their therapeutic relationships being scrutinised 2) consent is plural, with participants consenting to their own participation and that of the other member of the dyad 3) interviews are conducted separately, with the researcher comparing and contrasting responses. Reflexivity regarding the interplay between researcher standpoint and data interpretation is critical 4) the researcher must carefully maintain confidentiality between dyads and 5) reporting findings with contextualising quotes without breaching confidentiality becomes an ethical challenge.

Conclusions

The presentation will conclude with a discussion of the potential wider utility of and notable cautions regarding dyadic approaches in healthcare research.

REFERENCE


O20 UNDERSTANDING PARENTAL NEEDS OF A HEALTH CONDITION FROM AN INTERNET FORUM

Carmel Capewell, Sue Miller. Oxford Brookes University, Oxford, UK; Acha Academic College, Arugot, Israel

10.1136/bmjopen-2019-QHRN.20

The internet has become an increasingly popular source for information about health conditions. Parents raising a child with an ongoing health condition may be more likely to seek information via internet forums. Perhaps more so where there are few accessible support groups. Applying qualitative methodology to research internet forums is likely to increase in the future.

Aims

Firstly, gain insight into issues parents ask about having a child under the age of 7 years. However, online support groups for parents of children with Glue Ear (GE); secondly, develop reliable information for them from early childhood educators, medical and paramedical professionals and disseminate empirically-based accessible information to parents through the internet.

GE affects 80% of young children worldwide and is the most common cause of medical appointments for children under the age of 7 years. However, online support groups for parents of children with GE are scarce, not monitored, and often parents’ questions go unanswered. Knowledge about GE’s psychosocial impact on parents and families is limited.

For the qualitative researcher, internet forums provide naturalistic data which is produced by participants without researcher’s intervention or shaping of the topics investigated. Such forums also provide insight into the questions of concern to patients/carers, thus increasing involvement in care and providing more personalised medicine.

Inductive content analysis was used to explore the parents’ concerns about their child’s GE since the information in internet forums is naturally fragmentary. This method provides a robust and theoretically systematic approach adding credibility to the findings. The nature of forum postings is that they are of a manageable size to maintain understanding of the context and implicit and explicit meaning. The first post was coded jointly to ensure consistency with subsequent posts coded independently before making comparisons. We used a detailed, written reviewing process at all stages of analysis to maintain transparency. The focus here is on the methodology and choice of data.

O21 ‘DROWNING IN DATA’ – DESIGNING A NOVEL APPROACH TO LONGITUDINAL QUALITATIVE ANALYSIS

Lesley Ward, Sarah E Lamb, Esther Williamson, Miss Rebecca Robinson, Frances Griffiths. University of Oxford, Oxford, UK; ARUK Intern, UK, UK; Warwick Medical School, Coventry, UK

10.1136/bmjopen-2019-QHRN.21

Introduction

The BOOST (Better Outcomes for Older adults with Spinal Trouble) Randomised Controlled Trial is evaluating a physical and psychological intervention for older adults with neurogenic claudication. Embedded within the trial is a longitudinal qualitative study, exploring participants’ experiences and beliefs about ageing and rehabilitation, and how these change over time.

Methods

Sixty participants were purposively recruited into the qualitative study from the main trial (n=438), to ensure a representative sample of age, gender, ethnicity, and treatment allocation. Interviews are being conducted at three time points (immediately post-randomisation; approximately one month post-intervention; and approximately 12 months post-randomisation). Twelve-month data collection will be completed in June 2019. Initial interviews are conducted face-face, and follow-up interviews via telephone. Excellent participant engagement and low attrition has generated a large volume of rich descriptive qualitative data; presenting a challenge to analyse data in an efficient and meaningful way within project deadlines.

Results

To facilitate the analysis of this large data set, we have adapted the Framework Method to enable longitudinal within-and cross-case analysis. Individual pen portraits were written from Time 1 interview transcripts of six participants, and a 6-category analytical framework developed. This framework was used as a template for pen portraits of the participants’ Time 2 and Time 3 interview transcripts, with new categories added and existing categories expanded as required. The framework was further developed over consecutive participant transcripts, until no further changes were required. Data was then charted into the framework matrix, and longitudinal trajectories analysed.

Discussion

The volume of data collected in this large-scale, embedded qualitative study necessitated a novel approach to analysis. Adaptation of existing approaches has resulted in a Longitudinal Framework Method, enabling the exploration of participants’ experiences and beliefs of ageing and rehabilitation over time. Outcomes will inform future implementation of the physical and psychosocial management of this patient group.

O22 (INTERSECTIONAL) STIGMA AMONG SEXUAL ASSAULT SURVIVORS SEEKING FORMAL SUPPORT: AN ANALYSIS OF REDDIT

Stephanie Lanthier, Robin Mason, Carmen Logie, Ted Myers, Janice Du Mont. Dalhousie School of Public Health, University of Toronto, Toronto, Canada; Women’s College Research Institute, Women’s College Hospital, Toronto, Canada; Department of Psychiatry, University of Toronto, Toronto, Canada; Factor Inwentash School Of Social Work University of Toronto, Toronto, Canada

10.1136/bmjopen-2019-QHRN.22

Background

Sexual assault in adolescence and adulthood is a pervasive crime often resulting in trauma to survivors. Despite its considerable consequences, relatively few survivors disclose
the sexual assault to formal support providers (e.g., health care providers). The literature suggests there are several factors associated with reduced disclosure to formal support providers (e.g., self-blame) than if they disclose to informal support providers (e.g., friends). Furthermore, survivors holding marginalized identities (e.g., sexual minority) appear more likely to receive negative reactions from formal support providers than those holding more dominant identities (e.g., white, heterosexual). To date, little work has provided a theoretical examination of how sexual assault stigmatization impacts the disclosure experiences of survivors or how those effects may be compounded for those who hold (multiple) marginalized identities.

**Objectives** Grounded in intersectionality (e.g., intersection of racism, sexism), this study explores the role of stigma in the decision to disclose to formal support providers and how stigma shapes the disclosure encounter.

**Methods** This study employs a computer-mediated discourse analysis of posts by sexual assault survivors to the website Reddit.

**Results** This study is currently in the data analysis stage. Preliminary results suggest that being a sexual assault survivor constitutes a concealable, stigmatized identity. Survivors experience stigma (e.g., internal, cultural) in both the decision to disclose to formal support providers and during the disclosure encounter, and holding (multiple) marginalized identities impacts how this stigma is experienced. Emergent themes include the seeking of help in online communities for those whom (intersectional) stigma acts as a barrier to seeking in-person help from formal support providers, the use of online support concomitantly with formal help-seeking, and the influence of the #metoo movement on (non)disclosure to formal support providers.

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### Parallel session – Healthcare Improvement and Knowledge Mobilisation (22 March 14:00 –15:15)

#### 023 PATIENT EXPERIENCE IN ACUTE CARE SETTINGS: MAKING SENSE OF THE DATA OR MAKING DATA OF THE SENSE?

*Jennifer Jones, Julian Bion, Olivia Brookes, Janet Willars, Carolyn Tarrant. University of Leicester, Leicester, UK; University of Birmingham, Birmingham, UK; Birmingham NHS Foundation Trust, Birmingham, UK.

**Background** Patient experience is identified by NHS England as a key component in improving care quality. Although several indicators have been developed to measure patient experience and provide institutional benchmarks, comparatively little is known about the range of sources of information about patient experience within healthcare, or about how staff interpret and use experiential data to enhance knowledge and improve care.

**Aims** To understand more clearly the breadth of patient experience data which is currently available and how it is being responded to by healthcare professionals to improve patient care.

**Methods** We conducted ethnographic observations and interviews with a purposive sample of healthcare staff in Intensive Care Units and Acute Medical Units in three NHS hospital sites, involving over 100 hours of observations and 45 interviews.

**Results** We identified a spectrum of types of information about patient experience, including written feedback from surveys and complaints; ‘bedside’ conversations or patients returning to speak about their experiences; and information received in a sensory way such as a hug, or gifts of chocolates or flowers. Some types of data were codified and used as intelligence within organisations to monitor and improve services, but much of the information about patient experience remained ‘below the line’: it was recognised by staff and used to shape their practice informally, but never entered the formal economy of data for improvement.

**Conclusions** We suggest that, rather than trying to convert this ‘soft’ information into hard data that can be counted at an organisational level, there is value in recognising the different ways in which different types of information about the patient experience can be harnessed to drive improvement. Soft data can promote grass-roots improvement through reinforcing good practice and facilitating reflection.

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#### 024 THE FIVE ‘ES’ OF HOLISTIC CARE FOR ADOLESCENTS AND YOUNG ADULTS WITH CANCER


**Introduction** One of the ‘arts’ of age-appropriate care for adolescents and young adults (AYA) with cancer is a holistic approach to delivering care, which relies on the knowledge, skills and attitudes of all healthcare professionals (HCP).

**Aim** The paper aims to describe the five ‘Es’ enabling holistic competence.

**Methods** Data were collected across four specialist AYA services (21 hospitals) in a multi-site case study; using semi-structured interviews with 29 AYA and 40 HCPs, focussed ethnography and observation (120 hours). Data were analysed through thematic and framework analysis.

**Results** HCP holistic competence was enabled by the five ‘Es’:

- Exposure to experience continuum: dependent on the AYA case load of the care setting. More contact with AYA facilitated knowledge in needs beyond clinical treatment.
- Enthusiasm: vital with smaller caseloads of AYA. Interest in house education, and formal training in AYA care.
- Education: occurred on three levels: raising awareness of AYA needs, in-house education, and formal training in AYA care.
- Ethics: core to culture of care was a whole-team approach recognising individuality, empowering, and promoting normality for AYA.

**Discussion and conclusion** HCP holistic competence was dependent on the level of contact with AYA: a continuum from infrequent exposure to AYA, to substantial experience in specialist services. This contact level was related to the care environment (non-specialist or specialist) and together with