WHAT CAN BE LEARNED FROM ETHNOGRAPHIC RESEARCH ON TRUST BETWEEN PHYSICIANS AND PARENTS AND BETWEEN PHYSICIANS AND CHILDREN WITH CANCER

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Despite theoretical and empirical support for the importance of trust in the physician-patient relationship, there are few studies focusing on the construction of trust among physicians, parents, and children.

The purpose of the proposed lecture is to introduce verbal and nonverbal behaviors, that may shape and establish trust between physicians and parents, and between physicians and children with cancer.

An ethnographic study, examining the work of all physicians in one oncology ward, in a hospital, and a sample of 27 parents and 27 children with lymphoblastic leukemia. Triangulation was conducted in the study: 1) Observations in various discourse arenas, documenting a year of the physicians’ work. 2) Semi-structured interviews with all doctors, children and parents 3) Collection of documents. Data analysis included: exact transcriptions of all research materials as well as content analysis.

Findings All parents and children, the conditions for establishing trust with a physician were: the duration of their acquaintance with that physician, frequency of the child ing trust with a physician were: the duration of their relationship, this theme includes four categories that shape trust, which were reported, with high frequency, by parents and children that form trust between physician-parent, and physician-child, these two main themes are: physician’s attitude and professionalism. The proposed lecture will focus on the first theme – the physician-parent and physician-child relationships, this theme includes four categories that shape trust, which were reported, with high frequency, by parents and children, and these are: patience, humanity, sharing information and respect, in each of the categories, both verbal and nonverbal characteristics behaviors were found, which I will present in the lecture. The findings of this study could have important implications for physician training, and the quality of care that physicians provide.

Exploring Cultural Safety and Ethical Space in Understanding Health Care Access Among Maasai in Northern Tanzania

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The history of the Maasai, a pastoralist tribe in Northern Tanzania, in the last century has led to marginalization, cultural discrimination and political subjugation. Such tension and resentment make delivery of health care increasingly challenging. Structural drivers of disease have both increased marginalized populations’ risk of disease and response to health policies and programs. Cultural safety and ethical space provide a lens into social, political and historical influences on access to care. Considering an unequal distribution of resources and power, these frameworks help understand the realities of historically marginalized populations such as the Maasai, and responses to health services.

This study, situated in a larger ethnographic study conducted September 2016 to December 2017 in Maasai communities in Northern Tanzania, examined health care access through cultural safety and ethical space. We used participant observations in various health care settings and interviews to form the basis of the data analysed. Thematic analysis was used to understand barriers and facilitators to health care access.

Despite trust in biomedicine, Maasai have a strong desire for health services with particular characteristics. Quality of care, including facilities and diagnostics available and utilized was important. A sense of fairness was a determinant in respecting services including ‘first come first serve’ system and transparency when unable to treat a condition. Trust in health services was also influenced by personal interactions with
Navigating Knowledge as Truth in Sexual Health: A Foucauldian-Informed Discourse Analysis of Practitioners’ Conceptualisations of Risk for Sexually Transmitted Infections in Gay, Bisexual and Queer Men

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Mainstream health psychology conceptualises risk behaviours for sexually transmitted infections (STIs) in gay, bisexual and queer (GBQ*) men using a biomedically informed framework that focuses on sexual health outcomes (e.g., STI diagnoses) to define sexual practices (e.g., condomless anal sex or multiple sexual partners) as ‘safer’ or ‘risky’. Sexual health practitioners working within this framework navigate the authority of mainstream health discourses that present such information as ‘truth’ in their work with GBQ* clients. Relatedly, client’s own experiences of sexual health and practice may be marginalised or obscured by the dominance of heteronormative and risk averse conceptualisations of risk for STIs. Reflecting on semi-structured interviews with five third sector sexual health practitioners, this paper uses Foucauldian informed discourse analysis to examine how practitioners conceptualise risk for STIs within the context of their professional roles. Three discourses were identified: ‘GBQ* men as vulnerable’, ‘risk looks different for everyone’ and ‘where does responsibility come from?’. Participant’s accounts indicated each of the discourses as permeating public and private, individual and societal lives in relation to sexual health. However, despite the continued interest of mainstream health discourses in minimising and containing the risks to sexual health allegedly posed by GBQ* men, participant’s talk highlighted the inadequacy of the sexual health provision that constitutes and is constituted by such discourses. As such, the concept of risk for STIs in relation to GBQ* men is shown to be highly visible and socio-politically contentious, calling into question its legitimacy both as a form of ‘truth’ about sexual health, and as method of informing professional sexual health practice.

Trust Who Knows Best When Managing Long-Term Conditions in Dementia: Findings From a Qualitative Study of Stakeholder Perspectives

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Background Dementia rarely travels alone. In the UK, almost 8 in every 10 people with dementia have another chronic condition. Due to the impact of dementia on important self-management processes, partnership working across the care network at home and primary care is required to manage both cognitive and physical health. Trust is integral to this relationship to effectively involve people with dementia in their physical health care. Objective To explore how the self-management of comorbid long-term conditions is experienced and negotiated by people with dementia and their carers. Methods Secondary thematic analysis of 82 semi-structured interviews (11 people with dementia, 22 family carers, 19 health professionals and 30 homecare staff) from community settings across United Kingdom. Results We identified three overarching themes: 1) The process of substituting self-management; 2) Communication in the care focusing on fathers’ needs are sparse. Their voice is often diluted within a predominant mother narrative, raising questions about their needs and support within the healthcare setting. This study aimed to provide a greater insight into the caregiving experiences of fathers with a child with an LLC.

Methods Meta-ethnography was used to synthesise existing qualitative studies exploring fathers’ caregiving experiences. PubMed, PsyCINFO, CINAHL and Science Direct search databases were used (up to April 2020) and qualitative, English studies were selected.

Results Sixty-three studies were included. A conceptual model of fathers’ key experiences was developed. It encompassed the following overarching concepts: ‘The paradox of support’; ‘Challenges in the caring process’; ‘Nobody thinks of men’; ‘Impact on family life’ and ‘The fall of the curtain: an irrevocably altered world’. This presentation will focus on the first and third named concepts, which highlighted many paradoxical experiences within the healthcare setting. The concepts of honesty, trust, mistrust, empathy, alienation and abandonment described fathers’ experiences of health services and medical expert knowledge. Feeling side-lined and experiencing inconsistency in the healthcare system were also key themes. These informed fathers’ experiences of disempowerment when interacting with health professionals, as well as examples of reassurance and support. These issues, as well as sensitive challenges around intimate personal/nursing care, and the impact on fathers’ confidence in the caregiving process will be explored.

Conclusions This study highlights the trust and health communication needs of an increasing number of fathers who are involved in caring for an ill child. Practical recommendations are provided, for example in relation to healthcare policy, and ethical issues around the recognition of fathers in child safeguarding and dignity of care policies.