BSA Medical Sociology Conference 2025

Wednesday 10 - Friday 12 September
Northumbria University, UK

Poster Presentations Abstract Book

WILEY

BRITISH
SOCIOLOGICAL
ASSOCIATION

POSTER PRESENTATIONS

Posters will be on display throughout the conference in the Foyer Area.

Authors will be available to discuss their posters at the drinks reception on Wednesday 10 September from 18.00 – 19.00. The drinks reception is sponsored by Wiley.

Experiences of Health and Illness

Role of Experiential Knowledge in Community Health Empowerment

Do Yeon Lee

Seoul National University

Background- The aim of this study is to explore role of experiential knowledge in community health empowerment. Previous studies of community empowerment in health has not dealt of hierarchy between biomedical knowledge and experiential knowledge. Despite initiatives aimed at community health empowerment, this hierarchy inhibits such empowerment; when biomedical knowledge predominates, community members are constrained in realizing their full potential capabilities. However, individuals possess experiential knowledge concerning their own health and methods for caring for others. And, this experiential knowledge is the basis of community health empowerment.
Method
A multi-sited case study was conducted in order to explore the experiences of community-based health-caring practices. Three cases pertained to initiatives undertaken by community-based organisations, with a focus on the provision of care to members of the community by community members themselves. The data were collected through a combination of participatory observation and interviews. Fifty interviewees have participated in the study, including the individuals responsible for each initiative, staff members, caregivers, and care recipients.

Result - First of all, the care capacity was the core capability of the community members. Capability of them included caring health of others, planning and organising community health initiatives, institutionalise care initiatives. Second, experiential knowledge was in the center of community health empowerment. It contained method of caring health of self and others, building relationship, establishing vision of caring comminity and so on. Third, there were tension around institutional recognition of experiential knowledge.

Conclusion - The role of experiential knowledge was essential to community health empowerment.

Healthcare Organisations

Is this midwifery?

Sarah Spence

University of Edinburgh

Research suggests that a conflicted professional identity can impact standards of work, leading to tensions within the profession. It is important to unpack the concept of the ‘midwife identity’ in the UK - to include midwives’ expectations of what it means to do midwifery - in order to make sense of the pressures being applied on midwives around the country. There is growing discourse condemning the degree to which midwives’ care provision has strayed from the standards required by their regulatory body, the Nursing and Midwifery Council. While issues of relationality, autonomy and woman-centredness constitute core elements of the midwife’s identity, parallel discourses regarding decreasing rates of midwife-led birth, and reports of toxic work cultures have increased. This can lead to the development of identity discrepancies which must then be managed as part of the self-verification process. What do we know so far?

Health Service Delivery

Navigating digital candidacy in remote GP services for deliberately excluded patients: early findings from a qualitative study of the Special Allocation Scheme in England

Francesca Dakin, Jackie Van Dael, Natassia Brenman

University of Oxford

The Special Allocation Scheme (SAS) represents a critical but understudied area of English primary care, providing services for patients excluded from mainstream general practice following reports of aggressive or violent behaviour by their usual practice. Care is reallocated to SAS service providers that cover large regions and are usually geographically distant from the original practice. The use of remote care in this context has increased, particularly following the pandemic. This represents a potential source of further exclusion from care for SAS patients, who often have multiple complex health needs and may already face multiple disadvantages.

The SEARCH study aims to understand and inform the forms of care offered to patients registered on the SAS, with a focus on remote care. This paper reports on the early findings from three case ethnographic studies of SAS service providers, including observations and interviews with patients and staff, which we interpret using the lens of digital candidacy (Dakin 2024). We ask what further exclusion risks digital candidacy reveals in the context of remote care for patients who have been intentionally excluded from mainstream care. We focus on how technologies and digital processes affect patients' ability to navigate to the digital front door, craft accurate and convincing digital facsimiles to appear and permeate the service, and negotiate or utilise offers of care. In doing so, we seek to theoretically refine digital candidacy in the context of deliberate exclusion and offer practical recommendations for what inclusive remote care looks like in the context of the SAS.

Health Service Delivery

Reconfiguring Candidacy: Patient and Professional Perspectives on Primary Care Access During COVID-19

Hannah Scobie, Susan Browne, David Blane, Tracy Ibbotson, Lynn Laidlaw, Paul Bowie, Kate O'Donnell, Sara MacDonald

University of Glasgow

Background: The COVID-19 pandemic necessitated rapid changes in UK primary care, including the suspension of routine services, reduced face-to-face consultations, and widespread adoption of remote consultations, following government directives.

Aim: To examine how these shifts affected the concept of candidacy from both patient and primary care professional perspectives.

Methods: A focused ethnographic study was conducted across 13 purposively selected primary care practices, varying in size, location (urban, rural, remote), and patient demographics (affluent to deprived). In-depth interviews were carried out with 51 primary care professionals and 62 patients. Data were analysed using the Candidacy Framework to explore access and eligibility for care.

Results: Both patients and professionals reported altered thresholds for seeking and providing care. Patients often delayed help-seeking, while professionals prioritised urgent cases. Remote consultations offered convenience but also exacerbated existing inequalities. Triage systems reduced service permeability, complicating access and decision-making. Patients felt compelled to emphasise symptoms to secure appointments, and professionals faced challenges in assessing candidacy remotely. Divergent consultation preferences highlighted tensions between access and safety. Both groups acknowledged pandemic-induced strain on resources, underscoring the need for adaptable, collaborative care models.

Conclusion: The study reveals discrepancies in patient and professional perspectives on access and eligibility for care. Addressing these differences is crucial for improving access and supporting candidacy in future primary care delivery.

Inequalities and Intersectionality

Deconstructing the Stigmatisation of Autism in South Korea: The Role of Economic Productivity and Cultural Homogeneity

Nicola Crowe

University of Edinburgh

As the social model of disability and disability rights activism have expanded, improvements have been witnessed in the accommodation and understanding of misunderstood conditions like autism. However, in nations like South Korea – where disability rights activism has been fragmented, and discrimination is historically tied to religion and nationalism – progress remains limited and autistic individuals continue to be heavily medicalised and Othered. The theory of 'ablenationalism' would suggest that autistic individuals' difficulties in conforming to neoliberal ideals has contributed to this lesser acceptance. Yet, ablenationalism is underexplored beyond the West, limiting its current applicability across contexts.

To address this gap, this study utilised a critical research approach to answer two central research questions: (1) why is autism considered an especially stigmatised condition within South Korea, and (2) to what extent does the case of autism within South Korea support or disrupt the theory of ablenationalism. Using Fairclough's dialectical relational approach to Critical Discourse Analysis, this study analysed a sample of 320 South Korean socio-political texts – comprised of 272 newspaper articles and 48 revisions of legislation.

Findings indicated that the stigmatisation of autism reinforces the importance of economic productivity and social cohesion within South Korea. Further, by revealing that the ideal of cultural homogeneity additionally mediates autistic South Koreans' social acceptance, this research disrupted ablenationalism's assumption that neoliberal ideals alone dictate perceptions of disability within the nation. As such, this study promotes the need to expand ablenationalism to better account for intersectional perspectives and diverse cultural contexts.

Cumulative racial discrimination and smoking and alcohol use in minoritsed ethnic groups residing in the UK

Evie Gates, Chris Armitage, Rebecca Elliott, Patricia Irizar

University of Manchester

Background and aims: Research suggests that minoritised ethnic groups may engage in substance use to cope with the stress from exposure to racism. However, racial discrimination is typically conceptualised as a stand-alone event, which may underestimate its effect. The current study assessed the impact of cumulative exposure to racial discrimination on smoking and alcohol use in minoritised ethnic groups residing in the UK.

Methods: Data were obtained from waves 1, 3, and 5 of the UK Household Longitudinal Study. Respondents were members of minoritised ethnic groups. Racial discrimination was measured as a 4-factor variable: no racial discrimination, racial discrimination at wave 1, racial discrimination at wave 3, or racial discrimination at waves 1 and 3 (cumulative). Hierarchical logistic regression models were conducted, which iteratively adjusted for demographics, socioeconomic status, UK-born status, religion, and wave 5 racial discrimination within two models: current smoker vs non-smoker (N=2583) and "weekly or more alcohol use" or "monthly or less alcohol use" (N=2128).

Results: Racial discrimination at wave 3 predicted smoking status at wave 5 (OR = 1.8, p = 0.025, CI = 1.07, 2.96), yet racial discrimination at wave 1 and cumulative exposure did not predict smoking. Racial discrimination exposure at any time was not associated with the frequency of alcohol use .

Conclusion: Exposure to racial discrimination has differential effects on smoking and drinking behaviour in minoritised ethnic groups residing in the UK. Yet, racial discrimination that occurred most recently appears to be more salient to smoking than past or cumulative exposure.

Autonomy and Relational Autonomy: Decision-Making Processes in Preimplantation Genetic Testing Choices

Dexu Huang

Queen Mary University of London

Preimplantation genetic testing (PGT) is increasingly used in assisted reproduction, offering prospective parents opportunities to avoid genetic disorders and influence reproductive outcomes. While often framed through the lens of reproductive autonomy, such decisions are rarely made in isolation. This study employs an empirical bioethics approach, using principlism as its primary normative framework—particularly the principle of respect for autonomy—while drawing on feminist ethics, especially the concept of relational autonomy, to critically enrich the analysis.

Drawing on semi-structured interviews with participants in both the UK and China, the study explores how people negotiate choices around PGT in different cultural and healthcare contexts. Preliminary data suggest that while participants value the ability to make informed, independent decisions, their choices are often shaped by conversations with partners, family members, and medical professionals. These relationships can offer support, but also introduce forms of subtle pressure or constraint. In both cultural settings, autonomy is experienced not only as individual control but also as something exercised within webs of responsibility and expectation.

By integrating normative ethical theory with qualitative data, this research contributes to a more grounded, culturally sensitive understanding of autonomy in the context of reproductive technologies. It also aims to inform ethical guidelines and policies that better reflect the realities of decision-making across diverse contexts.

Global Learners, Local Challenges: Experiences of International Medical Students through A Qualitative Review

Jia Liu, Unwana Essien, Rochelle Amoaku

King's College London

Background: International medical students (IMSs) face a multifaceted set of challenges that impact their academic journey and overall well-being, including language barriers, cultural adjustment, and differences in teaching and learning approaches (Yamada et al., 2014). This qualitative review explores the lived experiences of IMSs to better understand their journey of pursuing a medical degree outside their home countries/regions.

Methods: A systematic search in six databases was conducted to identify relevant articles published between 2000 and 2024. Following title, abstract and full text screening, 32 papers were deemed appropriate for final inclusion. Thematic synthesis was adopted with four preliminary themes generated.

Results: The four themes include: 1) cultural and linguistic adaptation (e.g. navigating unfamiliar norms); 2) marginalisation in clinical learning environments (e.g. encountering exclusion, bias); 3) barriers to accessing support systems (e.g. lacking awareness, confidence, or institutional guidance). 4) fragmented sense of belonging (e.g. feeling socially and professionally disconnected, impacting integration, confidence, and well-being). These themes unveil the multi-level challenges IMS face and contribute to a nuanced understanding of the experiences negatively impacting their academic performance and wellbeing.

Discussion/Conclusion: IMS experience additional challenges when pursuing a medical degree as they need to adapt to a new environment and may experience financial hardships and obstructive language barriers. Such factors negatively impact their academic performance and well-being and may lead to burnout and a decreased motivation to care for others. This review has informed a qualitative study, using Bourdieu's capital theory, for further explore IMSs' lived experience in UK medical schools.

Navigating access: Exploring how LGBTQ+ people living with chronic illness experience accessing healthcare in England

Vickery Stamp

Liverpool Hope University

Both LGBTQ+ people and people living with chronic illness frequently report negative healthcare experiences and have been shown to experience a range of barriers when accessing healthcare. Where experiences of LGBTQ+ people living with chronic illness have been addressed, existing research suggests that these barriers to healthcare are amplified and complicated for those at the intersection of these identities. This population also develop knowledge and strategies to navigate healthcare experiences. This poster presents both methods and provisional findings from ongoing qualitative research investigating experiences of accessing and navigating healthcare in England for LGBTQ+ people living with chronic illness.

The study recruited fifteen LGBTQ+ people living with chronic illness in England via a mix of professional and informal gatekeepers. A combination of semi-structured online interviews and remote creative research tasks were conducted to offer insight into participants healthcare experiences. Flexibility and choice about how to engage in the research was incorporated into the methods to promote accessibility. Data from interview transcripts, field notes and creative artefacts are to be analysed by combining systematic visuo-textual analysis and realist thematic analysis. The study aims to describe how LGBTQ+ people living with chronic illness actively navigate healthcare systems, how they understand the barriers and facilitators to care within these systems, and how the choices they make when accessing care. In doing so, it intends to identify potential mechanisms that influence health outcomes and increase understanding of how intersectional barriers contribute to health inequalities in this population.

Mental Health

Spaces for Madness -Towards a heuristic understanding of space and place for mental health

Esther Doré

Bertha von Suttner Private University

This will explore, through three case studies, ways that the arguments, terminology, and intellectual scaffolding of the academic social sciences have acted unhelpfully within public discourse and on public perception to become ‘dangerous narratives’. This is ‘public sociology’ (Buraway, 2005) of an often unacknowledged kind, with crucial and concerning ethical implications for our discipline.

Mapping the territory of artificial intelligence and psychiatry

Holly Fraser

University of Bristol

This paper discusses and critically unpacks the integration of artificial intelligence (AI) tools into the field of psychiatric epidemiology. It is conventionally accepted that data-driven methodologies will be beneficial to healthcare, given models are developed appropriately and that ethical concerns are sufficiently mitigated. These benefits are often emphasised when considering problem areas in psychiatric medicine, such as treatment ineffectiveness and resource and provision sparsity.

This work outlines the assumptions made about the benefit of these approaches and suggests a need for robust interrogation from a broader sociological lens. For example, what epistemological assumptions are being made when improved efficiency is proposed as a goal of applying AI methods to psychiatry? To what extent will applying data-driven tools reinforce quantitative realism in our current psychiatric taxonomy, and how will this inform future thinking about mental illness conceptualisation and treatment? What are the meanings and assumptions behind ‘personalised treatment’ approaches?

The purpose of this work is to characterise the scientific territory of AI and psychiatry and describe the paradigm created at this intersection. I suggest that the sociology of mental health can lend its frameworks here to create a meaningful critical discourse of psychiatric AI that goes beyond current ethical and logistical considerations of its use in healthcare.

Citizenship Precarity and Settlement-Related Depression Among International Students in the UK

Salman Yaqoob

International students in the UK increasingly face mental health challenges linked not only to academic pressures, but to the structural uncertainties of migration, legal status, and belonging. This study examines how precarious citizenship pathways—such as temporary visas, tiered settlement systems, and the threat of visa revocation—contribute to depressive symptoms among non-EU international students enrolled in UK universities. Using in-depth interviews with 20 postgraduate students from South Asia, Sub-Saharan Africa, and the Middle East, this qualitative research reveals how the prolonged ambiguity of legal status and the conditional nature of settlement rights create persistent anxiety, emotional fatigue, and social withdrawal. Participants reported feelings of being "permanently temporary," which affected their ability to form meaningful relationships, access support, and imagine a stable future in the UK (Khan & Watson, 2022; Tyler, 2010).

These experiences are compounded by racial microaggressions, institutional gatekeeping, and a lack of culturally competent mental health services, underscoring the sociopolitical roots of their distress (Bhugra, 2004; Yakushko et al., 2008). Rather than viewing depression among international students as an individual pathology, this paper argues for understanding it as a structural and biopolitical consequence of migration governance and exclusionary citizenship regimes (Back & Sinha, 2016).

The findings call for a policy shift toward more humane and inclusive settlement pathways, alongside targeted mental health interventions that address the intersection of legal status, identity, and well-being.

Open

Coproducing an online information resource about vulval lichen sclerosus

Sophie Rees

University of Bristol

Lichen sclerosus is a chronic dermatosis which typically affects the anogenital skin. In women and those assigned female at birth, this is known as vulval lichen sclerosus (VLS). VLS causes intense itching and pain, and over time if not well-controlled can lead to anatomical changes and vulval cancer. Our qualitative research with women with VLS found that report receiving little or inconsistent information from healthcare professionals, and express a need for information that was trustworthy, credible, and accessible. They often felt dismissed by healthcare professionals, and reported that a lack of knowledge about VLS resulted in delayed diagnosis, sometimes for years.

We assembled a group of patient advocates, dermatologists, and researchers to coproduce an evidence-based information resource for people with VLS or those who look after them. We surveyed a VLS support group (n=609) to decide topics and preferred format.

A challenge included how to visualise images of vulval anatomy in a way that was educational, inclusive, and accessible without an age restriction. Women also wanted information about topics for which there is little traditional scientific evidence (e.g. what clothes are comfortable, how to talk to others), and so the group had to work together to find a definition of 'evidence' that was inclusive of patient experience

The Lichen Sclerosus Guide launched in January and in its first three months was used by over 13,000 unique users.

In a feedback survey, 84% (n=58/69) said they feel more confident managing their condition as a result of the information in the resource.

The acceptability and experiences of participating in a preoperative intentional weight-loss programme from diagnosis to surgery for colorectal cancer: a qualitative study using normalisation process theory

Amelia Talbot

University of Oxford

Colorectal cancer surgery has a higher risk of complications for people carrying excess weight. Pre-operative weight loss might reduce this risk. However, it is unclear whether and how people may engage with an intensive weight-loss programme in the short window between diagnosis and surgery. This qualitative study aimed to understand the acceptability and experiences of following an intensive weight-loss programme with dietetic support as prehabilitation before colorectal cancer surgery. 31 intervention participants (65% male, mean (SD) BMI 36.0 (5.5) kg/m2, 65 (7) years) had a semi-structured interview based on the Theoretical Framework of Acceptability after following the programme for an average of 24 (12) days and an average 12 (7) days before surgery. Data were thematically analysed using the four constructs of Normalisation Process Theory (NPT), a sociological theory concerned with how complex interventions become 'normalised' in everyday practice. Findings showed that participants hoped the programme could make their operation technically easier and expedite hospital discharge (coherence). Most easily incorporated the programme within a supportive family environment and problem-solved challenges with the dietitians (cognitive participation). Rapid weight loss reframed their perception that their body was failing due to cancer (reflexive monitoring). However, some families questioned the programme's safety, and some participants found adherence challenging due to social eating occasions, palatability of the diet, and side effects (collective action). This highlighted how collective action sometimes overrode the consistently strong coherence, cognitive participation, and reflexive monitoring components of NPT. Recommendations include strengthening collective action to potentially support adherence.

Politics and Ethics of Health

Rehabilitation without Reintegration: The Limits of Welfare Programs for Vulnerable Women in Iran

Mina Ershadian

University of Mazandaran

While numerous studies have examined support programs for vulnerable women, few have critically explored why such interventions often fail to achieve sustainable outcomes, particularly in non-Western, patriarchal contexts like Iran. This study addresses that gap by investigating the lived experiences of 31 women in Mazandaran Province who participated in rehabilitation programs run by the provincial Welfare Organisation over a two-year period.

These women received housing, addiction treatment, vocational training, and employment support. Initial outcomes suggested short-term improvements, yet by the end of two years, nearly 73% had returned to poverty, substance use, or sex work, often repurposing the very resources intended for recovery.

Findings illustrate persistent structural and psychological barriers to reintegration. The theme of a burdened habitus looks at how survival habits and strong stigma shape their choices. It highlights how past pressures and internal conflicts shape present actions. Participants reported self-repression due to societal judgment and a deep-seated fatalism, believing change was beyond their control. Misogynistic cultural archetypes—such as the Incomplete Woman and the Saviour Man—further undermined rehabilitation by reinforcing dependency and limiting self-worth. In addition, Themes like comfort in marginalisation, alienation from new identities, and social rejection highlight emotional struggles during reintegration.

Thematic analysis was used, ethical approval was obtained from the University of Mazandaran, and informed consent was secured from all participants. This research critiques behaviourist models that reduce rehabilitation to financial aid and external incentives. It calls for holistic, gender-responsive frameworks grounded in peer-led support, mindset transformation, and broader definitions of recovery and success.

Professions

Are working-class mature students more likely to self-eliminate from undergraduate Nursing degrees?

Peter White

Manchester Metropolitan University

Mature student rates have been dramatically declining on undergraduate Nursing programmes in England, which has broad implications for healthcare professions. A decade ago, one in three accepted applicants were aged 21 to 29 but today that figure has halved to one in six, according to UCAS. Literature on nursing education is sparse yet this topic is sociologically rich and could offer interesting insights for future education and professional practice. This poster will outline the findings of a subset of six student participants, who were all parents, enrolled at Post ’92 universities on nursing degrees. Using a Bourdieusian theoretical lens, the analysis was conducted through robust thematic analysis.

Interview data confirms a relationship between debt aversion, age and class. A field/ habitus dissonance between mature, working-class students and the academic field has been identified, as candidates describe their initial thoughts of attending university as scary. To avoid this field/ habitus misalignment, and debt, these students are drawn to foundation nurse associate degrees.

The wider implication is that more disadvantaged nursing candidates limit their aspirations to a lower qualification and role, deepening inequalities within healthcare professions. This stratification of nursing is also impacting the learning opportunities of students on placement and within the academy, with claims that supernumerary status isn’t honoured and university services are out of sync with their family life.

This research will fill a gap in the current knowledge, and recommendations are to conduct future research around supporting students from these backgrounds to progress and succeed as registered nurses.

Theory

Community Collective Efficacy in Health Networks (CCEH-Net): A Theoretical Lens for TB Prevention in Marginalized Settings

Abolaji Azeez

Fairfield School of Business

This study introduces the Community Collective Efficacy in Health Networks (CCEH-Net) theory to address the persistent challenge of tuberculosis (TB) prevention among nomadic Fulani and host communities in West Africa. The theory integrates the Health Belief Model (HBM) and Social Network Theory (SNT) to conceptualize the interplay between individual health beliefs, social network structures, and group-level efficacy. CCEH-Net is grounded in three core constructs: perceived health threat and motivation, network influence and resource exchange, and collective efficacy for action. These constructs are moderated by contextual factors such as mobility patterns, cultural norms, trust dynamics, and access to health resources. The theory posits that when communities -particularly those with strong relational ties- develop shared beliefs in their collective capability to prevent disease, health outcomes improve significantly. CCEH-Net emphasizes the role of community engagement, mutual trust, and social cohesion in strengthening TB prevention strategies. It is particularly relevant in contexts involving itinerant populations and geographically proximate host communities, where conventional health interventions may fall short. The framework offers a foundation for designing culturally responsive, community-driven interventions that enhance cooperation and health outcomes. Future research should focus on empirically validating the theory through mixed-methods approaches and exploring its relevance across other communicable diseases and sociocultural settings.