network; and 3) *Impact of physical health on and from dementia*. Our findings explore the dynamics of trust when establishing the limitations of physical health treatments in people with dementia. We found that prescribed treatments were unhelpful when they were not adapted to the context of dementia and where strategies depended on memory. Family carers at times appeared to adopt an 'all or nothing' approach to physical health decision making due to the lack of flexible interventions. This resulted in the voice of people with dementia being lost when determining the benefits of treatment. Treatment was, at times, continued with questionable benefit, or even against the preferences of the person with dementia. A successful balance between comfort and quality of life were achieved when approaches were discussed and agreed in collaboration with all stakeholders.

Conclusion Care decisions must consider people with dementia as a whole, and be based on realistic outcomes, best interests and collaboratively agreed preferences.

29 ENACTING TRUST WHEN RECRUITING PEOPLE WITH AN INTELLECTUAL DISABILITY INTO HEALTH RESEARCH

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Research regulation frames people with learning disabilities as a 'vulnerable' group. Trust may be too readily given, it is assumed. The authority of the recruiter is assumed when recruiting in clinical settings. In my research I will explore how trust operates in a series of recruitment experiences and critique simplistic understandings of trust that partner assumptions about a participant's capacity and autonomy.

Often research recruitment is conceptualised as a dyadic relationship between researcher and subject of research with the researcher often seen as a figure of power and authority. Inter-personal interactions and relational autonomy all play their part in research recruitment and require interrogation if we are to move beyond a value free concept of 'gold standard' research and see the labour of the individuals behind the findings.

Methods I will explore the operation of trust through an autoethnographic analysis of journal entries made by me during my recruitment to an applied health study for people with a learning disability.

This contested method has been selected to give a voice to the often unarticulated decisions made during recruitment of participants deemed 'vulnerable.' It exposes the interplay of power and trust, examining the multiple layers of ambition, guilt, embarrassment and confusion not readily accessible in interviews or observation (Throsby 2018). I will assess how this researcher operationalizes trust-gaining behaviour as part of recruitment and question the ethics of this performance.

Results and conclusions I explore ideas of autonomy, vulnerability and trust in relation to research recruitment, situating the findings in the context of health research from the researcher perspective. I will examine 'those particular trust-warranting properties and their signs' (Hedgecoe 2012) and how researchers enact these signs to meet their objectives, while questioning the ethics of enacting trust and the labour of the researcher when trying to meet these multiple expectations.

30 WHAT IMBIBES TRUST IN CHATBOT USERS? A MULTIDIMENSIONAL VIEW IN CONTEXT TO HEALTHCARE SERVICES DURING PANDEMIC

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Introduction Smart technology, like AI-enabled chatbots, has transformed how healthcare consumers (patients) co-create value with their service providers (doctors). However, for effective co-creation, consumers also have to equally integrate their resources (like information). Here, trust plays an important role. If consumers do not trust the chatbots, they will contribute fewer resources resulting in value co-destruction. This dynamic of trust and resource integration is further challenged in uncertain times (like COVID-19). Thus, it becomes imperative to explore the factors that imbibe/abstain trust within chatbot users while consuming healthcare services during a pandemic? This study focuses on this question. Additionally, since trust has two sides (cognitive & affective) and the factors affecting them can act from two different levels of service ecosystem (individual & institutional); therefore the study categorizes the trust factors using a 2 × 2 matrix, i.e., (Individual & cognitive, Institutional & cognitive, Individual & affective, Institutional & affective). There is hardly any study that adopts this multi-faceted view of trust factors in AI-empowered healthcare services.

Method The study uses an inductive qualitative approach, where thirty regular chatbot users were interviewed using a semi-structured interview. Excerpts from the interviews were thematically coded and analyzed (using QSR Nvivo-12). Identified factors are validated using social simulation approach.

Results The study identifies 16 key factors influencing consumers' trust in chatbot based on 2 × 2 matrix proposed in this study. To cite a few of them, *Cognitive trust factors*: perceived knowledge, level of task orientation in interaction, level of automation; *affective trust factors*: avatar like presence, level of emotional support offered, perceived honesty & ethics, perceived security & privacy.

Conclusion The results show that consumers phenomenologically process the trust in chatbot usage getting influenced both cognitively and emotionally at multiple levels. Thus, practitioners should accordingly plan the 'trust-building strategy'.

31 GENDER AND SEXUALITY DIVERSE (GSD) WOMEN'S EXPERIENCES OF CANCER AND CANCER CARE

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Background This paper will present the preliminary findings of research into gender and sexuality diverse (GSD) women's experiences of cancer and cancer care, as part of a broader ARC funded project titled 'Out with Cancer'. LGBTQI+ communities experience a disproportionate cancer burden, and face unique psychosocial challenges, such as higher rates of cancer related distress and sexual concerns, lower levels of family support, difficulties in accessing general health care or cancer services, gaps in patient-provider communication and lower satisfaction with cancer care.

There is a need for research to focus on understudied LGBTQI+ cancer survivors, including GSD women. To date, research on sexual and gender minority women with cancer has focused almost exclusively on the experiences of cisgender lesbians with breast cancer. Non-normative relationships with femininity and categories of womanhood and gender performance have been shown to significantly affect how GSD women experience and make sense of cancer. However, work in the area of cancer and sexuality largely tends to assume cisgender embodiment, identity and expression. There are few studies available that specifically address trans and gender nonconforming women's experiences of cancer care.

Methods The research takes a mixed methods approach, including: open-ended survey data, 38 semi-structured interviews, and 15 follow-up Photovoice interviews with GSD women who have had cancer and their carers. Participants are selected across cancer type, and range from ages 18–92. Data is analysed using thematic decomposition analysis.

Results While data collection is on-going, this paper will focus on some key emergent themes amongst GSD women with cancer and their carers, including: heterosexism in cancer care; the impact of health care provider and health setting interactions on experiences of gendered embodiment; and ideal services and support.

32 LOOKING FOR KATHY ACKER LOOKING FOR TRUST

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Kathy Acker died of breast cancer. To convey her experience with medical care and personal confrontation with death, the experimental writer and intermedia artist left us *Eurydice in the Underworld*. It was the last story she wrote and in the very first page, Acker discloses that the creature she trusted was a black wolf. The wolf would never abandon her, 'whatever she does or whatever has happened to her' (1998:2). Eurydice (the persona Acker takes on) moves in a universe populated by a lover, random sexual partners, people she meets at what seems like a surrealist, last pilgrimage, and most notably, health professionals who are there to help her. Nevertheless, she makes such a statement of trust for nobody else. Acker affirmed that she wanted to leave a testimony: 'to describe as exactly as possible what it is like to experience conventional cancer medicine' but noted that she was still 'omitting the more horrific details' (1997:2). For all that, her complex, mixed-genre narrative succeeds in confronting the reader with the shock and extreme alienation induced by her exposure to the medical environment and to a devastating meeting with her surgeon after her double mastectomy, which signified her final break with western medicine. In the form of a short experimental film, I will look for the lost notion of trust as it plays in Acker's last story. I will employ a mixed visual approach creating a collage film in a way similar to the cut-up technique, appropriation, and repurposing employed by Acker in her novels. Following Acker's subversive stance towards identity, I will not offer a crystalized portrait of the last phase of a life, but will remix the pieces, play with possibilities, and return to the notion of trust, reassembling emotions and power relations in the realm of health care.

33 SEARCHING FOR INFORMATION ON LOW BACK PAIN: TRUST AND DISTRUST OF INTERNET

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Background Patient information is a key element in the management of low back pain (LBP) and has taken a new dimension in the digital era. With the development of Internet, health information is no longer reserved to doctors but is accessible to people at all times. Online health information is thus redefining power relations between patients and healthcare professional. Few studies have investigated online information seeking in LBP, and fewer yet specifically with qualitative methods.

Aim We aimed to explore the experiences, perceptions and needs of people suffering from non-specific chronic LBP regarding online health information. The impact of Internet information seeking on the patient-healthcare professional relationship was also investigated.

Methods We conducted 21 semi-structured interviews with adults suffering from non-specific chronic LBP using an interview guide. Purposive sampling was used. Interviews were transcribed and analysed using thematic analysis.

Results Thematic analysis indicates that few people with chronic LBP actively use Internet to find health information. Most participants perceive indeed online information as unreliable and alarming. Some people have also difficulties finding relevant information. Hence, they mostly rely on their individual experience of pain as source of knowledge and seek medical advice. However, patients are globally unsatisfied with the lack of medical explanations and solutions for their pain and wish for more patient-centred care. They thus seek explanations and solutions outside of the medical world (self-management, complementary and alternative therapies, experience sharing) and occasionally seek specific back pain information on Internet.

Conclusions Although Internet provides quick access to health information, people with chronic LBP are suspicious of online information. Healthcare professionals remain an important source of reliable information but should better take into account patients' experiential knowledge to offer individualised care. Finally, focus groups with healthcare professionals will help to further understand how online information seeking transforms the patient-healthcare relationship.

34 COVID-19, VACCINATION, AND TRUST: AN INTERVIEW STUDY

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In addition to direct health threats of the COVID-19 pandemic, societies are experiencing significant harms and burdens associated with measures to mitigate the effects of the virus. In this context, a possible vaccine is perhaps the most highly regarded prospect to combat the novel coronavirus and enable societies to lift COVID related restrictions. Governments and other institutions around the world have invested large amounts of resources into the development, testing, and production capacity for several different vaccines. When vaccines become available, public health authorities will need