(mhealth) voice messaging intervention could be effective in this context. The intervention was tested through a cluster randomised controlled trial and, despite high coverage of messages, there was no evidence of effect. Our analysis identified the role of trust as a key mediator.

Aim To analyse the role of trust as a causal mechanism in mhealth messaging.

Methods We conducted non-participant observation while messages were being received, and four focus group discussions (FGDs) with men and women who had subscribed to messages, and one key informant interview. We conducted descriptive content analysis in Nvivo as a team.

Results Mass messaging for advertising was common in the study context, and despite efforts to identify messages, this may have affected receipt. The Diabetic Association of Bangladesh was a well-known and trusted institution which meant that mhealth messages were believed and trusted, and therefore it was beneficial to establish this early in message content. We found that many felt the messages were irrelevant as they did not feel at risk of diabetes. Messages being delivered by a trusted organisation was of limited use for diabetes prevention, because this framed messages within a disease paradigm which many felt that they didn't fit into.

Conclusion Trust was a mediator of intervention effect, but association with diabetes may have made the intervention less attractive for populations who believe themselves not to be at risk. Participatory design of mhealth messaging may be equally as important as the trustworthiness of the implementing organisation.

Day 2: Friday 19th March – 14.50-15.50

19 THE ROLE OF TRUST IN GLOBAL RESOURCE ALLOCATION DECISIONS FOR VACCINE PREVENTABLE DISEASES

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10.1136/bmjopen-2021-QHRN.57

Background Evidence on disease burden and the impact of interventions are instrumental in vaccine related investment decisions. It is imperative to understand what the facilitators and barriers of evidence use are to ensure the most effective vaccine investment decisions for public health at global and national level are made.

Aims Overall, this research aims to understand if, and how, mathematical models are used to inform resource allocation decisions for vaccine-preventable diseases in low-and middle-income countries. Here we focus on exploring the role of trust in the potential use of evidence from mathematical models.

Methods Twelve semi-structured interviews were conducted with mathematical modelers (evidence producers) and employees at international organizations, who are involved in decision-making processes (evidence consumers) at a global level. Information was collected on stakeholders' experiences and perceptions of the use of mathematical models at global and at national level. All mathematical modelers were purposively sampled by their extensive vaccine modelling

experience at a global and/or national level. Data from interviews were coded and mapped to a theoretical framework, which identified the spectrum of evidence use by policy and decision makers.

Expected results This presentation will describe how mathematical models are being used in global level resource allocation decisions, and more specifically, how trust is understood by both model consumers and producers. Preliminary findings suggest trust is both an integral facilitator and barrier for evidence use and heavily influenced by model producer's research environments and length of relationships with model consumers. Amongst consumers the concept of trust is most notable in the context of methodologies, data transparency and stakeholder relationships.

Conclusion This research suggests that the use of evidence and perceptions of evidence differ among stakeholders. Trust among evidence producers and consumers is an integral component in evidence informed decision-making that can be a barrier or facilitator.

20 SOCIAL JUSTICE AND DISEASE ERADICATION: UNDERSTANDING THE 'TRUST GAP' IN POLIO'S FINAL STRONGHOLDS

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10.1136/bmjopen-2021-QHRN.58

Background The global effort to eradicate polio has reduced cases by 99% globally. However, delivering the program to the world's hardest-to-reach populations, who continue to receive inequitable access to health resources and services has impelled distrust and refusal of the program.

Aim This study explores key determinants for building and sustaining public trust in global disease control programs.

Methods STRIPE (Synthesis and Translation of Research and Innovations from Polio Eradication) is a collaboration seeking to map, synthesise, and disseminate lessons learned from polio eradication in Afghanistan, Bangladesh, the DRC, Ethiopia, India, Indonesia, and Nigeria. We conducted 194 key informant interviews with policymakers, government and program officials, and frontline workers across the global, national, and sub-national levels. Here, we draw on interviews from Afghanistan and Nigeria.

Results Public trust in the polio eradication effort has been progressively deteriorating, especially among the marginalised and disenfranchised populations. At the country level, repeated and aggressive mass vaccination campaigns, de-emphasis of routine immunisation and other essential health services, and gender dynamics, have combined in critical ways to influence community response to program activities.

Informants highlight the importance of community knowledge and experience, socio-cultural norms and local area issues, access to essential health services, and transparent and consistent communications as key determinants of trust and acceptance of the polio program and vaccine.

Conclusion Early polio eradication efforts singularly focused on eradication strategies, failing to acknowledge community priorities or account for other essential services, including water, sanitation and hygiene, maternal and childcare, etc., reinforcing existing inequities among the vulnerable populations, and resulting in refusals and resistance. The Global Polio Eradication Initiative has more recently taken steps to

engage local leaders and influencers, provide broader health services, and build in gender considerations to establish trust between members of the public and the public health system.

Theme: What makes good communication: exploring the role of trust and truth in cultivating meaningful health communication

Day 1: Thursday 18th March – 13.35-14.55

21 INTENSIVE CARE PATIENTS' EXPERIENCES AT POST-ICU DISCHARGE FOLLOW-UP CLINIC. ENSURING COMMUNICATION AND EMPATHY AS THE CORNERSTONES TO DEVELOPING TRUST AND PATIENT-HEALTHCARE WORKER RELATIONSHIPS

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10.1136/bmjopen-2021-QHRN.59

Introduction Post Intensive Care Syndrome (PICS) describes the health problems that remain after critical illness. PICS has become an increasingly recognised problem in survivors of severe critical illness. These problems fall into three broad categories: physical, cognitive, and psychiatric impairment.

Methods After commencing a post-ICU discharge clinic to enable follow up of ICU patients post-discharge, we conducted a Phenomenological study exploring and illuminating the experiences of the first patients referred to the clinic. The data was analysed using Interpretative Phenomenological Analysis, identifying two superordinate themes.

Results The superordinate-theme 'I have a voice: you're just not listening' had three themes; Patience, not predictive text-describing patient's frustrations at people's inability to wait for their prolonged communication to finish; 'Yes, I did just say that'- describing patient's frustrations that people were not accepting they were having have bad days too; 'Talk to the hand'- describing patient's frustration at people not picking up on body language when they couldn't use their mouth.

The superordinate-theme 'Wear my shoes: empathic understanding' had three themes; 'Care not pity'- describing patient's need to have their carers help them to get better rather than feel sorry for them; 'From the minute I wake up'- describing patient's need to have people show empathy at all times, as a single lack of it is devastating; 'Small things are massive'- describing patient's need for people to see what might seem a small issue can be overpowering at that moment.

Conclusions Whilst empathy and communication are often discussed as vital aspects of patient care, this study provides context and examples of how they impact everyday practice for all healthcare staff, allowing the formation of trust and a conducive patient-healthcare worker relationship. This contextualised and humanised approach to patients will guide ICU staff in how to improve the management of future ICU patients.

22 TRUTH AND TRUST IN TREATMENT ADHERENCE: A QUALITATIVE STUDY OF THE IMPACT OF ELECTRONIC MONITORING OF ADHERENCE TO NEBULISER TREATMENT ON THE PATIENT-HEALTHCARE PROFESSIONAL RELATIONSHIP

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10.1136/bmjopen-2021-QHRN.60

Background Healthcare professionals often expect that people with cystic fibrosis should be adhering to complex daily treatments regimens. Until the recent onset of technology such as electronic monitoring of nebuliser treatments, clinical teams had to trust that their patients were truthful in their subjective adherence reports. However, trust in this relationship goes both ways; patients also had to trust that their clinical team believed them.

Aim To explore acceptability of an intervention to increase adherence to nebuliser treatment in adults with cystic fibrosis.

Methods We interviewed 22 patients and 26 interventionists about their views of the intervention. We used deductive and inductive framework analysis to analyse the results.

Results We found that issues of trust and truth regarding subjective treatment adherence had a great impact on the relationships between clinical teams and patients. For some patients the introduction of objective data provided proof of adherence that gave them confidence that their clinical team now had to believe them; however, for others it meant that they could no longer hide the truth about low adherence and had to face up to how this affected their relationship with the clinical team. Healthcare professionals talked about how prior to having objective data, despite wanting to believe patients, judgements had often been made about whether to believe patients' subjective adherence, without evidence. Proof of adherence, or non-adherence was a starting point to facilitate honest discussions that may have been harder to initiate otherwise. However, the key to using adherence data was for clinical teams to build a trusting clinical-patient relationship by maintaining a non-judgemental approach which encouraged patients to be truthful.

Conclusions Issues of trust and truth are important in building relationships between people with cystic fibrosis and the clinical teams involved in their care in this new electronic monitoring intervention.

23 HOW PHYSICIANS' TRUST IN THEIR PATIENTS IMPACTS THEIR COMMUNICATION AND DECISION-MAKING PROCESSES

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10.1136/bmjopen-2021-QHRN.61

Background Patients' trust in physicians has been identified as essential to establishing relationship, receiving reliable information and treatment adherence. Less is known about physicians' trust in their patients. Physicians' trust may play an important role especially during complex, long-term relationships with patients dealing with a chronic illness such as Diabetes.