Abstracts

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

Kate Coleman, UCL, London, UK
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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

Clare Utman, *Chris McVitie, Karen Goodall. Queen Margaret University, Edinburgh, UK; 2University of Edinburgh, Edinburgh, UK
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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

Tracy Nichols, University of North Carolina Greensboro, Greensboro, USA
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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 crystalize the complexities of the data.