2. to examine the methodological opportunities and challenges of using story completion to identify cultural narratives.

Methods Story completion is a radically different approach to collecting qualitative data to explore social constructions concerning a certain topic and the socio-cultural discourses and dominant meanings available to participants. Story completion research involves participants being provided with the opening sentences of a hypothetical scenario – or story stem – and asked to write what happens next. Four story stems were designed and refined based upon a pilot study and feedback from experts in qualitative methods and disability. Ninety UK-based undergraduate sport and exercise science students wrote a story in response to one of the stems, randomly allocated. The stories were subject to a thematic and structural narrative analysis.

Results Analysis is underway. The supercrip narrative was the most dominant narrative type drawn upon, with interwoven elements of tragedy and romance from a fairy-tale narrative. The less prescriptive story stems elicited the more diverse and creative stories in terms of length and detail.

Conclusions The need for alternative stories of physical activity and disability that challenge the underlying ableist assumptions of the dominant supercrip narrative will be discussed. Reflections of story completion will be provided with recommendations for future use.

036 USING STORY COMPLETION TASKS TO EXPLORE PERCEPTIONS ABOUT MENTAL HEALTH IN A WORK CONTEXT

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10.1136/bmjopen-2019-QHRN.36

Background Increasing numbers of people struggle with mental health issues in western industrial nations, including the UK and Germany, with about a quarter of the population experiencing mental health problems in the space of a year (WHO/Europe, 2018). In neoliberal cultures, individuals are often positioned as responsible for their psychological (and physical) health. This is evidenced, in part, by the proliferation of resilience, stress management, and similar self-help courses. Such courses and resources focus on teaching individuals how to cope with mental health issues, disregarding potential social, cultural and environmental causes for psychological distress.

Aims/Objectives Considering this, we explored how this individualising of mental health plays out in the context of the work place, in particular in the discourses drawn on in narratives about colleagues who experience psychological illness or distress.

Methods We collected data using the method of story completion tasks (Clarke *et al.*, 2017), asking participants to complete the following story stem, with half of participants receiving the stem with a female and half with a male protagonist: 'Michael/a returns to work after 3 weeks off. In the meantime word had got around that s/he hadn't been on annual leave, but signed off sick with mental health issues. Please continue Michael/a's story.' Participants were individuals working in either Germany or the UK, who completed the task via an online survey platform.

Results and conclusion The study is still in the early stages. We will report thematic/discursive analysis around

constructions of mental health issues in general, the social perceptions about individuals with mental health issues, as well as their positioning in the context of the workplace reflected in the narratives told. We also reflect on the value of story completion for exploring understandings around workplace mental health.

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Poster presentations

P1 NOTIONS OF SAFETY AND RISK IN PALLIATIVE CARE: THE ROLE OF QUALITATIVE HEALTH RESEARCH

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10.1136/bmjopen-2019-QHRN.37

Background Technological advances and societal expectations are transforming professional-patient relationships, while interpersonal therapeutic interactions remain essential to palliative care.^{1,2,3} Harm can be experienced as an 'unfolding series of negative events...inextricably linked with feeling unsafe'.⁴ Negotiating safe care that remains sensitive to patients' priorities can create tensions with safety standards, while failure to consider these can result in avoidable harms including worsened symptoms and disrupted dying.^{5,6}

Aims Demonstrate how QHR can deepen understanding of safety and risk in palliative care.

Showcase use of social research methods to identify implications for professional learning by integrating incident analysis with multi-voiced constructions of interpersonal safety work.^{4,7}

Methods We developed innovative mixed method combinations of systematic review techniques with cross-sectional quantitative descriptive analysis and interpretative qualitative meta-syntheses of data from UK National incident reporting systems, stakeholder perspectives and published literature.^{8,9} Details will be given with each case study presented.

Results QHR enables professional learning about insights into everyday safety challenges and realities for patients, informal carers and professional working practices. Patients are vulnerable not only to generic safety risks but also additional risks specific to the last phase of life. For example, many harms are mediated through medication work with problematic consequences. Advance care planning (ACP) is often postulated as a solution to care challenges. Our qualitative analysis of ACP incidents demonstrates safe ACP requires not simply theoretical knowledge but acceptance of socially constructed roles and responsibilities with applied metacognitive skills and emotional intelligence. We present a new analysis of intersectionality between enactment of patient, carer and professional

medication management, contributing factors to unsafe care, and professional reporter's perceptions and patient constructions of safety.

Conclusion QHR can drive a holistic approach to interpersonal patient safety in palliative care. Mixed methods QHR using social theories to develop multi-voiced perspectives of safety generates 'real world' learning.

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P2 ABSTRACT WITHDRAWN

P3 CHALLENGES FOR QUALITATIVE HEALTH RESEARCH IN GERMANY

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10.1136/bmjopen-2019-QHRN.38

Background Qualitative health research was established comparatively late in Germany. The establishment was done differently in the various scientific disciplines (medicine, public health, psychology, sociology, and nursing).

Objectives After an early blossoming of qualitative health research in the 1970s/1980s, it was not possible to establish a methodological discourse for qualitative health research of its own in Germany. With the establishment of health sciences and nursing science, qualitative research became increasingly recognized in the 1990s. However, the question arises to what extent qualitative research, especially reconstructive methods, can be further strengthened and established in times of mixed method research.

Methods Facing these challenges, a network for qualitative health research in Germany was founded. It provides a platform for methodological discussion and development to reinforce the establishment of qualitative health research in Germany. The network has also set itself the task of connecting to international research.

Results The aim of the network is to contribute to the strengthening of methodological competencies in the field of qualitative health research. The focus was on the following topics: the discussion of the fit of the research topic and the research method used, the theory embedding, the discussion of quality criteria, the disclosure of implementation problems and methodological criticism, the consideration of the reflexivity of the researcher. In terms of qualitative survey and evaluation methods, diversity is to be exploited more. In addition, socio-structural differences and regional differences in the German research landscape itself will be considered.

Conclusion The presentation illustrates current challenges, perspectives and development lines for example of qualitative health research. In addition, a reflection on qualitative health research, its acceptance and methodological progress on international health care research is to be based on the results of international research.

P4 THE CARING VALUES OF STUDENT NURSES, AND THEIR DEVELOPMENT DURING EDUCATIONAL PROGRAMMES

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10.1136/bmjopen-2019-QHRN.39

Background Following the Francis Reports, and austerity cuts, frontline NHS healthcare professionals have faced criticism for perceived lack of compassion. Nurses' recruitment and education now increasingly emphasise caring values. Education programmes comprise university teaching and practice placements, including experiential learning to develop clinical skills, competencies, and reflexive abilities, yet it is unclear how to develop caring values. 'Caring' is conceptually complex, encompassing 'caring for' – direct bodywork, and 'caring about' – desiring to help. Most negative incidents concern 'caring for' tasks.

Objectives To explore newly-recruited, pre-registration student nurses' caring values; to understand whether/how these changed during education; to ascertain students' readiness for caring work post-registration.

Methods Focus-groups (n=10) with nursing students, placement mentors and lecturers at two UK universities, analysed thematically. For context, online surveys measured students' caring values (n=514).

Results Student nurses held what they perceived to be common values around caring, intending to operationalise these before and after qualifying. The vast majority felt welcomed to most placements, but most had 1+ negative placement. Although quantitative measurements of students' caring values did not change significantly during education, their expectations changed, and caring values became more sophisticated, particularly: learning how to care for patients when they had limited time; and observing poor caring practice. Some placements did not give students scope to complete their educational assessments. In response, some students undertook self-directed learning (which they also used when mentors were busy), and some mentors helped link students with other hospital departments and nursing-homes. Students greatly appreciated this, asserting that they would mentor future students positively.