Medical Sociology Study Group

Annual Conference Programme
Important Information

14 – 16 September 2022
University of Lancaster

Day 3 Abstract Book

Friday 16 September 10:10-10:40

Inequalities and Intersectionality

Women's informal surveillance of alcohol consumption in intimate heterosexual relationships during the early parenting period

Serena Vicario, Marian Peacock, Penny Buykx, Petra Meier, Paul Bissell
*(*The University of Sheffield*)*

Alcohol consumption may play an important part in intimate heterosexual relationships, including regulating partners' emotional well-being and sustaining relational bonds. Quantitative studies consistently indicate that women play a prominent role in the informal surveillance of their partners' drinking. This paper examines possible meanings and reasons underpinning the surveillance of drinking in the early parenting period. In doing so, we draw from the results of a study conducted in Yorkshire (UK), exploring accounts of alcohol drinking practices in women up to three years after giving birth. This is a phase of family readjustment, in which childcare is at its most time- and labour-intensive. Free Association Narrative Interviews were conducted between 2017-2018 with 21 working mothers, interviewed twice about daily routines and drinking practices. Narrative and thematic content analysis cast light on the gendered aspects of surveillance of alcohol consumption.

Participants described seeking to set boundaries around what was considered an acceptable level of consumption. Women's attempts at surveillance were generally articulated in non-confrontational language. However, women expressed disappointment that partners' drinking activities were associated with an unequal distribution of domestic responsibilities. Through informal surveillance of drinking, we argue, women performed health-risk management actions within the family. Most importantly, informal surveillance appeared to be a strategy to negotiate a fairer allocation of household labour, and greater equity between the partners. Findings demonstrates how Inequalities and Intersectionality in power permeate intimate relationships, re-affirming women's traditional role in regulating drinking. Drinking practices, we conclude, provide valuable insights into how gender operates in the sphere of intimacy.

Experiences of Health and Illness

"I am only half left" – a qualitative exploration of Long COVID patients' existential loss and its impact on their identity

Chao Fang, Jd Carpentieri
*(*Institute of Education, University College London*)*

A growing body of literature indicates that Long COVID (LC) may 'spoil' people's identity, shattering their capability and motivation to engage in activities central to their core selfhood. Drawing on interviews with 80 LC patients from across six major UK cohort studies (aged from their early-20s to mid-70s, and over-sampled from socioeconomically disadvantaged groups), we argue that the impact of LC may run deeper than simply losing one's particular identity but is also intimately connected to a sense of loss at a more existential level. Our data reveals that the multifaceted constraints and uncertainties around LC can threaten the integrity of patients' taken-for-granted self and, regardless of their age or background, give rise to painful realisations of frailty, finitude and even mortality. These realisations may then shape how patients plan for and anticipate their future, forcing/enabling them to fundamentally and continuously review their selfhood. Our analysis also captures the resilience and agency of our participants, demonstrating the possibilities for LC patients to experience existential growth even in the face of distressing losses. Drawing on our diverse sample, we also illuminate how different ages and socio-economic contexts may play a role in shaping patients' experiences of and responses to the identity challenges caused by LC. These findings illustrate the need to develop richly nuanced understandings of LC patients' deeper loss of identity, in order to better support these individuals to maintain their selfhood over time. Ultimately, our findings enrich sociological discourses about LC as a socially and ontologically meaningful experience

Mental Health

"It's like the depiction of madness version of the glitter cannon": Shock, over-dramatisation, and fraught authenticity in narratives of self-harm

Veronica Heney
(University of Durham)

The critique of 'over-dramatisation' is frequently levelled at fictional depictions of self-harm, often in association with fears that such representations might trigger or encourage self-harm. However such critiques are typically made on behalf of those who self-harm, or who might self-harm in the future. This paper refocuses attention on people with lived experience of self-harm, drawing on 17 qualitative interviews to explore their perceptions of texts which they understood as 'over-dramatising' self-harm.

This shift allows us to reconsider 'over-dramatisation' not as that which might straightforwardly cause self-harm, but rather as that which threatens the fraught authenticity of the self-harming subject, as established within the sociological literature (Chandler 2016, Steggals 2015). Using an innovative methodological approach, this paper will perform a close reading of the Netflix TV show "13 Reasons Why" alongside an analysis of qualitative data. It will explore 'over-dramatisation' as that which invests the act of self-harm with inappropriate meanings in service of textual pleasures of shock and spectacle. For participants this inaccuracy was dangerous, as it might lead to self-harm (and people who self-harm) being mis-interpreted (and as a result mis-treated) beyond the boundaries of the text, in the real world. Self-harm comes not to function as drama, but to mean drama; simultaneously the person who self-harms becomes easily subject to the accusation of being not distressed but simply 'dramatic'. Thus the paper extends sociological insights regarding gendered conceptualisations of self-harm to connect tensions around authenticity to self-harm's cultural positioning within the mode of the melodramatic.

STS and Medicine

Shapes of diagnosis: Administrative science and the transformation of diagnostic reasoning

Simon Bailey, Dean Pierides, Catherine Casler
(University of Kent)

Diagnosis is a composite activity (Mol & Elsman, 1996). The location of its parts and their inter-relations can change to produce different shapes of diagnosis. In this paper, we inquire into the conditions that shape and maintain specific variations in diagnostic reasoning. We do this by showing historically how diagnostic reasoning came to be applied outside of medicine and how it ended up transformed. Our focus is a series of struggles at Harvard University in the early 20th Century, through which medical practices became a legitimate object of sociological concern. During this time diagnostic reasoning worked as a strategic resource for claiming status and authority, while the case method made these claims concrete. The case method became a vehicle for stabilising diagnosis, but simultaneously afforded experimentation, sustained controversies, and created leverage for well-situated actors. Subsequently, particular applications of the case method gained legitimacy, such that an approach emphasising differentiation and explanation was transformed into a problem-solving approach addressed towards remedial action. Together with a theory of organisation that presumed to be universally applicable, the changed shape of diagnosis also became institutionally mobile. We discuss how diagnostic transformation frames representational controversies between scientized and experiential ways of knowing and learning. The science of diagnosis as problem-solving transforms the composite, local and particular shape of practices, which are instead taken to be variables in a finite and determinate chain of possible choices. However diagnostic reasoning is also notable for its paradoxical capacity to insulate professionals against such a transformation.

Health Policy

How do social and economic policymakers approach health Inequalities and Intersectionality?

Ally Brown
(University of Strathclyde)

Policy approaches to health Inequalities and Intersectionality have repeatedly been criticised for ‘lifestyle drift’: the undermining of upstream conceptualisations of health by downstream policy actions (e.g. promotion of individual lifestyle change and improvements to healthcare services). This critique has been largely based on analyses of policy texts led by health policy teams. Informed by Lynch (2020), this paper argues that, to understand policy approaches to upstream social and economic determinants of health Inequalities and Intersectionality, we also need to examine social and economic policies.

Employing interviews with individuals working in policy settings and extensive documentary analysis of the social, economic and health policy agendas of two devolved policy bodies in the UK (the Scottish Government and the Greater Manchester Combined Authority), this research explores how unequal health outcomes are considered across a variety of policy teams and texts.

This paper will consider how health and non-health policy teams appear to differ in their conceptualisations of health and other Inequalities and Intersectionality, including how some Inequalities and Intersectionality are prioritised over others. It will also examine how inequality framings are shaped by different policy structures and practices both within and between polities.

I will conclude by arguing that this analysis of cross-sectoral policy for Inequalities and Intersectionality shines a new light on ‘lifestyle drift’ and prompts further consideration of the key challenges for policy efforts to tackle health Inequalities and Intersectionality.

Citizenship and Health

Material Citizenship: Bringing theory to life.

Ruth Bartlett, Kellyn Lee
(University of Southampton)

Materiality has become an important topic in health sociology. Materiality (‘things’) are considered integral to well-being, identity, expression, and belonging. In dementia studies, materiality-related research has centered on sentimental objects (such as photographs) or clothing; less attention has been paid to functional objects – these are, items which have an action or purpose (such as a hairdryer, cleaning product, or coffee mug). This is an oversight, as such things have the potential to act as mechanism to actualise citizenship in that they afford people the opportunity to take control and responsibility for themselves and/or others. Drawing on findings from Dr Lee’s empirical study on object-person relations conducted in two residential care homes in England, and theoretical work on social citizenship by Bartlett (with O’Conner), this presentation offers the idea of ‘material citizenship’ to advance sociological knowledge, and in so doing, brings theory to life. Discussion focuses upon two key findings from Lee’s empirical study (1) residents with dementia were rarely involved in decisions about their personal possessions and (2) people lacked access to functional objects due to safety concerns and/or because care staff did not consider it important. As such, the work provides an empirical example of a definitional feature of social citizenship concerned with the importance of people with dementia having a fluid degree of responsibility. To conclude, the presentation is about the connection between citizenship and health, and in particular, how the idea of ‘material citizenship’ serves to bridge theory and practice.

Health Care Organisations

Maternity staff experiences of ‘the gift of time’

Helen Elliott-Mainwaring, Dr Nicola Bateman, Dr Nicola Mackintosh
*(*University of Leicester*)*

The Topol Review asserted that the move from analogue to electronic technology within healthcare systems had the intention of freeing up time to care, resulting in enhancing caring relationships for both staff and patients.

This paper forms part of a larger PhD study researching maternity staff experiences of escalation visual management tools (VMTs), and explores staff experiences of VMTs impacting on ‘the gift of time’ to care.

A purposeful selection of fifty maternity staff broadly representative of the multidisciplinary team were recruited from England though social media and interviewed using a semi structured interview schedule. Transcriptions were explored through Nvivo software using the constant comparative methodology of Glaser and Strauss.

Interviewees revealed a healthcare working environment fraught with tensions between units still utilising traditional analogue VMTs, poorly supported electronic tool integrations, and staff trapped in hybrid systems necessitating multiple time-consuming documentations as staff acted as conduits for systems which failed to fully integrate clinical observations and shared decision making.

The social construction of time as an analytical theme has previously been explored in the study of childhood transitions, and featured here in every staff interview. Healthcare participants voiced their frustrations at their lack of time to care. Whilst the technological revolution of electronic escalation VMTs has the potential to positively influence socialised work rhythms, Maternity staff described events of recent years as a ‘perfect storm’ in terms of their impact on maternity services time management and quality of care provision. This research colourfully contextualises real staff experiences of maternity escalation.

Professions

Misconduct, fitness to practise, and professionalism: policy, professional and lay perspectives

Marie Bryce, Ellie Reynolds, Tristan Price, Thomas Gale, Tim O'brien, Oliver Quick, Ruth Endacott
(University of Plymouth)

Professional regulation plays an important role in setting standards for healthcare professionals, as regulatory bodies define and apply normative standards for healthcare professionals through their codes of practice. Fitness to practise (FtP) processes are a core element of regulatory activity, and one way in which regulation functions to designate and enforce professional standards, and have been described as a form of risk-aware governmentality (Chamberlain, 2013). Through FtP processes, regulators investigate concerns about health professionals’ practice and behaviour, and determine whether a professional’s fitness to practise is impaired.

Answering calls for more sociological analysis of professional misconduct in healthcare, including defining misconduct (Currie et al, 2018), this paper explores how FtP decision-makers understand and apply the concept of seriousness in relation to professional misconduct, accessing the perspectives of those directly involved in making behind closed doors decisions in FtP cases. The paper reports findings from thematic analysis of 21 semi-structured interviews conducted in 2021 with participants with expertise related to decisions about misconduct in FtP procedures, including FtP panel members, regulatory lawyers, and regulatory staff, with participants from across multiple UK regulatory bodies. Presenting key findings on lay and clinical perspectives on professional misconduct, differing understandings of the concept of public confidence in the professions, risk-based regulation, and the relationship between character and professionalism, our analysis considers how regulatory power operates through FtP processes and how FtP decisions about transgressions of professional standards shape current understandings of professionalism.

Embodiment and Emotion

Far From Well: Understanding Women’s Engagements with ‘Wellness’

Rachel O'neill
*(*London School of Economics*)*

Encompassing a range of practices and products geared towards health-enhancement, many of them centred on food and diet, the recent rise of ‘wellness’ culture in the UK has occasioned a great deal of commentary and criticism, with food writers, celebrity chefs, dietitians and doctors all lining up to decry the popularity of wellness influencers and the trends they appear to inspire. Assuming that the audience for wellness mirrors its most prominent exemplars, much of this commentary presents wellness as the exclusive and somewhat risible preserve of wealthy white women who are already ‘well’, such that the pursuit of wellness is figured as vain and self-indulgent. Based on ethnographic research encompassing interviews with more than fifty women who participate in this sphere, this paper complicates the assumption that wellness is simply the latest preoccupation of the ‘worried well’. While attending to the very real Inequalities and Intersectionality that animate this movement-market, I demonstrate how experiences of ill health motivate many women’s engagements with forms of lay expertise made available via social media, cookbooks, and podcasts. Contextualising women’s experiences of ill health within their everyday lives, I revisit the question posed by Lesley Doyal in her classic work What Makes Women Sick?, and put this analysis into dialogue with contemporary scholarship on gendered enjoinders to cultivate ‘resilience’. I further consider how the articulation of wellness culture with the movement for lifestyle medicine partakes in a biopolitical project which threatens more socialised visions of health and well-being foundational to the NHS.
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Friday 16 September 10:45-11:15

Inequalities and Intersectionality

Navigating serial inequities: disabled workers' experiences of becoming entrepreneurs

Cara Molyneux, Paula Holland, Jacqueline Winstanley
*(*Lancaster University*)*

Disabled workers and workers with long-term health conditions experience considerable employment and financial inequities. The 29% disability employment gap is driven by organisational inflexibility, workplace inaccessibility, discrimination and inadequate provision of workplace adjustments, which push many disabled people out of employment. Moreover, disabled workers have significantly lower earnings than non-disabled people.

These inequities are reflected in the higher rates of self-employment observed amongst disabled people. Self-employment offers disabled workers greater flexibility over work arrangements (Adams et al 2019; IPSE 2019) but disabled entrepreneurs face challenges in setting up and sustaining their businesses (IPSE, 2019; Adams et al 2019).

Our qualitative study, funded by Versus Arthritis/MRC, explores disabled entrepreneurs' experiences of navigating and sustaining self- employment, the opportunities and challenges it poses, and the types of support and information they require to set-up and sustain self- employment. Interviews with a diverse sample of 30 disabled entrepreneurs revealed that self-employment offers control over the type, timing and place of work, and autonomy to organise work around impairments/health conditions. However, disabled entrepreneurs experience difficulties securing appropriate and timely DWP Access to Work funding to support entrepreneurship, putting them at a disadvantage in relation to non-disabled competitors; grants/loans for disabled entrepreneurs are hard to secure; and government support/guidance needs to better address disabled entrepreneurs' needs. A central information hub and peer-mentorship networks are needed to support disabled entrepreneurs. Our findings highlight the multiple employment and financial inequities facing disabled employees and entrepreneurs, which may have considerable negative implications for their health, wellbeing and financial independence.

Experiences of Health and Illness

"I am not dying and there are people with more serious conditions […] but my life has been completely turned upside down": An international comparison of experiences of help-seeking for long Covid as a new condition.

Anna Dorwick, Alice Maclean, Ashley Brown, Louise Locock, Cervantee Wild, Sue Ziebland, Sarah Nettleton, Tanvi Rae, Kate Hunt
*(*University of Stirling*)*

'Long Covid' is a term used to describe ongoing symptoms which persist at least 3 months after COVID-19 infection. It emerged as a 'patient- led' condition in 2020 and has been both a novel, and often contested, diagnosis. Drawing mainly on qualitative interviews (n=36) conducted with adults in the UK who were experiencing ongoing symptoms for at least twelve weeks after infection and comparing with data from projects using the same methodology based in Australia, Canada, Germany, Netherlands and USA, this paper explores participants' experiences of help-seeking for long Covid within a range of national healthcare contexts in countries which followed various patterns of infection early in the pandemic.

Participants' accounts of help-seeking for long Covid reveal a pattern of fragmented care in the face of a lack of, or emerging, knowledge and expertise among healthcare professionals. The ways in which healthcare professionals responded to help-seeking could enhance or diminish people's feelings of frustration, invisibility, and abandonment. The paper explores the ways that participants discussed their experiences and whether they presented themselves as taking the wider context of the impact of Covid on health systems into account when seeking help for their symptoms. Specifically, we show how UK participants often presented a moral dilemma around using what they perceived to be scarce and stretched NHS resources for symptoms which they considered life-changing although mostly not 'life-threatening', and discuss the extent to which this dilemma was similarly expressed by participants in other countries.

Mental Health

Simulated towns: Psychiatric imagination and experiments with community under dictatorship in Chile.

Cristian Montenegro
*(*Wellcome Centre for Cultures and Environments of Health, University of Exeter.*)*

In Latin America, efforts at psychiatric deinstitutionalization and reform date back to the 1960s and 1970s, under the influence Franco Basaglia's work in Italy. A wave of dictatorial regimes engulfed the region in the 1970s, challenging these developments.

A long and tyrannical military regime (1973-1990) blocked these efforts in Chile. Community-based work was banned, radical psychiatrists were tortured and/or exiled, and psychiatric asylums remained overcrowded and immune to opposition. Nonetheless, several small-scale experiments continued, including the "Protected Commune" (PC), an attempt to create a real "town" inside the asylum's perimeter.

The PC operated between 1980 and 1990. It included a chapel, a school, and various "council" departments like recreation, education, waste, economy, and health. Paths were given street names, buildings were painted with different colours and a "city-like" look was created.

Based on oral history interviews with participants of the experience, this is the first available description of the initiative's origins, aims, and main characteristics, tracing the hopes and critiques that it raised across differently positioned workers. Beyond its dubious therapeutic value, the PC embodied the expectations of psychiatry concerning what a "normal" world of relationships and roles could be, becoming an experimental space to test notions of autonomy and participation. It prefigured the problems and paradoxes that the idea of "community" introduced to policy discourse after dictatorship, when formal "community mental health" became the critical normative goal of public mental health.

STS and Medicine

Concussion, Conflicts of interest, and the Constitution of disciplinary expertise

Gregory Hollin
*(*University of Sheffield*)*

The last two decades have seen increasing recognition that concussion and other forms of traumatic brain injury may constitute risk factors for Alzheimer's-like dementias. While there are many constituencies understood to be at risk of traumatic-brain-injury-induced neurodegenerative disease, debate on the "concussion crisis" has frequently oriented towards brain injury suffered while participating in sport. Despite this framing as a crisis, the science examining these links between brain injury and dementia is highly contested, with accusations of "alarmism," "denialism," and alleged conflicts of interest frequently made across popular and scientific outlets. In this presentation I explore these conflicts through a disciplinary lens and via examination of the 'Concussion in Sport' report produced by the House of Common's Digital, Culture, Media, and Sport Committee in July 2021. Based upon analysis of written submissions, oral evidence, and the report itself, I argue that evidence from sports science/medicine is both downplayed and critiqued, while evidence from the neurosciences is given priority. On the basis of this analysis I draw two conclusions. First, the emergence of the neurosciences can, in part, be understood in relation to a shifting disciplinary terrain with sports science ceding to neuroscience. Second, the report's omission and critique of sports science amounts to a profound critique of the discipline's epistemic culture—premised upon close ties to sport, athletes, and sports' governing bodies—and I thus suggest that concussions could provoke not only an existential crisis in sport, but also sports science.

Health Policy

"I cannot fault the NHS": unravelling satisfaction and support in patient narratives of care.

Ellen Stewart, Fadhila Mazanderani
*(*University of Strathclyde*)*

The British public's affection for the NHS is often seen as internationally distinctive. Most of the research evidence for this affection comes from commercial opinion or from the British Social Attitudes Survey. Quantitative health systems researchers distinguish between 'solidaristic' support for a health system, and personal 'satisfaction' with one's own care within a health system (Burlacu & Roescu, 2021). We combine a secondary analysis of 37 pre-pandemic interviews with people who had posted a review of their care experience, and a thematic analysis of reviews left on Care Opinion identified by a text search for reviews using the word 'NHS'. We explore how credit for positive experiences is attributed to 'the NHS', whilst 'the NHS' also operates as an excuse, or reason for tolerance, in problematic experiences. Thus, while satisfaction with care and support for 'the NHS' as a particular form of health system are often closely intertwined within people's narratives, people engage in careful justificatory work to make sense of how and why 'the NHS' failed them, a key element of which involves disaggregating 'the NHS' into different sub-components (e.g. managers versus frontline staff; 'good' healthcare professionals versus 'bad'). This allows people to raise concerns about poor care experiences, whilst continuing to express support, and even love, for 'the NHS'. In conclusion, we discuss what a simultaneous focus on satisfaction with care and support for 'the NHS' as articulated in patient narratives can contribute

Citizenship and Health

"My Own Boss, My Own Business": Turkish GPs Meet Self-Entrepreneurial Values of Neoliberal Subjectification

Emincan Fidani
*(*University of York Sociology Department*)*

This presentation is built upon a finished research project that has been conducted between February and April 2021 in Istanbul, Turkey. The research at hand mainly focuses on the major transformation of healthcare system in general, and primary healthcare provision in particular following the introduction of Family Health Centre scheme as a new way of providing primary healthcare in Turkey. Taking the new spatial reconfiguration of primary healthcare provision as a substantial part of neoliberalization of health in Turkey, the presentation is based upon a Foucauldian governmentality perspective, where the effects of this new approach to primary healthcare has been problematised through subjective experiences of the GPs who are integrated into that new spatial scheme. To do that, 18 GPs who work in different neighbourhoods in Istanbul, that are socio-economically quite distinctive from each other, have been interviewed via Zoom. Following the online in-depth interviews, the data gathered in this process have been regrouped under three different categories problematising the evolution of their professional subjectivities under this novel scheme. These are: their increasingly entrepreneurial workplace-based subjectivities based on the managerial tasks they undertake, the shifting perception of their colleagues as "competitors" more than "collaborators", and reshaping of patient-doctor dynamics around a largely customer-satisfaction oriented discourse. However, the possible channels of resistance to that all-around neoliberal subjectification is also discovered at the end of the presentation when the mechanisms such as informal networking between colleagues and survival strategies is discussed.

to further theorisation on the British public's relationship with 'the NHS' as national healthcare system.

Health Care Organisations

"They say they listen. But do they really listen?": Organisational Deafness, Disconnect and Denial in Irish hospitals

Jennifer Creese, John-Paul Byrne, Niamh Humphries
*(*University of Leicester*)*

Several recent international studies (Pope 2019; Creese et al 2021) indicate that many hospital doctors, for a range of reasons, feel unable to raise concerns about work, be heard and effect improvement. While efforts have been made in healthcare organisations and hospitals at policy levels to establish voice mechanisms (Jones et al 2021), there is often still little voice efficacy. Communication between doctors-and hospital management has been flagged as a major barrier not only to relationships and engagement (Kings Fund 2014) but to service delivery (Nuffield Trust 2016), burnout and patient safety (Montgomery & Lainidi 2022).

Health service agility, change and improvement requires intelligence from the frontlines – the COVID-19 pandemic provides an excellent example of the need for knowledge-sharing and agile responsive practice and policy change in the face of challenges. Yet healthcare workers have struggled to speak up and effect the change needed in their hospitals to meet on-the-ground needs, both overseas (Dyer 2020, Mangione & Post 2021) and in the Irish public health system. This disconnect not only affected the psychological and physical wellbeing of staff, but may have longer-reaching effects on health system recovery.

In this paper, based on novel collaborative mobile instant-messaging ethnography with hospital doctors in Ireland during COVID-19 (2021), I explore the communication problems preventing the voices of hospital doctors from effecting change from a sociology of work perspective – organisational deafness, disconnect between frontline hospital doctors and hospital management, and denial of working condition problems as hospital problems.

Professions

Who commits professional misconduct and why? The impact of professional culture and work conditions on form and type of misconduct amongst doctors, nurses and midwives

Ellie Reynolds, Marie Bryce, Tristan Price
*(*University of Plymouth*)*

Fitness to practise panel hearings are the final part of a process by which professional healthcare regulators examine personal or professional misconduct committed by one of their registrants and determine whether it affects their fitness to practise. Searle (2017) has argued that professional misconduct stems from either a lack of the motivation required to follow required codes of conduct or professional expectations, or a desire to exploit the vulnerability of either individuals or systems for the professional's own benefit. This paper builds on that by comparing and contrasting the types and characteristics of misconduct and of those who commit misconduct across three professions (medicine, nursing and midwifery). It examines differences and similarities between the type of registrant (gender, grade, professional environment), frequency of types of misconduct across professions, the context and antecedents of the misconduct, and finally, it suggests that the type and form of misconduct, as well as those who commit it, are shaped by both the culture of their respective professions, and the type and conditions of work they routinely undertake. The methodology involved thematic analysis of 55 fitness to practise panel hearings from the Medical Practitioners Tribunal Service (MPTS) and 140 panel hearings from the Nursing and Midwifery Council (NMC) from between 2017 and 2019.

Embodiment and Emotion

‘Taking the Pill has more to do with me and my body than my sexuality, it’s for me to feel in control’: Exploring sexual health clinic visitor’s affective (re)articulations of control in relation to hormonal contraception

Lisa Raeder
*(*Centre for Biomedicine, Self and Society, University of Edinburgh*)*

Since the 1960’s, hormonal contraceptives have developed into normative methods for regulating (female) bodies and fertility, producing the female body as a ‘natural object of (hormonal) intervention.’ Within the current biocultural context, hormonal contraceptives are framed as self- evident tools in promoting gender equality, as well as enhancing sexual and reproductive health more broadly. Beyond the medical effects of hormonal contraceptive methods on bodies, biomedical framings of contraception commonly emphasize their ‘affective effects’ in producing (a sense of) control, safety, and predictability for users. Thus, hormonal contraceptives are not biotechnologies operating solely within the reproductive sphere, but indeed permeate ‘everyday life’ practices, relations, and subjectivities, shaping conceptions of health, gender, and ‘the self’ among contraceptive users and non-users.

Based on 18 in-depth interviews conducted with people who have participated in a contraceptive consultation at a sexual health clinic in Stockholm, this paper presents a phenomenological exploration of hormonal contraceptives as ‘objects of affect’ by tracing a multiplicity of - at times contesting - articulations of control visible in the study participants’ contraceptive narratives. The paper concludes that affect is a central agent in organizing contraceptive priorities and experiences of study participants, and sheds light on its potential in producing alternative affective and experiential conceptualizations of what ‘control’ in the context of contraceptive methods and practices can or should entail. In articulating alternative notions of control, the study participants enable the telling of different contraceptive stories, thus showing embodied realities other than those constructed within biomedical representations of hormonal contraceptive use.

Friday 16 September 11:20-11:50

Inequalities and Intersectionality

Working with a range of under-served disability and migrant communities and the iterative development of truly inclusive participatory methods as part of the CICADA study.

Amanda Moore, Kusha Anand, Victoria Redclift, Carol Rivas
*(*University College London*)*

The CICADA study has explored the impact of the last three years on health conditions, service access, social support and mental well-being for people from minoritised ethnic groups with disabilities living in the UK. One important component of this study is the use of participatory methods to include and engage diverse migrants of different migration status and different types of disability in the interviews and workshops, as participants and as co-researchers. Specifically, we deployed a range of asset-based participatory qualitative methods. These successfully incorporated members of our focal communities as lay co-researchers, and participants as the co-designers of pragmatic interventions to improve their health and wellbeing. Our approach enabled the collection of rich data, including from groups often excluded from health research, such as disabled migrants arriving in the UK since the pandemic or without documents. Data show the extent, diversity and intersecting nature of various determinants of health and Inequalities and Intersectionality, discrimination (ableism, disablism, racism) and also successful coping strategies used. This talk will however focus not on our findings but on the learning process we went through as we refined our methods iteratively in response to and with the communities we sought to engage. The end result of our experiences is a toolkit designed to help future researchers to engage productively with a range of vulnerable communities. We intend this to contribute to enhanced social, health and wellbeing outcomes for these communities.

This study is funded by the National Institute for Health and Care Research (NIHR) [NIHR132914, HS&DR].

Experiences of Health and Illness

Living with long covid – the problem of lack of legitimation

Emma Maciver, Nicholas Norman Adams, Diane Skatum, Virginia Hernandez Santiago, Catriona Kennedy, Flora Douglas, Angela Kydd, Nicola Torrance, Aileen Grant
*(*Robert Gordon University*)*

The notion of the “sick role” (Parsons, 1951), where affected individuals are exempt from certain normative expectations and responsibilities (e.g. work) in line with societal judgements, rests heavily on the ‘legitimation’ of illness, principally through a formal diagnosis. Whilst extensively critiqued in later work (Frank, 2016; Vassiley, et al, 2017), and particularly in relation to chronic illness (Segall, 1976; Radley, 1994), it can be argued that critical aspects of the theory are still useful in understanding illness experiences today (Williams, 2005; Varul, 2010; Hallowell et al., 2015). Here, the sick role theory is applied to the context of long covid, offering an understanding around the problem of the lack of legitimation of this condition amongst the medical profession. This is based on the findings of a longitudinal, qualitative study looking-at the impact of long covid on 50 NHS workers across Scotland.
Presenting with a constellation of common and often debilitating symptoms, the impacts of long covid are wide-ranging, very often necessitating suspension of normal social responsibilities, including paid work. Yet, as a relatively new condition with few visible symptoms, a lack of evidence base, and poor understanding around the condition, long covid is generally not legitimised in the same way as other chronic conditions.

Many individuals report a sense of not being ‘believed’, having their needs unrecognised, misdiagnosed, barriers in accessing healthcare, a lack of support at work, emotional burdens and a need for validation of their symptoms and experiences.

Mental Health

Ukrainian refugees’ access to resources in the United Kingdom: A Strong Structuration Analysis

Maureen Seguin
(London School of Hygiene and Tropical Medicine)

Background
Though the link between war-related trauma and poor mental health is well-established, less is known about displacement-related stressors and how these relate to health. This qualitative pilot study draws on Strong Structuration Theory to examine the external and internal structures which shape Ukrainian refugees’ access to services (housing, income and education), and how access impacts mental health and well-being. Methods
This study draws on ~20 semi-structured interviews (Ukrainian refugee women and community stakeholders) and ethnographic fieldwork (observation and participation at donation ‘hubs’ in London). Data was coded according to the four components of Strong Structuration Theory to examine macro- and micro-level factors impacting on service access and perceived health status.
Results:
Barriers in accessing critical services in the UK led to high levels of stress and a deterioration of well-being among refugee women. External structures such as shortages in available housing stock for families and a lack of available livelihood programs further worsened perceived well-being. Stakeholders involved in assisting refugees reported insufficient resources to support Ukrainian refugees. These challenges faced during displacement compounded the negative health impacts of hardships endured in Ukraine prior to fleeing.
Conclusions:
This qualitative pilot study revealed significant barriers faced by Ukrainian refugees in accessing critical services in the UK, despite their legal rights to access such resources. These barriers contribute to poor mental health and well-being. To alleviate this, greater engagement between UK governance structures (national- and local-level) and relevant community organisations is needed to deliver cohesive support to Ukrainian refugees in the UK.

STS and Medicine

Remote consultations for COVID-19: Mangling resistance to change in uncertain times.

Teresa Finlay, Lucas Seuren, Alexander Rushforth, Cathy Pope
(University of Oxford)

Early in the COVID-19 pandemic, consultations for primary and urgent care shifted overnight to being conducted remotely. We interviewed 44 patients who sought help for suspected COVID-19 before testing was available. Difficulty diagnosing COVID-19 was evident in many participants’ experiences of remote consultation, particularly when reported symptoms did not match government information. Many felt their symptoms were dismissed and inappropriately attributed to another cause, particularly when consulting with different personnel, in multiple calls, or with clinicians unknown to them.
Based on our interview data we suggest that early in the pandemic, remote consultations and fragmentation of services seemed to destabilise medical encounters. This change, coupled with ubiquitous uncertainty about COVID-19’s pathophysiology and diagnosis, meant that knowledge about COVID-19 was highly contested and patient and professional work to achieve legitimation of diagnosis was often thwarted.
Schutz’ ideas about the social distribution of knowledge would suggest that the ‘recipes’ people use for everyday situations (here consultations with clinicians) may be destabilised by a shift to remote consultations. In analysing whether remote consultations have fundamentally altered interactions between patients and clinicians in primary and urgent care, we draw both on Schutz, augmented by

Pickering's notion of the 'Mangle of Practice' to shed light on the effects of remote consultations and understand how remote assessment and diagnosis were accomplished. We propose that the early pandemic's uncomfortable period of uncertainty and change, demonstrates work is required by patients and clinicians to support sharing of knowledge and authority for decision-making, irrespective of the mode of consultation.
female, once and for all.

Health Policy

Small acts, large workplace dilemmas: compassion in nurse-patient interaction.

Rachael Drewery, Alison Edgley, Alison Pilnick, Joanne Cooper
*(*University of Nottingham*)*

Within healthcare policy there is an implicit assumption that compassion is a characteristic of the nurse, and that nurses display these characteristics through compassionate 'small acts'. Yet, there has been limited exploration of how compassion is actually enacted within healthcare encounters. Using findings from a study exploring compassion in nurse-patient interaction, the current paper explores how nurses display compassion within the context of competing interactional and institutional demands. The paper will then discuss these findings in relation to conceptualisations of compassion in healthcare policy.

Twenty-seven audio-visual recordings of naturally-occurring interaction between advanced clinical practitioners (ACPs) and older patients in hospital settings were collected. Fine grained analysis of these recordings show that ACPs face a number of interactional and institutional dilemmas. These include the need to provide safe, effective long-term care, which potentially alleviates suffering, and short-term 'compassionate' responses. Using recordings, I will show some of the practices ACPs use to navigate these workplace dilemmas within the micro-interactional context. I will suggest that in these contexts care may be neither wholly 'compassionate' nor 'uncompassionate'.

As a result of these findings I will propose that contemporary conceptualisations of compassion in healthcare policy are problematic. These problems include firstly, that the binary distinction between 'compassionate' and 'uncompassionate' actions implied in policy may not reflect actual practice. Secondly, the notion of measurable, universal compassionate actions proposed in policy fails to address the nuances of responding to interactional and institutional demands within context. These conceptualisations create workplace dilemmas, which may have detrimental consequences for nursing.

Citizenship and Health

The micro-politics of supporting medical evidence for disability benefit claims

Tom Porter
*(*University of East Anglia*)*

Health professionals fulfil an ambiguous role in the assessment of disability benefit claims. Having previously assumed a position of relative authority in the decision-making process, for over a decade the testimony of claimant's personal health professionals has been a central point of political contention and a practical site of welfare reform.

The introduction of the Work Capability Assessment and PIP assessment have seen benefit assessments outsourced to private providers. Official Department of Work and Pensions guidance instructs benefit claimants not to seek supporting evidence from members of their own healthcare team; yet many do, and this evidence is frequently central to the success of their benefit claims. Little is known, however, about the negotiated practice of seeking and (co)producing this supporting medical evidence.

This paper reports on qualitative interview data from 60 disabled benefit claimants generated as part of a wider study looking at the impact of welfare reform. Our focus is the experience of benefit claimants as they seek supporting medical evidence during Universal Credit and Personal Independence

Payment claims. Findings reveal this to be a process fraught with emotional, micro-political, and bureaucratic sensitivities, which cause widespread anxiety among claimants over their ongoing care arrangements and therapeutic relationships. We consider the implications of this arrangement for the health and wellbeing of claimants, and for the therapeutic relationships between disabled people and their health professionals.

Health Care Organisations

The micro-politics of integration: a qualitative study of the 'political work' of implementing Sustainability and Transforming Partnerships

Bridget Roe, Justin Waring, Simon Bishop, Jenelle Clarke
*(*University of Birmingham*)*

Our paper deals with the micro-politics of large-scale health system reforms that aim to foster closer integration of health and care services, such as Sustainability and Transformation Partnerships (STPs) and now, Integrated Care Systems. Such reforms are complicated by diverse and competing preferences around the re-configuration of roles, responsibilities and resources. Past studies have tended to explain such micro-politics either in terms of competing structural interests, but downplaying the forms of agency, or by focusing on behavioural competencies to the neglect of differences in social position. This paper examines the situated agency or 'political work' of actors as they interact and negotiate the micro-politics of integration. Drawing on case study research with three STPs, the paper focuses on three prominent issues: the rationale for change, governance arrangements, and prioritisation of change. Around each issue, a constellation of actors engaged in tactical behaviours aimed at realising particular interests and agenda, but settlements and resolutions were reached less through individualised 'political skills' and more through the turn-taking interactions of differentially positioned actors. The concept of political work seeks to move past an agential or structural emphasis to attend to the interactive or negotiated order that is shaped by the social position and histories of actors.

Professions

The architecture of risk: the design of clinical space in a post-antibiotic age

Daryl Martin, Nik Brown, Sarah Nettleton, Christina Buse, Alan Lewis
*(*University of York*)*

This paper opens up questions of infection control, architectural atmospherics, embodied practices, and their intersections in the contemporary accomplishment of clinical space. Specifically, we focus on the example of the Skane University Hospital Infectious Disease Center, located in Malmö and designed by CF Moller + Link Arkitektur. This is a building in which design becomes an articulation of infection control, its architects anticipating and shifting understandings of what clinical space might look in response to future pandemics. Locating this building within a wider history of hospital architecture, and drawing on the pioneering work of Lindsay Prior in this field of study, we use documentary sources, architect interviews and site visits to trace the changing arrangements, organisational imperatives, and affective atmospheres of ward design. Doing so allows us to explore how mutable spatial organizations enact changing ideas of disease management - from the control of space to the control of contact between people through space. Locating our contemporary case study alongside historical examples affords a greater understanding of the role of atmospheres, materialities, and design in the social construction of risk in a post-antibiotic age, and within the context of future pandemics.

Embodiment and Emotion

The myth of the ‘hysterical’ female in expert and patient descriptions of PMS (Premenstrual Syndrome)

Sally King
*(*Menstrual Matters*)*

Despite being a widely recognised phenomenon, PMS remains difficult to clinically define, with no universally agreed diagnostic criteria or shortlist of deterministic symptoms. It also exists as a highly gendered and stigmatised label, which critical scholars have persuasively argued reflects the medicalisation of the female reproductive body.

The accounts of 16 of the world’s top biomedical and critical PMS experts and 12 patients, were compared with robust epidemiological data about premenstrual symptoms in the general menstruating population. The rationale being that if not based on the available data, expert and lay descriptions of PMS must be influenced by other (unscientific) factors.

The participant descriptions consistently reproduced three gender myths, which perpetuate the 17th Century concept of female ‘hysteria’: That women are inherently debilitated by the female (reproductive) body; that women (perhaps even more so if Black or of another racialised ethnicity) are prone to exaggerate/ imagine/ invent symptoms; and that cyclical changes and the female reproductive body in general are mysterious, scientifically unknowable, and inherently contradictory (i.e., irrational) phenomena. Interestingly, the patient accounts were more empirically robust than those of the experts- who over-emphasised negative mood changes, minimised cyclical pain, & over-estimated the number of symptoms and their prevalence.

The reproduction of gender myths appeared to be wholly unintentional and principally mediated by several discursive mechanisms, and embodied, material, or institutional factors. By mitigating these factors, it might be possible to more accurately define and explain cyclical experiences and debunk the myth of the hysterical

Friday 16 September 11:55-12:25

Inequalities and Intersectionality

Changes in health and social support experiences for disabled people from minoritised ethnic groups over the last three years: findings from the CICADA study

Carol Rivas, Amanda Moore, Kusha Anand
(UCL)

Disabled people from minoritised ethnic groups have been more likely than other groups to face issues accessing support and services for pre- existing conditions during the pandemic and to die from COVID-19. This results from the historical context of multiple structural, contextual and individual discriminatory social disadvantages, which the pandemic increased. The CICADA study has explored the pandemic experiences with and of disabled people from minoritised ethnic groups through an intersectional lens. The aim was to develop solutions and recommendations aimed at reducing inequities, particularly in terms of health and social care and wellbeing. We used a mixed-methods approach including a three-wave survey (5,000 respondents), and semi-structured qualitative interviews (over 250) with follow-up participatory workshops and citizen science support. In this talk we will consider the key findings across and between four broad ethnic groups (Central and East European, South Asian, African and Arab) and white British experiences, and across and between six different disability impacts (mental functioning, mobility, stamina/fatigue, sensory impairment, developmental/intellectual and food-related). Themes include the use of doctors 'back home', using technology in multiple ways, and the roles of community and family networks. Importantly, this is a longitudinal study so the talk will also consider changes through the last three years and their implications for services and communities.

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Experiences of Health and Illness

"The GP can't help me, there's no point bothering them" Exploring the complex healthcare journeys of NHS workers in Scotland suffering from Long-Covid: a longitudinal study.

Nicholas, Norman Adams, Emma Maciver, Catriona Kennedy, Flora Douglas, Diane Skåtun, Virginia Hernandez Santiago, Angela Kydd, Nicola Torrance, Aileen Grant
*(*Robert Gordon University*)*

Globally, Long Covid (LC) affects around 40% of people infected with Covid-19 (Chen et al, 2022). Despite high prevalence, symptoms are variable and no clear healthcare pathway models exist for diagnosis and treatment.

The Candidacy Framework describes how individuals conceptualise their eligibility for accessing healthcare services and legitimise service engagement (Dixon-Woods et al., 2006). Anticipation of poor communication with healthcare professionals, and poor expectations of knowledge and advice deter healthcare engagement. Conversely, positive beliefs regarding accessing clear illness information facilitate healthcare interactions. Determining factors are complicated in the context of Long Covid, where candidacy domains, such as Professional Adjudication are conflated with the high demand for NHS services, and lack of knowledge surrounding diagnosis, classification and management of LC symptoms. We apply the Candidacy Framework to make sense of the often difficult and challenging healthcare journeys of NHS workers suffering from LC as they negotiate access to healthcare services. Online qualitative interviews were conducted with 50 NHS workers who reported symptoms of LC and came from a range of healthcare disciplines.

Analysis identified themes of uncertainty regarding available healthcare supports, self-management and feeling abandoned. GP access was often difficult, with mixed responses surrounding LC legitimacy and diagnosis. Referrals were negotiated (i.e. cardiology consult) but often addressed single fluctuating symptoms, which impacted candidacy.

Findings are used to advance three existing Candidacy Framework domains in new directions, highlighting how uncertainties surrounding LC, illness presentation, legitimacy, and available recovery pathways systemically constrain health seeking behaviours in healthcare workers suffering LC in Scotland.

Mental Health

Theorising perspectives on mental distress in socio-historical context: Sedimented structures and situational logics in England's mental health system

Rich Moth
*(*Liverpool Hope University*)*

A diverse range of explanatory models for mental distress (including biomedical and social perspectives) are utilised within community mental health services. This has led to enduring tensions and conflicts amongst practitioners and service users over ways of understanding distress. Drawing on an empirical study (Moth, 2022), this paper aims to theorise the social and political forces, collectivities and interests anchoring these contested knowledge claims, and examine how socio-political processes associated with contemporary neoliberal policy agendas are reshaping the ways that explanatory models are articulated and acted upon within this setting.

The paper addresses these aims in two stages. The first is to extend the framework of emergentist Marxism (EM), a form of critical realist morphogenetic approach, by drawing on recent conceptual work on subsumption, sedimentation and temporality. The second is to apply this temporalised EM framework to the empirical findings of the study in order to identify the situational logics and associated directional tendencies (Archer, 1995) shaping knowledge and practice within community mental health services. Two such tendencies, 'biomedical residualism' and 'ethico-political professionalism', will be identified and their role in enabling and/or constraining various conceptualisations of, and responses to, mental distress by practitioners and service users will be illustrated.

Health Policy

Emergent Governance of Syndemics - A Theoretical-Conceptual Study of the Role of Governance in Safeguarding Welfare in Times of Pandemics

Patrik Nordin, Petri Uusikylä
*(*University of Vaasa*)*

The theory of syndemics was first applied in medical anthropology (Singer 1996) to observe synergistically related epidemics that cluster and arise from harmful social conditions among vulnerable groups with the aim of examining health consequences of identifiable disease interactions and the socio-economic factors that promote such interactions and ultimately worsen disease outcomes. However, with the corona pandemic that has affected whole societies the focus has shifted to safeguarding welfare under exceptional conditions created by rapidly escalating health crises and the resilience of social welfare and health care systems. Hence, there is demand for reconfiguration of the theoretical concept.

This paper builds up a theoretical model of emergent syndemic governance that draws from the governance and syndemics literature in explaining, how even the most welfare-enhancing policies and services will fail to deliver welfare if they are disrupted or discarded in crisis conditions and how a syndemic perspective is needed to tackle this problem. Theoretically, four different approaches can be applied: (1) Governance within syndemics, where syndemic is described through problem-producing processes by governance mechanisms, (2) syndemics as a means of governance in how produce or prevent welfare problems, (3) syndemic governance, where the focus is on the extent governance understands the situation as syndemic and what it intends to do about it and finally (4), syndemic control to examine what can be done to inhibit or prevent syndemics from arising.

As part of a bigger research project, this paper will provide the context to test the reconfigured theory of syndemics empirically.

Health Care Organisations

Debt and the social order of the hospital

Stephen Timmons, Simon Bishop, Nicola Fisher, Ellie Dring
*(*University of Nottingham*)*

A longstanding theme in anthropology is that social relations are maintained through patterns of giving and receiving, underpinned by norms of reciprocity (Mauss, Malinowski). Who has given what, to who, when and what value are tied into social networks as well as hierarchy and control. In this paper we draw on the work of Graeber on how indebtedness shapes the social order. We propose that using concepts from “Debt: The First 5,000 Years” could explain certain aspects of healthcare organisations. Graeber argues that many pre-industrial societies are characterised by complex networks of indebtedness. He claims that debt eventually binds people into subordinate positions. We do not have the space here to do justice to a complex (and controversial) text.

We use the idea of indebtedness to explain ways of working we have observed in hospital, albeit drawn from our experience rather than empirical research. The first of these is a network of ‘favours’ between ward managers. Equipment or staff will be lent between wards, with no expectation of immediate reciprocation, but in the knowledge of an underlying ‘tariff’, and an expectation that a favour will be returned in due course.

Two of the authors worked on COVID-19 vaccination clinics. What struck them was that the normal structures of hierarchy and power were absent, and that a more relaxed atmosphere prevailed. It could be that one of the reasons was that there had been no debt accumulated amongst these new teams, and so no (new) power and subordination had been established.

Open

Intervening in biomedicine: reviewing strategies to disrupt the production and operation of medical knowledge

Hannah Cowan
*(*King's College London*)*

The medical profession has long held power over what kind of knowledge about the body is produced within the academy, and how this knowledge gets operationalised through healthcare services. Equally, the medical profession has long been dominated by Eurocentric men from more wealthy class backgrounds, which has resulted in knowledge and practices which discriminate against many, even within the much- loved UK National Health Service. This presentation brings together work which critiques both the production and operation of medical knowledge, and reports on two aligned projects which are attempting to get medical professionals and researchers to reconsider the kind of knowledge they work with. One such project is called Utopia Now! and aims to disrupt research agenda setting in an old medical school by mobilising the hopes and fears of young people for the future, and the other is working with healthcare professionals to reimagine a less hierarchical, classed, and gendered, healthcare service. Through bringing these two projects together with existing literature, I will review strategies within medical sociology to make change to the biomedical disciplines and practices that so often only get critiqued. In doing so I hope to begin the work of locating sites and developing methods which can intervene in the production and operation of medical knowledge which creates Inequalities and Intersectionality.

Critical Public Health

Experiences of Late First Trimester Abortion in Irish Hospitals: Suggestions for Change

Aideen O'shaughnessy, Rachel Roth, Anna Carnegie, Lorraine Grimes
*(*University of Cambridge*)*

The Republic of Ireland implemented a new liberalised abortion law and expanded provision of abortion in January 2019. The Abortion Rights Campaign (ARC) conducted an online survey to learn about Irish residents' experiences of this new abortion landscape. Drawing on ARC's published survey results, this article analyses experiences of first trimester abortion care between 10 and 12 weeks, which according to government policy must take place in hospital settings.

Following a convenience sampling approach, an online survey of people who had sought abortion under the Irish healthcare system was administered between September 2020 and March 2021. This survey collected quantitative and qualitative data and was analysed using thematic analysis. A total of 402 participants took the survey.

A key theme that emerged from the survey data was issues with abortion care between 10-12 weeks of pregnancy. Clinical guidance restricts abortion at this point to hospitals. Respondents reported overwhelmingly negative experiences with abortion care obtained in hospitals, including lack of privacy, inadequate facilities, lack of respect, and lack of choice in abortion method. They also reported delays and other barriers to care.

The restriction of later first trimester abortion to hospitals is inconsistent with international and evidence-based practice and impedes access to timely, patient-centred care. Respondents experienced a lack of availability, accessibility, acceptability, and quality (AAAQ). Ireland should involve past and prospective patients in updating its clinical guidance and policy, provide additional training to health workers in hospitals, and continue to build and improve upon its abortion care infrastructure.

Friday 16 September 12:30-13:00

Inequalities and Intersectionality

The feminisation of the medical profession: taking different routes

Anne McBride, Chloe Watts, Jill Rubery
*(*University of Manchester*)*

The focus of this research is the feminisation of the medical profession in the UK where the number of women entering medical school is now higher than men. However, despite an increase in female doctors over the last fifteen years, statistics show there is both horizontal and vertical gender segregation in medicine. Drawing on a survey of 226 specialty trainees and interviews with 30 specialty trainees from anaesthetics, general practice and paediatrics, and a total of ten consultants, salaried and partner GPs, this research indicates how the extreme model of working time in medicine greatly influences the gendered employment experiences of doctors, in terms of their career choices; work-life-balance; and pay.

The attraction of women to training programmes with certain characteristics enables the development of Elston (2009) to explain why certain medical specialties are, and are not, feminised, as well as why certain medical specialties are experiencing feminisation at a greater rate than others. The term ‘diversionary pathways’ is coined to explain the interventions (or lack of) by the state that lead women to medical specialties that are perceived as more conducive to family life. This paper highlights the role of the state in shaping the employment experiences of doctors and argues that gender segregation across medical specialties in the UK is likely to become further entrenched. Participants were self-selecting and the sample did not reveal as many intersectional experiences as initially anticipated.

Elston M.A. (2009) Women and medicine: the future. London: Royal College of Physicians.

Experiences of Health and Illness

"Neglected": Exploring patients' experiences of Long Covid and accessing healthcare services taking an intersectional approach.

Sarah Akhtar Baz, Chao Fang, Jd Carpentieri, Laura Sheard
*(*University of York, Health Sciences*)*

The Covid-19 pandemic is often termed a 'syndemic pandemic' which has exacerbated and further intensified social, economic and health Inequalities and Intersectionality, particularly impacting socio-economically deprived and ethnic minority groups. Long Covid is an emerging patient-defined illness however there is a lack of research exploring Long Covid amongst socioeconomically deprived and ethnic minority patient groups. Drawing on interviews with 40 participants with Long Covid living in Bradford, this presentation will explore patients' narratives about healthcare experiences, engagement and access regarding support for their Long Covid symptoms. This includes experiencing a lack of access to primary care, fragmented healthcare services, long waiting times, lack of trust and previous experiences of discrimination, such as gendered discrimination and racism. This has led to patients' feeling neglected, confused, hopeless, wanting more support for managing their persistent symptoms and having to self-manage their symptoms. An intersectional lens will be taken, drawing on key intersectional thinkers such as Crenshaw (1991) and emerging literature in relation to how intersectionality theory can aid in exploring health Inequalities and Intersectionality. This will locate experiences at the intersection of ethnic, class, age and gendered identities and structural Inequalities and Intersectionality. Implications for patient health and the healthcare system will be highlighted. These initial inductive findings are based on an ongoing longitudinal qualitative research study (3 waves of interviews with patients and healthcare professionals, 2021-2023) which explores the ongoing impacts of Long Covid for 40 people nationally and 40 people living in Bradford.

Mental Health

Perceptions and experiences of healthcare providers in Bangladesh surrounding perinatal mental health: A qualitative study

Nafisa Insan
*(*Newcastle University*)*

Background Perinatal mental health (PMH) is a global health concern. Healthcare providers play an important role in the way PMH is perceived and provision of care. However, assessment and management of PMH is poorly integrated into maternal healthcare in Bangladesh. Stigma, lack of awareness and poor understanding of PMH can impact the provision of care. Therefore, this study aims to explore the perceptions and experiences around PMH within the maternal healthcare sphere in Bangladesh.

Methods Semi-structured interviews (n=14) were conducted with healthcare providers in Bangladesh. Participants were recruited via purposive sampling and provided signed informed consent. Transcribed interviews were analysed using Braun and Clarke’s method of thematic analysis.

Results Four themes were synthesised: 1) maternal healthcare sphere in Bangladesh, 2) conceptualisation of pregnancy and PMH, 3) perceived social determinants of PMH issues and 4) PMH care provision. Healthcare providers acknowledged the importance of PMH; however, lacked education and training on screening and management methods. Social determinants such as unplanned pregnancies, lack of support, intimate partner violence and poverty were highlighted. Barriers to PMH care provision included lack of time, workforce shortage and stigma, whereas enabling factors included trust, free health camps and integrating mental health protocols and experts into antenatal care.

Conclusions Education and training integrated within the curriculum and via seminars are key to equipping healthcare providers with the tools for PMH screening and management. Task shifting and outreach in rural regions can increase access to PMH care and mental health advocates should be introduced to reduce PMH stigmaStream - Health Care Organisations

Health Policy

Investigating informed choice in screening programmes: An ethical dilemma

Natalie Tyldesley-Marshall, Amy Grove, Iman Ghosh, Laura Kudrna, Abimbola Ayorinde, Megha Singh, Edward Meehan, aileen clarke, sian Taylor-Phillips
*(*University of Warwick*)*

Background: Screening programmes aim to identify individuals at higher risk of developing a disease or condition. While globally, there is agreement that people who attend screening should be fully informed, there is no consensus about how this should be achieved. We conducted a mixed methods study across eight different countries to understand how countries address informed choice across two screening programmes: breast cancer and fetal trisomy anomaly screening.

Methods: 14 senior level employees from organisations who produce and deliver decision aids to assist informed choice were interviewed and their decision aids (n=15) were evaluated using documentary analysis.

Results: We discovered that attempts to achieve informed choice via decision aids generate two key ethical tensions for policy-makers, i) between improving informed choice and increasing uptake, and ii) between improving informed choice and comprehensibility of the information presented. Programmes which put too great of an emphasis on benefits and effectiveness of screening in their decision aids run the risk that people invited for screening are overwhelmed by the amount of information, or not fully supported to make an informed choice about their participation.

Conclusions: We conclude that organisations responsible for screening programmes need to decide whether their overarching aim is maximising population health by ensuring high levels of uptake or by maximising informed choice to participate in screening programmes. Ethically, increasing participation in screening should not be at the cost of those that participate being fully informed of what they are consenting to. Ensuring comprehensibility is essential for maximising informed choice.

Health Care Organisations

Stigmatised-normalised practice: A theoretical model to explain NHS midwives' workplace experiences of facilitating alternative physiological birthing choices.

Claire Feeley
*(*King's College London*)*

Background: Some women/birthing people seeking a physiological birth opt for care that is 'outside' of maternity care guidelines. This can create tensions and vulnerabilities for employed midwives who proactively support these choices.
Aim: To explore the sociocultural-political influences on the practice of UK NHS midwives, self-defined as supportive of women's alternative physiological birthing choices.
Methods: A diverse sample of 45 midwives were recruited from across the UK. A narrative inquiry was used to collect and analyse professional stories of practice via self-written narratives and interviews.
Findings: A theoretical model was developed using theories of stigma/normal, deviance/positive deviance situating the midwives across six domains. These domains, 'stigmatised-normalised practice', signified interactions between the participants and their organisational micro, meso and macro sociocultural-political environment. The continuum spanned those where women's and midwives' autonomy were not respected; the midwives risked detrimental stigmatisation for 'deviant' behavior. Conversely, some worked within cultures where facilitating a range of birth choices was normalised; midwives were trusted and supported to provide care without risk of stigmatisation.
Conclusion: Despite governmental policy and human rights legislation to support autonomous birthing decisions, wide variations in midwives' experiences of delivering care were found and theorised using stigma/normal, deviance/positive deviance. Workplace sociocultural-political environments mediated whether midwives were burdened with the responsibility of delivering care women requested, or a collective responsibility and a shared vision throughout the organization. To ensure birthing women and people get their needs met, we need learn and apply the lessons from the organisations that normalised woman-centred care.

Professions

The Experiences of Young Men Working as Nurses in the UK: Identity and Adaptation.

Kate Simpson
*(*University of Nottingham*)*

This paper will present research investigating the experiences of 24 young men currently working as nurses in the UK. The findings add to existing sociological literature about the complex impact of gender and work.
Nursing continues to be one of the most gendered professions. Within the UK 13% of nurses are men (NMC, 2021). Research about men working as nurses shares many commonalities with sociological literature on men working in other female concentrated professions and the tensions, adaptations, and advantages that male 'tokens' experience. There is space for new insights into the lives of men working as nurses and this is timely in light of global workforce concerns and the spotlight that the pandemic has put on healthcare workers.

Drawing on sociological work around masculinity, care, and work, a narrative inquiry approach was used to conduct 24 semi-structured interviews with British-born men aged under 32 working as qualified nurses. The data that will be presented demonstrates that even in the 2020s the daily lives of men choosing to work as nurses are subject to constant interrogation and negotiation based upon societal ideas of appropriate gender roles and performance. Despite the continual challenge, the research found men who were proud to call themselves nurses and recommend it as a profession to other men despite the stigma that they feel they face about their work. However, career decisions demonstrate choices that more closely align and sit more comfortably with normative notions of masculinity

NMC (2021) Registration data reports. Available at https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/