

## Applied Qualitative Health Research Special Interest Group Symposium

Wednesday 14<sup>th</sup> May 2014, Newcastle University

A great turnout for the AQHR in Newcastle with over 60 people in attendance for the one day event at Newcastle University.

*Helen Eborall et al, Leicester University - "Development of the PROPELS mobile health (mHealth) intervention: a case study"*

Qualitative research is increasingly used as part of the process of developing complex interventions. Helen described how the often unique and lone voice of the qualitative researcher is highly important, and more than simply "piloting" but formative in the development.

*Laura Sheard & Claire Marsh, Bradford Institute for Health Research - "How can we use qualitative data to make sense of what happens in a randomised controlled trial?"*

Laura and Claire explained how a range of qualitative research methods were used to track if and how complex patient safety interventions led to an improvement in patient safety. There was great interest from the audience in the use of fieldworker diaries, observation and interviews to understand the barriers both practical and cultural that are faced when implementing change in hospital settings.

*Andrew Mordon et al, Keele University - "Using qualitative social science in developing, delivering and evaluating Evidence Based Medicine Interventions"*

Including a narrative of lived experience of health and illness of patients is key to helping clinicians reflect on their practice. Andrew concluded by inviting the audience to push for using social theory to add explanation in addition to using social research methods.

*Louise Locock et al, University of Oxford - "Testing Accelerated Experience-based Co-design: qualitative study of using a national archive of patient experience interviews for rapid patient-centred quality improvement"*

Louise helped illustrate how powerful the accounts of patient experience can be in inclusion and co-design of future health practice. Using video clips as 'touch points' to stimulate discussion and debate between patients and clinicians it proved to be highly evocative in forcing reflexivity.

*Jenny Dalrymple et al, Glasgow Caledonia University - "A qualitative study of late middle aged heterosexual adults' negotiation of partnerships within the context of risks for sexually transmitted infections"*

Late middle aged heterosexual adults whom may be newly single face a new cultural environment in terms of negotiating their sexual behaviours and relationships. Jenny talked the audience through her use of social research methods and sociological explanations to understand the accounts of those she interviewed in terms of age, gender and cultural influences with regards to their sexual behaviour. She gave some fantastic quote from her data that led to lively discussion.

*Ann Hutchinson et al, Hull York Medical School - "In search of a rich description - Experiences of carrying out linked interviews"*

The experience of breathlessness can present due to a number of different underlying causes in different patients. The focus for Ann was, what effects the decision of the patient to go to A & E, and how are they treated there when they do? In discussing her sampling methods, ethical challenges and experience of using linked interviews she highlighted how qualitative research can help pin point the root of an issue and recommend where best it is confronted, such as with GP's.

*Keynote speaker Professor Carl May, University of Southampton - "Applied Qualitative Research in Healthcare; What can we do with it?"*

Introducing his keynote presentation by admitting that in his early career he was asking inappropriate questions, Carl had the audiences' full interest and enthusiasm for the work that all have an interest in. In questioning the separation of applied and theoretical interests our research can do a disservice to both and can stop qualitative health researchers getting involved with the big problems of our era. Often little cited is the political and social engagement of some of the biggest names of sociological theory such as Parsons and Foucault. As medical sociologists often working in health settings and with practitioners we should not fear using social theory. Grounded theory, which historically grew from influential empirical qualitative research, is widely referenced when discussing analysis of data, yet often misunderstood. Social theory provides a window and framing of the social world we seek to understand. In a rallying call to arms, we should not be afraid to engage actively with "intellectual conviviality and collegiality" in order that we use applied findings to frame and explain social phenomena that contribute and shape theoretical understanding.

*Sally Brown, Durham University - "Using focus groups in naturally occurring settings"*

Sally presented her use of focus groups in naturally occurring settings, as a way to generate more natural talk and interaction. With discussion in families or friendship groups it can be highly insightful as the underlying power structures that may influence health behaviour and/or discussion of it can be identified through non-verbal indicators. One way that this can be exemplified was through the colour-coding of transcript to demonstrate the amount and type of talk done by different members of the group. This generated a great deal of discussion of how this could be applied to many focus group transcripts.

*Judy Richards, Newcastle University - "Researching sensitive issues: Reproductive Loss from a Multiple Pregnancy"*

Researching sensitive issues is rightly widely discussed, but less so is the experience and effect on the researcher. In sharing her experience of conducting interviews with those whom had lost a baby due to multiple pregnancy, Judy highlighted the many issues that it raised as 'emotion work' for her as researcher. Having appropriate support and learning to manage your feelings as the research develops was key to maintaining self-care.

*Sarah Chew, Pam Carter, et al, Leicester University - "Ethics in theory and pseudo-ethics in practice"*

Provoking much thought and discussion Sarah and Pam outlined their concerns around ethical standard and safeguards which are often dominated by bio-medical research practices. This can lead to a mismatch of ethical procedure and regulation on paper and practice in the field. Discussion gave many different views and experiences of undertaking Good Clinical Practice training which some found beneficial and others worried was a waste of resources.

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