EXPLORING COMMUNITY ORGANIZATIONS’ ROLE IN ADDRESSING HEALTH SECTOR CORRUPTION IN KANO, NIGERIA: USING A MULTIFACETED ITERATIVE QUALITATIVE APPROACH

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Background Improving anti-corruption, transparency and accountability mechanisms (ACTA) in the health sector is critical for progressing towards universal health coverage. Mechanisms to foster ACTA, are rarely enforced in many LMICs and infractions and circumvention of rules are commonplace. We explored particular structures, Ward Development Committees (WDCs), in Kano, Nigeria, that are considered to be successful by different stakeholders, seeking to explore the ways in which they are able to tackle health sector corruption.

Methods We used iterative qualitative research methodology employing Khan and Roy’s 2022 Power, Capabilities and Interest (PCI) framework involving a series of steps. The process began with a co-creation workshop that included ‘story arcs’ (participant-created narratives on the mechanisms through which the Committees act on corruption), and the political economy aspects that shape how they operate, followed by key informant interviews. Given the sensitive nature of the topic, we emphasized a close engagement and building trust in key informant interviews. The observations were performed by a UK paediatric doctor (lead researcher) both alone and alongside a Shona speaking social scientist. The lead researcher held the role as a doctor, with challenges around seniority and judgement, being a white female and the language. The researchers’ workshop, to review gaps in findings and identify explanatory theories.

Results WDCs use a range of strategies for impact, interacting with stakeholders from across sectors in contextually appropriate ways to foster ACTA. Specific factors underlying success are multi-sectorality, the enabling and relatively receptive policy environment, integration with the health governance structures, longstanding and synergistic donor support, and cultural value of volunteerism. The WDCs gradually developed competencies that empowered them to serve as agents for ACTA.

Conclusion Incorporating community based structured into health governance structures is essential for improving ACTA. Our study suggest that governance actors should examine how similar grassroot-led mechanisms can be strengthened elsewhere, while ensuring these are adapted to the local health systems and socio-political contexts.

INNOVATIONS IN REMOTE DATA COLLECTION: LESSONS LEARNED FROM THE EARLY PANDEMIC

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Background Healthcare ethnography requires a conscious effort at objectivity because the method is inherently subjective. Qualitative research in newborn care in low-resource-settings, such as Zimbabwe, can present significant challenges and ethical dilemmas. This abstract presents an ethnographic study conducted in a low-resource setting in Zimbabwe, of the implementation of a newborn digital intervention (Neo-tree) designed to improve newborn care, comparing a period of crisis to normality.

Method The ethnographic observations focused on two main Neo-tree functions: data capture and emergency management/stabilisation. Two separate periods of observation took place at the hospital-intervention sites during a period of crisis (political instability) and normality. Clinicians using the Neo-tree were observed over a period of three weeks in each time-period. The observations were performed by a UK paediatric doctor (lead researcher) both alone and alongside a Shona speaking social scientist. The lead researcher held both an emic perspective; with detailed experience of the neonatal unit, having lived in Zimbabwe for the preceding three years, and an etic perspective as a non-Shona speaking observer.

Results Three main factors influenced positionality: lead observer’s role as a doctor, with challenges around seniority and judgement, being a white female and the language. The lead researcher’s unique perspective holding both detailed knowledge of Neotree function and delivery of newborn care offered constructive actionable insights which may not have been elicited by a social scientist alone. The importance of co-observers was essential in a challenging healthcare setting.

Conclusion The emic vs etic perspective is a key component when interpreting and understanding findings, particularly during crises. The benefits of healthcare professionals as lead observers can provide vital insights, particularly when related to implementation of healthcare interventions.

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Abstracts

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When the COVID-19 pandemic led to lockdowns and other measures to stop the spread of the deadly virus, qualitative researchers, like others, had to adapt and learn to collect their data remotely. This workshop offers a collection of tips and tricks for collecting qualitative data remotely using video conferencing software such as Microsoft Teams or Zoom, phone, and hybrid methods to accommodate their participants. We will discuss logistics of using proxies at sites to recruit and consent participants and coordinate remote interviews and focus groups. We will provide examples from real projects and discuss the pros and cons of the newly found flexibility in remote data collection, accommodations that might be needed for specific populations, platforms security to ensure confidentiality, e-consenting models and platforms, using AI for transcribing, and evaluating data collected remotely and in-person. We will also cover methods that benefit from remote data collection modes, such as physician participants showing quality metrics they collect or interviewers showing notes (e.g., journey mapping in real time with participants’ input). The workshop will teach the following skills: 1) deciding between in-person and remote data collection modes, depending on the research question and participant characteristics; 2) platforms, logistics, and best practices of implementing remote consent; 3) using on-site proxies to conduct remote data collection; 4) flexibility in remote data collection (what are your options?); 5) hands-on training, real project examples, and exercises; 6) group discussions and implications for qualitative and mixed-methods research. We believe this is an ideal time to take stock of what we have learned from collecting qualitative data under the pandemic restrictions. Now that remote data collections methods are here to stay, we need to continue developing our best practices to accommodate not only future disasters, but also people with different abilities.

THE ROLE OF SOCIAL SCIENCE AND TRANSDISCIPLINARITY IN DISEASE OUTBREAKS IN AFRICA OVER THE LAST DECADE

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Background Pandemic preparedness and response should incorporate transdisciplinary collaboration and recognise that social, economic and political issues are as fundamental as biological issues. This research considers how social science has become recognised and valued during the uncertainty of the changing world over the past decade. In this context there is an increasing need for transdisciplinarity, which the social science discipline can facilitate. Social science researchers need to use innovative methods to produce operationalisable research and consider changing power relations and whose knowledge is used in policy and why.

Aim This research investigated how social science is integrated across epidemic preparedness and response architecture, the politics of knowledge, where power lies in research and policy implementation and the extent transdisciplinarity has been operationalised.

Methods As part of a PhD by Published Works a literature and policy document review was conducted as well as drawing on 19 publications which the author has co-written over the past 10 years. This research draws on the examples of neglected zoonoses pre-2014, the 2014-2016 West Africa Ebola outbreak and the 2019-2023 Covid-19 pandemic to answer: ‘What is the nature of social science contributions to epidemic and pandemic response in Africa and how have these changed over the last decade? How has transdisciplinarity been implemented and developed?’.

Results The findings are an analysis of historical epidemics ending with Covid-19 considering how perceptions of the role of social science have changed and if there is a greater appreciation of the need for transdisciplinarity. Covid-19 has had huge impact as it has given rise to post-pandemic transformations and an impetus for rethinking pandemic preparedness more broadly.

Conclusion This research offers insights into the importance of strengthening transdisciplinary collaboration, communication, data integration, and policy to enhance preparedness and response for future pandemics by learning from experiences over the last decade.

LEVERAGING A COMPARATIVE ANALYSIS FRAMEWORK FOR A GROUNDED THEORY OF WOMEN FIRST RESPONDERS

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Background Emergency response work has historically been designed for and performed by men; yet more women than ever are conducting this work globally. Research suggests women first responders face unsupportive workplace structures and cultures. While efforts have been made to ameliorate these challenges, few studies aim to understand their degree of success and the emerging nature of gender equity in the first response professions.

Aim Our study compared the occupational experiences of women firefighters, police officers, and paramedics from Southern Ontario, Canada, to develop a grounded theory on the historical and current nature of gender relations in first response professions.

Methods Semi-structured interviews (n = 20) explored the individual life course of participants, focusing on resiliency and stress, diversity and inclusion, and gender and the role of professional identity. Data were analyzed sequentially by profession, in a cumulative fashion, to generate a grounded theory shaped by comparisons and iteratively tested against each profession throughout coding and analysis.

Results Our grounded theory suggests that while participants attested to significant improvements to women’s inclusion in first response work, many women still face sexism and glass ceilings. Despite this, women are passionate about their work, and actively encourage other women to join the field. Further concepts related to tokenism and trailblazers, embodiment perspectives, and paramilitary organizational structures were used to contextualize the data.

Conclusion Our findings guided the development of policy recommendations for stakeholders in first response professions. Methodologically, the comparative framework aligned seamlessly with the constant comparative analysis components of grounded theory. This approach contributed a unique understanding of women’s experiences that preserved complexity within the professions while also creating capacity to assess