BSA Medical Sociology Conference 2026

Tuesday 8 - Thursday 10 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 Tuesday 8 September from 18.00 – 19.00. The drinks reception is sponsored by Wiley.

Health Care Organisations

The habitus of fear in the nursing profession

Paul Garvey, Dr Jennifer Creese, Prof Nicola Mackintosh
University of Leicester/Manchester Patient Safety Research Collaboration

Fear narratives are deeply embedded in nursing culture, yet their relationship to patient safety and staff wellbeing remains underexplored. This ethnographic study examined the experiences of junior nurses working in critical care environments. Drawing on observation of practice and interviews with 24 participants, the study identifies a habitus of fear pervading both nurse training and professional practice.

Participants described being warned during basic training that errors could result in patient deaths or loss of their licence to practise. This culture of fear did not diminish upon qualification; nurses reported ongoing anxiety about reprimands for deviating from policy and guidance when working independently. Significantly, despite recognising the detrimental impact of such experiences, the same participants reported reproducing fear-based narratives when supporting more junior colleagues. Senior staff similarly reported deploying fear instrumentally to manage pressures of understaffing, resource constraints, and competing demands, suggesting the habitus functions not merely as cultural residue but as an organisational and professional strategy.

However, participants were unable to provide concrete examples of the reprimands they feared. Many described feeling well supported following patient safety incidents, and none could identify a colleague who had lost their licence to practise. The perceived threat, it seems, consistently exceeded the reality.

These findings raise important questions about the limits of current safety frameworks. If a habitus of fear persists independently of actual punitive experience, the capacity of psychological safety and no-blame initiatives to produce meaningful change may be fundamentally constrained with significant consequences for both staff wellbeing and patient safety.

Health Service Delivery

Variation in assessment of end-organ damage in newly diagnosed hypertension: a primary care evaluation

Scott Somerville
The University of Sheffield,

Background:

Hypertension contributes to cardiovascular, renal, and retinal disease. National guidance recommends assessing target organ damage at diagnosis; however, delivery may vary due to organisational pressures and system-level constraints. This study explores variation in investigation completion, highlighting the sociological mechanisms influencing adherence to clinical standards.

Methods:

A retrospective service evaluation of 111 patients newly coded with hypertension in a UK general practice was undertaken. Electronic health records were reviewed to assess completion of urine albumin–creatinine ratio (ACR), fundoscopy, and 12-lead ECG within six weeks of diagnosis. Analysis emphasised patterns in compliance and potential structural influences on care delivery.

Results:

Substantial variation was observed: ACR completed in 52%, ECG in 71%, and fundoscopy in 16%, all below recommended standards. Lower completion was associated with reliance on external services, time pressures during consultations, and follow up processes. Findings indicate that organisational structures and care pathways, rather than clinical guidance alone, shape access to recommended care.

Conclusions:

Gaps in guideline adherence reflect broader system level challenges in primary care. Implementation of electronic prompts, coordinated follow up, and patient engagement may improve adherence. Structural pressures such as reliance on external services and limited consultation time must be addressed to ensure consistent and equitable delivery. These findings highlight how organisational structures and care processes shape the delivery of recommended hypertension assessments, offering insight into the sociological factors that influence everyday clinical practice and patient outcomes.

Lifecourse

Stakeholder collaboration in facilitating work participation following a chronic disease diagnosis in Romania

Adela Elena Popa, Anca Bejenaru, Anabella Beju-Aleman, Oana Lup, Felicia Morandau, Livia Pogan Lucian Blaga of Sibiu, Romania

Chronic diseases among people of working age can significantly impair work participation. Nevertheless, many individuals continue working while undergoing treatment or return to work after a period of sick leave. A range of stakeholders, including health professionals, employers, non-governmental organisations, employment agency staff, and others, may influence these processes. Previous research has shown that collaboration among stakeholders plays an important role in facilitating work participation among people with chronic conditions. However, this collaboration has not yet been examined in the Romanian context.

Using a qualitative interpretive design, we conducted semi-structured interviews with health professionals (n = 15), employers (n = 22), and NGO representatives (n = 11). The analysis focused on participants' lived experiences of collaborating in order to support people with chronic diseases in relation to return to work and continued employment. Themes were developed through inductive coding, allowing recurrent patterns in participants' accounts to emerge from the data. This poster presents the study's findings on stakeholder collaboration in the Romanian context.

The findings indicate that effective collaboration between stakeholders is hindered by unequal institutional roles, bureaucratic obstacles, and the broader complexity of the support system. Participants also described limited communication, unclear responsibilities, and a lack of coordinated procedures across sectors. Together, these factors reduce the capacity of stakeholders to provide consistent and timely support for people with chronic diseases in relation to work participation and return to work in Romania.

An exploration of young people's experiences of social connectedness and wellbeing, as hybrid workers in the post-COVID era

Emily Glynn
University of the West of England

The workplace has been recognised as an important source of social capital, supportive of individual wellbeing, and particularly so for younger workers. There is uncertainty as to whether this still applies with the emergence of the 'hybrid' workplace, when online interaction with colleagues may be restricting forms of social connection. It is also unclear how might this affect young people's wellbeing at the very start of their career journey, as they attempt to navigate this transitional stage of the lifecourse towards 'adulthood', a stage during which they are considered to be particularly vulnerable to experiences of poorer subjective wellbeing, owing to the various rapid life-changes which may occur at this time.

Drawing on concepts from medical sociology (lifecourse; social capital), public health (social connection) and psychology (emerging adulthood), this interdisciplinary research aims to explore how young people (aged 21-29) have experienced social connection since joining the hybrid workplace, and what this may mean for the wellbeing of young people entering the hybrid workplace in the post-covid era.

The study employs a qualitative phenomenological methodological approach, utilising participant diaries and semi-(un)structured interviews, with target sociogram drawing. This research is currently in the iterative stage of data generation and analysis, using Reflexive Thematic Analysis and the OSOP (One Sheet of Paper) method, in readiness to present preliminary findings within this conference poster. Early-stage analysis has already highlighted how young people are identifying their own (varying) need for connection, and how they perceive hybrid-working to affect their ability to realise it.

Patient - Professional Interaction

Performing Care: A Sociological Exploration of Professional Identity and Patient–Professional Interaction in Undergraduate Nursing Education (research proposal)

Kajeanna Conway
University of East London

Effective communication between patients and healthcare professionals is vital for ensuring safe and compassionate care, yet the ways in which nursing students develop these skills are not well understood. This study will explore how nursing students learn to interact with patients and professionals during their initial training, focusing on the impact of educational experiences, early clinical encounters, and a humanistic teaching approach that emphasises empathy, relational learning, and student engagement.

Drawing on concepts from Medical Sociology, particularly Symbolic Interactionism and Erving Goffman's Dramaturgical Theory, the research investigates how students interpret and assume their emerging roles. These theories frame communication as a socially constructed process shaped by interactions and meaning-making in clinical environments. Here, professional identity is seen as fluid, developing through both formal education and informal socialisation in healthcare contexts.

With a qualitative design, the study will use semi-structured interviews and focus groups with Level 4 nursing students, along with observations in simulated teaching sessions. Subject to ethical approval, reflective accounts from clinical placements will provide context for students' experiences. Thematic analysis will uncover trends related to the development of empathy, confidence, and professional behaviors.

By highlighting how communication skills are socially learned rather than solely acquired technically, this research aims to enhance our understanding of professional identity formation in nursing and explore how humanistic teaching methods can foster more meaningful and empathetic patient engagement in practice.

Critical Public Health

Stigma, race and help-Seeking: Mental health experiences of Sub Saharan African migrants in Scotland

Sne Zondo
NIHR Yorkshire Quality and Safety Research Group

Migration from the Global South to the Global North is longstanding, yet limited research addresses the heightened risk of mental health difficulties among first-generation migrants in Scotland. Existing studies in other parts of the United Kingdom indicate elevated rates of depression, anxiety, and post-traumatic stress disorder, alongside disproportionate rates of detention under the UK Mental Health Act among Black African and Caribbean populations. This highlights an urgent need for focused sociological inquiry.

This study explores mental health attitudes and engagement with support services among Sub-Saharan African migrants in Scotland. Although Scottish policy promotes inclusive mental health provision, participants' experiences suggest a gap between policy and practice.

Qualitative data were collected during the COVID-19 pandemic through two focus groups (n=15) and in-depth interviews (n=17) with first-generation African migrants with lived experience of mental ill health. Analysis was guided by Critical Race Theory and Intersectionality to examine how structural inequalities and lived experiences shape perceptions and help-seeking behaviours.

Findings identify pre-migration stigma as a central theme, intersecting with post-migration institutional barriers. Participants described how cultural stigma around mental health, combined with racialised experiences, anti-immigration discourses, and mistrust of services, limited engagement with support services. The absence of safe, culturally responsive spaces for discussing mental health further delayed help-seeking.

This study contributes nuanced insight into how intersecting social, cultural, and political factors operate across the migration trajectory to sustain mental health inequalities. It highlights the need for structurally informed, culturally responsive interventions within Scottish mental health services.

Health Literacy in Practice: An Ethnographic Study of Early Childhood Allergy Prevention and Parental Decision-Making in Germany

Joshua Paul
Institute for Social Medicine and Epidemiology at the Brandenburg Medical School, Theodor Fontane

Health literacy (HL) is commonly conceptualised as an individual capacity to access, understand, and apply health information to make informed decisions. However, interventions targeting comprehension alone have shown limited success in producing sustained change. Context-oriented approaches emphasising social determinants often cannot explain how these shape everyday health practices. This presentation addresses this gap by reconceptualising early childhood allergy prevention (ECAP) as a social practice, challenging its dominant individualistic framing.

Drawing on social practice theory, health-related behaviour is understood not as the outcome of individual cognition, but as the enactment of routinised practices constituted through the interplay of material conditions, competencies, and social meanings. This shifts attention from individual skills to the social organisation and reproduction of health-related action.

Empirically, the paper draws on an ongoing ethnography of parental HL in ECAP. The study combines participant observation in crawling groups and midwife home visits with qualitative interviews to examine how preventive practices are produced, negotiated, and sustained across everyday contexts.

Findings show ECAP is embedded in normative expectations, material constraints, and collective negotiation processes. Breastfeeding, a pillar of ECAP, illustrates how mothers enact feeding through embodied competencies (hunger cues), material supports (bottles), and social meanings of "good motherhood," evaluated and negotiated within peer groups where practices are observed and adapted.

Thus, breastfeeding is a socially organised, materially mediated practice through which ECAP is enacted rather than possessed.

The paper contributes to critical public health by advancing a practice-based reconceptualisation of HL demonstrating how interventions can target practices rather than individual knowledge.

Embodiment and Emotion

"Sometimes these things just happen to young girls": Gendered experiences of primary healthcare settings and the diagnosis of autoimmune diseases

Brooke Armstrong
Newcastle University

Introduction/Literature Review: Medical misogyny is a recurring theme within accounts of patient-provider interactions in healthcare, with both a knowledge gap and a trust gap existing between women's and men's health. This research explores this dynamic in relation to the diagnosis of autoimmune diseases. Autoimmune diseases are a significant context to explore this within, as they are characterised by "invisible" and difficult to detect symptoms, and are most commonly diagnosed in women. Diagnosis is an important social gateway to gaining not just health support, but also wider institutional and social support. As a result, a diagnosis is not just a label, but a form of legitimisation. Furthermore, it is crucial that we problematise the patient-provider interactions which occur during women's attempts to gain a diagnosis.

Aim: This research aims to understand women's experiences of primary care in the process of seeking a diagnosis for an autoimmune disease.

Methods: I am conducting body mapping interviews with 5 to 25 women who have been diagnosed with an autoimmune disease, with the aim of accessing their embodied experiences. My methodology sits within a feminist, embodied conceptual framework.

Results: While this research is ongoing, existing literature highlights themes of gendered delegitimisation and dismissal when seeking a diagnosis for an autoimmune disease. Existing literature also points to a narrowly biomedical focus on "objective" measures of illness within healthcare practice, which acts to subjugate women's subjective accounts of illness. This research will examine whether these themes emerge within participants' accounts of their embodied diagnosis-seeking experiences.

Suicide and Place: understanding connections between local area and suicidality; a creative qualitative map

Benjamin Gregory, Simon` Popple, Sarah Waters, Cathy Brennan
University of Leeds

Suicide is a serious social issue. Understanding how social realities become unliveable is a fundamental question for suicide prevention. Statistical evidence syntheses consistently show psychological effects of urban built environments (e.g. housing quality, green space, upkeep). Rural areas are also linked to suicide, with farmers identified as a high-risk group. These reviews and meta-analyses indicate a connection between local area and suicidality. Despite this, there is limited qualitative research exploring the spatial aspects of suicidality, embodied experiences of built environments, and opportunities for methodological development.

Suicide and Place is an interdisciplinary PhD project exploring the connection between local-area and suicidality. In study 1, a meta-ethnography explores how local-area characteristics can affect suicidality, identifying potential mechanisms and concepts. Study 2 uses embodied research with walking interviews in an area of Leeds, Yorkshire (north of England), with high reported suicide rates. Community members lead an immersive walking tour to explore the emotional experiences of place that affect mental wellbeing. Interview transcripts, photographs, and GPS to develop a creative digital

map. Study 3 explores the map with people directly affected by suicidality to understand the connection between suicide and place.

This poster presents a creative map visualising the spatial dimensions of suicidality, illustrating physical space, and emotional geography. Reflecting on the methodological approaches, this PhD evaluates embodied approaches and digital creativity in suicide prevention research. This PhD contributes to the sociology of suicide, offering a methodological contribution, and experiential evidence for local level suicide prevention.