

- Achieving a balancing act between being critical (in an academic way) and constructive (in a practice-oriented way);
- Maintaining your own voice while truthfully reflecting the (often conflicting) voices of multiple stakeholders.

Resolving these tensions may require ‘compartmentalisation’, whereby two different sets of outputs are produced: for example, a series of high-quality critical journal papers for an academic audience and a series of practice-oriented reports for a practitioner audience. The obvious negative consequences of this approach include the constant need to wear ‘multiple hats’ and invest extra labour. The biggest difficulty, however, is achieving and maintaining ‘*embeddedness*’ in a healthcare organisation, which is a prerequisite for enabling change, without losing *critical distance*, which is a prerequisite for producing high-quality critical qualitative research. Constant self-reflection and peer-debriefing with trusted colleagues are some of the strategies that can alleviate, if not completely resolve, this tension.

### 015 BUILDING SUSTAINABLE PARTNERSHIPS WITH LOCAL RESEARCHERS FOR QUALITATIVE HEALTH SYSTEMS RESEARCH

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**Background** International health projects are increasingly engaging local researchers to ensure that interventions are cost-effective and locally relevant. Yet, locating research partners in low and middle-income country settings is not always straightforward particularly when projects are inter-disciplinary, the methods unfamiliar, and the setting, new. Since July 2017, we have initiated a research partnership in North-East India and Sierra Leone to assess surgical need and health system capacity for a global surgery project.

**Aim** Our presentation will describe our experiences identifying and engaging local stakeholders including government, ethical review bodies, but particularly research teams in India and Sierra Leone to co-design and execute qualitative health research. With a view to inform future global health research, we identify challenges and opportunities for building qualitative health research capacity in both sets of researchers and positioning qualitative research within interdisciplinary health research projects.

**Methods** Our approach to collaboration for qualitative health research in India and Sierra Leone involves a process of co-designing protocols and ethics applications; jointly producing data collection tools; iterative and cooperative data collection, transcribing and analysis; and co-writing publications and policy briefs.

**Expected results** This presentation will describe the early stage processes of building local research collaborations for carrying out qualitative health research in low and middle-income countries (LMIC). We identify challenges as well as practical strategies and technological aids to develop cross-country partnerships.

**Conclusions** While several global health research projects will involve similar processes for building sustainable partnerships with local researchers, less is documented on how early stage collaborations are forged and the challenges overcome particularly in low-resource settings. This presentation contributes to addressing this gap, laying a pathway for future qualitative health research in LMICs.

### 016 RARE BUT STILL HEARD: HOW INNOVATIVE METHODS CAN ENHANCE RESEARCH INCLUSION

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**Background** Primary Sclerosing Cholangitis (PSC) is a rare, chronic, and incurable liver disease characterised by the inflammation and scarring of the bile duct. The speed and aggression at which the disease can progress may vary between individuals. Both the cause and the underlying triggers for its progression and severity remain unknown. Those living with PSC are more at risk of colorectal and biliary tract cancers, and many will eventually need a liver transplant. As with any transplant, there is uncertainty in waiting for an appropriate donor and people can die in the meantime. Living with such continuing uncertainty can cause enduring and substantial psychological distress. Yet, little research focuses on the mental health and wellbeing of people with PSC and their families.

**Objective** To understand the experiences of those living with PSC, and their families, in terms of their mental health and wellbeing.

**Methods** Asynchronous Virtual Focus Groups (AVFGs) were undertaken with people diagnosed with PSC, and their family members. AVFGs were chosen as an appropriate method of data collection for this group as the rarity of the disease meant that participants could not be sampled from close or clustered geographical areas. AVFGs allowed people, across the UK, to participate in this study from their home, without substantial cost or travel.

**Results** Participants’ narratives centred upon their experiences of receiving a diagnosis, contact with health professionals, their support systems and advice they’d give to someone who was newly diagnosed.

**Conclusions** Uncovering narratives from people affected by rare diseases, such as PSC, has often meant substantial cost or travel for the participant, or their simply not being included due to distance. AVFGs allow for greater inclusion in studies which have the potential to provide positive benefits to the participants.

### 017 ENGAGING DISPLACED PEOPLE IN ARTISTIC AND CULTURAL ACTIVITIES USING PARTICIPATORY ACTION RESEARCH

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**Background** Many European organisations provide creative activities for displaced people, including refugees and asylum seekers, that aim to reduce social isolation and counter prevalent mental health issues including anxiety, depression, non-affective psychosis and post-traumatic stress disorder.<sup>1-3</sup> A growing body of evidence suggests that taking part in artistic and cultural activities benefits human health and wellbeing,<sup>4-6</sup> though this research has been mostly non-collaborative in nature. Although creative activities are seen to provide major benefits for displaced people, researchers need to