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.

REFERENCES

- den Herder-van der Eerden M, van Wijngaarden J, Payne S, *et al.* Integrated palliative care is about professional networking rather than standardisation of care: A qualitative study with healthcare professionals in 19 integrated palliative care initiatives in five European countries. *Palliative Medicine* 2018;**32**:1091–1102.
- den Herder-van der Eerden M, Ebenau A, Payne S, *et al.* Integrated palliative care networks from the perspectives of patients: A cross-sectional explorative study in five European countries. *Palliative Medicine* 2018;**32**:1103–1113.
- Sampson C, Finlay I, Byrne A, *et al.* The practice of palliative care from the perspective of patients and carers *BMJ Supportive & Palliative Care* 2014;**4**: 291–298.
- Collier A, Sorensen R, Iedema R. Patients' and families' perspectives of patient safety at the end of life: a video-reflexive ethnography study. *Int J Qual Health Care* 2016;**28**:66–73.
- Williams H, Donaldson L, Noble S, *et al.* Quality improvement priorities for safer out-of-hours palliative care: lessons from a mixed methods analysis of a national incident reporting database. *Palliative Medicine*, *in review* 2019;**33**:346–356.
- Yardley I, Yardley S, Williams H, *et al.* Patient safety in palliative care: A mixed methods study of reports to a national database of serious incidents. *Palliative Medicine*, 2018;**32**:1353–1362.
- Pound P, Britten N, Morgan M, *et al.* Resisting medicines: A synthesis of qualitative studies of medicine taking. *Social Science & Medicine* 2005;**61**:133–155.
- Carson-Stevens A, Hibbert P, Williams H, *et al.* Characterising the nature of primary care patient safety incident reports in the England and Wales national reporting and learning system: A mixed-methods agenda-setting study for general practice. Southampton (UK): NIHR Journals Library 2016.
- Carson-Stevens A, Hibbert P, Avery A, *et al.* A cross-sectional mixed methods study protocol to generate learning from patient safety incidents reported from general practice. *BMJ Open* 5:e009079. doi:10.1136/bmjopen-2015-009079.

P2 ABSTRACT WITHDRAWN

P3 CHALLENGES FOR QUALITATIVE HEALTH RESEARCH IN GERMANY

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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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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.

Conclusions Students held values which are highly-appropriate for nursing, and endeavoured not to reproduce negative experiences. Staff should be aware that they can model caring or uncaring values. Educational reforms conflate 'caring about' and 'caring for' values; students' 'caring about' values motivated them in what could be extremely challenging conditions.

P5 SERVICE USE AT THE END OF LIFE: HOW ETHICS AND VALUES DRIVE CHOICE IN ULTRA ORTHODOX JEWS

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Background In their pursuit of healthcare, patients may utilise services from different sectors and have different motivations for the choices they make. The *haredi*, Ultra Orthodox, Jewish community is strongly motivated to obtain care that is consistent with their ethics and values, particularly concerning end-of-life care. This is reflected in an increased degree of involvement in decisions concerning treatment and place of care.

Aims To investigate the perspectives of *haredi* Jews professionally involved in end-of-life care for community members, and of healthcare practitioners providing end-of-life care to *haredi* patients. To ascertain the patterns of service use and how these are navigated by patients and healthcare practitioners.

Methods Semi-structured interviews with 14 *haredi* Jews and 16 healthcare practitioners. Transcripts were analysed qualitatively using Frameworks analysis.

Results *Haredi* patients and families made tactical use of services across NHS, voluntary and private sectors, and services run by the *haredi* community. These were used both sequentially and concurrently, to pursue treatment or to obtain further opinions. Community advocates played a significant role in advising patients and families. Healthcare practitioners reported that a move away from NHS or voluntary sector was often the result of entrenched and unresolved conflict, where a treatment requested by patient and family was refused. A complex pattern of care was reported that could be confusing, unpredictable and difficult to navigate. Challenges to communication and care provision resulted. Healthcare practitioners perceived that the choices made were not always in the patient's best interests.

Conclusions Service use by the *haredi* community is unlike that in other patient groups. It is motivated by the strong desire to obtain care perceived to be in accordance with *haredi* ethics and values concerning the end of life and is facilitated by a high level of community organisation. Conflict both prompted and emerged from the decisions made by patients and families.

P6 AN IPA EXPLORATION OF SHARED UNDERSTANDING BETWEEN PATIENT AND PROSTHETIST FOLLOWING LIMB LOSS

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Background Loss of limb presents a significant, life changing, circumstance for individuals. The prosthetist, in a role of

facilitating rehabilitation, is essential to positive adjustment post-amputation. As yet, however, commonalities and differences in the understandings of each of these parties of the experience of limb loss, prosthesis use and rehabilitation remain widely unexamined. This comparison provides the focus for this study.

Aim To explore areas of shared and discrepant understanding of the experience of limb loss and prosthesis use from the patient and practitioner perspective. Method: 15 post-amputation individuals and 13 prosthetists were interviewed on their perceptions of limb loss and prosthesis use. Data were analysed using Interpretative Phenomenological Analysis (IPA) in order to gain an understanding of the subjective experiences of post-amputation individuals and of prosthetists of the post-amputation process.

Results Analysis led to identification of four key themes: Personal Identity, Social Identity, The Prosthesis and Communication. These themes were relevant for both groups. The meanings that they held for the two groups, however, differed in relation to key elements of the post-amputation experience.

Conclusions Both groups have a shared interest in the process of prosthetic limb fitting and rehabilitation and yet come from very differing perspectives. The fitting and use of a prosthetic device is not a simple, technical process but rather involves a combination of psychological, social and practical components all of which must be recognized in the rehabilitation process. The differing expectations and understandings held by both groups become especially evident in interactions between individuals with limb loss and prosthetists. Communications between members of these groups can provide a central point for addressing differences in their understandings of living with limb loss and might provide a focus for further developments in research and practice.

P7 PROVIDING PERINATAL SUBSTANCE USE SERVICES: A QUALITATIVE STUDY IN 5 ACTS

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Background While pregnancy is an opportune time to intervene in problematic substance use, multiple barriers exist for women requiring these services. Perinatal substance use necessitates a complex coordination of healthcare and social services for the mother-child dyad. This coordination is further complicated by intersectional stigma. Qualitative methodologies can be instrumental for understanding these complexities and can benefit advocacy work by providing contextualized, narrative accounts to policy and decision-makers.

Aim This presentation will describe how, in five separate acts, an academic-community collaborative study supported several local service provision initiatives over a six-year span.

Methods The study employed a grounded theory design to understand how services are provided to pregnant women affected by substances. Data collection included interviews and focus groups with service providers as well as observations and informal conversations at community meetings, conferences and workshops around the topic area. Publicly available documents were also collected and reviewed. Situational analysis and research poetics were used to elucidate and crystallize the complexities of the data.