

Poster Presentations

Posters will be displayed in the Litchfield Lounge in the Main Building for the duration of the conference. There is a designated poster viewing time: Wednesday 7 September 2016 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 there will be a drinks reception kindly hosted by the 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, please refer to this number when completing your ballot slip. Voting slips can be found at the registration desk and the ballot box will be near the posters. Voting will close at 18:00 on Thursday 8 September, and the winning poster will be announced at the conference dinner. The winner will receive £100 worth of SAGE book vouchers.

Nurses' Experiences of Clinical Commissioning Groups: An Observational Study of two Clinical Commissioning Groups (CCGs) in England

Allan, H., Savage, J., Lee, G., Dixon, R., Tapson, K., O'Driscoll, M.
(Middlesex University)

Clinical commissioning groups were set up under the Health & Social Care Act (2012) in England to commission a range of health and social services. After intense lobbying by the Royal College of Nursing in England, governing body nurses were appointed to these groups to provide nursing leadership to commissioning services. Little is known about how clinical commissioning groups function. An exploratory study of governing body nurses' roles on clinical commissioning groups was undertaken using an observational case study design of two clinical commissioning groups in the South of England. Members of clinical commissioning groups (governing body nurses, finance officers, lay representatives, primary care nurses, members of clinical support units) were observed and interviewed. Data were collected from January 2015 to July 2015.

Finding suggest that there are tensions for all members of clinical commissioning groups in retaining a patient-centred focus despite the rhetoric of both the Royal College of Nursing and the Department of Health. There are difficulties for governing body members in negotiating professional relationships both within and externally to the clinical commissioning group and in the interplay between clinical and non-clinical (lay) authority. Clinical commissioning groups problematise a clinical professionalism based on traditional forms of authority. The authority of governing body nurses remains open to challenge and is unrecognised by members of the CCG and external stakeholders whether it is aligned with a clinical knowledge and practice or with new forms of management and governance.

The Experiences of Patients with Cancer and their use of Traditional Medicine (TM) in Brong-Ahafo Region of Ghana

Appish, I., Arber, A., Magnusson, C.
(University of Surrey)

An estimated 75% of the worldwide population and 70% -80 % of the African population use Traditional Medicine (TM) for therapeutic reasons. The use of TM/CAM by cancer patients is on the surge in recent times. The study explores the experiences of cancer patients who have used or are using TM in Ghana using a grounded theory approach. The study aims to interview up to thirty-five participants in two hospitals and traditional medical, or herbal facilities; twenty-two have been interviewed.

The preliminary findings are that cancer patients derive benefits such easy accessibility, relief from symptoms and being able with TM. Also, cancer patients experience dignity, respect, and effective/supportive communication from the traditional medical or traditional herbal practitioners (TM/THP).

On the contrary, cancer patients find it difficult in accessing conventional or biomedicine because of lack of affordability of treatment/drugs and proximity to treatment facilities within their communities. Also, cancer patients experience embarrassment, lack of dignity and respect, lack of good communication and interpersonal or professional relationship within conventional medicine. Furthermore, cancer patient experience bureaucracy, longer queuing and

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waiting times and nepotism (whom you know, who you are) at the conventional medical facilities and practitioners (CM/CMP).

The findings highlight the role that TM plays in cancer patients' lives and some of the reason they would choose TM over conventional medicine. In addition, the findings play into the whole debate on the care cancer patients require throughout their disease trajectory i.e. a targeted pathological treatment and/or holistic care approach.

Interrelations between Mass Opinion, Public Health and Preventive Medicine: A New Approach to Predictive Patterns Behavior Analysis as a Basis for a Future of Comparative Survey Research

Gabriele Muñiz, J.

(PhD Candidate at the Department of Sociology of University of Barcelona –Faculty of Economics and Business)

The conceptualization of mass opinion applied to health arena is by no means a simple matter. One possible way to think about it is that public health opinion is a social construction, a microcosm on a large scale of the problems created by globalization phenomenon. Since mass opinion affects public health representation, it becomes important to find what mass opinion on public health is formed and how it changes. Some argue that the way that society is structured along race, class, and gender lines negatively impacts public health perception. Despite this, the surveys and other sociological studies have forced a revision in the analysis of public opinion related to health issues, out of dominant explanatory variables (self-rated health, education and economics). That is, substituting the rigid and one-dimensional concept of an 'individual health' based on one 'public opinion' by a more flexible and variegated view of the 'social' based on that everybody doesn't hold the 'same opinions'. Whilst there has been a long tradition in medical sociology of understanding illness and its related behaviours within their relevant social contexts, little work has been carried out regarding the influence of public opinion and social health perceptions on preventive medicine attitudes and patterns. From this point of view we explain the role of public opinion through the construction of new predictive patterns behavior by focusing on the relevance of public health and preventive medicine perception as dependent variable.

Perceptions of clinical research participation among breast cancer women in Spain: a qualitative multicenter study based on the theory of planned behavior. SOLTI Breast Cancer Research Group Qualitative Research

Gabriele Muñiz, J., Gabriele G (PI), Fernandez, L., Casas, A., Ciruelos, E., Ortega, V., Soberino, J., Balmaña, J., Herrera, A.

(SOLTI - Academic research group in breast cancer)

The aim of this study was to identify distinct patterns of reasoning process followed by female breast cancer patients previously to decide participate, refuse or leave clinical trials, within the theory of planned behavior framework. The election of this methodology was motivated for elucidating and better understanding the complexity of factors influencing patient perception, behavior and decision-making process in clinical trials. This research, the first of its kind in Spain, is part of a larger study employing both qualitative and quantitative methods. The qualitative phase consisted of six semi-structured interviews with leading experts in clinical oncology research, followed by four discussion groups involving thirty-nine breast cancer patients with and without disease relapse, metastases, stage I-IV disease, and adjuvant and neoadjuvant supportive therapy. Focus groups were conducted at four of the leading clinical research university reference hospitals. Despite limitations of sample size, the study did have several key findings with respect to breast cancer clinical trials-related beliefs and the level of supporting of personal autonomy granted and experimented by women participants in clinical trials among key determinants. The greater the imbalance between the clinical process and perception, the greater and more persistent was the subjective loss of the reference parameters of patient psychological-emotional state and quality of life.

The Semiotics of Suffering: How Triage Nurses Make 'Objective' Pain Assessments

Johannessen, Lars E. F.

(Oslo and Akershus University College of Applied Sciences)

Pain is widely considered a subjective experience; yet in emergency medicine, triage nurses have to make an 'objective' assessment of the intensity of patients' pain to determine their place in line to see a physician. The present paper draws on data from a fieldwork study of a Norwegian emergency primary healthcare clinic (EPHC) to analyse how triage nurses performed pain assessments. Nurses in the EPHC were required to quantify their assessments on a scale from 1-10 based on patients' own report and observable signs of pain. The paper shows that nurses seldom asked patients about their 'subjective' score; instead, they relied solely on their 'objective' estimation. They acknowledged the subjective nature of pain but emphasised that 'subjective' scores were unsuitable for determining patients' relative priority. Nurses based their 'objective' scores on a widespread array of medical and non-medical signs, and their pain assessments were mediated by variables such as patients' age, gender and perceived cultural background. By analysing nurses' interpretive practice, the paper contributes to our understanding of triage

assessments and nursing epistemology and sheds light on a source of arbitrariness in nurses' priority setting that might be highly consequential for patients.

Knowledge Mobilisation by Advanced Nurse Practitioners in Discharging Patients from the Emergency Department: An Ethnographic Study

King, R.

(School of Health and Related Research, University of Sheffield)

Nurses use many sources of knowledge in clinical decision-making, including local guidelines, advice from colleagues, courses, experience, new treatments, publications, tacit knowledge, and the internet. Patient care can be improved when they apply research to practice, however studies have identified an under-use of research. Knowledge mobilisation (KM) is concerned with closing the gap between research and clinical practice, and improving research dissemination and implementation. Little is known about KM by ANPs.

This study will focus on how ANPs use knowledge to discharge patients with long term conditions from the ED. LTCs are increasing and place a significant burden on emergency care. Advanced nurses are part of the government's strategy to improve emergency care services.

Ethnographic methods of observation and in-depth interviews will be used. There will be two phases to the study; to understand the ANP role and ED context, and to explore knowledge mobilisation by ANPs. Gabbay and Le May's (2004) theory of clinical mindlines in primary care will be explored in the context of ANP decision-making in the ED.

The findings will increase our understanding about knowledge mobilisation by ANPs in discharge decision-making. This will help to improve research dissemination by clinical educators and researchers. By improving the communication of new research findings, patients will benefit from healthcare that is informed by the best available evidence. There may also be a cost benefit; if the outcome of improved knowledge mobilisation leads to a reduction in hospital admissions.

Exhibiting Pain: Using Creativity To Communicate Persistent Physical Pain

Main, S.

(Open University)

As an invisible and subjective condition, persistent pain can prove a challenge to communicate and understand. However, a lack of understanding may undermine the ability of health care professionals and informal support networks to respond effectively to the person with pain. With the increasing recognition of this condition, there is a need to develop new methods of conveying the nature and impact of that pain for the individual.

An alternative means of expressing the persistent pain experience is through creative techniques, such as the visual arts or in writing. In this study online exhibitions, displayed using social media, are being used to explore the interpretation of creative representations of persistent pain. One aim is to examine how these may aid a person's communication of their pain experience with health care professionals, friends and family.

Analysis of the responses to the exhibits highlights the symbols and signs (semiotics) that are used by audiences to construct particular interpretations. Overall, the intention is to gain insight into the understandings of persistent physical pain that are constructed through the viewing of creative representations. The interpretations will be considered according to audience demographic and/or within the context of discussion with other exhibition visitors. This paper explores the emerging interpretations of the exhibits and considers the findings in the context of communicating the pain experience.

Engaging Communities to Improve Mental Health in African and African Caribbean Groups: A Qualitative Study Evaluating the Role of Community well-being Champions

Mantovani, N., Pizzolati, M., Gillard, S.

(St George's, University of London)

Over the last decade Britain has undergone reforms to promote engagement in local structures of governance. These reforms have encouraged the promotion of active citizenship and have been central to the government's public service modernisation agenda. This poster presents the findings from a study evaluating a pilot outreach intervention which adopted a community engagement model to address the mental health needs of African and African Caribbean groups, which entailed a partnership between Faith Based Organisations (FBOs), local public services, and community organisations (COs) to co-produce the pilot project. Lay people were trained to raise awareness about mental health among these communities in South London. Between 2012 and 2013 a qualitative participatory approach was used to evaluate the pilot project, which enabled a researcher to take part in the engagement phase of the pilot project, and the project coordinators to be involved in the research process. Semi-structured, one-to-one

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interviews were carried out with 13 Community and Well-Being Champions (CWBCs) recruited from African and African Caribbean communities (seven male and six female) which were analysed thematically. This study examines the impact of the relationship between the intervention and community through the participants' engagement in the pilot outreach project and the action undertaken as champions. We found that although CWBCs used circles of influence to share ideas about mental health and well-being and to encourage change, they encountered resistance on the part of the people they engaged with, which resulted from a lack of knowledge about mental health, taboos and ascribed stigma.

Making Sense of Genito-Urinary Symptoms: A Mixed Methods Study

Mapp, F., Hickson, F., Mercer, C., Wellings, K.
(London School of Hygiene & Tropical Medicine)

Background

Genito-urinary symptoms can indicate underlying infection or disease requiring prompt treatment. However symptoms are subjective and non-specific and may not be interpreted as a need for healthcare by those who experience them. Drawing on Zola's work about symptoms and care-seeking, I explore lived experiences of genito-urinary symptoms and sense-making processes that give meaning to bodily sensations.

Methods

I used an explanatory sequential mixed methods design to combine data from Britain's third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) with a dominant qualitative component comprising 27 semi-structured interviews. The qualitative sample was drawn from Natsal-3 participants who reported genito-urinary symptoms and non-attendance at sexual health clinics to explore symptoms outside of medical settings. I calculated symptom prevalence estimates and used principles of Interpretative Phenomenological Analysis to explore sense-making, symptom meanings and lived experiences.

Results

From a total of 8,947 sexually experienced survey participants aged 16-44, 21.6% (95% CI 20.4-22.9) of women and 5.6% (95% CI 4.9-6.6) of men reported recent symptoms. Using qualitative interview data I problematized quantitative prevalence estimates and developed an innovative explanatory mechanism for symptom sense-making processes centred on a 'cause-concern cycle.' Meanings were imported from information sources or created by participants and transformed bodily sensations into symptoms although sensations were often normalised, especially by women. Genito-urinary symptoms had physical, emotional and existential components.

Conclusions

Genito-urinary symptoms are more commonly reported by women than men, however the meanings attributed to bodily sensations mediate interpretation of the experience and subsequent decision-making and healthcare-seeking behaviour.

Does Subjective Social Status Vary the Effects of Socioeconomic Status on Sleeping Problems? Analysis of Social Survey Data in the Area Afflicted by the Great East Japan Earthquake

Misawa, J.
(Nihon University School of Medicine)

The Great East Japan Earthquake in March 2011 seriously impacted sleeping problems (SP) of residents in the afflicted area. We suggest that socioeconomic status (SES) including income and educational levels is related to SP in the area. However, subjective social status (SSS) could vary the relationship, because SSS might not necessarily coincide with SES. Therefore, we aimed to elaborate the relationship among SP, SES, and SSS. Of the residents in the disaster area, 2,100 aged 20 years or older, were surveyed in November, 2011. Of the 1,532 answers obtained (a 64% response rate). Controlling for demographic characteristics, social support, anxiety about social life, experiences of moving, and amount of damage incurred, we created a logistic regression model to test for an association between SP and SES by each SSS (high, middle and low class). The model showed that high educational level in the low SSS class was associated with reduced odds of SP. On the other hand, a high income in the middle SSS class was associated with increased odds of SP. In the high SSS class, SES was not associated with SP. These results suggest that SSS varies the relationship between SP and SES. High educational levels would be helpful in preventing SP in the low SSS class. Additionally, we speculate that the middle SSS class might experience SP by managing to maintain its status in a situation in which a high income group would feel threatened, because those who rate their own status as in the middle may value income more highly.

'I'm not a couch potato': Older Adults' Construction of Sedentary Behaviour as a Moral Practice

*Palmer, V., Fitzsimons, C., Wyke, S., Mutrie, N., Gray, C. on behalf of the Seniors USP consortium
(University of Glasgow)*

Engaging in prolonged sedentary behaviour (SB) has been linked with physical and mental health risks, particularly among older adults. There is a need to explore how older adults understand SB in their everyday lives.

As part of larger interdisciplinary study examining SB in older adults (Seniors USP), 42 semi-structured interviews were conducted with older adults of varying age (mid 60s/late 70s/mid 80s), social class and objectively-measured SB.

Older adults provided accounts of sitting which constructed their sitting as 'busy': 'I suppose the thing they didn't go into at all was what you did when you were sitting down, because I tend to be quite active and, you know, I'm on the train quite a lot, on the bus quite a lot going places, now this doesn't seem to matter, you know, that's you just sitting'. Thus participants distinguished between being busy or not busy rather than being sedentary or physically active 'You know, I'm not sitting there doing absolutely nothing which is the main thing for me – I'll try and do something'. In addition these older adults distanced themselves from the sedentary 'other' 'there's a lot of folk just sit down, and that's it, they're not even going to try'. In doing so, they construct identities as busy sitters situating sitting as a moral practice and constructing themselves as 'active' citizens.

Understanding the way older adults construct sitting as a moral practice has implications for the design and development of future interventions to reduce or break up SB.

MSK Injury Sustained Through Exercise: Patient Pathways, Social and Economic 'Costs' and Medical Interactions

*Pullen, E., Malcolm, D., Wheeler, P.
(Loughborough University)*

Musculoskeletal injuries (MSK) sustained through exercise/physical activity (PA) have been identified as accounting for up to 30% of all primary care consultations, creating an increased workload to primary care and resulting in suboptimal injury management and general patient dissatisfaction. The recent establishment of Sport and Exercise Medicine (SEM) within NHS England seeks to reduce this workload though its primary initiative of providing a single point of referral from primary care into specialist MSK secondary care, ensuring this patient pathway and transition is efficient. At present, very little is known about the pathways of patients with an MSK injury sustained through PA, and even less about the extent SEM has been integrated into these pathways to provide a seamless patient journey. Addressing this lacuna in the research, this presentation illustrates the findings from PhD research that shed light on the pathways of patients with an MSK injury sustained through PA up until the point they receive treatment at one SEM clinic in NHS England. Employing a qualitative methodology, this research demonstrates the extent SEM initiatives are being developed in the NHS and effectively used as means to reducing the workload to NHS services and improving patient satisfaction. It provides evidence of the patient experience in these pathways and the potentially more problematic implications inefficient patient pathways have for the social economy and health promotion policy.

Supply-side Barriers to Maternal Healthcare Utilization: A Study of Health Sub-Centres in Rural India

*Singh, A.
(University of Portsmouth)*

Background: Publicly-funded health facilities in the developing world face several types of barriers in delivering quality health services. The availability of resources (physical infrastructure, human resources, training, drugs, and equipment) may significantly affect the volume and quality of services provided. Therefore, this study investigates the effect of supply-side determinants of maternity care provision at health sub-centres (HSCs) in rural India.

Data and Methods: Using data from District-Level Household Survey 2007–2008, the examines the effect of supply-side variables on the utilization of antenatal, postnatal and in-facility delivery services provided at HSCs. Due to the count and over-dispersion properties of outcome variables, data has been analysed using negative binomial regression model.

Results: The number of safe deliveries reduces in HSCs with no labor table (Incidence Rate Ratio ((IRR))=0.45; P=0.00) and bed-screen (IRR=0.70; P=0.00) and a contractual nurse-midwife (IRR=0.76; P=0.04). The availability of village health and sanitation committee (VHSC), tap water supply, telephone, functional toilet, regular electricity supply increases the volume of MCH services, even after controlling for catchment area population, region, religion, maternal education, economic status, and district-level fertility rate. The same is true for essential obstetric drugs, blood pressure equipment, and examination table as well.

Conclusion: The Government of India, to improve the health services utilization at HSCs, should invest in basic infrastructure, essential drugs, and equipment at all sub-centres. Since contractual ANM does not appear to be as effective as a permanent ANM, the policymakers should look deeper into the causes behind such anomaly.

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Shortage and Distributional Inequalities of Specialists at Rural Hospitals in Uttar Pradesh, India

Singh, A.
(University of Portsmouth)

Background: The study aims to examine shortage and distributional inequalities of specialists (relevant for maternal and child health) at the rural hospitals in Uttar Pradesh (UP) state of India.

Data and Methods: The study uses the latest rounds of District Level Household Survey to assess the shortage and distributional inequality of specialists in rural hospitals during 2002-03 and 2007-08 by employing a perfectly decomposable measure of inequality known as Theil 'T' along with the Gini coefficient. Negative binomial regression was used to examine the association of facility characteristics with the availability of specialists.

Results: More than 75% rural hospital do not have pediatricians and anesthetists and a little over two-thirds do not have obstetricians and surgeons. Only 4% have all four specialists, and 48% have no specialists at all in 2007-08. Among health workers at rural hospitals, only specialists record an increase (51%) in inequality as measured by Gini during 2002-07. The contribution of 'within-district' inequalities (81.8%) outweighs the 'between-district' inequalities (18.2%). The eastern and southern UP districts are not only deficient regarding the availability of specialists but also, their current distribution is highly unequal. Rural hospitals with residences for specialist, electricity, and tap water are expected to have more specialists.

Conclusion: Distributional inequalities further complicate the already existing huge shortage of specialists in rural hospitals of UP. The Government must take corrective actions in this regard with a focus on eastern and southern UP. Equipping rural hospitals with basic amenities and residential facilities might help reduce distributional inequality.

Parents' Attitudes Toward Participating Children's Informed Assent in a Birth Cohort Study

Suda, E., Muto, K., Ri, I.
(National Institute for Environmental Studies)

The Japan Environment and Children's Study (JECS), a birth cohort study involving 100,000 parent-child pairs, was launched in 2011 in order to evaluate the impact of various environmental factors on children's health and development. Health outcomes and exposure measurements will continue until the participating children become 13 years old. Proxy consent was obtained from a pregnant mother regarding her baby's research participation.

Ethical Guidelines for Medical and Health Research Involving Human Subjects (MEXT and MHLW, 2014) require confirming an informed assent (IA) from a child participating in a research in the age he/she can understand about the research and express his/her will. We conducted a research to clarify the attitudes of JECS participating children's parents who are expected to get involved in the IA process from the early stage.

The semi-structured individual interviews with 20 mothers and 5 fathers were conducted. One of the parents' main incentives for participation was that they would like to provide something goods for their own child, his/her generation or next generations. Parents wanted to explain about their wish to participating children, and this seemed to be one of the reasons which make parents' attitudes positive toward IA. Also the trust toward JECS implementing organizations or persons was observed as a base of parents' sense of security and safety regarding their children's participation. This seemed to ease parents' hesitation toward IA.

The meanings, significances and challenges of IA for the birth cohort studies, participating children and their parents will be discussed.

Professional Identity in Nursing: UK Students' Explanations for Poor Standards of Care: A Focus Group Study

Traynor, M., Buus, N.
(Middlesex University)

Professional socialisation in medicine and nursing is acknowledged to involve anxiety. In nursing it is widely seen to involve a loss of idealism, which is often considered a negative consequence by researchers. This study set out to re-examine the topic focussing on the development of professional identity. Six focus groups from 2013-6 were held with a total of 49 2nd and 3rd year BSc nursing students from three cohorts studying at a university in London, UK and their transcripts were subject to discourse analysis and informed by ideas of identity as interaction and linguistic practices. Participants' talk was strongly dualistic and inflected with anxiety. Participants identified with caring as an innate characteristic. They described some qualified nurses as either not possessing this characteristic or as having lost it. They explained strategies for not becoming corrupted in professional practice. Their talk enacted distancing from 'bad' qualified nurses and solidarity with other students. Their talk also, apparently paradoxically, featured

cynicism. Neophyte nurses' talk of idealism and cynicism needs to be understood as identity work in the context of anxiety inherent in the work of nurses and in a relatively powerless position in the professional healthcare hierarchy.

Reconsider the Notion of Professionalism of Home-Visiting Nurse in Terms of Integrated Community Care

Tsumura, I., Tomomatsu I., Honma T., Yoshimura, S.
(Tokyo Medical and Dental University)

Aim and background

This study aims to reconsider the notion of professionalism of home-visiting nurse in terms of integrated community care.

Aging of the population has acutely proceeded in Japan. In 2013, the number of the population who are 65 years or older reached to 25%. In order to overcome issues in aging society, Japanese government proposes integrated community care. Under the community care scheme, nurses are expected to have more roles which are different from the conventional roles.

Method

Based on review of advanced cases of community based care, five municipal corporations and five medical organizations are chosen for interview. As of them, in total 20 people were interviewed by using semi-structured face-to-face interviews techniques. All interviews were recorded and thematically analysed. As of them, this study specifically focuses on one home-visiting nurse station in Tokyo.

Result and discussion

Home-visit nurses make significant roles for active aging. They are involved in community activities which are not considered as professional tasks of nurses in the existing hospital based setting. They are demanded to play a key role in their town's events by local government if they want to propose some opinions to public administration. It is vital that issue are carried out on the premise that they have enough knowledge of local area. I argue that their current experiences in integrated community care propose elements to reconsider the professionalism of home-visiting nurses.

Chronic Illness, Ageing and Gender: An Exploratory Investigation of Experiences and Motivations for Sustained Involvement in Community Cardiac Rehabilitation

Vaittinen, A., Kaner, E., Stobbart, L.
(Institute of Health & Society, Newcastle University)

This presentation will consider some preliminary findings of an exploratory study examining the gendered experiences of ageing with chronic illness (CVD) in the context of physical activity (PA) based cardiac rehabilitation (CR). The study utilised qualitative methods namely participant observation and qualitative interviews.

Recent research has recognised the potential of physical activity in facilitating older adults resistance to negative stereotypes of ageing and illness (Allen-Collinson, 2011; Evans & Sleaf, 2012). However, qualitative research on experiences of physically active, ageing body in recovery and management of chronic illness is limited (Evans & Crust, 2015). Furthermore, a recent meta-synthesis of qualitative studies into CR highlighted the need for more theoretically driven research into influence of gender, and other intersecting social positionalities to the uptake of and adherence to CR (Angus et al., 2015).

The aim of the presentation is to offer preliminary insight into the participants' perceptions of CR in relation to how gender shapes their experiences of the ageing body and chronic illness and to explore and learn from the participants' motivations for sustained involvement in CR progression groups along with understanding the difficulties they may have experienced. The focus is on the subjective and interpersonal elements of the ageing body in CR and the manner in which physical activity based cardiac rehabilitation in particular, contributes to ageing well.

Theoretically the discussion is framed by the 'intersectional approach' (Brah & Phoenix, 2004), which facilitates understanding of the participants' experiences at the nexus point of ageing, gender, chronic illness and physical activity.

Cooperative Design in the Development of an Early Therapy Intervention for Perinatal Stroke (eTIPS)

Watson, R., Pearse, J., Rapley, T., Baggaley, J., Basu, A.
(Newcastle University)

Perinatal stroke is the leading cause of hemiplegic cerebral palsy, with life-long personal, social and financial consequences. Early therapy has the potential for significant improvements in long term outcome. By involving

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families and health professionals in the development and design stage, we aimed to produce a workable intervention which they would engage with.

9 parents of children with a hemiplegia and 14 health professionals involved in care of infants with stroke took part in peer review and three focus groups to discuss evolving materials and concepts, with revisions made iteratively. Focus group data were coded using Normalisation Process Theory (NPT).

eTIPS was well received: participants offered suggestions to modify and improve it. Health professionals and parents saw eTIPS as different from usual practice and valuable (high coherence); seemed keen to engage (high cognitive participation); felt the range of tasks parents are asked to undertake was very workable (high collective action); had trust in eTIPS and that parents would undertake activities (high collective action); saw eTIPS as flexible and adaptable (high reflexive monitoring). Following suggestions made, we added a section on involving the extended family, and obtained further funding for a website and videos to supplement written materials.

Focus groups with parents and health professionals provided meaningful feedback to iteratively improve the eTIPS materials prior to a pilot study. eTIPS has a high potential to normalize and become a routine part of parents' interactions with their child.