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). If survivors do disclose to formal support providers, they receive more negative social reactions (e.g., victim 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.

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?

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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.

024 THE FIVE 'ES' OF HOLISTIC CARE FOR ADOLESCENTS AND YOUNG ADULTS WITH CANCER

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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 the speciality heightened holistic knowledge, often created through leadership.
- Environment: a specialist environment to meet AYA psychosocial needs increased HCPs ability to support AYA holistically.
- Education: occurred on three levels: raising awareness of AYA needs, in-house education, and formal training in AYA care.
- Ethos: 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