*The State of Qualitative Research*

Newcastle University Qualitative Special Interest Group Inaugural Symposium: Abstract Booklet

18th of January 2024 at The Frederick Douglass Centre - @NU_QualSIG | #NUQualSIG | https://research.ncl.ac.uk/ima/qualitativesig/

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Date: 18th of January 2024
Venue: The Frederick Douglass Centre
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## Conference timings

### Morning

| Time | Session | Room |
|------|---------|------|
| 09:30 | Registration & refreshments | Foyer |
| 10:05 | Opening remarks | FDC.G.06 |
| 10:10 | Opening plenary: Prof Cath Exley | FDC.G.06 |
| 10:35 | Methodological Reflections P1 | FDC.1.17 |
| | Healthcare Professions & Practice | FDC.1.18 |
| 11:35 | Coffee | Foyer |
| 11:55 | Panel discussion: Reflexivity in Qualitative research | FDC.1.17 |

### Afternoon

| Time | Session | Room |
|------|---------|------|
| 13:05 | Lunch | Foyer |
| | Interviewing Excellence Centre: Lunchtime stall | Foyer |
| 13:25 | 'Research Wraps'- Lunchtime Talks | FDC.G.06 |
| 14:05 | Methodological Reflections P2 | FDC.1.17 |
| | Older people and frailty | FDC.1.18 |
| 15:10 | Closing plenary: Prof Amy O'Donnell | FDC.G.06 |
| 15:50 | Closing remarks | FDC.G.06 |

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The Qualitative Special Interest Group (QualSIG) is part of Newcastle University's cross faculty research theme, the Innovation, Methodology and Application (IMA) theme https://research.ncl.ac.uk/ima/

Opening Plenary:
*How times have (and have not) changed: Reflections on my career as a qualitative researcher*

Cath Exley
Professor of Qualitative Health Research & Dean of Population Health Sciences Institute

Bio: I am a medical sociologist and experienced qualitative researcher with over 25 years' experience of leading and collaborating on applied health research. I work nationally and internationally with colleagues from a range of different academic and clinical backgrounds. I provide a social science perspective and methodological expertise to clinical research questions, postgraduate research supervision and postgraduate and undergraduate teaching. I am experienced in negotiating across disciplinary and organisational boundaries committed to delivering high quality research and education.

I first became interested in medical sociology and research methods as an undergraduate when I have the privilege to be taught by inspirational lecturers who encouraged me to undertake my first (extremely modest!) piece of qualitative research. After completing my Masters I was appointed to my first Research Assistant position to undertake a piece of to help understand inequalities in kidney donation and transplantation between different communities. My PhD research focused on examining critically the experiences of younger adults living with a terminal prognosis.  I moved to Newcastle in 2003 to take up a new Lecturer position combining teaching undergraduate medical students and developing my own research. During my time here I have been, and I am, I am fortunate to work with many great collaborators and to have been mentored by some generous and amazing colleagues. My focuses primarily on those living with long term conditions, and spans a range of clinical areas including: transplantation, palliative care and oral health care

I have been a panel member for NIHR Programme Grants for Applied Research and currently on the NIHR Doctoral Fellowship Panel. I have supervised over 20 PhD students to successful completion, with many receiving funding through personal Fellowships or ESRC Doctoral Training funding.

Closing Plenary:

*Understanding complex lives: How qualitative insights can help us improve how we care for people with lived experience of heavy drinking*

Amy O'Donnell, Professor of Health & Social Care Research

Bio: I'm an applied health and social care academic with 20+ years of designing and delivering mixed-methods research. My undergraduate degree was in Politics, but after a short and not terribly satisfying career in public affairs and corporate administration, I moved into academia as a Research Associate at Northumbria University's Centre for Public Policy in 2002, working mostly on small scale local government evaluations. In 2010, I started a full-time ESRC/Fuse funded PhD at Newcastle University, looking at the impact of financial incentives on the implementation of screening and brief advice in UK primary care. This has been followed by a series of post-doc and mid-career fellowships, mostly recently, a NIHR Advanced Fellowship in 2020.

Today, I lead a programme of research focused on optimising global health and social care systems to better support people with multiple long-term conditions, with a specific interest in people experiencing problematic substance use alongside mental and physical ill-health. This includes several evaluations of new models of care in the substance use and mental health fields. I am co-lead for Project 3 of the NIHR Mental Health Implementation Network, focussed on integrated treatment strategies for substance use with mental and physical ill-health, Co-I on a NIHR Programme Development Grant project on alcohol and mental health care pathways, and part of a Newcastle University collaboration with the University of Edinburgh's Advanced Care Research Centre (funded by Legal & General).

I'm also Co-Director of Education for PHSI and teach on the Public Health and Health Services Research Masters programme. I'm currently supervising one MPhil and four PhD students, have examined PhDs nationally and internationally, and acted as an internal and external assessor. I'm Associate Editor for the journals Alcohol and Alcoholism and Advances in Dual Diagnosis, Chair of the National Swedish Research Council's Public Health Sciences Funding Review Panel and elected Treasurer of INEBRIA (International Network on Brief Interventions for Alcohol and Other Drugs).
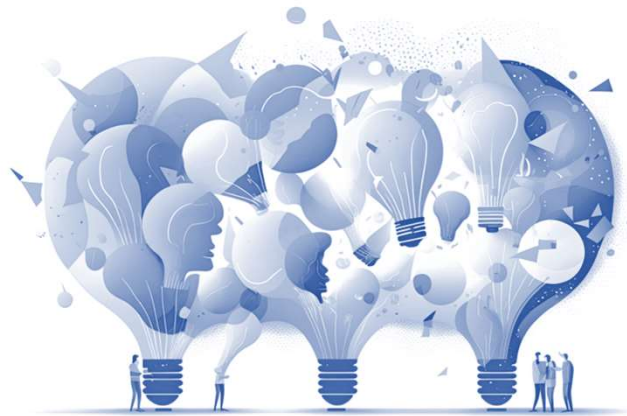
10:35

Stream One: Methodological Reflections P1

Stream Two: Healthcare Professions and Practice

### Arwa Katab - Understanding Young Children's Experiences: Creative Interview Methods for 4-5 Year Olds

Background: Young children's voices in qualitative studies has notoriously been ignored, categorized as challenging and too time-consuming to involve them in research. Misconceptions around children's understanding of research studies, as well as their ability to express themselves had slowed the progression of creative interviewing techniques being developed and utilized to aid children's ability to express themselves during qualitative interviews. Aim: The aim of this study was to explore and reflect on different creative interviewing methods to allow children (4-5 years old) to discuss the challenges of starting formal education. Methods: Three qualitative interview methods were explored with children during Public and Patient Involvement sessions to help develop the final interview package. These methods included the use of different photo-prompts, drawing activities, and using toy puppets. Interpretive phenomenological analysis was used to analyse the children's interview responses (n=10); reflective notes/memos were developed throughout to highlight changes needed to the interview method. Discussion: It was clear that when interviewing the young children, different interviewing techniques achieved different goals, for example, photo prompts were useful at eliciting detailed descriptions of stand-alone events. Most importantly, however, was that there was no 'one-size fits all' technique as each child personalised the activity towards their communication preferences (e.g., drawing over speaking). Implications: Children are capable of providing reflective accounts of their experiences with the right interview methods, and providing children with more than one technique will ensure that there is at least one communication outlet that can help voice their experiences.

### Beth Bareham - Co-producing qualitative research with vulnerable groups for intervention development

Patient and public involvement to inform qualitative research is increasingly common and encouraged by funders. However, co-production of qualitative research, where patient/public contributors are involved in partnership at every stage of study design/conduct, is unusual; particularly with potentially 'vulnerable' and marginalised groups, who may be at higher-than-usual risk of adverse consequences of involvement, with higher support needs. The aim of this presentation is to evaluate involvement of peer researchers (PRs) with lived experience of co-occurring alcohol and mental health problems in old age to co-produce qualitative research informing new initiatives in health services to support this patient population. Eight PRs with lived experience co-produced qualitative research (interviews, workshops) to inform intervention development. PRs informed project conception/design, co-facilitated interviews/workshops, and contributed to data interpretation/dissemination. Involvement/contributions were evaluated via an impact log and realist evaluation. PRs identified a gap in patient care that meant patients were left unsupported. They contributed to effective recruitment materials and pathways. PRs supported collection of rich qualitative data by promoting participants' openness through rapport developed by shared experiences; and probing interviewees in view of their own experiences to deepen understanding. During data analysis, PRs identified intricacies within data beyond those recognised by the academic research team. PRs identified unmet support needs from data; and potential initiatives to address these through their own experiences with recovery/related services. PRs' personal networks, skill-sets, external roles and insights supported these activities. Proactive management of PRs' mental health, digital exclusion and confidence issues were important to ensure inclusion and effective involvement.

### Fiona Graham & Laura McGowan - Reflecting on the use of rapid qualitative inquiry in policy research: An exploration of factors influencing implementation of virtual wards in the English NHS

Rapid Qualitative Inquiry (RQI) involves intensive qualitative investigation conducted by a team of multiple researchers, using an iterative process of data collection and analysis to develop a quick, preliminary understanding of a topic or situation. Such rapid approaches are appropriate for research where delivery of findings within short timeframes can help to inform decision-making and healthcare practice and policy. In this presentation we reflect upon our experience of using elements of RQI to understand Integrated Care System (ICS) commissioner's views and experiences of implementing Virtual Wards (VWs) across the NHS in England. VWs were introduced in ICSs in England as a new way of delivering care to patients who would otherwise be in hospital. Using digital technologies, patients can receive acute care, remote monitoring, and treatment in their own homes/place of residence. Commissioners have an important role in the adoption and implementation of VWs in clinical practice. We conducted semi-structured interviews with commissioners to explore their views of the potential benefit of VWs within the current healthcare system, identify the barriers and facilitators to adoption and implementation, and ascertain the ways in which the VW model of care could be optimised in future practice. This presentation describes the elements of rapid qualitative enquiry that were used and why, and how we worked with NHSE colleagues to provide real-time insights and facilitate timely dissemination of key findings in a fast-moving policy research area. We reflect upon some of the challenges of using RQI approaches and discuss our recommendations for future use.

**Haifa Aldhamy- Knowledge, attitude, and practice related to the implementation of infection prevention and control precautions among laboratory staff in Saudi Arabia: a mixed methods study**
Background: Medical laboratories are required to follow health and safety regulations to minimise occupational risks to laboratory staff. Without knowledge of and adherence to appropriate controls and procedures, laboratory acquired infection (LAIs) can result in significant morbidity and mortality to staff. The infection prevention and control programme (IPC) in KSA is a developing discipline and faces numerous challenges such as lack of awareness. This study aimed to explore the implementation of the IPC/biosafety programme from the laboratory staff viewpoint in KSA hospitals.  Methods: Semi-structured interviews (n=18) with key stakeholders including laboratory staff, allied health professionals and infection control specialists across three hospitals (two public and one private) in KSA. Qualitative data were analysed using the Normalisation Process Theory (NPT) framework.  Results: Several themes regarding the implementation of safety guidelines were identified using NPT four constructs, including; awareness and risk perception of LAIs; valuing the benefits of guidelines; accessibility and engagement; compliance with implementing guidelines; open and supportive culture; impact of implementing the guidelines; assessment and monitoring of guidelines implementation; and facilitators of guidelines implementation.  Conclusion: Although staff in all hospitals were aware of the risk of LAIs, and value of implementing guidelines to minimise occupational risk, factors such as lack of organisational support, lack of awareness and lack of resources affected the implementation process. The need for a comprehensive action plan from the Ministry of Health and the General Directorate for Infection Prevention and Control in Healthcare Facilities to facilitate the implementation of the IPC programme was regarded as critical to the uptake of safety guidelines

**Ruth McDonald – Microenterprise and home care for older adults in England and Wales: a qualitative study**
Background: Paid carers play an important role in helping older adults, with care needs, to remain living in their own homes, but many workers are leaving the sector. Aim: To understand the genesis, spread and impact on paid carers, of changes in the home care field, specifically the emergence of self-employed care entrepreneurs. Methods: 120 semi-structured interviews with stakeholders (paid carers, care entrepreneurs, care agency and local authority staff) in England and Wales. Thematic analysis. Results: The genesis and spread of microenterprise have been highly dependent on local state actors and have been facilitated by crises including the COVID pandemic and the social care workforce shortage. The impact on former care employees of becoming self-employed has been largely positive. They report increased control over their work practices, income and ability to practise self-care. In addition, entrepreneurs have improved their skills, expanded their professional network and are held in higher esteem compared with being an agency employee. Entrepreneurs are able to provide a more personalised service, compared with care agency staff, in areas where local authorities have promoted this initiative. Conclusions: Microenterprise offers an alternative to 'time and task' home care, which helps retain workers within the sector and money within the local economy. Low-paid home-care workers are unlikely to spontaneously enter self-employment in large numbers. Therefore, local authorities need to actively promote and support the creation of a community of local care entrepreneurs. This support includes helping to legitimise this approach amongst key gatekeepers such as social workers

**Theo Randall- Exploring healthcare providers experiences of caring for older people with frailty admitted to hospital in Northern Tanzania**
Background: Tanzania is a low-income country with an increasing population of older people, and older people with frailty, leading to challenges for the current healthcare system. Frailty is a clinical syndrome associated with increased vulnerability to stressors and decreased physiological reserves leading to increased morbidity and mortality. Research is required to assess how these patients are understood and cared for by the Tanzanian healthcare system and how socio-cultural factors influence this care. Aim: In a hospital inpatient setting in Northern Tanzania with regards to older people with frailty: (1) Explore healthcare providers (HCPs) experiences of providing care and (2) identify factors influencing the provision of care. Methods: Data collection took place in Northern Tanzania, using qualitative methods. 13 semi-structured interviews undertaken with HCPs. Interviews were audio recorded, translated, transcribed, and analysed using reflexive thematic analysis. Results: Three main themes were identified: the conceptualisation of frailty in healthcare providers, cultural attitudes and beliefs influencing care, and the shared responsibility of caring for older people with frailty. Conclusions: The concept of frailty was understood in relation to local sociocultural practices. The quality of care provided to older people was dependent on the presence of family and ability to pay for the costs of care; care would be improved by establishing a specialised geriatric ward or hospital as well as communities of older people with easy, free, access to healthcare services. Furthermore, an existing government policy covering care costs should be more widely implemented and more effectively cover the full cost of care.

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# Coffee and networking in the Foyer - 11:35-11:50

11:55
Panel Discussion:
Reflexivity in Qualitative research

# 11:55 Panel Discussion: Reflexivity in Qualitative research

**Joanne James & Amy Stabler- Advances in methodology: A coproduced autoethnography to explore how organisational coaches experience challenges to trust in the coaching relationship.**

We present the methodology developed for a co-produced auto-ethnographical study (Stabler and James 2023 based on the first author's experiences of coaching an organisational team. We adopted autoethnography to explore the socially embedded and contextually situated nature of coaching relationships (Holman Jones, Adams and Ellis, 2013). Autoethnography enables a personal experience to illuminate wider organisational experience (Boyle and Parry 2007) Through our professional discussions we sensed that there was a compelling story to tell and, yet, its personal nature was imbued with risk, exposing a vulnerable self in the service of organisational insights (Boyle and Parry 2007). Furthermore, it can be challenging to surface "everyday reflexive knowhow of in-the-moment practice" (Simon, 2018, p50) when much of it may be tacit, sensory rather than linguistically based, and recalled in memory. The co-produced autoethnography facilitated the "iterative and reflexive process of building the story" (Kempster and Stewart, 2010, p.210). We describe this process as engaging in reflexive dialogue supporting the first author to surface memories, develop shared understandings between us, challenging assumptions and exploring the why and how of practice. The collaborative engagement with artefacts from practice challenged both authors to take a critical perspective, bringing awareness of the political, social, and relational pressures informing the first author's practice choices. We present our five-step process and reflect on the challenges and opportunities of this type of approach for exploring sensitive aspects of professional practice.

**Julie Guest- The juxtaposition of insider researcher versus Practitioner - 'the art of balance'**

Background: This qualitative study explores the lived experiences of children young people and their families who have life threatening conditions. Care for the ill child was prioritised due to the need for treatment and risk of mortality. High risk categories of disease, disease relapse and the requirements for further complex invasive treatments with increase in life changing outcomes on all the study participants and family was identified. Conceptual Context: This area of research is presumed to be intrinsically sensitive, assuming participants are vulnerable and at risk of harm. Participants within the study were willing to talk about their experiences even when they were challenging. Method: Qualitative interviews by nature provide a space to tell stories, the process and navigation of these stories enables the complexities of lived experiences to be explored. Forty-three interviews were completed, transcribed, and thematically analysed. Results: Balancing the role of researcher and practitioner in emotionally and challenging areas involves a winding path of reflexive and reflective process, data collection, with potential to produce knowledge impacted by the emotional experiences of the researcher. Conclusion: Balancing of dual identities and positionality as a practitioner, student, researcher is essential in validating study credibility, but the intersection of a triple identity role collides with the ethical and moral imperative to not only produce 'good data' but a responsibility to generate high quality credible research. For this study the insider narrative relates to being a clinical practitioner, student and researcher, this balance encircles the role navigation of student researcher and increasing vulnerability and emotional impact for the practitioner.

**Jayne Jeffries- Reflections from an ECR: A feminist geographer's perspective**

Health inequalities shape people's everyday lives and are prevalent in areas of socio-economic disadvantage, often impacting most on issues such as disability, gender, ageing and mental (ill) health. Qualitative methods in applied health research can provide a rich, in-depth understanding of the lived experiences of people receiving, and/or delivering such care. In this presentation I offer a feminist geographers' account of 'doing' qualitative health work in the North-East of England, using autoethnographic reflections to illustrate three methodological advances that have been significant in my role as an early career researcher. 1. Tailoring visual methods in doctoral research with individuals and small groups to examine congenital and acquired health conditions in Participatory Action Research. 2. Examining the intricacies of navigating the space/s and time/s of primary care settings, including being / not being part of the general practice team in remotely-based (working) relationships; learning from comms with non-clinical staff alerting you to the place-based circumstances of patients, or comms with professionals discussing the 'feeling of loss, or grief [in the workplace and community]', or the lack of comms and the liminality of being 'in limbo' —waiting, nudging, and hoping for synergy. 3. The value of in-depth ethnographic and shadowing work, from becoming an embedded and accepted member of a team, to being unwelcome/d and invitations revoked by higher level management. These perspectives provide different opportunities to learn from relationships and connections, and present different challenges, from being embedded and part of the team to power im/balances.

**Dan Steward- Using reflexivity in implementation science: a discussion of the autophenomenographic approach.**

Introduction - Researchers involved in adaptation and implementation research can find themselves in an interesting dual role scenario where, in addition to being traditional researchers, they also play a part in and have influence as implementors. The WHOLE-SMI research team have found themselves in this scenario whilst looking at the process and efficacy of adapting and implementing a holistic health promotion service in the North-East of England for people living with severe mental illness (SMI). The team is documenting their reflexive accounts; the interplay and influence of researcher and implementor roles. Whilst raised as a consideration in other implementation studies, this reflexive exercise is not something that has previously been recorded in a formal way. Methods – Team members (n=4) have adopted a novel collaborative autophenomenographic approach where researchers work together as both authors and participants. Data are collected via self-reporting naturally occurring observations through periodic reflexivity meetings and semi-structured interviews within the team, fieldwork notes and research impact logs. Discussion – There is great value in autophenomenographic reflexivity. Having dedicated and protected time has provided team members with an opportunity to reflect upon progress that has been made in the implementation study, particularly where it can, on occasion, feel stalled. It has also facilitated learning and methodological adaptation and flexibility in response to implementation challenges, and personal reflection on the impact and influence of members' individual roles within the team and wider collaboration.

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# Lunch will be served from 13:05 to 14:00 in the Foyer

"Research Wraps": Tasty bites of research to enjoy over lunch

*Pecha Kucha style presentations of seven minutes each*
**FDC.G.06** from 13:25 (1.25pm)
See page 12 for abstracts

**Steffi Tan** *Navigating Digital Transformation: University Academics' Resilience amidst Educational Disruption*

**Kerry Brennan-Tovey** *Emerging findings on the perspectives and experiences of people experiencing food insecurity who also have tobacco dependence.*

**Amie Turner** *Unravelling the Consequences: Exploring Caregiver Mental Well-being and Reasons for Referral Delays in Infants with Cerebral Palsy*

**Caitlin Thompson** *Taking Care of People Who Take Care of People: A Mixed Methods Evaluation of a Six-Week Yoga Programme for NHS Healthcare Staff*

## Interviewing Excellence Centre: Lunchtime stall

Please take some time over lunch to talk with Evie and Ellie who are involved in the development of a novel Interviewing Excellence Centre.
Lead by Dr Gary Pankhurst.

### Development of an Interviewing Excellence Centre

*We would like to consult Research Assistants, Student Researchers, Primary Investigators and similar, to investigate the current qualitative research (namely interviewing) training procedures. We aim to determine where there are areas for development which could be rectified through the formation of the Interviewing Excellence Centre lead by Dr Gary Pankhurst. Initially, we aim to develop and collect data using a Qualtrics survey. Questions will explore the attitudes and experiences of researchers and students around both internal and external qualitative training. We are hopeful that we can disseminate some of these findings at the Symposium and receive feedback and engagement from the QualSIG network.*

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**Steffi Tan** *Navigating Digital Transformation: University Academics' Resilience amidst Educational Disruption.*

The COVID-19 pandemic led to a significant educational disruption, requiring swift digital transformation in higher education and prompting university academics to develop digital resilience. Using Interpretative Phenomenological Analysis (IPA), this study explores the experiences of ten university academics during this transformative period, revealing two key themes. The first theme, "Challenges of Digital Transition," reveals the difficulties faced by the university academics during the shift to online teaching and learning activities, including student engagement and the migration of assessments to online platforms. The second theme, "Academic Adaptation and Learning," highlights the proactive pursuit of upskilling opportunities by several university academics through online seminars and training, while several university academics, who termed themselves to be technologically hesitant individuals, resorted to recording asynchronous lectures to meet learning objectives. This research uncovers the multifaceted landscape of digital resilience among university academics, emphasising the imperative for collaborative efforts to shape the future of higher education. Future investigations into the role of Artificial Intelligence (AI) in the higher education digital landscape are essential. Maintaining resilience in the face of uncertainty remains an imperative for academia in the digital age.

**Kerry Brennan-Tovey** *Emerging findings on the perspectives and experiences of people experiencing food insecurity who also have tobacco dependence.*

Background: Smoking is a significant public health issue and remains a leading cause of preventable death and disease. Populations facing socioeconomic disadvantage have higher levels of smoking; one such group is people experiencing food insecurity. Smoking can further exacerbate poverty and food insecurity. However, there is little evidence on how food insecure adults perceive their smoking or how they manage their household finances. Methods: This qualitative study explores food aid users' experiences of food insecurity, tobacco dependence, and participants' household finances, at two North East of England food aid organisations. Semi-structured interviews were conducted, and an inductive reflexive thematic analysis is currently ongoing. Ethical approval was obtained from Newcastle University [29422/2022]. Findings: To date, 19 interviews have been conducted and analysed. Preliminary findings show that: smoking was described as a form of anxiety management and stress relief; often purchasing of food was prioritised over tobacco; and using illegal tobacco was often a way to reduce spending on tobacco. Furthermore, participants described varied strategies for managing and reducing spending on food, such as: skipping meals; shopping at budget supermarkets; and accessing food aid. Interpretation: A range of strategies and resources are employed by food aid users to ensure access to tobacco products due to their tobacco dependence. These findings provide insight into the difficulties faced by food insecure tobacco dependent adults and the problematic complexities of relying on smoking as a coping mechanism for the stressors and anxieties that come with living in poverty.

**Amie Turner** *Unravelling the Consequences: Exploring Caregiver Mental Well-being and Reasons for Referral Delays in Infants with Cerebral Palsy*

Introduction: Cerebral Palsy (CP) is an umbrella term used to describe a group of lifelong developmental posture and movement disorders. Early intervention in CP can have significant positive impacts on motor and cognitive outcomes. However, 40-50% of infants with CP are not identified as "high-risk" around the time of birth, causing significant delays in diagnosis and accessing intervention. Aims: To explore the reasons for the delay and the psychological impact on the caregivers. Methods: 25 Caregivers (mean age = 38, 25 female) of infants with CP who were not identified as high risk at birth (median age = 6-11) were recruited to an online survey through social media. Caregivers were asked multiple choice and free-text questions about their child's demographics, their demographics, and their experience of the CP journey. Responses were analysed using a deductive, critical realist, semantic thematic analysis based on the Andersen Model of Total Patient Delay framework. An inductive approach was used to explore psychological impacts. Results: Delays occurred due to caregivers not recognising the earliest signs of CP, healthcare professionals using wait-and-see approaches, lack of CP understanding and MRI delays. These delays negatively affected caregivers' mental well-being as they did not feel heard by healthcare professionals, needed more support throughout the pathway, and signified the need for better diagnosis delivery. Discussion: The delays described match those reported for other paediatric conditions in the literature. Accessible information for new parents and improved guidelines around early CP may help to reduce delays and support parental well-being.

**Caitlin Thompson** *Taking Care of People Who Take Care of People: A Mixed Methods Evaluation of a Six-Week Yoga Programme for NHS Healthcare Staff*

Introduction: Work-related stress is widespread amongst NHS staff, with potential consequences for mental and physical health. Yoga may be able to provide a beneficial tool for enhancing wellbeing through the promotion of interoceptive processing and regulation of the autonomic nervous system (ANS). The current study uses mixed methods to explore the effects of a yoga programme for NHS healthcare staff wellbeing and explores underlying mechanisms of change. Methods: Staff were recruited through opportunity sampling (N =13). Wellbeing was assessed through a) quantitative measures of interoceptive awareness, and general wellbeing, b) Heart Rate Variability (HRV) data, and c) qualitative data from semi-structured interviews on participant experience. Findings: The findings reveal positive impacts from the yoga programme on wellbeing, with significant improvements in Self-Regulation ($z = -2.14$, $p = .02$, $r = 0.64$), Physical Health ($z = 33.00$, $p = .04$, $r = 0.63$), Psychological Health ($z = 33.00$, $p = .04$, $r = 0.51$). No significant differences were reported in HRV domains, though descriptive changes can reflect improvements in ANS regulation. Thematic analyses revealed overarching themes related to the role of interoceptive processing in the promotion of wellbeing. Conclusions: Survey findings suggest that yoga can improve general wellbeing of NHS staff, with qualitative and descriptive HRV results suggesting the role of interoceptive processing and ANS regulation as potential mechanisms of change. Implications: The findings suggest that yoga could provide a viable intervention option for improving the wellbeing of NHS healthcare staff and suggest possible mechanisms of change.
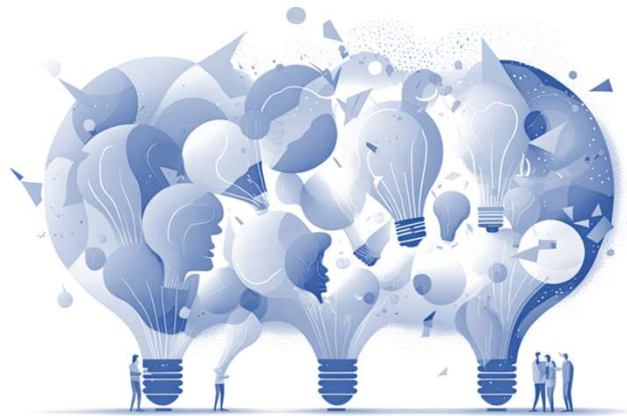
14:05

Stream One: Methodological Reflections P2

Stream Two: Older people and Frailty

### Mark Adley- Strange places that we pass reach after us: A reflexive consideration of research with a multiply marginalised population

Background: In a recent published paper, the author noted how the methods and study designs that we (as researchers) use can at times fail to address the needs of marginalised populations. This may result in their lack of inclusion in studies, potentially reinforcing exclusion. Without taking time to reflect on our processes we run the risk of repeating these hegemonic study designs, and opportunities for learning can be lost. Reflexivity offers us a tool to address this, by standing in a self-critical position. However, holding up for scrutiny our approaches to study design, and our assumptions about the knowledge that we hold can be uncomfortable. It can highlight our own privilege and identity as academic researchers, and our potential impact upon our interactions with participants. Aims: To highlight a postgraduate researcher's experiences of navigating complex interactions with multiply marginalised groups within his their own (current) PhD. In doing so, Mark the author aims to identity improvements to his future research practice. Methods: This presentation will involve both reflections on personal practice, and reflexivity around study design, language, and researcher power and positionality. Results: Unconscious bias and lack of understanding of some of the issues faced by certain multiply marginalised populations led to unintentional exclusion of certain groups from his study. Attempts to address this were compounded by complexities around language, and current political and social debates. However, these challenges can be turned on their side, and instead viewed as opportunities for personal and professional development.

### Ilaria Pina- "We're unburdened" - Audio diaries as a novel approach to physical activity and sleep in mental health.

Physical activity and sleep are traditionally measured with quantitative approaches, limiting the possibility to capture information on type and context of these behaviours. Here, we adopted a flexible and adaptable approach with the use of audio diaries to understand daily behaviours in people living with severe mental illness (SMI). Audio diaries are cheap and potentially able to overcome health inequalities and literacy levels. However, the use of this approach in exploring daily behaviours in people with SMI is limited. Qualitative data were collected using audio diaries for 7 days with 8 participants experiencing SMI. A semi-structured interview on the method was performed at the end of data collection. These were conducted online and in-person and analysed using reflexive thematic analysis. The protocol for the use of audio diaries has been co-produced with a lived experience advisory panel.  The fluidity in speech enabling an immediate response, the flexibility, and the great control over how respondents recorded their account, led to high acceptability and completion rates. The use of audio diaries was experienced as cathartic in that it helped to reflect upon the challenges in disrupted sleep and in doing any form of movement when the emotional and mental load has a severe impact on daily life. This approach often provided motivation to move more and focus on how to deal with day-to-day negative feelings. The accessibility and the value of verbalisation within this approach could offer to the participant and the researcher a better understanding of processes underpinning health-related behaviours.

### Benjamin Rigby- What next for participatory systems mapping? Reflections from new methodological guidance.
Systems approaches to public health research are increasingly common. While numerous methods associated with these approaches are quantitative (e.g. systems dynamics/agent-based modelling), their qualitative counterparts are often attractive alternatives, particularly in applied settings. However, the rapid development of this field has not been matched with concurrent advances in methodological guidance that support the rigorous application of research methods.    Drawing on new guidance for public health research, this presentation will focus on qualitative participatory systems mapping methods. It will include three interrelated components:   First, the current state of qualitative participatory systems mapping in public health research will be illustrated with overarching findings from a scoping review. These findings contextualise the development of the new guidance.   Second, the Participatory Systems Mapping Design Framework will be introduced, outlining three key considerations for selecting and designing projects that use these qualitative methods: i) scoping the project; ii) the added value of a participatory design; and iii) factors affecting capacity to use these methods.   Third, the presentation will conclude with recommendations for advancing the acceptability, uptake and rigorous applications of these methods. These reflect the need for advocacy, enhanced reporting guidelines, more practically meaningful applications, and capacity building.

### Lucy Robinson- What matters most?: A longitudinal exploration of the end-of-life care preferences of older people living with frailty.

Background: Understanding how health and social care preferences evolve over time is essential for dynamic advance healthcare care planning. This is particularly important for older people living with frailty, whose illness course is unpredictable. This study addresses a gap in research evidence, for longitudinal studies exploring the end-of-life care preferences of older people living with frailty. Methods: This PhD study was conducted in the North-East of England. Purposive sampling was used to recruit thirteen people over the age of 85 with a moderate or severe frailty score. Using constructivist grounded theory methods, I explored how each participant conceptualised their end-of-life health and social care preferences using 2-3 in-depth interviews over 6-18 months. Two caregivers who were bereaved during the study period were also interviewed. Results: I will present my emerging findings, encompassing the following: preparing for death but not dying, seeing healthcare decisions as a healthcare responsibility, maintaining independence despite increasing needs, negotiating preference and necessity, and enduring sense of self. Discussion: This study collected rich longitudinal data, providing valuable insight into how older people living with frailty construct end of life care preferences and negotiate them over time. These findings will add to our understanding of how to provide valid and up to date advance care planning for this fast-growing section of society.

### James Hardy- A qualitative exploration of the hospital experiences of older people with frailty and their carers in northern Tanzania.

Physical activity and sleep are traditionally measured with quantitative approaches, limiting the possibility to capture information on type and context of these behaviours. Here, we adopted a flexible and adaptable approach with the use of audio diaries to understand daily behaviours in people living with severe mental illness (SMI). Audio diaries are cheap and potentially able to overcome health inequalities and literacy levels. However, the use of this approach in exploring daily behaviours in people with SMI is limited. Qualitative data were collected using audio diaries for 7 days with 8 participants experiencing SMI. A semi-structured interview on the method was performed at the end of data collection. These were conducted online and in-person and analysed using reflexive thematic analysis. The protocol for the use of audio diaries has been co-produced with a lived experience advisory panel. The fluidity in speech enabling an immediate response, the flexibility, and the great control over how respondents recorded their account, led to high acceptability and completion rates. The use of audio diaries was experienced as cathartic in that it helped to reflect upon the challenges in disrupted sleep and in doing any form of movement when the emotional and mental load has a severe impact on daily life. This approach often provided motivation to move more and focus on how to deal with day-to-day negative feelings. The accessibility and the value of verbalisation within this approach could offer to the participant and the researcher a better understanding of processes underpinning health-related behaviours.

### Lewis McColl- Experiences and motivations of older adults completing Age UK Strength and Balance training in North Tyneside

Approximately a third of community dwelling adults over the age of 65 fall each year, with around half experiencing more than one fall per year. Improving strength and balance in those at risk is an established intervention, yet uptake of exercise beyond interventions in participants varies. Older adults within North Tyneside who have or are at risk of falling attend a specialist Falls clinic; if appropriate they are referred on to a 12-week Strength and Balance Programme ran by Age UK. 17 users of the Age UK Strength and Balance users were recruited from the quantitative arm of our mixed methods project, having been attenders of both the North Tyneside Community Falls Prevention Service (NTCFPS) and Age UK classes. Participants were interviewed in the NTCFPS. Interviews were audio-recorded, transcribed verbatim and thematically analysed. Five emergent themes were identified: Class expectation and explanation, Opportunity, Capability, Motivation and Follow On, each of which had sub-themes. Findings revealed a broadly positive experience of the classes, with participants particularly engaging with the shared background that the classes' social support offered. Participants that were previously active were more likely to have engaged, or wish to, with follow on resources, often with the same provider. Work is ongoing and will include a full mixed methods analyses of the experiences of Age UK users and their improvements in concerns about falling and functional strength and balance tests pre/post the classes.

# The State of Qualitative Research
## Newcastle University Qualitative Special Interest Group
## Inaugural Symposium

## Voting and Prizes

Prizes will be awarded for:

- Best presentation
- Best poster
- Most creative and/or thoughtful approach to qualitative research

## Feedback

Comments board in the foyer

Feedback form
http://tinyurl.com/2h3w9emx

𝕏 @NU_QualSIG and use the hashtag #NUQualSIG

# The State of Qualitative Research
## Newcastle University Qualitative Special Interest Group Inaugural Symposium
# Voting links – please vote!

Qual SIG Symposium: Best Poster Presentation voting form

Qual SIG Symposium: Best Oral Presentation voting form

Qual SIG Symposium: Most Innovative Approach to Qualitative Research

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*The State of Qualitative Research*

Newcastle University Qualitative Special Interest Group Inaugural Symposium

18th of January 2024 at The Fredrick Douglass Centre - @NU_QualSIG | #NUQualSIG | https://research.ncl.ac.uk/ima/qualitativesig/

The Qualitative Special Interest Group (QualSIG) is part of Newcastle University's cross faculty research theme, the Innovation, Methodology and Application (IMA) theme https://research.ncl.ac.uk/ima/

# The QualSIG Steering Committee

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**Deputy:** Matt Breckons
**Early Career Researcher Reps:** Kat Jackson and Abisola Balogun-Katung
**Student Reps:** Julie Guest and Arwa Katab
**Training and Teaching Co-Leads:** Steph Scott and Matt Breckons
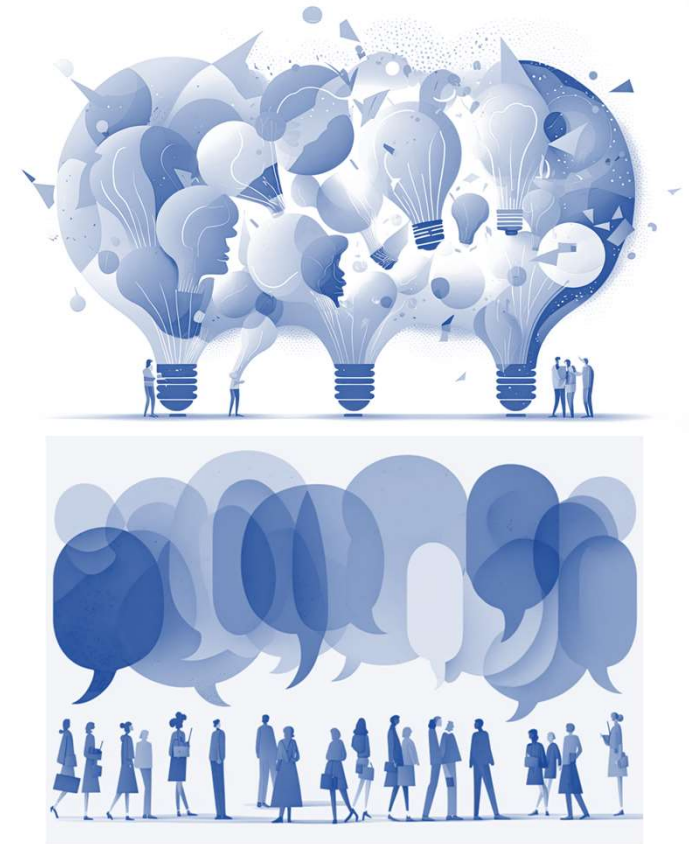**Social Media Co-Leads:** Beth Bareham and Laura McGowan
**IT/Tech Lead:** Rachel Stocker
**General members:** Marie Poole and Jennifer Dene

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