-to-work interventions. These activation policies are aimed at unemployed individuals under pensionable age.

This paper focuses on 26 unemployed individuals over the age of 50 who were participating in a two year welfare-to-work intervention, the Work Programme, in Scotland. The Work Programme (2011-2017) was the UK Government's flagship welfare-to-work programme, aimed at supporting those at risk of long-term unemployment to find work.

Using semi-structured longitudinal interviews spanning 18 months, we examine older people's perceptions of the suitability of labour market activation policies (such as the work capability assessment and the Work Programme). With reference to lived experiences of health, treatment burden, and age, we seek to extend candidacy theory to explore how participants agreed, disagreed, and negotiated their experiences of these policies. In doing so, we explore experiences and impact of mandatory participation.

Our results highlight the practical and emotional burden of managing the identity of an 'active job-seeker', while also managing the day-to-day routine of managing health conditions. We also explore the additional work required to be acknowledged as 'not a candidate' for these interventions.

Wednesday 12 September 2018 at 12:45-13:15

Open
W110

Building Stories: Representations of Architectural Design, Commissioning and Construction of Settings for Later-Life Care

Nettleton, Sarah, Buse, C., Martin, D., Patrick, M., McGinley, C.

(University of York)

This presentation reports on the project: Buildings in the Making: a sociological exploration of architecture in the context of health and social care (ESRC 2015-2018). The study follows the practices of architects as they work on design projects for later life care and aims to cast light on the black boxed space between the commissioning of buildings and their construction. Drawing primarily on ethnographic longitudinal case study data from three design projects, we show how the architect's role can vary with different models of procurement and glimpse into the complexities of the design process. We describe how sociologists at the University of York are working collaboratively with an architecturally trained researcher based at the Helen Hamlyn Centre for Design, Royal College of Art, to develop materials to convey our findings and present our research to non-academic audiences. We demonstrate examples of the visual representations of case studies, which document how the multiplicity of contextual factors, actors, narratives, imaginaries, temporalities, and materialities play out through the life of the projects. These 'building stories' capture and convey points of tension and instances of intervention, which sometimes confound or sometimes afford opportunities to design with and for care; but not invariably so. Necessary compromises can challenge the realization of a design's potential, but equally so, shared vision and values and positive working relationships can enhance a building's capacity to be caring. We can think of these processes as building 'ecologies of care.'

Wednesday 12 September 2018 at 14:30-15:00

Mental Health
W009

The Embodiment of Mental Health Stigma: A Quantitative Analysis of Stigmatising Attitudes and Metabolic and Dietary Biomarkers among Adults With Mental Health Disorders

Niedzwiedz, Claire
(University of Glasgow)

Stigma has been described as a fundamental cause of health inequalities. Despite increased awareness and treatment of mental health problems, mental health stigma has demonstrated little improvement over time. The physical health consequences of mental health stigma have not been fully researched and could be a key contributor to the excess mortality experienced by those with poor mental health. The aim of this study was to investigate the impact of mental health stigma on metabolic and dietary biomarkers and to compare the relationships between those with and without a mental health disorder. Data were taken from adults aged 16+ years participating in the Health Survey for England in 2014 (N=5,333). Mental health stigma was measured using the 12-item Community Attitudes towards the Mentally Ill (CAMI) scale, intended to measure attitudes around prejudice and exclusion, and tolerance and support for community care. The biomarker outcomes included systolic and diastolic blood pressure; total cholesterol; high-density lipoprotein (HDL) cholesterol; glycated haemoglobin, as well as sodium, potassium and creatinine measured from urine samples. Linear regression models were calculated adjusting for age, gender, education level, ethnicity, marital status, social class, household income, Body Mass Index and smoking status. The results suggest that less stigmatising attitudes are related to lower urinary sodium levels, but the association was stronger amongst those with a mental health disorder. More positive attitudes were also related to lower glycated haemoglobin levels only for those with mental health disorders. This suggests that stigmatising attitudes may become biologically embodied through dietary pathways.

Wednesday 12 September 2018 at 12:45-13:15

Health Policy
W004

Framing the Zika Virus in UK Online News Media

Nimegeer, Amy, Patterson, C., Hilton, S.
(University of Glasgow)

In the event of emergent viral health threats, evidence from various sources is likely to be presented to the public via the media as and when it is discovered. The way such evidence is presented and framed in the news media can have a profound impact on how the public understands risk, and responds. Research has shown that there is a complex inter-dependency between media representation, framing of evidence and public opinion. This research examines the interplay between these perspectives by examining both online media news stories and readers' comments on said stories, which both disclose, to some extent, reader opinion, and form part of the text itself for subsequent readers.

This paper will present findings from a quantitative media content analysis of UK online news representations of the Zika virus, as well as some very early findings from a qualitative analysis of readers' comments, exploring the differences between 'official' media narratives and those of online media consumers. This work will provide an overview of how evidence about Zika was disseminated and debated via online news media, including key sources of evidence, dominant narratives about risk, and representations of 'appropriate' action related to the virus. It is anticipated that this study will contribute towards developing advocacy strategies to support public efforts in the communication of health evidence about emerging viral health threats.

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Wednesday 12 September 2018 at 15:05-15:35

Professions
W002

What about the Workers? Staff Attrition and Churn in the Cash-Strapped NHS

Nolan, Peter, Yates, E., Weyman, A., Roy, D., Plugor, R.
(University of Leicester)

The paper examines three interrelated issues: the challenges presented by an ageing workforce in the NHS; patterns of staff exit and retirement; and the conditions that lie behind current headline stories of significant and mounting problems in the recruitment and retention of frontline staff. Focusing on two frontline staff groups (nurses and paramedics), the paper offers fresh insights into the medical labour process and staff working conditions at a time of fast rising demands on the NHS. It brings forward evidence of the rates at which frontline staff are exiting the service and reporting 'burn-out' as the proximate cause. Two primary sources underpin the analysis: 350 face-to-face staff interviews at six NHS Trusts in England; and a UK wide survey of NHS employees (all data collection has been completed for this research).

The paper examines how prevailing resource constraints, staff shortages and more intense working patterns-exacerbated by tighter quantifiable targets and performance metrics-have contributed to staff demoralisation and rising levels of early retirement and exit. It provides the first quantitative assessment of the ranking by staff of the hierarchy of causes that are driving them to leave. The problems highlighted may not be new, but they have assumed a new and amplified significance after years of funding constraints since austerity became the guiding principle of public sector finance after 2010. Cash constraints have combined with creeping privatisation as the key drivers of NHS staff disaffection. This research has implications for policymakers, NHS managers, and employee organisations.

Thursday 13 September 2018 at 17:30-18:00

Health Service Delivery
W004

The Moral Categories of Consumption: Mealtimes and Memory on the Hospital Ward

Northcott, Andy, Featherstone, K.
(De Montfort University)

Within the hospital ward many of the everyday items that define an individual and their personhood are stripped away. Clothing is replaced with gowns and pyjamas, names are replaced with bed numbers, people and personalities are overshadowed by conditions and diagnosis. Mealtimes, however, have the potential to offer respite from this anonymity. Patient choice and preference is re-prioritised three times a day, with staff offering food from lengthy lists of meal options, serving choices and alternative menus. For people living with dementia, however, mealtimes, their presentation, and their delivery, can be a time of anxiety and conflict as they struggle to meet the institutional expectations of choice and consumption.

This paper draws on ongoing ethnography (NIHR HS&DR researcher-led funding) examining the everyday care of people living with dementia during an acute hospital admission. We highlight the pivotal role the everyday routines of mealtimes play in the ways in which people living with dementia are seen. Looking beyond the standard anecdotal derision of hospital food as unpleasant and unappetising, we will demonstrate the pivotal role that the routines and rituals of the hospital meal play in the classification of acute patients living with dementia. It will explore how the expectations placed on those categorised as needing help, or 'feeding' at mealtimes, differ from those recognised as being able to eat independently, and how this impacts not only what people are served, how they are served it, and its impact on their place within the social organisation of the ward.

Thursday 13 September 2018 at 17:30-18:00

Methods
W002

Researching Anorexia 'from the Inside': Self-Disclosure, Reflexivity and Insider Research

O'Connell, Lauren
(University of Essex)

This research uses reflexive strategies and interview methodology to explore the possibilities and challenges involved in conducting research into the diagnosis and treatment of anorexia as an 'insider', having previously been diagnosed with and treated for anorexia. I have been open about my identity as a 'recovered anorexic' throughout and have at times shared aspects of my experiences with interviewees. Through reflexive strategies, I have explored the impact that a known insider identity and self-disclosure has had on interviews. The reflexive strategies are methodologically oriented and seek to illuminate the influence of my subjectivity on the research (Letherby, 2010). I draw on these insights to address the impact of my insider identity and self-disclosure vis a vis recruitment and interview expectations, rapport and interview style, interview content, and ethics. In so doing, I explore the intricacies of interview talk, interview relations and identity work. I suggest that known insider status and interviewer self-disclosure can prove beneficial to research, by helping to build rapport with participants. Self-disclosing also functioned to encourage 'deep sharing' and the interviews have 'reached' aspects of personal experience that may not have done otherwise. I also show how the methodologically oriented

analysis has been crucially related to the substantive content of my research. Inter and intra personal processes relating to identity, identity-work and the utilisation of medical markers as legitimating identity claims forms part of the substantive content of my research, and are also the very processes that have been at play within the interviews.

Thursday 13 September 2018 at 08:30-09:00

Inequalities
W009

'Your Wealth is Your Health': The Fundamental Causes of Inequalities in Diabetes Management Outcomes: A Qualitative Analysis

O'Donnell, Shane
(Insight Centre for Data Analytics)

In recent years, the 'Fundamental cause theory' has become an increasingly popular explanation among sociologists for disparities in disease-related morbidity and mortality. The theory posits that the social gradient in health is reproduced over time primarily because higher socioeconomic status (SES) groups are systematically more able to take advantage of medical advances, as well as the emergence of new health-enhancing knowledge more generally, due to their greater access to resources of various kinds (e.g. money, knowledge, prestige, power, and beneficial social connections).

Taking the lived experiences of people with type 2 diabetes (N=17) across differing socioeconomic contexts in the Republic of Ireland as a case study, this paper seeks to hypothesise the mechanisms underlying 'fundamental causality' by comparing the barriers to, and facilitators of, successful self-management practices experienced by individuals of contrasting SES. Findings highlight that common barriers to effective diabetes control, experienced regardless of SES, include chronic psychological distress, combined with the historical cultural significance of alcohol consumption, which was central to the social and economic subsistence of male participants in particular. In spite of this, higher SES groups were more likely to experience a 'turnabout' in their life, whereby they were able to remove themselves from the conditions giving rise to their distress and associated reliance on alcohol, and move into a 'psychosocial space' where more effective diabetes management was possible.

The paper concludes with a discussion of potential mechanisms that may explain why such turnabouts were more likely to occur in the case of higher SES groups.

Thursday 13 September 2018 at 09:05-09:35

Citizenship and Health
W001

Perceptions, Behaviours and Outcome of Sub-Saharan Africans in the UK in Relation to Diabetes

Onuorah, Love, Draper P., Santy-Tomlinson, J.
(University of Hull)

Background-Diabetes is a chronic and serious condition that has continued to rise worldwide. Despite various management programmes, diabetes incidence among Africans in the UK persist with devastating complications and enormous cost of treatment. Diabetes perception influenced by sociocultural experiences may impact on its management and outcome.

Aim-To understand how Africans in the UK perceive and behave towards type 2 diabetes and their diabetes outcome

Method-A traditional ethnographic method of observations and conversations was used to collect data from Sub-Saharan African community in South East of London for a period of six months. Conversations were audio recorded. Field and reflective notes were taken. Data were analysed using thematic analysis method.

Findings-Provisional results revealed 4 major themes: fate; cultural acceptance of overweight; poor processed high carbohydrate cultural foods available; 'projection theory and blame shifting'. Fate was the major determinant of who gets ill and who does not, motivation to avoid what was already destined was therefore lacking. Overweight was seen as a mark of royalty and richness. Skinny unmarried women were rumoured as sick, bony and unattractive, with risk of remaining single in a culture where singleness was a mark of failure. Acceptance and desire to conform to these 'cultural norms' resulted in fatalism and efforts to add weight. Another finding was that affected individuals remained in denial by projecting and blameshifting their conditions on others.

Thursday 13 September 2018 at 11:25-11:55

Health Service Delivery
W004

Purity and Danger in Order-ing Technology-Supported Healthcare

Papoutsis, Chrysanthi, Shaw, S., Wherton, J., A'Court, C., Greenhalgh, T.
(University of Oxford)

Paper Abstracts

Questions on what constitutes 'order' and how this underpins our understanding of the world have long been the focus of sociological analysis. From Mary Douglas' writings about 'dirt' as the transgression of socially constructed order, to Sherry Turkle's analysis of order in artificial worlds, and to Foucault's disciplinary techniques, several ways of 'seeing' order have been proposed. Departing from a view of order as a given entity, John Law draws on relational materialism to highlight 'order-ing' as a process that works recursively. This focus on 'order-ing' is particularly relevant in technology-supported care where different types of infrastructures are constantly developed to allow particular forms of order to be acted out and others to be displaced.

This presentation will draw on three case studies in technology-enabled healthcare (epilepsy self-management, remote monitoring in heart failure and online consultations), including work carried out as part of the Wellcome Trust-funded Studies in Co-creating Assisted Living Solutions (SCALS). Cross-case analysis will be primarily based on ethnographic data and interviews with patients, carers/families, health professionals and technology developers.

The presentation will look at how different 'modes of order-ing' are performed, embodied and reproduced across the case studies. By attending to the social and the material, we will discuss how ordering in technology-supported care is always incomplete and entails a lot of hidden work despite apparent simplicity. We will also unpack the contradictions and tensions between different modes of ordering and will reflect on what they mean for technology-enabled care in practice.

Thursday 13 September 2018 at 16:20-16:50

Theory
W003

Becoming a Patient: Savage Feminism, Wild Protest and the Need for Magical Thinking

Patterson, Jennifer
(University of Greenwich)

The interface between a positivist medical paradigm and a sociological one is temporally and spatially located in the separation of the body of the patient from their identity as a person. This re-cognised self-alienation is a metaphorical excision, a potentially catastrophic, multiple and complex nexus of trauma. It demands a sympathetic system response of rational, social, spiritual and creative theories, acts and practices, of investigations and explanations, forming a therapeutic inflammatory cluster, as it were, to soothe and heal lived life and experience. Indeed this process of healing is arguably a metaphorical and metaphysical societal immunising process.

Yet at this interface something different is happening. Today, diagnosis fast outstrips treatment and outcomes are less predictable. The territorialism of the science of medicine is becoming more shaky and more transparent. The system is changing as questions of ownership and identity, of individualisation of relational exchanges on all levels arise. And as they do, so systemic practices of equity, suitability, the value of social and cultural therapies, of the mind, of placebo and other forms of treatment are also emerging.

This paper theorises the requirement for recognition of systemic structural changes between Western biomedicine modelled on an endemic colonising culture and that of social constructivism within a postmodern framework aiming to theorise and represent patient interests. Indicating the increasing permeability of paradigm boundaries amid problematic economies of care and increasing levels of autoimmune diseases, it draws parallels between real world pragmatic approaches of critical realism and those of savage or wild philosophy.

Thursday 13 September 2018 at 16:55-17:25

Experiences of Health and Illness
W118

'I Obviously Couldn't Show Her That I Was Terrified...': The Enactment and Impact of Emotion Work Performed by Family Members throughout the Transplantation Process in the UK

Patterson, Rebecca, Stobbart, L., Fisher, A., Exley, C.
(Northumbria University)

Emotion work (Hochschild, 1979) is recognised as being a key component of the caregiving role, essential in managing the emotions of the care recipient. Most literature exploring emotion work in the context of care focuses on that performed by formal carers, particularly nurses. Few studies explore emotion work performed by family members providing care informally or the consequences for the carer in terms of their individual wellbeing and sense of self. This paper addresses this gap by examining the emotion work performed by family members of individuals awaiting, or living with, a heart, liver, and/or lung transplant. Narrative interviews were conducted with 24 family members recruited through UK-based transplant charities. Four relatives of individuals awaiting a transplant were interviewed longitudinally, on two occasions, while 20 relatives of individuals living with a transplant were interviewed retrospectively about their experience. Interviews were conducted via telephone or face-to-face, and all were audio-recorded, transcribed verbatim, and analysed using a thematic approach. Data reveal that family members routinely perform emotion work in clinical, domestic, and social settings to manage their ill relative's emotions and the way that others perceive them and their family. In particular, family members perform emotion work to repress negative and/or enhance positive feelings to appear: normal, deserving, competent, empathetic, and/or grateful. This paper examines this behaviour and discusses the extent to which it appears influenced by social expectations of family care, particularly what it means to be a 'good carer', and the positive social rhetoric surrounding the transplantation procedure.

Friday 14 September 2018 at 10:45-11:15

Environment and Health

W115

Cigarettes as a Social Currency: Young Men's Smoking Experience in China

Pei, Tong

(Department of Sociology, University of Essex)

China has the world's largest number of cigarette consumers. Over half of Chinese men smoke. Although the World Health Organization Framework Convention on Tobacco Control came into effect in 2006, the implementation of the tobacco control policy is progressing slowly as it faces a large population of smokers. Quantitative research has found various factors contribute to the intention to start smoking, such as age, peer influence, social class and education. However, there is a need for qualitative studies to explore the young smokers and non-smokers' perceptions of smoking. This study focuses on how young adults make sense of cigarette smoking choices and how perceptions are shaped by the social and cultural context. A study using grounded theory with semi-structured interviews was conducted in Tianjin, northeast China in 2016 and 2017 with 43 young adults aged 16-24 (male=30, female=13, smokers=26, non-smokers=17). This study finds that cigarettes, especially premium cigarettes, are a symbolic social currency. The consumption of cigarettes helps to construct power relations among Chinese men. This smoking culture strongly contributes to smoking initiation and maintenance as well as failure to stop smoking. These findings lend new insights into the reasons for the widespread of cigarette smoking among Chinese men. Tobacco control programs in China should consider not only the health effects of smoking but also the use of cigarettes in their social and cultural milieu.

Friday 14 September 2018 at 11:20-11:50

Environment and Health

W115

Conceptions of Health and Resistance among Labrador Land Protectors in Canada

Penney, Jessica

(University of Glasgow)

Connections to the land and environment play an important role in Indigenous mental, physical, spiritual, and cultural health. Historically, when these conceptions of health have been threatened, stereotypical representations of Indigeneity have been presented to mobilise support from wider society.

This talk will present findings of an MSc Global Health dissertation project seeking to understand the ways a grassroots group of ethnically diverse members (Inuit, Innu, and Settlers) understands their health in relation to a hydroelectric dam they have been protesting for the last three years in Happy Valley-Goose Bay, Labrador, Canada. The dam is anticipated to threaten their homes, livelihoods, and health through increased levels of methylmercury in the surrounding waters. Further, the paper will explore the way protest can be understood as a form of health promotion among local communities resisting global forces of energy production.

An Indigenous Research Methods perspective will be used to undertake this work, as the researcher is Inuit, most participants have some Indigenous ancestry, and the research takes place on Innu and Inuit Indigenous land. Various methods will be used for data collection in June 2018, including interviews, focus group, questionnaires, and participant observation in the community. While the project focuses on one community, findings may be transferable or adaptable for other Indigenous communities in Canada.

Thursday 13 September 2018 at 10:50-11:20

Lifecourse

W003

Reflections on Using Creative Methods as Part of a Person-Centred Approach to Interviewing Fathers Whose Partners Have Died

Phipps, Rebecca, Mitchell, K., Nimegeer, A., Hilton, S.

(MRC/CSO Social and Public Health Sciences Unit, University of Glasgow)

Background: Partner bereavement is a highly stressful life-event that demands considerable readjustment for the surviving parent and their children. Across bereavement literature it is widely expressed that men are less likely to seek support, however little contemporary empirical research has been conducted into fathers' experiences of seeking and using support in this context. Fathers' help-seeking behaviours following partner bereavement remain poorly understood and capturing the experiences of this overlooked population is vital.

Methods: As part of a qualitative study aiming to better understand fathers' experiences of partner bereavement, in-depth interviews were conducted with fathers whose partners died from non-violent causes between 6 months and 5 years prior to participation. Participants took part in two interviews wherein creative methods were used to elicit rich narrative data. In the first interview we explored men's experiences of bereavement with the use of a 'time-line' method. The follow-up interview explored their support needs, experiences and preferences using visual prompt cards.

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Findings: In this presentation we reflect on how the 'time-line' tool and visual prompt cards aided the interview interaction and encouraged lateral conversation. Men used the 'time line' in creative ways to articulate complex relationships and map timings of events. This creative approach improved interviewer-participant rapport and enabled the interviewer to quickly digest complex information and formulate questions based on the men's personal circumstances. Visual prompt cards encouraged participants to think about their support preferences and helped achieve more useable recommendations for bereavement support interventions.

Thursday 13 September 2018 at 10:15-10:45

STS
W118

Domesticating Infrastructures: The Taming of Diagnostic Systems and Funder Enjoinders within Psychiatric Research

Pickersgill, Martyn
(University of Edinburgh)

Clinician-scientists in psychiatry employ diagnostic systems in both their therapeutic practice and their research. These are primarily the US Diagnostic and Statistical Manual of Mental Disorder (DSM), and the World Health Organization's International Classification of Diseases (ICD). In recent years, the US National Institute of Mental Health (NIMH) has signalled that it would like mental health researchers to move away from the categorical DSM system. In this paper, I draw on social theories of technological domestication and 38 semi-structured interviews with (predominantly) psychiatrists to interrogate the taming of both diagnostic systems and critiques of them. These interviews form part of on-going Wellcome Trust research into the sociology of psychiatric diagnosis. Categorisation of research participants or patients using the DSM and/or the ICD is accounted for as important; nevertheless, users of these systems often render problematic their veracity and utility. From a clinical perspective, the ability of the DSM (especially) to adequately or accurately capture the realities of the subjective experiences encountered by psychiatrists is regularly questioned. Within a research context, the capacity of categorical diagnosis to adequately relate clinical presentations to neural and molecular correlates is increasingly doubted. Still, the enjoinders of funders like the NIMH, as well as activists and others who challenge established ways of working in psychiatry (and the discipline itself), are far from fully embraced. Ultimately, I suggest that the various kinds of domestication charted in the paper participate in epistemological innovation and ontological mutation within psychiatric praxis, while simultaneously reducing the likelihood of radical change.

Thursday 13 September 2018 at 11:25-11:55

Patient–Professional Interaction
W110

On Good Interactional Reasons for 'Bad' Healthcare Practice

Pilnick, Alison
(University of Nottingham)

While many healthcare policy initiatives originate in a top down way, their actual implementation often depends on interactional practices. It follows that the success of directives such as patient-centred medicine and shared decision making depend ultimately on talk between patients and healthcare professionals. Rather than assume that failures of such initiatives can be located within professional practice, this paper borrows its perspective from Garfinkel's (1967) exposition of the 'good' organizational reasons behind what appeared to be poor clinical record keeping. I will draw on data from projects conducted in a variety of clinical settings and funded through a variety of sources, including antenatal screening clinics, intellectual disability care planning, and inpatient dementia care. These data have all been analysed using conversation analysis, and I will show that this approach can help us in understanding not only how 'good' practices can be enacted through talk, but also sometimes why they might not be. As Garfinkel identified, there may sometimes be salient organisational reasons behind this, for example in settings where speed and efficiency are as much part of the criteria that a professional performance will be judged on as interactional practices. However, and as I will show, sometimes policies fail to work as they were intended to because while they may make good organisational, or even moral, sense, they do not make good interactional sense.

Reference:- Garfinkel, H (1967) Good organizational reasons for 'bad' clinic records. Studies in Ethnomethodology. Cambridge: Polity Press.

Wednesday 12 September 2018 at 15:05-15:35

Experiences of Health and Illness
W115

From Disruption to Renewal? Biographical Impact of Ostomy Surgery in Young Adulthood

Polidano, Kay, Saunders, B., Farmer, A.D., Bartlam, B., Chew-Graham, C.A.
(Keele University)

Background: Living with a stoma can be profoundly challenging; potentially impacting upon body-image, sexuality, relationships and self-esteem. Individuals with inflammatory bowel disease (IBD) may undergo stoma surgery at a relatively young age; however, its biographical implications remain as yet unexplored, particularly in young adulthood where stoma surgery may be experienced as particularly troublesome due to unique pressures related to this life-stage. This study addresses this gap by exploring the role of 'biographical disruption' and related concepts in the experiences of this group.

Method: In-depth interviews were carried out (n=12) with young adults (18-29 years) with a stoma. A combination of constructivist grounded theory and narrative inquiry informs data collection and analysis.

Findings: Narratives display a constant juxtaposition between life before and after stoma surgery. Whilst all young adults experienced IBD as disruptive and resisted the prospect of stoma formation due to anticipating further disruption, contrasting experiences were observed following surgery. These varied from 'biographical suspension', where lives were put on-hold in anticipation of the stoma being reversed, to 'biographical renewal' where the stoma was perceived as liberating, allowing participants to embrace a new 'normal'. Several factors may influence the extent of renewal; including time since surgery, stoma function, life-course position, coping style as well as access to care and support.

Implications: This study contributes to theoretical literature on the biographical impact of chronic illness and its treatment, especially earlier in the life-course. Insight into these illness experiences will facilitate how healthcare professionals' respond to young people in the clinical setting.

Thursday 13 September 2018 at 12:00-12:30

Health Service Delivery
W004

Deliberative 'Citizen'-Focused Approaches to Understand Urgent Care Help Seeking

Pope, Catherine, McKenna, G., Turnbull, J., Prichard, J., Rogers, A.
(University of Southampton)

UK Policy for urgent and emergency care services has centred on the mantra of "right place right time" whilst seeking to reduce 'inappropriate' service use. The task facing those seeking help is complicated by a proliferation of services, ranging from walk-in and urgent care centres, minor injury units, and the NHS 111 telephone service as well as A&E/Emergency Departments. Medical sociology has a long history of investigating the factors influencing help-seeking, but has perhaps paid less attention to the impact of this changing landscape on sense-making. We used a modified citizen panel approach to refresh our understanding of urgent care help-seeking, selecting a broad 'public' that included patients, formal and informal carers, and service providers and policy decision-makers. These methods aim to be deliberative and inclusive, enabling citizen contributions that can challenge professional viewpoints.

We purposively sampled 41 participants from East European communities, wider general public, health professionals and commissioners. We convened four panels comprising face-to-face deliberation and activities. Thematic analysis identified significant confusion about the boundaries of urgent care, the role of moral positioning in sense-making, and explored how urgent care services could be re-imagined by users, professionals and providers. The first part of our paper will briefly present our analysis of these themes, linking back to earlier medical sociological insights to see how far things have changed. We then open up a more methodological debate about the place of deliberative methods in sociological research – drawing on recent critiques from political and social science.

Thursday 13 September 2018 at 10:50-11:20

Experiences of Health and Illness
W115

HIV, Gay Men and Reproduction: How Does The Awareness of Sperm Washing and Viral Undetectability Influence Thinking about Parenthood?

Pralat, Robert, Franklin, S., Johnson, M., Yarrow, E., Anderson, J., Burns, F., Barber, T.
(University of Cambridge)

Being 'undetectable' has significant consequences for the intimate lives of people living with HIV as it reduces the risk of HIV transmission, possibly to zero. HIV-positive men who plan to become parents, and who would previously rely on sperm washing, are increasingly advised to conceive 'naturally'. However, despite the advancements in antiretroviral treatment and the growing social acceptance of gay fatherhood, reproductive issues of HIV-positive men who have sex with men remain largely unexplored. This paper draws on interviews conducted with 25 patients (gay and bisexual men aged 20-45 without children) and 16 healthcare practitioners in four London HIV clinics. Interviewees were asked how being HIV-positive might affect men's decisions about having or not having children and how thinking about parenthood might relate to other considerations about intimacy and the future. Whilst patients often emphasised the implications of being undetectable for sexual relationships, few saw undetectability as significant for their reproductive decision making. Instead, when asked about the possibility of biogenetic fatherhood, men frequently mentioned sperm washing as the go-to method for HIV-positive men who want to become parents. Healthcare practitioners, in contrast, uniformly described the technique as historical. They regarded sperm washing as unnecessary when viral load is undetectable. The interviews thus revealed a discrepancy in perceptions of how relevant undetectability is to reproduction. Asking men about parenthood sheds light on the

Paper Abstracts

complexity in their understanding of undetectability and, by extension, of HIV transmission, where knowledge about sexual relationships does not seem to translate to knowledge about reproductive relationships.

Thursday 13 September 2018 at 10:15-10:45

Lifecourse

W003

Competing Sexual Knowledges: A Phenomenological Analysis of a Novel Approach to Young People's Sex and Relationships Education

Purcell, Carrie, Moore, L., Mitchell, K.

(University of Glasgow)

Sex and relationships education (SRE) is contested ground in the UK, with multiple voices claiming expert knowledge on what should be delivered and how. Moreover, 2018 sees SRE in transition, having recently become compulsory in England, and being subject to significant government-led overhaul in Scotland. Context for these changes includes broad social narratives which are by turn troubling (e.g. pornography as a key source of sexual knowledge) and encouraging (e.g. the emergence of young people-led sex-positive cultural resources such as the work of vlogger Hannah Witton).

This paper offers a phenomenological-sociological analysis of qualitative data from the evaluation of a novel approach to SRE in which 'peer supporters' (young people nominated by their peers) used social media to share sexual health messages with friends. Research suggests this approach may offer a useful alternative to teacher- and peer-led didactic SRE. This intervention aimed to complement existing SRE and to utilise social media's potential to facilitate positive sexual knowledge accumulation.

With a Schutzian focus on foregrounding/unpacking taken-for-granted aspects of everyday lifeworlds, we explore competing stocks of sexual knowledge – including priorities, and knowledge produced within the intervention – as presented by participants in the trial. We address: the distillation of the trial's key sexual health messages; tensions in resulting 'typifications'; whether one shared/dominant stock of sexual knowledge emerged; and, if so, what that knowledge comprised. This analysis contributes to understanding the acceptability and feasibility of this SRE model, and its potential to become embedded in participants' everyday lives.

Friday 14 September 2018 at 10:10-10:40

Screening and Diagnosis

W002

Ambiguity as a Relational Property: The Role of Science and Society in Making Medical Categories Ambiguous

Rasmussen, Erik Børve

(Oslo Metropolitan University)

'Medically unexplained symptoms' (MUS) is a category used to characterise health conditions that are widely held to be ambiguous, in terms of their nature and causes. The resolution of this ambiguity has been the aim of a substantial amount of scientific medical research, yet MUS remains ambiguous. Why is that? This paper explores the ambiguity of MUS as a relational property, i.e. as contingent on conventional beliefs, institutional arrangements and social practices. Based on a document analysis of the medical research literature on MUS (the 100 most cited papers from 10 medical journals published in English the last 15 years), I show two things: First, that widely held cultural assumptions about illness and disease are constitutive of MUS as an ambiguous object of scientific medical research. Second, I show that the unintended (and ironic) consequence of scientific efforts to eliminate ambiguity from MUS is that it ends up (re)producing it instead. Although isolated studies might succeed in making MUS less ambiguous, the research front as a whole employs such a variety of conceptualising practices on such a variety of patient groups, that the result is more rather than less ambiguity. The paper ends in a discussion about the interplay between science, professional practice and the social structure of health services, in the constitution of medical categories and medical knowledge. It thereby contributes to the sociology of medical knowledge and the emerging sociology of diagnosis.

Friday 14 September 2018 at 11:20-11:50

Healthcare Organisations

W009

'The Doctors Were Outsourced to a Company... I Thought It Was Great, but Little Did I Know That It Was Like a Turkey Voting for Christmas': Police Custody Nurses' Attitudes to Outsourced Healthcare

Rees, Gethin

(Newcastle University)

The provision of healthcare to detained persons in police custody suites is, in the vast majority of constabularies, outsourced to private companies (although a small number of healthcare staff are still directly managed by the NHS or the police). The transition

to private companies has raised concerns about the standards of healthcare provided and the training offered to healthcare professionals (BMA 2013), to the extent that it was intended that police custody healthcare would come under NHS governance in 2016; however, this never came to pass.

Drawn from a qualitative interview-based study of nurses working in police custody environments (including those that are private, NHS and police-managed), this paper will explore the problems identified by nurses that resulted from working for private companies, including: staff working under various terms and conditions and the impacts this can have on shift patterns; developments of policies, including Patient Group Directives, based on cost-effectiveness rather than efficacy; the transference of confidential information between healthcare professionals and the police; and interprofessional relations with other nurses (Accident and Emergency or Crisis Team), especially the perception that 'bad nurses' work for private companies. These concerns will be compared to the work of custody nurses working under NHS governance, and it will be argued that it is timely to look again at bringing police custody healthcare under the auspices of the NHS in order to maintain standards, improve working conditions for nurses and ensure patient confidentiality.

Wednesday 12 September 2018 at 14:30-15:00

Politics of Health

W110

Get Better or Die: How Work and Welfare Institutions in the UK Understand Employee Diagnoses of Cancer

Remnant, Jen

(University of St Andrews)

There are increasing numbers of older working age people in the UK experiencing long term health conditions, including cancer. Consequent of an ageing workforce, it represents a significant and ongoing challenge for individuals, workplaces and the labour force more widely.

This paper draws on qualitative interview data from multiple perspectives; older workers (aged 50 years and over), employers (including line managers, occupational health staff and human resources staff), healthcare professionals and staff from a cancer support charity. Participants were sampled via their connection to a cancer-specific employment service in north east England. Analysis was informed by constructivist grounded theory.

A key finding from this study was the observation of how both UK state welfare provision, and workplace policies and procedures employ a Parsonian model of illness which does not accommodate the material circumstances of older workers with cancer. In particular, data highlights the judicious use of 'deservingness' as a decision-making tool with regard to the support (financial or otherwise) offered to older workers with cancer. Conditions placed on being 'deserving' are increasingly difficult to meet as cancer transitions from an acute illness to a collection of longer term symptoms. Data highlights how long term ill health in the context of paid work is experienced as dynamic, exchange-based and nuanced.

As such, this paper emphasises how current sociological models for illness have limited explanatory potential when exploring health in the workplace, despite pressing policy relevance, and offers new insight into how health might be reconceptualised in the UK workplace.

Thursday 13 September 2018 at 12:00-12:30

Citizenship and Health

W001

Transitions to Adulthood: Self-Governance and Disciplining in the Making of Patient Citizens

Renedo, Alicia, Marston, C.

(London School of Hygiene and Tropical Medicine)

Transition to adulthood is a critical phase in life, particularly for young people with chronic conditions. There is a growing recognition of the need to better support young people during this journey as reflected in the emergence of various healthcare transition initiatives designed to improve self-management skills and health-related knowledge. Yet we lack understanding of how healthcare transitions shape the identity of young people contributing to the making of particular kinds of patients. This paper adopts a post-structural approach to examine how young people with sickle cell disease define new patient identities and self-positions as they transition to adulthood. We report on findings from a longitudinal qualitative study using repeated in-depth interviews (80 in total) and diaries with young people with sickle cell disease. Using some of the practical steps of grounded theory and a post-structural approach to analysis, we show how transitioning functions as a governing force and a movement into desired modes of patienthood. We illustrate how the disciplining at a distance of authoritative healthcare self-management discourses plays out in the way young people construct themselves through interview and diary accounts. In putting emphasis on individualising and responsabilising healthy conduct, neoliberal discourses and practices at the heart of efforts to support healthcare transitions may act to govern young people at a distance. We conclude by pointing at the consequences that the making of governable subjects through healthcare transitions might have for the development of patient citizenship identities that enable young people to assert their right to quality care.

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Wednesday 12 September 2018 at 16:15-16:45

Experiences of Health and Illness

W118

From Hell to Healing: Internet Users Construction of Benzodiazepine Distress and Withdrawal

Ridge, Damien, Fixsen, A.

(University of Westminster)

Background: Benzodiazepines ("benzos") are a group of drugs used mainly as sedatives, hypnotics, anti-epileptics and muscle relaxants. Highly effective for short term treatment, these addictive drugs can mask (not actively treat) physical/psychological problems yet once started, around 30% patients continue using them (Siriwardena, Qureshi, Dyas, Middleton 2008). Withdrawal symptoms include depression, insomnia, anxiety and increased suicide risk (Morin et al. 2005; Neale and Smith 2007; O'Connor et al. 2004). Patients who do withdraw successfully report significant improvements in health and wellbeing (Fixsen 2015; Fixsen and Ridge 2017; Vikander et al. 2010).

Objectives: To understand patient experiences of benzodiazepine discontinuation syndrome from the user perspective.

Design: Qualitative study with thematic analysis, drawing on narrative data from Internet support sites to examine common metaphors used to describe benzodiazepine withdrawal distress and recovery.

Setting: Online study of data gathered from open access electronic support groups (ESGs), Internet blogs and YouTube videos on benzodiazepine withdrawal (discontinuation) syndrome.

Results: Users frequently post stories about their experiences on the internet, employing vivid metaphors to portray the psychologically disturbing and protracted nature of the withdrawal the recovery process. We discuss 9 common themes of user stories: (1) 'hell,' (2) heightened anxiety and sensitivity, (3) 'spaced out/' 'imprisoned,' (4) depression and exhaustion, (5) bodily symptoms (6) anger and remorse,' (7) 'waves and windows,' (8) 'healing' and (9) 'success stories.' By posting stories, ex-users make known that distress does lessen and recovery can happen, but that the timescale for this is unpredictable and in some cases may take months or years.

Wednesday 12 September 2018 at 16:15-16:45

Experiences of Health and Illness

W115

'Why is my Body Turning on Itself?': Making Sense of Autoimmune Diseases

Rossero, Eleonora

(University of Turin-Milan)

Autoimmune diseases occur when the body's immune system attacks its own healthy tissues by mistake. As a medical paradox, such conditions directly question the distinction between self and non-self. The diagnosis and the contradiction it embodies represent a biographical disruption that leads the patient to actively engage in a process of sense-making. Starting from my personal experience with two autoimmune diseases, my aim is to explore the answers to a fundamental question: why is my body turning on itself? This work reports on a qualitative, narrative study of 22 women and men (aged 19-61) living with one or more of these heterogeneous conditions: alopecia areata, Hashimoto's thyroiditis and systemic lupus erythematosus (SLE). Alopecia areata is a condition which causes partial or total loss of body hair and is therefore strongly related to physical appearance and stigma. Hashimoto's thyroiditis slowly destroys the thyroid gland, causing chronic fatigue, memory loss and poor concentration; these invisible symptoms are usually misinterpreted as signs of laziness, leading to late diagnosis and lack of legitimization of people's suffering. SLE is potentially life-threatening as it can affect almost every organ, having both visible and invisible manifestations. In this paper I focus on one type of illness account, common to the different conditions, which interprets autoimmunity as a self-destructive process originated from the subjectively detrimental aspects of one's own behaviour, character or beliefs. From this perspective, the disease is also seen as a message sent by the body to point out these issues and encourage a change.

Wednesday 12 September 2018 at 14:30-15:00

Lifecourse

W119

Unravelling the Stigma, Exposing the Secrecy: The Isle of Man and Abortion

Rowley, Rebecca,

(Liverpool University)

Abortion is legal on the Isle of Man but so restricted that in practice fewer than ten women per year qualify for an abortion. Therefore most women have two options: a private termination off Island (accessed by >100 women per year) or an illegal home abortion.

No previous research has explored this issue, but research in other countries where abortion is illegal or inaccessible suggests stigma and negative mental health effects are experienced. This research sought to explore the construction of abortion in the Isle of Man and how this impacts women's experiences.

In depth semi-structured interviews were conducted with nine women who experienced an abortion within the last ten years either privately (n=7) or illegally (n=2). The interviews were analysed using a combination of thematic and narrative analyses.

Media analysis examined how abortion was constructed in Manx newspapers over the last ten years. All articles containing the word 'abortion' (n=29) were sampled and analysed using a combination of thematic and discourse analyses.

The findings show that abortion is highly stigmatised on the Isle of Man, with stereotypes about abortion forming a normalised part of discourse. This stigmatisation encourages a culture of silence, creating a prevalence paradox. The media construction of abortion as 'inevitably controversial' distances the topic of abortion from other reproductive healthcare, reinforcing the idea of abortion as deviant. All the women in the study felt their experience of abortion was worsened due to inaccessibility and fear of prosecution, and some women experienced long lasting mental health effects.

Friday 14 September 2018 at 11:20-11:50

Risk
W119

'A Simple Dose of Antibiotics': How UK Newspapers Use Case Histories to Frame Sepsis – A Qualitative Content Analysis

Rush, Lynne, Patterson, C., McDaid, L., Hilton, S.
(University of Glasgow)

Background-Reducing unnecessary antibiotic prescribing is vital to reduce antimicrobial resistance (AMR), a major threat to population health predicted to cause ten million deaths annually by 2050. However; a recent drive to improve recognition and management of sepsis emphasises the importance of early antibiotic treatment when sepsis is suspected and recommends a low threshold for considering it as a diagnosis, particularly in young children. Media reporting about sepsis has the potential to impact on risk perception of parents and carers and expectations about receiving antibiotics.

Methods-We performed a qualitative content analysis of 92 articles about sepsis involving infants or children published in 11 UK national newspapers between 22nd February 1995 and 31st December 2016. An inductive thematic analysis approach was used, focusing on interpreting latent meanings underlying surface text.

Results-Articles about sepsis involving children typically contained powerful narratives about its impact on individuals and families. Parents were positioned as advocates for their child's health in the context of a healthcare system that lacks capacity to manage sepsis adequately. The need to avoid unnecessary prescribing to reduce AMR, and thus to ensure availability of effective treatment for sepsis in the longer term, was rarely mentioned.

Conclusions-Media messages about the importance of early treatment with antibiotics in managing sepsis rarely incorporated warnings about health risks associated with overuse. If powerful narratives about sepsis in UK newspapers have capacity to alter perceptions about risks associated with common childhood illnesses, they may influence expectations about antibiotic treatment with implications for prescribing

Thursday 13 September 2018 at 16:20-16:50

Lifecourse
W119

Experiences of Integrated Care among Older People with Frailty

Sadler, Euan, Sevdalis, N., Sandall, J.
(King's College London)

Older people with frailty commonly have complex health and social care needs but are likely to receive less coordinated care and fragmented service provision. Integrated care is one solution to improve quality of care but little is known about how integrated care is experienced by this group of patients. The aim of this paper is to investigate how older people and their carers make sense of frailty and experience integrated care. Qualitative data is drawn from interviews with 10 older people with frailty aged between 68 and 97 years and 4 of their carers, as part of a wider study examining lay and professional perspectives of integrated care for older people with frailty in Lambeth and Southwark, South London, UK. A thematic analysis approach was used to identify emerging themes, with interpretation informed by Bourdieu's concepts of field, habitus and capital to understand how experiences of integrated care were shaped. Preliminary findings indicate most older people did not see themselves as frail, with 'othering of frailty' common, recognising frailty in others rather than themselves; most resisted the label. Participants were largely not familiar with the notion of integrated care. Variations in experiences of care were contingent on access to different forms of social (formal and informal social relationships and support networks), cultural (information) and symbolic (expertise from professionals) capital which shaped agency to navigate the field of integrated care. Policy and practice implications point to the importance of understanding how the social context shapes variations in experiences of integrated care.

Paper Abstracts

Thursday 13 September 2018 at 15:45-16:15

Lifecourse

W119

Youth Transitions and Ontological Security in Emerging Adults with Type 1 Diabetes: Chronic Illness as Biographical Disruption in Younger Age

Sanders, Tom, Elliott, J., Norman, P., Johnson, B., Heller, S.

(University of Sheffield)

Bury's (1982) biographical disruption and Giddens' (1991) ontological security are used to interpret young people's experiences of type 1 diabetes in the context of emerging adulthood. Interviews, focus groups and observations were conducted as part of a structured education programme to facilitate effective glucose control and disease self-management. Data were analysed thematically. The findings report adaptation to life with type 1 diabetes in the context of younger age and illustrate an active rather than a passive response to managing chronic illness through 'transition work'. The findings contribute to the literature on 'biographical disruption' by considering chronic illness in the context of younger age where it is actively negotiated rather than passively accepted as an inevitable part of ageing. We report three themes: a) 'nobody knows what it's like to be me', b) 'It's me against the medical system', and c) 'Daring to learn the complexity'. Young adults concealed their illness in public spaces, challenged cultural stereotypes of diabetes, and resisted the medical system's pressure to adhere to glucose targets, all to maintain biographical continuity. We conclude that to facilitate a more stable transition to living with diabetes, the medical system's pressure for optimal glucose control, through the provision of 'technical' advice must be replaced by 'pragmatic' knowledge; knowledge that is meaningful and can be 'routinised' into everyday life.

Thursday 13 September 2018 at 10:15-10:45

Experiences of Health and Illness

W115

Biographical Suspension and Liminality of Self in Accounts of Severe Sciatica

Saunders, Benjamin, Bartlam, B., Artus, M., Konstantinou, K.

(Keele University)

Sciatica is a common form of low back pain (LBP) that has been identified as distinct both in terms of the presentation and severity of symptoms. Only limited research has explored individual experiences of sciatica, and none focuses on those with the most severe and long-lasting symptoms who may experience the most profound impact. This paper proposes a theoretical framework for understanding the experiences of these individuals, drawing on data from semi-structured interviews (n=20). Data were analysed thematically using the constant comparison method. Individuals were found to experience 'biographical suspension', a concept originally developed in LBP, wherein individuals put life on-hold in the expectation of return to their former pain-free selves. The concept is extended through being considered as a form of liminality, whereby individuals are caught between pre- and post-sickness selves, unable to fully identify with either. This liminality is underpinned by beliefs about sciatica as a fixable 'injury' with a finite point for symptom resolution, as opposed to longer-term 'illness'. Biographical suspension is further conceptualised as an experiential state giving rise to four distinct short-term trajectories: 1) symptom resolution leading individuals to occupy a clearly post-liminal state; 2) remaining in a state of suspended liminality; 3) ongoing symptoms leading to a post-liminal state of resignation; 4) a state of being between sickness and wellness, and straddling hope and fear. Findings could have healthcare implications, particularly in identifying extra support for individuals who may struggle to self-manage due to sustained liminality influenced by pain as 'injury' beliefs.

Thursday 13 September 2018 at 09:40-10:10

Lifecourse

W003

Deprivation and Living Alone at the End of Life

Schneider, Anna, Atherton, I.

(Edinburgh Napier University and Administrative Data Research Centre, Scotland)

Background: With an expected rise in numbers of death, end of life care provision has become a key policy concern. In countries such as the USA, Scotland, and the UK, there is a trend towards home care and dying at home, but the availability of informal care and access to formal care differs for population groups.

Objectives: This paper compares trends in place of death in Scotland for people living in less deprived and more deprived areas and looks at the adjustment of their living arrangements and availability of informal care as they approach death to highlight inequities in end of life care.

Methods (including data): The analysis is based on death records and Census data for everyone who died within a year of the 2001 or 2011 Scottish Census. Comparative cross-sectional descriptive statistics and logistic regression models are discussed.

Findings: The data set comprises 56,667 cases from 2001/02 and 53,517 from 2011/12. Among the most deprived, 26.9% in 2001/02 and 27.9% in 2011/12 died at home; among the least deprived, this rate was much lower (20.8%/20.1%). Results from the 2011/12

data show that people change their living arrangements to not live alone at the end of life. However, among those who died within the four weeks after Census enumeration, only 24.8% of the least deprived lived alone but 36.7% of the most deprived.

Conclusions: Our findings suggest that inequalities in end of life care need to be addressed by policy makers.

Wednesday 12 September 2018 at 13:20-13:50

Politics of Health

W110

The Political Economy and Health and Illness: What Does Taking It Seriously Actually Require?

*Schrecker, Ted,
(Newcastle University)*

In 2015, Clare Bambra and I advanced the concept of 'neoliberal epidemics' as a way of understanding connections between population health and health inequalities and social and economic policy. I first expand upon the value of the concept, focusing on evidence of the destructive health impacts that can be anticipated to result from rising economic inequality and insecurity. More fundamentally, the political economy of health and illness perspective that we adopted, if taken seriously, necessitates rethinking and interrogating existing approaches to social determinants of health in designing research, interpreting research findings and crafting explanations. Using illustrations including the work of Egerter on education and of Whitehead and colleagues on differences in 'control over destiny', which are constructive and unexceptionable as far as they go, I argue that variables such as educational attainment, social position, and neighbourhood exposures -normally defined and studied at the individual level-must always be contextualised with reference to what Diderichsen and colleagues called 'those central engines in society that generate and distribute power, wealth and risks'. Such contextualisation highlights the value of the neoliberal epidemics concept, and also suggests the need for incorporating into the training of public health professionals such competencies as a basic understanding of public finance. I conclude with some reflections about the blurred boundary between what Shrader-Frechette and McCoy describe as methodological value judgements and simple scientific incompleteness in choices about how far 'upstream' to search for explanations of health inequalities.

Friday 14 September 2018 at 11:20-11:50

Patient-Professional interaction

W003

What Participant Status for Families in the Decision-Making Process Involving Patients with Kidney Failure and Health Professionals Regarding the Choice of a Dialysis Method Treatment?

*Senghor, Abdou Simon
(University of Franche-Comté)*

Our presentation aims to clarify the role and the participation level of families accompanying their loved ones diagnosed with chronic kidney failure invited to choose a dialysis treatment (between hemodialysis and peritoneal dialysis). Both as patient and researcher, we conduct a participant observation through our participation in ten patient education sessions and we conducted thirty six interviews including health professionals (doctors, educators, nurses, dieticians, pharmacists) and patients (patients in hemodialysis and peritoneal dialysis involved in patient education sessions or not). Our results show that families play different roles according to the situations, the social space in decision-making regarding the choice of a dialysis treatment. In fact, patients are influenced in their decision considering the preferences of families' members or make decisions to not disrupt social ties. During the patient education sessions, families can act as patients 'spokespersons and may make decisions for them.

The roles played by families is different depending on the situations and the social but also the patient's state of health. They act as ratified participants when patients are not able to participate in discussion with educators and may embody the role of advisors when patients are active in the decision-making process during the patient education sessions or when they interact with the patient in a family setting.

Thursday 13 September 2018 at 15:45-16:15

Patient-Professional Interaction

W110

Doctors without Borders: The Construction of Professional Identity and Epistemic Authority among Family Physicians in the Digital Age

*Shachar, Leeor
(Tel Aviv University)*

The Internet has brought about a shift in the patients' social role – from passive recipients of medical care to active consumers of information and equal partners in the process of diagnosis, treatment and prevention of diseases. This direct approach to information is challenging the doctor-patient relationship and sets a new and complex array of mutual expectations.

Paper Abstracts

The literature on the sociology of professions suggests that the profession's absolute control of abstract knowledge is central to its claims for authority and for protecting their jurisdiction. Hence, it has been argued that readily available health information poses a substantial threat to the medical profession's expertise and dominance and contributes to the de-professionalization of medicine. This threat might be especially grave for family medicine, given its ambiguous areas of expertise and its difficulty establishing itself as a legitimate specialization within the medical profession.

Through the use of 30 semi-structured in-depth interviews with family physicians, this study wishes to understand physicians' justifications for their professional and epistemic authority in this digital era.

For characterizing the doctors' response strategies, I use the concept of boundary work. I argue that physicians use a rhetoric practice I call 'boundary management' in order to redefine the professional and epistemological boundaries of family medicine. This discursive strategy not only reflects but also constructs their professional identity, assigning it meaning and value.

The case of family medicine serves as a test-case for the professions at large, those facing external technological changes threatening to undermine their social role's structural stability.

Thursday 13 September 2018 at 12:00-12:30

Inequalities

W009

Surrogacy, a Secret Affair: Understanding Experiences of Indian Commissioning Parents

Shah, Swati, Ergler, C., Hohmann-Marriot, B.

(University of Otago, New Zealand)

India is recognized as a surrogacy hub for the world. Potential parents from across the globe and more recently Indian prospective parents utilize these well-known clinics, hoping to welcome their genetically linked offspring. Despite the pressures to have a child, forming a family through surrogacy remains a socially unacceptable practice in India. Therefore, only a small number of prospective Indian parents engage with surrogacy and often hide their decision from their families and the public. While the current focus remains on the experiences of surrogates and their entanglement in unequal power relations with clinics and commissioning parents, we argue for the need to also understand the complex experiences of the commissioning parents in India- from identifying themselves as infertile or voluntary childless to becoming parents using surrogacy. In this presentation, we draw on eight semi-structured interviews with Indian commissioning parents to reveal their feelings – such as loneliness, helplessness, and the pressure to keep a secret-when becoming a commissioning parent. Drawing on theories of power and stigma, we show that these experiences are shaped by their social standing and practices as well as how their social networks and extended families subscribe to societal norms. By focusing on experiences of the commissioning parents, this study extends reproductive justice debates by including an under researched group and show how Indian intending parents feel precarious and stigmatized.

Thursday 13 September 2018 at 09:05-09:35

Methods

W002

The Challenges of Using Qualitative Focus Groups to Understand Shifting Health Narratives

Skinner, James, Macdonald, S., Walabyeki, J., Dyson, J., Macleod, U., Mitchell, L.

(Hull York Medical School, University of Hull)

Qualitative interviewing is often seen as an ineffective method for measuring the direct effects of health interventions. It nevertheless remains a good method for understanding the complexities of health beliefs, meanings, and attitudes, and how these things shift and change over time. Drawing on a Yorkshire Cancer Research (YCR) funded project, 'Primary care and community Engagement to Optimise time to Presentation with Lung cancer symptoms in Hull' (PEOPLE-Hull), this paper explores the methodological challenges of using qualitative focus groups to understand the longitudinal impact of a public awareness campaign on attitudes towards lung cancer and lung health. In particular, the paper explores how the research team addressed the methodological dilemma of wanting to understand the impact of the lung health awareness campaign, while at the same time wanting to avoid leading focus group participants, and contaminating the data, by addressing lung cancer or the awareness campaign intervention directly. In this context, the paper examines the tension between the pragmatic need to collect data for the purposes of applied health research, and the need for methodological reflexivity and rigour throughout the processes of qualitative research design, data collection and data analysis.

Thursday 13 September 2018 at 17:30-18:00

Professions
W001

Wanted and Welcomed? Norwegian Healthcare Professionals' Attitudes towards Collaborating with Unpaid Volunteers in Long-Term Care Services

Skinner, Marianne S.

(Centre for Care Research, Norwegian University of Science and Technology)

The challenges presented by population ageing have made western governments advocate increased involvement of unpaid volunteers in welfare provision. Structural characteristics of professional work like education, monopoly of work, legislative protection, codes of ethics and services put constraints on collaboration with volunteers. Lack of knowledge about voluntary work among professionals and health managers adds to this. Whereas staff in the municipal care services operate within a public service logic, the efforts of volunteers are situated within the institutional order of the community. The purpose of this paper is to investigate Norwegian healthcare professionals' attitudes towards volunteers' entry into long-term care services.

The paper draws on primary survey data collected in 2015 in a sample of 50 Norwegian municipalities. Representatives from 244 long-term care units responded to the questionnaire (77,2% response rate). All the healthcare professionals in the sample were included in the study (N=205), and data from a question about respondents' attitudes towards the involvement of volunteers in long-term care was analysed.

The results indicate that voluntary contributions in long-term care are not regarded by Norwegian healthcare professionals as a threat to their professionalism. The professionals surveyed in our study do not appear to harbour a desire to stop or hinder the use of voluntary labour in the municipal health and care sector. Rather, they express a positive attitude towards the recruitment of volunteers to the long-term care services. There is, however, some indication that professionals would like to have some control over the volunteers working in the sector.

Friday 14 September 2018 at 11:55-12:25

Risk
W119

The Risk Epidemic in Medical Journals 1967-2016: Reflections on 50 Years of Expansion

Skolbekken, John-Arne

(Norwegian University of Science and Technology)

From the mid-1960s to the early 1990s the number of articles including the word risk in title and/or abstract published in Pubmed increased from around 1000 in the first five year period studied to 80 000 in the last. This observation was named the Risk Epidemic in Medical Journals (Skolbekken 1995). It was primarily observed in medical journals in Scandinavia, the UK and the US, and was found across a number of medical subspecialties. In this paper the development of the risk epidemic in the last 25 year is reported, giving an overview of 50 years of expansion of studies about risk in the medical literature. During this period the numbers have risen dramatically to more than half a million publications in the last five year period studied, presently comprising 12 per cent of all published articles in medical journals. The risk epidemic reflects a growing potential for preventive medicine, but also a potential for expansions in medicalization and pharmaceuticalization, by providing strong input to the legitimization of medical intervention on otherwise healthy individuals. The paper will furthermore seek to enlighten whether what was originally presented as an epidemic in the western world has developed into a global endemic.

Wednesday 12 September 2018 at 12:45-13:15

Health Policy
W001

Populism as Political Performativity: Implications for Health Policy

Speed, Ewen, Mannion, R.

(University of Essex)

Over the past decade, some of the world's most stable parliamentary democracies have witnessed a revival in populist political discourse, movements and leaders. The election of President Trump in the United States and the United Kingdom's vote to withdraw from the European Union (Brexit) have both been interpreted as the outcome of a popular/populist backlash against the traditional institutions of liberal democracy and establishment politicians. Issues related to economic inequality and cultural backlash are the dominant tropes that have been used to describe the upswing in populist politics; but do these descriptions adequately explain populism? Drawing on the insights of the influential political theorist Ernesto Laclau, we interpret populism as a performative political act, predicated on drawing lines of equivalence (and difference) between different actors, which is in fact, far more prevalent and pervasive in mainstream politics than these recent more extreme examples suggest. We use this interpretation to frame a discussion of the challenges that the rise of populism poses for the health of populations and the implementation of health policies.

Paper Abstracts

Thursday 13 September 2018 at 08:30-09:00

Experiences of Health and Illness

W115

'Trading Health': Young People's Responses to, and Experiences, of (Ill) Health at University

Spencer, Grace, Lewis, S., Reid, M.

(University of Sydney)

Rising numbers of young people live with a long-term health condition, yet relatively little is known about how these young people manage the experience of (ill) health within everyday social contexts, such as the university setting. Drawing on socio-cultural theories of healthism and the body/Self, in this paper we examine the strategies employed by students to manage their experiences of (ill) health at university. In-depth interviews were conducted in 2017 with 16 undergraduate students from one university. Data were analysed narratively. Findings highlighted how participants described themselves as being 'healthy' and largely in control of their health condition(s). Yet, the uncertainty and unpredictability of when and how symptoms may present threatened their command of their body – sometimes denying them opportunities to exercise agency. Interviews also revealed how participants sought to take back control and resist the impacts of their condition on their academic and social lives – holding some negative consequences for their longer-term health. These potential forms of agency revealed how young people (re)worked (sometimes inconsistently) dominant narratives around health, often 'trading health' for other more immediate and valued academic and social goals. The paper highlights the differing ways students reported to 'successfully' manage their health conditions while at university – offering new insights into young people's responses to, and the experiences of, (ill) health.

Related publications: Spencer, G., Lewis, S. and Reid, M. (2017). 'Living with a chronic health condition: students' health narratives and negotiations of (ill)health at university'. *Health Education Journal*, [online].

<http://journals.sagepub.com/doi/full/10.1177/0017896917738120>

Friday 14 September 2018 at 10:10-10:40

Health Service Delivery

W110

Use of an Electronic Palliative Care Coordination System (Epaccs) for Palliative Care: Patient and Provider Perspectives

Standing, Holly, Patterson, R., Dalkin, S., Brittain, K.

(Northumbria University)

Advance Care Planning (ACP) is a process by which individuals who have received a palliative diagnosis are engaged in discussions about future treatment and care preferences. In the North East of England there has been substantial work to improve ACP, including the Deciding Right initiative and development of paper ACP forms, which are recognised by all health services regionally. However, it is suggested that a disconnect still exists between providers involved in end-of-life care. The lack of interoperability of different patient record systems used by health and social care organisations contributes to this disconnect, preventing rapid access to up-to-date ACP documentation. Delays in the communication of changes in ACPs may result in inappropriate hospital admissions and failure to meet patients' care preferences.

This paper explores the findings of an evaluation of an electronic palliative care coordination system (EPaCCS) developed to support the coordination of care for patients approaching end-of-life. The system aims to enable health and social care professionals to access and edit information about patients' care preferences in real time. Our evaluation involves interviews and focus groups, before and after the implementation of the EPaCCS, with a range of health and social care professionals (GPs, care home staff, ambulance service, A&E doctors), as well as patients and bereaved relatives with experience of palliative and end-of-life care. This paper reports preliminary findings from the pre-implementation interviews and focus groups, with particular emphasis on inter-professional communication and working, experiences of patient management, and attitudes towards sharing patient data.

Wednesday 12 September 2018 at 16:15-16:45

STS

W001

The Sins of the Fathers: Men and New Reproductive Imaginaries in Discourses of Epigenetics

Stelmach, Aleksandra

(University of Nottingham)

Epigenetics is a rapidly expanding field of molecular biology which studies the changes in the genome that do not involve changes in the DNA sequence. Epigenetics has recently attracted the attention of social scientists, not least given the claims that some environmentally induced changes to the genome – triggered by such events as exposure to certain diets or toxins before conception or in pregnancy – can be passed down to offspring and affect health of future generations. The emerging critical scholarship in the social studies of biosciences has so far focussed on the social implications of epigenetic research, especially for women who are

held increasingly responsible for the health outcomes of their future children (Richardson et al. 2014, Kenney and Muller 2017). Although epigenetic research opens up a space for discussions about transgenerational responsibility for the health of future children on the part of other actors, such as fathers and grandparents (Landecker 2011), the role of men and new conceptualisations of their reproductive contribution have not yet been sufficiently explored sociologically. This paper seeks to 'bring men back into the reproductive imaginary' (Inhorn et al. 2009), and it examines new understandings of men's reproductive role in the discourses surrounding epigenetic research. It draws on media coverage of this new field as well as on interviews with scientists involved in epigenetic research to show how these emerging discourses challenge pre-existing understandings of fatherhood.

Friday 14 September 2018 at 11:55-12:25

Patient–Professional Interaction

W003

BLACKBOX: Shared Decision-Making Inside the Clinical Consultation – The Hidden Work of the Patient

Stobbert, Lynne, Thomson, R., Scott, J., Vaittinen, A., Hrisos, S.
(Newcastle University)

Shared decision-making (SDM) is now widely adopted into healthcare policy, yet implementation and meaningful measurement of SDM in clinical practice remain problematic. Research in this area demonstrates that different informants often provide different accounts of the same clinical encounter and tends to focus primarily on patient-reported experience of clinician behaviours rather than the encounter in its entirety.

Employing mixed methods (video-ethnography, guided interviews, questionnaires) we conducted in-depth exploration of 40 clinical consultations (purposely selected from 204 recordings). An extended version of the OPTION-12 observation tool, and coding of verbal and non-verbal behaviours, provided the framework for identifying key SDM and relational behaviours in clinicians and patients. Video and interview transcripts were analysed thematically.

Triangulated findings provided unique insight into the 'black box' of the consultation, highlighting previously uncaptured elements and emphasising an inherent patient role not hitherto acknowledged within current models and measures of SDM. Key findings demonstrate differences in patients' and clinicians' understanding and prioritisation of aspects of SDM. Patients respond to different prompts than those traditionally offered and can thus instigate SDM behaviours in their clinician. Factors beyond the consultation can influence 'sharedness', with patients developing strategies and undertaking 'hidden work' to ensure consideration of their values, beliefs and priorities.

Work is required to develop new models of SDM informed by patient perspectives, acknowledging patient behaviours and their impact, and focusing on relational issues. Our work raises implications for clinician training, including recognition of, and responsiveness to, the patient perspective, particularly with regard to their desire for engagement.

Thursday 13 September 2018 at 09:40-10:10

Inequalities

W009

Comparative Evaluation of the Efficacy of Social Stratification Scales for Detecting Socioeconomic Variations in Health and Illness within Japan

Sutherland, Allan J., Takenaka, K.
(Kyushu University of Nursing and Social Welfare)

Comparative analysis of social inequalities has shown that nations with higher levels of inequality tend to display lower life expectancies, than poorer, less unequal nations at all levels of socioeconomic standing (Wilkinson). Within countries themselves, differential morbidity and mortality patterns can be readily seen to correspond with variations in socioeconomic standing. Consequently, it is fruitful to compare dissimilar methods of modelling social stratification structures, and gender differences, and their efficacy for research on variations in health risks and outcomes. The efficacy of the Japan Standard Occupational Classification (JSOC) will be compared with the Japanese Socioeconomic Classification (J-SEC), which draws on the National Statistics Socio-economic Classification (NS-SEC) and the Erikson-Goldthorpe scale (EG-S), for uncovering socio-economic variations in morbidity and mortality outcomes within Japan. The JSOC tends to understate socioeconomic variations in health outcomes among occupational groupings within Japan, for which the J-SEC displays greater sensitivity, particularly when gender is taken into account. By comparing research using the NS-SEC, the EG-S and the Cambridge Social Interaction and Stratification scale (CAMSIS) to detect socioeconomic related variations in health outcomes within the UK, it is proposed that application of CAMSIS would improve modelling and research on health inequalities in Japan, particularly when combined with social network modelling to reveal overlapping patterns of social interactions and shared lifestyles and understandings

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Friday 14 September 2018 at 10:10-10:40

Patient–Professional Interaction

W003

Patients' Understandings of Safety: Trust, Vulnerability and Patient Involvement

Sutton, Liz, Tarrant C., Eborall, H., Martin, G.

(University of Leicester)

The drive to involve patients in their own safety, when in hospital, is increasingly regarded as a moral imperative. Usually, patient safety tends to focus on clinicians' understandings of safety, which emphasises minimising the risk of avoidable events in Healthcare from healthcare acquired infections, medication errors, and unnecessary harms from falls or pressure ulcers. However, how patients perceive safety, and how it affects their involvement in ensuring the quality and safety of their care, is under-researched. Here, I highlight how patients make sense of, and understand 'feeling safe' while in hospital. Drawing on qualitative interviews with patients admitted as acute medical patients in four hospitals in England, I show how safety is negotiated in patient-clinician interactions and is embodied in the physical and social environment and articulated through emotions. Employing theories of trust and vulnerability, I show how patients' understandings of safety are revealed in the judgements they make about whether they can have trust or confidence in their Healthcare providers. For patients, perceptions of staff attentiveness, benevolence and competence equate to safety. Feeling safe depends on affirmations that patient trust is justified and safety is threatened when this trust is undermined. Vulnerability affects the extent to which acute medical patients feel safe and are able and willing to engage in their own safety. This paper has direct relevance for medical sociology in that trust and vulnerability help to shape professional/ patient interactions and practices, and can profoundly influence patient experience.

Thursday 13 September 2018 at 10:50-11:20

Health Service Delivery

W004

Antimicrobial Stewardship: A Principal-Agent Problem?

Tarrant, Carolyn, Jenkins, D., Colman, A., Chattoe-Brown, E., Mehtar, S., Perera, N., Krockow, E.

(University of Leicester)

Antimicrobial resistance (AMR) is one of the greatest threats in 21st century medicine. AMR has been characterized as a social dilemma. This describes the situation in which a public good (in this case, antibiotic efficacy) is depleted due to over-exploitation, potentially with the loss of the resource to all. Social dilemmas are intractable because individuals are motivated to maximize their individual payoffs, although the collective outcome is worse if all act in this way. In the case of antibiotic use, rather than individual agents acting on their own behalf in consuming or protecting the resource, access to the resource is principally controlled by prescribers. In making decisions about the use of antibiotics, doctors are acting as agents for multiple parties, including individual patients, society, and the organization for which they work. Antimicrobial stewardship interventions aim to shift doctors' prescribing behaviour to be more in line with the societal optimum. However, agency theory points to key reasons why doctors may not act in line with stewardship goals, including problems of adverse selection (relying on an agent who may not have the skills or ability to fulfil expectations), and moral hazard (lack of alignment of goals of the agent with the aspirations of the principal). We suggest that theories of social dilemmas and agency theory can provide an integrative theoretical framework to fully characterise the nature of the problem of antibiotic use, and an evidence base for the design and implementation of theory-based interventions to optimize prescribing in hospital settings.

Friday 14 September 2018 at 12:30-13:00

Health Policy

W118

Into the Societal-Clinical War-Zone: The Incommunicability of Medical-Sociological Constructivism in the Debate on ADHD

Tjora, Aksel

(Norwegian University of Science and Technology)

In a repeating debate on ADHD in Norwegian media (newspapers, radio) I have had the dubious pleasure of being discussed in the comments fields and Facebook. During such discussions it has become evident that the sociological maintenance of a social constructionist medicalization perspective on the diagnosis ADHD generates strong public resistance. The source of this may be the complexity of the medicalization perspective, but perhaps even more the public trouble of thinking in different perspectives and analytical levels (for instance individual vs. societal). Consequently, the incommunicability of medical-sociological constructivism leads to a situation in which it is not the perspective that needs to be trapped, but the sociologist as a traitor to all those who 'have ADHD' and are helped by medical treatment. Although the ADHD diagnosis is seriously questioned within medicine as well, the sociologist is easily targeted for having bullshit opinions for something he could not have the clue about (not being diagnosed, nor being a neurologist or psychiatrist). In the paper I refer to public critical comments, and invite to a discussion of the role of 'the oppositional action sociologist' (Scambler 2016) and how this role may be strategic and/or subversive. Are the sociologists capable of winning the war, do we have to build alliances, or is it better giving up the whole damned thing?

Wednesday 12 September 2018 at 14:30-15:00

Experiences of Health and Illness

W115

A Conceptual Framework for the Identity Reconstruction Process: Comparing Experiences of Heart Transplant Recipients and Individuals with Chronic Diseases

Tomomatsu, Ikuko

(Kanagawa Center for Clinical Research and Strategy)

Aim and Background-The aim of this study is to examine how the experiences of identity reconstruction among heart transplant recipients (HTRs) can be applied to explore those of individuals with chronic diseases.

Development of medical treatments and devices have made it possible for HTRs and chronically ill people who were once hospitalised to live outside hospital. The number of these individuals has increased and is forecast to continue increasing. Today's chronically ill individuals share many characteristics with HTRs. Charmaz (1983) argued that pain and suffering caused by chronic disease conditions lead to loss of self-image. I argue that development of treatment and devices may support the reconstruction of this diminished self-image.

Method-Twenty individuals were recruited who suffer from chronic diseases and live outside hospital with advanced medical treatment and devices. They were interviewed via semi-structured, face-to-face interviews. All interviews were recorded and transcribed into text. Interview data were thematically analysed comparing the experiences of HTRs.

Tentative Results and Discussion-Both HTRs and individuals with chronic diseases reconstruct their identities by overcoming their first disease. Acquiring social roles in their everyday lives is important for this reconstruction. Gift theory developed by Mauss (1954) and Titmuss (1970) provide the key perspectives: 'giving', 'receiving' and 'repayment'. Initially, individuals with chronic diseases are in a position of 'receiving' various supports to overcome their illness. Then, they move to a position of 'repayment'. Eventually, they acquire a position of 'giving', which makes them feel that they have succeeded in reconstructing their identities.

Wednesday 12 September 2018 at 13:20-13:50

Experiences of Health and Illness

W115

Children with Brain Tumours and Their Parents: How Do They Cope?

Tyldesley-Marshall, Natalie, Peet, A., Greenfield, S. M., Neilson, S. J.

(University of Birmingham)

Background-Despite much improved outcomes for being diagnosed with brain tumours, having a brain tumour is still a stressful and distressing experience, especially for children and young people (CYP) and their parents. Much has been written about how people cope with chronic and long-term conditions, including many types of cancer, though there is little research from the perspectives of CYP with brain tumours (and their parents).

Method and results-My recent project (completed March 2018), used semi-structured interviews and thematic analysis. Patient families were recruited through Birmingham Children's Hospital's (BCH's) principal paediatric oncology unit clinical team. 8 CYP with brain tumours and 15 parents were asked about how they felt, what they understood, and whether they valued, seeing the medical images of their condition. Though not overtly asked about getting through tough times, during thematic analysis it emerged that nearly all participants referred to ways of doing this; some of which involved MRIs.

Following Bury's (1991) understanding of chronic illness as biographical disruption, I will present on 'coping' (the 'cognitive processes whereby the individual learns how to tolerate or put up with the effects of illness') and the 'strategies' i.e. actions taken, that were referred to. These included: altruism; avoidance; limiting information; MRIs as a source of hope; trust and faith in clinical teams; resignation to the situation; and viewing the situation as 'lucky'.

Conclusions-While not the study focus, coping is obviously of major importance to patients and parents, though individual families use different ways of coping.

Friday 14 September 2018 at 11:55-12:25

Health Policy

W118

Weighing the Options for Delivery Care in Rural Malawi: Community Perceptions of the 2007 Policy Promoting Facility Deliveries and Banning Traditional Birth Attendants

Uny, Isabelle

(University of Stirling)

To address its high maternal mortality, the Malawi government has prioritised skilled birth attendance. However, in a country where 80% of the population resides in rural areas, there are tremendous barriers to institutional deliveries. Historically, rural women have

Paper Abstracts

relied also on Traditional Birth Attendants (TBAs) for their childbirths. However, in 2007, Malawi issued Community Guidelines promoting skilled birth attendance and banning TBA utilization. I will present a grounded theory study which used interviews and focus groups to explore community actors' perceptions of the implementation of this policy (men, women, village headpersons, TBAs). Findings indicate that although community actors agreed that delivering at facilities may be safest when complications occur, this did not necessarily ensure their compliance with a policy they perceived as authoritarian and prescriptive. Moreover, the policy's implementation aggravated some of the barriers rural women already faced. Issues of disrespectful care at facilities also partly led women towards non-compliance with this policy. By conducting an innovative bottom-up policy implementation analysis, this study demonstrated that the policy led to a rupture of linkages between TBAs and skilled birth attendants (SBAs), which was detrimental to the continuum of delivery care. This study helps fill an important gap in research concerning maternal health policy implementation in LICs, by focusing on the perceptions of those at the receiving end of policy change. The theory developed accounted for the interplay of intrinsic and extrinsic factors which weigh into rural women's delivery care decision making, within the constraint of this new policy.

Friday 14 September 2018 at 10:10-10:40

Pecha Kucha

W004

Behavioural Determinants of Obesity (Physical Activity, Sedentarism and Diet) according to Socioeconomic Position in Chile: Protocol for a Systematic Review

Vega, Maria Jesus, Caro, P., Johnson, L., Papadaki, A.
(University of Bristol)

Obesity is a major public health problem in Chile, with 70% of people aged over 15 years being overweight or obese. The prevalence of obesity in Chile is highest among the most socioeconomically disadvantaged groups. The reasons underpinning socioeconomic gradients in obesity such as, differences in obesity-related behaviours like physical activity, sedentary behaviours and diet, are unclear but could provide targets for intervention. Therefore, the aim of this review is to examine associations of socioeconomic position (SEP) with physical activity, sedentarism and diet in Chile.

Electronic searches will be conducted using MEDLINE, Scopus, PsycINFO, Web of Sciences and LILACS. We will supplement database searches with grey literature, websites and hand-searching references. We will include observational studies that contain at least one obesity-related behaviour measure (physical activity, sedentarism and/or diet), compares at least two SEP groups and includes data from individuals of any age and gender residing in Chile. Studies in English and Spanish will be included. Study screening, data extraction and quality appraisal will be conducted by two independent reviewers and any disagreement will be settled with the remaining authors. Quality assessment will be undertaken by adapting the Newcastle Ottawa Quality Assessment Scale for cohort and cross-sectional studies.

This review will provide evidence on the differences in obesity-related behaviours (physical activity, sedentarism and diet) among different socioeconomic groups in Chile. Findings will be used to inform public health strategies aiming to reduce the inequalities in the prevalence of obesity in Chile.

Thursday 13 September 2018 at 09:40-10:10

Methods

W002

Thinking with Your Fingers: Participatory Visual and Tactile (Artistic) Methods to Support People Living with Dementia and Their Family Carers to Access and Share Hard-to-Express Experiences and Emotions

Vougioukalou, Sonia, Catherine Lamont-Robinson, C., Tope, R., Boddington, P., Northcote, A., Featherstone, K.
(Cardiff University)

When involving people living with dementia and their carers in talking about their (often distressing) experiences, interviews and focus groups have limitations. There are certain experiences and emotions that are hard to express and communicate, particularly with researchers with limited or no lived experience of living with the condition. The impact of dementia may limit expression - but people still have the emotions, even though they might not be able to express them verbally. We therefore looked into creative methodologies to complement our sociological enquiry on experiences of hospital care by people living with dementia and family carers. Visual methodologies have been effectively used to facilitate communication around embodiment and communication of difficult experiences (Tarr 2018, Mannay 2017, Wylde et al. 2014, Pink 2013). We piloted an arts for health enquiry where participants were encouraged to 'think with their fingers' and select creative materials that felt relevant or representative of their experiences. These materials were then either complemented with original art or images found online. We found that the art workshops (i) enabled people to access 'inner' embodied knowledge that they could not express through just words, (ii) externalised what participants wanted to say by creating a distance through props (iii) helped participants to express hard to express emotions and experiences (iv) established collaboration and trust. This paper contributes to the field of visual sociology by addressing the limitations of lexical data elicitation, and highlighting the ways that visual methodologies can help express experiences and emotions beyond the use of words.

Thursday 13 September 2018 at 17:30-18:00

Patient–Professional Interaction

W110

(Re)configuring the Parental Gaze: Early Intervention for Perinatal Stroke

Watson, Rose, Basu, A., Pearce, J., Rapley, T.
(Newcastle University)

Perinatal stroke occurs when the blood supply to part of the brain is interrupted in the womb or in babies age 28 days or less. It may lead to cerebral palsy, learning difficulties, or other disabilities with life-long personal, social and financial consequences. A parent-delivered home based early therapy intervention (eTIPS) for the first 6 months of life was developed. The eTIPS approach was initially evaluated in a pilot feasibility study. This involved recruiting 26 families (13 with babies with perinatal stroke; 13 typically developing), with monthly home visits over a six month period.

We undertook observations of home visits, interviews with parents of babies with perinatal stroke (n=11), interviews with parents of typically developing babies (n=13) and focus groups with parents of children with perinatal stroke (n=9) and with health professionals (n=16). We show how parents' perceptual configuration of their babies is shaped and transformed, over time, in and through engaging with the eTIPS intervention. We outline how, given a context of prognostic narratives of risk and uncertain futures, parents of babies with perinatal stroke initially buy into the eTIPS approach. Over time, parents work to (re)adjust their interactions with their babies, alongside the local geography of their home and the material culture of new parents. Parental action and reasoning was also transformed through the interactions with the research team and research-orientated tasks. For those parents of babies with perinatal stroke, we especially see biographical reconstruction, in which future trajectories are (re)imbued with elements of hope.

Friday 14 September 2018 at 12:30-13:00

Critical Public Health

W001

Parents' and Stakeholders' Views Regarding the Regulation of Digital Advertising of Unhealthy Food and Beverages to Children and Young People: Individual Autonomy vs State-Level Regulation

White, Lauren, Chambers, S., Hilton, S.
(University of Glasgow)

Introduction: A key feature in the public health policy debate surrounding childhood obesity is the role that digital advertising of unhealthy food and beverages play. There is increasing evidence of the detrimental role that digital advertising of unhealthy food and drink can have on children's dietary practices. However, little research has been conducted in the UK seeking to understand the perceptions of both parents and stakeholders in regards to regulating the digital environment, and whether this is a viable policy option.

Methods: Eight parent focus groups and eleven stakeholder interviews were conducted between December 2016 and March 2018. Data were analysed inductively and thematically using NVivo.

Findings: There exists a tension between the role of individual autonomy and the role of state-level regulation within the lives of children and young people. Parents argued either for increased regulation, delivered by the government, or that parents and children should be responsible for the food choices they make. Advocacy and advisory stakeholders argued for increased regulation of the digital space. However, industry stakeholders argued that state-level intervention would not be the most appropriate solution for digital advertising.

Conclusion: There is an urgent need to consider the need for regulation in the context of the emerging digital advertising market of unhealthy food and beverages. The tension between the roles individual autonomy and state-level intervention are important to understand if we are to improve public health policy approaches in relation to protecting children from harmful marketing associated with the growing rates of childhood obesity.

Wednesday 12 September 2018 at 15:40-16:10

Experiences of Health and Illness

W115

Food as a Social Lens for Negotiating Everyday Life with Irritable Bowel Syndrome (IBS)

White, Lauren
(University of Sheffield)

Irritable Bowel Syndrome (IBS) is a common, long term bowel condition, characterised by symptoms of pain, constipation and/or diarrhoea, bloating, flatulence and urgency to use the toilet. Despite statistics demonstrating that up to 20% of the UK population live with IBS, there is little understanding of the social and everyday experiences of living with the condition. How individuals with IBS negotiate their symptoms in everyday life has had little attention in sociological studies. Drawing upon emerging findings from diary and diary-interview methods from my PhD research that has explored how individuals negotiate everyday life with IBS, I will examine

Paper Abstracts

how those with IBS experience and navigate their foods when seeking to manage the symptoms of their condition, as well as participate in social life. In this paper, I will argue that the discussions and documentation of diets and food through their day to day routine and practice, highlight that food is used both as a way to discuss symptoms, but also that it becomes a lens that highlights the 'sociality' of food. In particular, the paper will suggest that through discussing food in the context of everyday life, personal relationships and everyday practices, food can work as a means to negotiate participation, resistance and exclusion in the social world. This paper seeks to contribute to sociological debates on the role of food and its importance in everyday life, and particularly that of the common, everyday illness of IBS.

Wednesday 12 September 2018 at 14:30-15:00

Health Policy
W004

The Governance of Parental Drug Use in the UK: A Critical Analysis of 'Hidden Harm'

Whittaker, Anne, Martin, F., Olsen, A., Wincup, E.
(Dalhousie University)

Parental drug use is commonly constructed as a major social issue and public health priority. Research in this area tends to focus on deficits in parenting capacity and children's health, psycho-social development and welfare. Surprisingly little research critically explores the problematization of parental drug use, including unexamined assumptions about drug use in the family or how political responses to parental drug use determine intervention.

This paper will be the first critical assessment of governmental responses to parental drug use in the UK, reporting on an analysis of the Advisory Council on the Misuse of Drugs inquiry report 'Hidden Harm: responding to the needs of children of problem drug users' (2003), using Bacchi's 'What's the Problem Represented to Be' (WPR) approach. We discuss the various effects produced by 'Hidden harms' in the U.K. in the fifteen years since its release. While there have been follow-up publications outlining 'progress' around approaches to parental drug use in the UK, critical analyses of the report and the context of its release are lacking.

Governmental responses to parental drug use raise difficult questions about the 'problem' of drugs in modern societies, parent-child relationships and the role of the state in family life. Using Bacchi's approach and the accompanying post-structuralist framework provides the epistemological scaffolding to examine the governing of families in drug policy and scrutinise the particular political rationality enacted in policy work around drug use, parents and children.

Friday 14 September 2018 at 12:30-13:00

Patient–Professional Interaction
W003

Bringing the Social into Chronic Condition Self-Management: How Do Health Professionals Make Sense of Their Role?

Willis, Karen, Lewis, S., Smith, L., Franklin, M., Hughes, S.
(La Trobe University)

Chronic condition self management requires new ways of thinking about, and working with, illness by both patients and health professionals. Rogers et al argue that the components of a sociological approach to understanding chronic conditions are the work that individuals do, the interactions between clinicians and patients, and the sense making that both patients and health professionals bring. Yet research and practice has tended to focus on changing patients' behaviour and actions using psychological constructs, with the incorporation of the social into illness management less common.

In this paper, we focus on the sense making that health professionals bring to their role in chronic condition self management. We examine the perspectives of 28 health professionals working in both one on one interactions and group chronic condition programs. We find that there are tensions between the need to be 'patient centred' on the one hand, and the need to draw on medical knowledge on the other. Patient knowledge is minimised and professional knowledge is privileged even when health professionals strive to be non-judgmental, non-directive and sensitive. We argue that health professionals are not an absent, disembodied, presence in support of people with chronic conditions. In bringing the social into focus they need a better understanding of both their own positions in the field of healthcare as well as patients' experiences of managing their conditions and the forms of medical and experiential knowledge they draw on when living with chronic illness..

Thursday 13 September 2018 at 16:55-17:25

Theory
W003

Health Inequalities and the Social Contract

Wistow, Jonathan
(Durham University)

Health inequalities and differences in life expectancy and disability free life expectancy, in particular, are profoundly important individual and social outcomes as they relate to the duration, and quality, of life. Too often these are considered as social problems that need to be addressed through social policy solutions, without due consideration given to the wider political economy that both influences the nature and extent of these. The notion of the social contract (and drawing on Rousseau's framing of this in particular) helps us to understand the types of issues that are prioritised in society in return for the cooperation of citizens. We can, therefore, use the idea of a social contract to frame how much inequality is tolerated in society and where, and to what extent, it is legitimate for the state to intervene on our behalf to address these? We should also, perhaps, consider the role of the NHS as a universal service that is free at the point of delivery as a key institution that provides a degree of social legitimacy for the English social contract, which is more generally driven by an individualistic neo-liberal logic. However, the universalism provided by the NHS is predominantly framed around treatment rather than the much more stretching goal of universal outcomes that is closely associated with health inequalities. It will be argued that this is problematic when looking to address health inequalities and something that needs to be made much more explicit when considering individual and social health outcomes.

Thursday 13 September 2018 at 09:40-10:10

Citizenship and Health

W001

Is This Safe? Does It Matter? Reframing Same-Sex Serodiscordant Intimacy in the Era of 'Treatment as Prevention'

Witney, Tom

(The Open University)

Mixed HIV status (serodiscordant) relationships have occupied a central position in public health discourses as key sites of transmission risk. With the advent of 'treatment as prevention' (TasP), focus has shifted from regulation of intimate behaviours to biomedical prevention. Serodiscordant couples are themselves engaged in this repurposing of HIV treatment, with couples imagining and realising new forms of intimacy. This paper will explore the changing meanings of HIV and risk in male same-sex serodiscordant relationships. Biomedical developments impinge on and are themselves influenced by the lives of serodiscordant couples. Understanding 'everyday serodiscordant behaviours' has implications, therefore, for the efficacy of future prevention. This paper will discuss initial findings of a qualitative investigation of the lived experience of gay/bisexual men (n=26) in serodiscordant relationships in the UK, with a focus on everyday practices of intimacy.

Adopting Plummer's concept of intimate citizenship, analysis focuses on the interface of the 'public/private' in participants' discussion of their relationship. Against a background of a condom-centric 'safer sex' discourse, participants struggle to renegotiate the risks of condomless sex in the presence of TasP. Conversely, TasP has pushed HIV out of the everyday, transforming both experiences of serodiscordancy and the ethics of serodiscordant sexual citizenship. This paper draws on the emerging sociology of 'nothing' to investigate where and in what ways the virus continues to play an important role in shaping relationship practice – despite its 'absence'.

Thursday 13 September 2018 at 16:55-17:25

Professions

W001

Professionals' View of Mainstreaming Genetics: The Impact of 'Treatment-Focused Genetic Testing' on Professional Roles and Identity in Breast and Ovarian Cancer Care

Wright, Sarah, Stirling, D., Porteous, M., Hallowell, N

(University of Edinburgh and University of Oxford)

The mainstreaming of genetic services, a process which involves the incorporation of genetic expertise into standard cancer care, offers patients the promise of streamlined pathways and tailored treatment. Yet, we know little of how clinicians working within non-genetics specialties view the prospect of such changes. Taking the example of 'treatment-focused BRCA 1 and BRCA 2 genetic testing' (TFGT), this paper focuses on the views and experiences of clinicians involved in the care of patients with breast or ovarian cancer, provided via standard (breast) or mainstreamed (ovarian) pathways. The result of ethnographically-informed research at a UK teaching hospital, we address how those for whom mainstreaming was already established (gynaecological oncologists) and those readying themselves for change in the anticipatory period prior to the implementation of a pilot study to mainstream (breast oncologists and surgeons), viewed these changes in relation to professional jurisdiction/identity, and patient care. This paper speaks to how clinicians respond and react at a local level to changes borne of technological advancements, clinical evidence and a cultural shift towards genomics. Voicing a range of opinions, we found that oncologists often championed mainstreaming, and viewed this adaptation in care provision and professional role as a logical outcome of the findings of recent clinical evidence. Others, primarily breast surgeons, regarded the introduction of TFGT as a threat to their professional identity, negatively impacting their workload. We highlight some of the difficulties that may be encountered when introducing genetics into mainstream specialties and emphasize the need for further education of non-genetics specialists.

Paper Abstracts

Wednesday 12 September 2018 at 15:40-16:10

Health Service Delivery
W003

Impilo neZenkolo (InZ): Developing and Evaluating a Healthy Lifestyle Programme to Low-Income Faith-Based Settings in Urban and Rural South Africa (SA)

Wyke, Sally, Tomaz, S.A., Zihindula, G., Bunn, C., Gray, C.M., Hunt, K., Micklesfield, L.K., Draper, C.
(University of Glasgow)

In high-income countries lifestyle change programmes which work with culturally-valued identities and which use culturally-valued materials can successfully engage people to long-term lifestyle change. Driven by high levels of overweight/obesity and high levels of church attendance in SA, we investigated whether a healthy living programme could be adapted for delivery through churches. The programme was called 'Impilo neZenkolo' (InZ) meaning 'Health through Faith'.

Recruitment of four churches was relatively easy. Six workshops with church members led to numerous adaptations to InZ, including how information was expressed. We trained 10 volunteers to lead the 12-week programme in their church but scheduling difficulties led to delivery in only 3 and training being short. Churches recruited 84 participants and we conducted pre and post programme measurements with 42 of these. We observed sessions to capture ease of delivery and conducted 5 focus group discussions and 9 interviews to capture perceptions of delivery in each church.

The quality of delivery varied, influenced by leaders' themselves but also levels of literacy and adequacy of training. For example, behaviour change techniques were taught well in one church, but less well others, interactive learning was encouraged in all churches but teaching more didactic in one. Church and programme leaders and participants were positive about the programme and the 42 participants measured lost on average 1.9kg.

We conclude that InZ is acceptable in SA, and has potential to contribute to tackling obesity. Further adaptations to both the form and content are necessary before wider implementation.

Thursday 13 September 2018 at 08:30-09:00

Lifecourse
W003

Creating a Space for Young People and Professionals in Secondary Schools in England and Japan to Confidentially and Safely Discuss Issues around Sexuality and Sexual Health

Yamamoto, Beverley, Kitano, N.
(Osaka University)

Research confirms that sexual interest, activity, and sense of sexual satisfaction across the life course are potentially health affirming and linked with well-being. Schools are a settings for professionals to provide education and support to enable young people to have safe, healthy, and sustaining sexual relationships over the life course. Yet many professional lack confidence to speak to young people about sexuality in a positive manner.

This study explored the potential of sex education tool, the Traffic Light Tool (TLT) , to enable young people and professionals in secondary schools in England and Japan to confidentially and safely discuss issues around sexuality and sexual health.

Having secured a license to use the TLT for research and develop the Japanese version (the JTLT) and after gaining ethical clearance at multiple levels, we worked with school-based professionals responsible for sex education to develop the JTLT and use it in a classroom setting. We collected data via focus groups with both students and the professionals in the England and Japan.

The process of developing and implementing the JTLT revealed the different sexually-related vocabulary being used by school professionals and young people. We found surprising similarities in how students in secondary schools in Japan and England articulated ideas and framed sex and sexual health, despite the very different cultural settings. In contrast, there were dramatic difference between the professionals in the two countries in how they approached the tool and in their framing of sexuality. The TLT/JTLT was evaluated very positively by all stakeholders.

Foundation for the Sociology of Health and Illness Book Prize 2018

The FSHI book prize of £1000 is awarded annually each September to the author(s) or editors(s) of the book making the most significant contribution to the sub-discipline of medical sociology/sociology of health and illness and having been published over the three years preceding January 1 of the year in which the award is made.

We are very grateful to the external judges who joined members of the committee in the difficult task of judging the diverse selection of interesting books nominated this year. We thank Donna Bramwell and Zahira Latif as well as Professor Anne Rogers from the University of Southampton, who joined the 2018 panel at the shortlisting stage.

We are also reliant on members of the community nominating books. Please consider making a nomination for the next year if you have read something that excites or engages you! Thank you to all of those who took the time to make a nomination this year.

You can see this year's shortlist on the next page, and read more on our webpage: <http://www.britsoc.co.uk/medical-sociology/foundation-for-the-sociology-of-health-and-illness-book-prize.aspx>

The 2018 prize winner will be announced at the conference dinner on Thursday 13 September at Glasgow City Chambers, George Square.

BSA Medical Sociology Group Annual General Meeting

Foundation for the Sociology of Health & Illness Book Prize 2018

The Foundation for the Sociology of Health & Illness (FSHI) Book Prize of £1,000 is awarded annually each September to the author or editor of the book judged to have made the most significant contribution to medical sociology or the sociology of health and illness.

The winner will be announced at the BSA Medical Sociology Conference dinner on 13 September at the City Chambers, Glasgow.

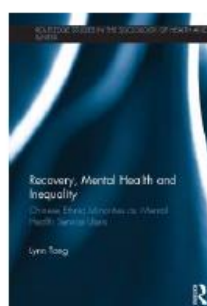
2018 Shortlisted Nominees



Amy Chandler

Self-Injury, Medicine and
Society: Authentic Bodies

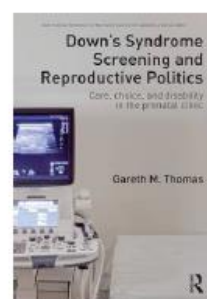
Palgrave Macmillan (2016)



Lynn Tang

Recovery, Mental Health and
Inequality

Routledge (2017)



Gareth M. Thomas

Down's Syndrome Screening and
Reproductive Politics

Routledge (2017)

BSA Medical Sociology Group Annual General Meeting

Everyone Welcome

We are keen to invite all conference delegates to our Annual General Meeting which will take place on Thursday 13 September in the Hamish Wood Building Lantern Room. The meeting will begin at 12:45 and is planned to be finished by 13:45. All delegates are welcome but only BSA Members are eligible to vote on the business of the Medical Sociology Group. The AGM includes our annual report on the activities of the Committee, as well as news from *Sociology of Health and Illness* and the Foundation for the Sociology of Health and Illness. This year we will be appointing a new Postgraduate Research Student (PGRS) and two ordinary MedSoc committee members. If you are a member of the BSA and you are interested in being considered, please ask a member of the Committee at the conference registration desk for a nomination form and make sure you hand in your completed form by 12 noon on Thursday. Elections, if necessary, will take place at the AGM. Please see below for the 2017 AGM minutes.

BRITISH SOCIOLOGICAL ASSOCIATION MEDICAL SOCIOLOGY GROUP Annual General Meeting

Thursday 14 September 2017, 12:45-13:45
Galleria Bar, University of York

Forty two members of the BSA Medical Sociology Group attended the meeting. It was chaired by co-convenors Fiona Stevenson and Sasha Scambler. Elaine Forester was responsible for minute taking.

1. Minutes of the 2016 AGM

The minutes of the Annual General Meeting held on Thursday 8th September 2016 and available to view on pages 151 to 153 in the conference programme, were agreed to be accurate and correct.

2. Convenor's Report-This report was delivered by Fiona Stevenson.

The 49th Medical Sociology Conference received 377 abstracts, compared with 264 in 2016, with 268 offered oral presentation slots, and 229 presenting after speaker withdrawals, with 315 presentations at the conference in total including posters, Pecha Kuccha's and Special Events. (12 symposia/special events including the committee events) In summary the demand for conference attendance has risen back almost to the 2015 levels. The committee maintained the number of funded places again for the 2017 conference, with 54 applications received and 24 offered this year, 15 to students and 9 to unwaged or outside academia delegates. The committee will continue to utilise funds to support members of the group to attend the conference whenever possible. Attendance of the Early Career Day this year has been low with just 18 bookings compared to 32 in 2016. This slow uptake could be related to the reduction of the subsidy for the day being reduced from £125 to £18 per delegate. In total 30 funded places have been allocated this year to committee members, BSA Staff and invited speakers up from the 19 in 2016 but down from 33 in 2015. There continues to be a healthy international interest in the conference with 19.5% of delegates attending the 2017.

Conference Innovation

In 2017 the committee have decided to trial a panel of speakers as the closing plenary Paul Higgs, James Nazroo and Karen Lowton will speak on the subject of "Why Aging Matters" If successful this form of panel presentation will be included in subsequent conferences. 7 Special Events 3 Symposia and 2 Committee events are included in this year's programme with "Introduction to Norwegian Health Sociology" being included for the first time.

Report from the 'Medicine, Health and Illness Stream' at the BSA Annual Conference April 2017 from Ewen Speed: 88 papers were submitted to the stream (an increase from the 50 in 2016 and slightly up from the 80 in 2015). The committee would like to thank Catherine Pope for delivering the Stream Plenary for 2017 and confirm Judy Green will be the stream plenary for the 2018 conference at Northumbria University.

BSA Medical Sociology Group Annual General Meeting

Regional / Special Interest Groups – There continues to be very buoyant activities from most of the Regional Groups, the current active regional groups are East Midlands, North West, North East, South West, Wales, West Midlands, London, Scottish, South Coasts and Yorkshire. All regional groups are self-sustaining and can draw on a fund of money which will remain at £400/year per group to help support their activities. New proposals are welcome from regions that currently do not have a study group. Please contact any to the MedSoc committee for more information.

3. Financial Report – Kerry Collins, BSA Company Secretary presented the financial report

At the end of the financial year (31st December 2017) the BSA audited accounts show a credit balance on the MedSoc account of £95,173. Again the funds were utilised in the year so that reserves decreased in line with planned expenditure. The conference fees increased by £35 for a full conference registration (£295) from the previous year but only just above the 2009 rate (£285), in an attempt to break even rather than incur a substantial deficit. Based on current forecasted figures for this year's conference the plan is to make a deficit of just under £7,000, compared with a final deficit of £14K for last year.

4. MedSoc Committee Nominations

There are 6 committee vacancies: 1 Postgraduate Researcher (PGRS) member vacancy and 5 ordinary committee member vacancy.

2 nominations were received for PGRS and 6 for ordinary members.

Votes were collected at the AGM and after a count of votes Yesmean Khalil was elected as the PGRS representative and Kylie Baldwin, Cath Coveney, Sarah Hoare, Jenny Remnant and Michelle Webster as ordinary committee members. It was proposed that changes be made to the way in which nominations are received for new committee members. The proposal was for all vacancies to be advertised via JISCMail as the current procedure and to all who have registered to attend the conference (new introduction) with a cut-off date for nominations to be received two weeks before the conference. Mini biogs are to be submitted from each nominee and circulated to all BSA members who are attending the conference. Voting can be on line or at the conference and will close 1 hour before the AGM. Cathy Pope suggested using an Elections Services provider to facilitate the new type of election. As no final agreement was reached at the AGM this proposal will be taken to the next committee meeting for further discussion and any required constitutional change. The MedSoc committee would like to formally thank Anika Baddeley, Lynne Stobbart, Fiona Stevenson, Jenny Remnant and Paul Whybrow for all their work and commitment during their period on the committee.

5. Foundation for the Sociology of Health and Illness – Trustee's Report delivered by Jonathan Gabe

a) Trustees.

Professor Joan Busfield took on the role of Treasurer in place of Professor Lindsay Prior in September 2016. Prof S. Nettleton and Dr L. Monaghan also commenced their role as Trustees in September 2016. Prof K. Hunt resigned as a Trustee in September 2016 and was replaced by Prof C. Williams. She attended her first Trustees meeting in March 2017. On behalf of the current Trustees we thank Prof Hunt for her work over previous years.

The Treasurer now has a Financial Assistant for four hours a week.

b) Contract for Editorial Services with Cardiff University:

The Contract with Cardiff University for the provision of Editorial Services for Sociology of Health and Illness had been renewed for a three year period from September 2015. Discussion has already taken place with the new Chair of the Editorial Board of Sociology of Health and Illness, Prof C. Pope, who is responsible for initiating the search for new Editors for the journal.

c) Contract for publication of the Journal 'Sociology of Health & Illness':

The contract to publish the journal for which the Trustees are responsible is due for renewal in January 2018. One year's notice to terminate any existing arrangements is required by the parties involved, namely the Trustees and the publisher; John Wiley & Son. As a consequence, the Trustees have been involved in negotiations with the current publisher during the year about terms of renewal. Wiley offered an improved financial arrangement and the Trustees decided to extend the contract with Wiley. A new contract has now been signed covering the period January 2017 to December 2024.

d) Foundation Awards:

The following awards were made during 2016-2017.

Post Graduate International Conference Travel Grants-During the year 22 applications for these awards were received by the Foundation, as against 13 applications during the previous year. Twelve awards were offered against only four in 2015-16.

Mildred Blaxter Post-Doctoral Fellowships-These were advertised twice during the financial year. There were 18 applications across the two rounds and two were awarded, one in the first round and

BSA Medical Sociology Group Annual General Meeting

one in the second. One was awarded to Kylie Baldwin of De Montfort University, the other to Faye Dennis of King's College London.

Symposia & Workshops Support Awards-There were 15 applications for these awards during the year (against 7 in 2015-16), and 6 six were supported by the Foundation.

Research Grant Development Awards.

There were six applications in the first round and none in the second (there had been none in 2015-16 when there was only one round because of financial constraints). Two awards were made, one to Gillian Bendelow, the other to Celia Roberts.

- d) Proposed schedule of awards to be made in 2017-18:** As well as supporting the continuing work of the editorial team at Cardiff, the Trustees intend to advertise and fund two Mildred Blaxter Fellowships, up to 16 Post-Graduate travel awards (with the maximum value increased from £600 to £800), up to six Symposia/Workshops, and up to four Research Grant Development Awards. Details of how to apply for the awards and closing dates for applications are provided on the Foundation's website.

6. Cost of Living Blog

The 'Cost of Living' blog has been operating for 5 years and during this time we have published an article every week except for short breaks during Christmas and Easter. Every article published is peer appraised by two editors. Over the last year we have had 23,000 page views of our articles. Our bounce rate (indicates if people view more than one article when they visit to site) has now improved to around 70% and this is above average for a blog of this type.

Around 50% of visits to the blog come from the UK. The next largest region to access the blog is North America (15%) with the remaining visits from around the world.

The majority of our articles are written by the Editorial Collective (Ewen Speed, Simon Carter, Hannah Bradby, Charlie Davison, Judy green, Lesley Henderson, Jen Remnant, Sasha Scambler, Carl Walker, and Catherine Will).

About 25% of our articles are from guest authors. We welcome post from guest authors and have a policy of aiding authors to develop their work for publication on the blog.

The blog is an engagement blog to bring sociological analysis and understanding to a wider audience. Over the last year our authors have been contacted by the Financial Times and the Guardian as a result of blog articles.

7. Phil Strong Memorial Prize

After previous years concerns regarding the lack of nominations received to this prize, promotional activities were increased resulting in three nominations received for 2017. The winner of this year prizes will be announced at the conference dinner. Selection will again be at random as clarification is still required regarding the implementation of the selection criteria for the 2018 prize.

8. MedSoc Committee Update

After three years being co-convenor Fiona Stevenson is stepping down and is succeeded by Flis Henwood.

9. Any other business

The next Annual General Meeting will be held at the Glasgow Caledonian University, during the 50th Annual Conference on Thursday 13 September 2018.

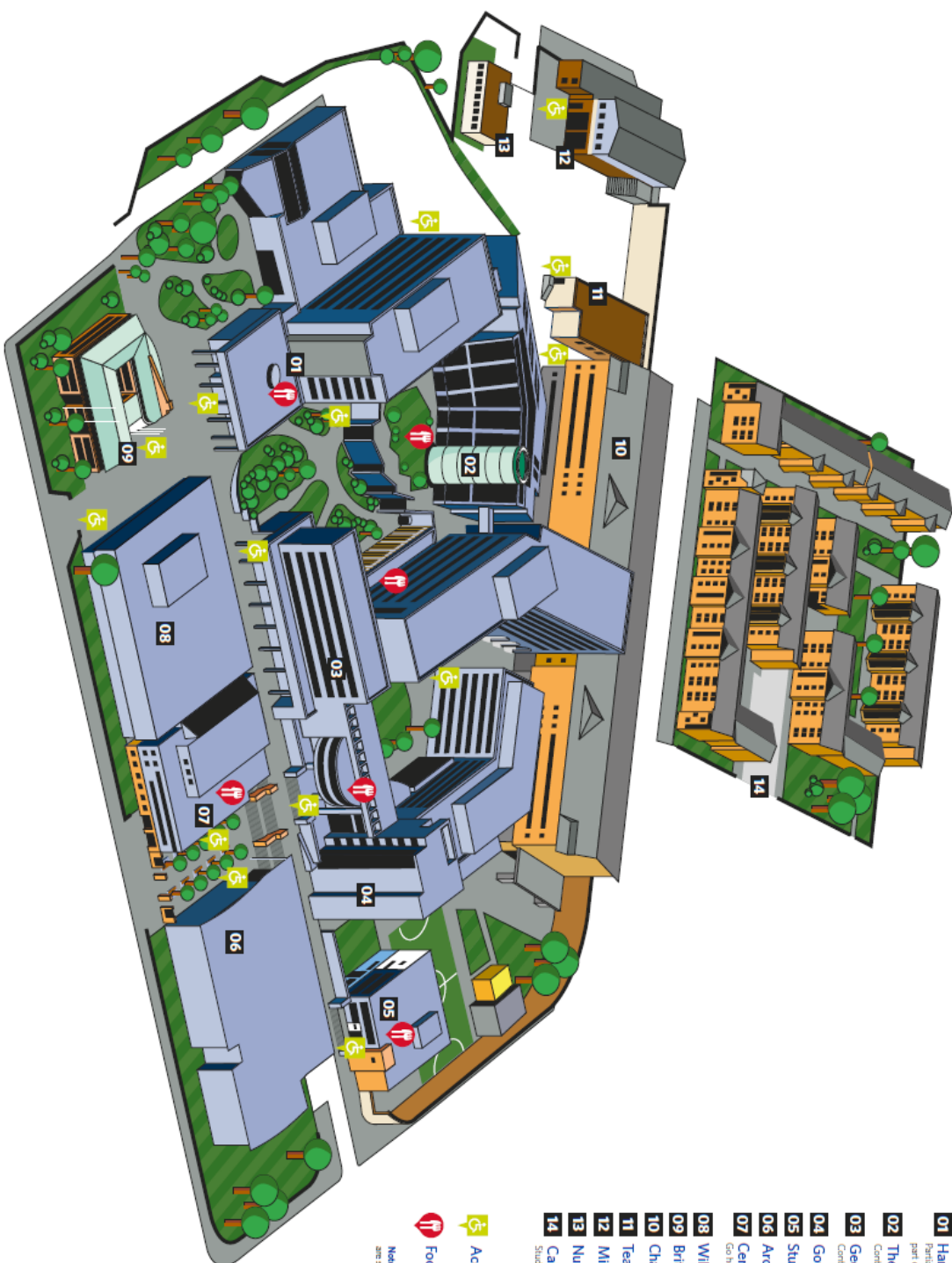
The minutes of the 2017 AGM will be printed into the programme of the 2018 conference.

Campus Key

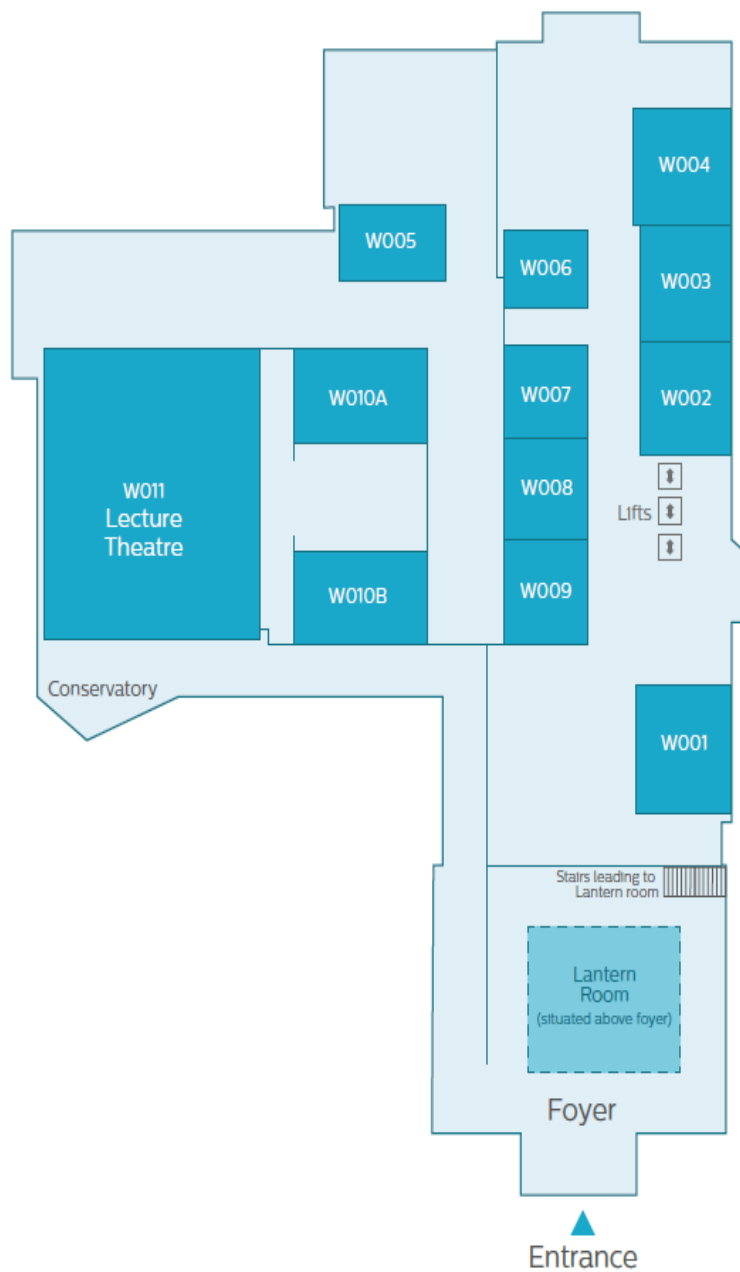
- 01** Hanish Wood Building (Rooms W)
Partially under construction until Spring 2016 as part of an exciting £20m campus development project
- 02** The Saltire Centre
Contains the University Library
- 03** George Moore Building (Rooms M)
Contains the University Restaurant, Study Club area and Campus Life desk
- 04** Govan Mbeki Building (Rooms A)
- 05** Students' Association
- 06** Arc Health and Wellbeing Facility
- 07** Centre for Executive Education (Rooms CEE)
Go here to register and get your student card in September.
- 08** William Harley Building (Rooms H)
- 09** Britannia Building (Rooms B)
- 10** Charles Oakley Laboratories (Rooms C)
- 11** Teaching Block
- 12** Milton Street Building (Rooms MS)
- 13** Nursery
- 14** Caledonian Court
Student Accommodation

-  Access (lifts, ramps and automatic doors)
-  Food and drink

Note: All buildings are wheelchair accessible. The locations of access points are subject to 'Heart of the Campus' construction work.



Hamish Wood Ground Floor



GCU
Hamish
Wood
Building
1st Floor

