information about the concerns and decision-making considerations of constituents. We outline here the key findings from interviews with residents of Ontario, Canada, (n=40) in July and August of 2020 regarding their views, concerns, and intentions with respect to a prospective COVID-19 vaccine. In particular, participants expressed concern about the safety and efficacy of any prospective vaccine that is developed in a short timeframe, despite eagerness to eventually take it. Additionally, participants expressed considerations that, while not directly related to vaccines, nevertheless factored into their attitudes about accepting a possible COVID vaccination. These included how successful governments have managed COVID-19 so far, existing relationships with healthcare providers, and how they have assessed their risk of contracting or becoming very ill from COVID-19. Trust in science, regulators, and governments will play a critical role in the successful deployment of a COVID-19 vaccine. Governments and public health institutions can take actions to earn trust. Implementing monitoring programs for long-term adverse effects would measure and potentially mitigate risk of unforeseen effects. Supports that provide financial and social stability during the wait for rigorously tested vaccines may increase trust in governments to act in the best interest of their constituents.

35 HOW TRUST AND POWER RELATIONS MIGHT SHAPE THE WORK OF INCIDENT INVESTIGATORS IN HEALTHCARE SERVICES

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Background Improving the quality of care in maternity services is a significant concern in the United Kingdom and a challenge for many other countries around the world. Little is known about the inner workings and interprofessional dynamics of patient safety teams which are responsible for incident investigations in healthcare services.

Objectives To develop an understanding of the patient safety team's identity as internal incident investigators, and how trust and power relations shape their work inside hospitals.

Method An ethnography carried between October 2019 and March 2020 in a large maternity hospital in Brazil. The researcher made use of non-participant observation, individual semi-structured interviews and institutional reading related to incident investigations. Fourteen professionals agreed to take part in this current study. Thematic analysis was used to identify themes and categories.

Results Eight major categories were identified: 'fear of conflicts', 'no jurisdiction and no boundaries of work', 'low-esteem feeling', 'not ready for including patients into investigations', 'invisible hierarchy position', 'educational identity', 'blurred expectations', 'manipulation of data'. All professionals' categories in this study highlighted broadly similar needs in terms of clarifying the investigator role and identity as a team. Participants also feared of being in trouble during an investigation, and it was not uncommon the practice of incident data manipulation. A key finding of this study relates to professionals perceived needs and how they would like to be supported during the incident investigations, contributing to the current evidence.

Conclusions This study provides insights into how fear and lack of identity influence the internal incident investigators

work. The lack of identity as a team and the sense of powerlessness to establish jurisdiction of work led investigators to not trust in themselves and have a perceived sense of useless work when comparing what they do with what they expected they should be doing.

36 'THE TRUTHFULNESS FACTOR': A DIMENSIONAL ANALYSIS OF MORAL CARE AND MATERNAL SUBSTANCE USE

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Background Delivering quality maternal-child healthcare is compromised when clinicians moralize pregnant or lactating persons' actions. Clinicians are professionally charged with ensuring quality care delivery. However, they commonly moralize substance use and other similarly stigmatized actions during pregnancy and lactation. As a result, pregnant or lactating persons and their infants experience suboptimal health outcomes. Improving health outcomes in this population necessitates understanding how clinicians come to moralize substance use during pregnancy and lactation. Dimensional analysis in the mode of emergent fit, an interactionist qualitative mode of inquiry.

Objective This study aimed to uncover the circumstances under which clinicians moralize substance use in maternal-child symbiosis.

Methods Dimensional analysis in the mode of emergent fit was used as an interactionist method of inquiry. Fifteen semi-structured interviews were conducted with maternal-child health clinicians and data were analyzed according to the method's analytic processes.

Results The findings of this emergent fit dimensional analysis form a situation specific theory, which reveals that clinicians moralize substance use in maternal-child symbiosis when perceived fractured trust in the caring relationship. These circumstances exist within the process of the Moral Energy Reflex, which is driven by the condition of 'The Truthfulness Factor' and results in the consequence of Reflection on Redirection. The condition, process, and consequence of the phenomenon are conceptually bounded within the context of Unacceptability Uncertainty. All of the dimensions of moralizing substance use during maternal-child symbiosis are understood through the perspective of Am I a 'Good Enough' Clinician?

Conclusion Understanding moralization as a process actively formed by the person moralizing and their perceptions of trust, provides important new insight into the clinical phenomenon of moral judgment. These findings suggest directions for future inquiry and offer implications for education, practice, and policy.

37 PUBLIC TRUST IN HEALTHCARE SYSTEMS IN INDIA

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Background Trust in healthcare institutions plays a major role in public health as it reflects patients' compliance with the medical care system and better utilization of the resources