

# Abstracts, Poster for Qualitative Methods Conference

*International Journal of Qualitative Methods*  
January-December 2016: 1–14  
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DOI: 10.1177/1609406916628969  
[ijqm.sagepub.com](http://ijqm.sagepub.com)



## Using Participatory Mapping as a Tool to Improve Community Engagement

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Community engagement and action research rely on input from participants in conjunction with the researcher to develop new knowledge. This presentation is based on a study to involve community participants in an action research that would improve health outcomes for rural people. One of the challenges of action research is getting participants to fully engage, and using participatory mapping can enhance this process. Asking community participants to identify places on a map that affect their health is one method of starting a conversation about health and well-being. Participants located places on the provided map that had a positive or negative effect on their own health and well-being, and they were also asked what places had a positive or negative effect on the community's health and well-being. Thematic analysis provided places and topics which were then shared with the action research group, key themes were chosen for discussion by the group, and the results demonstrated that spaces affecting health can occur inside and outside the home, may vary over time, and have different meanings for different demographic groups. The concept of changing spaces to better suit the health and well-being, of community members, was highlighted as a strategy to improve health outcomes. All of these spaces contribute to the therapeutic landscape of these rural communities. Use of space reflects a need for safety, exercise, sharing, privacy, reflection, and volunteerism. Some of these uses are mutually exclusive and can lead to conflict between community members.

## Contemporary Status of Family-Centred Care in Saudi Arabian Hospitals

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Family-centred care (FCC) is a philosophy widely endorsed in paediatric health care. While the literature demonstrates that nurses were found to have a good understanding of the key elements of FCC, there is limited empirical evidence regarding the implementation of this approach in their practice. The studies that have examined nurses' perceptions and practices of FCC have been mainly conducted using quantitative methods. Thus, this study is undertaken by qualitative methods to explore paediatric nurses' perceptions and practices of FCC in Saudi hospitals. The aim of this study was to illuminate nurses' perceptions and practices of FCC through their conversations and observations. A mixed methods study used 335 questionnaires; 18 day-shift observation and 10 semistructured interviews to explore FCC in the Saudi context from the perspectives of paediatric nurses and families. This paper reports the results of the interviews and observations. The findings of the interviews showed that nurses have limited and shallow understanding of what FCC means as a model of care. This illuminates how their limited understanding of FCC reflected on their everyday practice. However, they were in common agreement on the importance of families during hospitalisation and the significant role they play. In conclusion, FCC in Saudi is still undercover. Approaches need to be taken to introduce this topic to nurses and enrich their knowledge which might improve their practices in the future. This research will contribute to a global understanding of current practices of FCC and has implications for education, practice, and policy development in Saudi.



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## Participation Through Narrations: Establishing Boundaries

Denise Blanchard, *University of Wollongong*  
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Qualitative methods may be boundless and may push boundaries. At the end of the day, methods progress research. This includes accounting for participants taking part in the research. While qualitative research is field of inquiry in its own right and crosses disciplines, researchers need to ensure that inquiry methods are both trustworthy and show integrity. Narrations provide words and actions beyond a description to reflect participants' contributions as genuine. An analysis of three studies identified how researchers and participants' repeated oral contributions and actions show evidence of valid participation. The boundaries associated with narrations became obvious in the research examples where agreements emerge. Narrations provide substance and evidence of boundary in qualitative research, through reworking of events, negotiations, and participation with the researcher. As a methodological tool, narrations provide a means of asserting participation through the establishment of boundaries and advancement of research outcomes. This poster explores three studies showing how narrations represent a reworking of the gathered stories to provide boundaries in qualitative research.

## Autoethnography of a Dental Education Process Within a Nursing Home in Brazil

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 Ramona Feranda Ceriotti Toassi, *Faculty of Dentistry at UFRGS*  
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 Fabiana Costa Machado Zacharias, *School of Nursing at EERP-USP*

Brazilian dentistry curricula/syllabus faces a new perspective to construct future dentists, to be prepared to face the demographic and epidemiological reality of Brazilian oral health demands. Thinking of that, the faculty of dentistry of Federal University of Rio-Grande-do-Sul offers extramural dentistry experiences to its students in an older people nursing home. During the process of tutoring the students on their activities, a faculty professor developed an autoethnographic study to describe and comprehend the relational process of teaching outside the university boundaries. In this case, this self-reflection and writing explore the professor/researcher's personal experience, emotions, and values. This autoethnography allows connecting the realities of extramural teaching experience to the cultural, political, and social understandings of the teaching environment. Based on anthropological self-narrative and cultural descriptions of the social environment where the geriatric dentistry teaching happens, the researcher presents, as preliminary findings, two paths to guide the understanding of the relational process on teaching geriatric dentistry outside the university. The first path is to construct a good and healthy partnership between professor, students, and the older people. This assumption suggests that a good personal and professional relationship should be part of the

process to a good social and teaching environment. Other path is to live in the same balance and focusing a same teaching target. This target needs to be socially constructed by all professors and agreed by all students. Toward that, an autoethnography with this research object can create instrument to other health professor to develop their teaching process in an extramural situation.

## Understanding Barriers and Facilitators to Postpartum Care Among Aboriginal and Torres Strait Islander Women With Gestational Diabetes: Translating Problems Into Informed Action

Catherine Chamberlain, *Monash University*  
 C. Preece, *Monash University*  
 S. Campbell, *Monash University*  
 B. Fredericks, *Monash University*

Women with gestational diabetes have a very high risk of developing type 2 diabetes after pregnancy and are therefore advised to have diabetes screening 1–2 yearly after pregnancy. However, we conducted an audit of all women who had gestational diabetes from 2004 to 2010 and gave birth at Cairns Hospital (Far North Queensland, Australia) and found very low rates of postpartum glucose screening for all women, but particularly among Aboriginal and Torres Strait Islander women, with the lowest rates seen among Aboriginal and Torres Strait Islander women living in the regional centre (Cairns). The reasons for these low rates are not understood, particularly from the perspectives of Aboriginal and Torres Strait Islander women. We are conducting a qualitative study to understand the key factors affecting access to care from the perspectives of women, health workers, and other "key stakeholders." Focus groups and interviews are being undertaken in three incremental stages: 1. Aboriginal and Torres Strait islander women with gestational diabetes (living in urban and remote areas separately) to understand barriers and facilitators and identify helpful strategies. 2. Aboriginal and Torres Strait Islander health workers to reflect on women's perspectives and build on possible strategies. 3. Key stakeholders to refine possible strategies and develop implementation strategies. The qualitative findings will be synthesized with the quantitative data and enable triangulation of findings to understand individual-, community-, and system-level barriers (social determinants), that will assist services to meet the needs of women and communities.

## Learning From Each Other: Cross-Cultural Philosophy

Ylona Chun Tie, *James Cook University*  
 Melanie Birks, *James Cook University*  
 Jane Mills, *College of Healthcare Sciences, James Cook University*

Australia embraces diverse cultures and traditions. Cross-cultural philosophy has its antecedents in the Western awareness of Eastern, Middle Eastern, and other traditions.

Researchers need to find their philosophical position when undertaking a higher research degree (PhD). This may challenge the researchers to explore ideas of how they construct knowledge. A global philosophy seeks to explore a wider range of ideas and to discover new insights and ways of knowing. Traditional research literature on philosophy reveals the rich history and influence of Ancient, Greek, Western, and European philosophers; however, there is less literature on the influence of non-Western traditions in the qualitative realm. Whilst there are fundamental differences that underpin perspectives related to learning and knowledge acquisition, the goal of cross-cultural philosophy is not to compare and contrast but to encourage deeper engagement, to uncover insights that support the philosophical position undertaken by the researcher, and to explore how Western and non-Western philosophy can enhance understanding.

### **Using Grounded Theory to Discover the Experiences of Breast Cancer Screening and Early Detection in Never or Rarely Screened African American Women**

Regina Conway-Phillips, *Loyola University Chicago*

African American women (AAW) experience a disproportionately high breast cancer burden and mortality rate despite having a lower incidence of the disease. Findings in the literature have attributed this disparity to several factors including late stage at diagnosis due to lack of adherence to breast cancer screening (BCS) guidelines. Few studies have explored the experiences of breast health, BCS, and early detection in AAW. The purpose of this study was to generate a substantive theory on the experience of BCS and early detection among “never” and “rarely” screened AAW. Grounded theory was used in this study. AAW aged 40–85 years who self-identified as having never or rarely screened for breast cancer were interviewed to determine the experience of BCS. Emerging categories from preliminary data include anticipating the worst, anticipating pain, lacking knowledge, needing access to health care, desiring social support, and needing encouragement. It is anticipated that the result of this study will provide the theoretical basis for health-care professionals to identify the unique experiences and perspectives of these women and guide nursing practice in developing culturally sensitive, targeted interventions aimed at reducing the disparity in breast cancer mortality rates experienced by AAW.

### **An Ethnographic Study to Better Understand the Oral Health of Aboriginal People Residing in Montreal**

Basem Danish, *McGill University*

Christophe Bedos, *McGill University*

Mary Ellen Macdonald, *McGill University*

Urban aboriginal populations in Canada are often underrepresented in health research even though 54% of Aboriginal

Canadians live in urban centers. They have poorer oral health than non-Aboriginal Canadians despite the provision of a federally funded dental plan specific for Aboriginal people. To understand the roots of their problem, I will explore how Aboriginal people in Montreal understand oral health and oral illness; what are people’s oral health needs; and how people promote oral health and deal with oral illnesses. I will adopt a focused ethnography using participant observation and in-depth interviews for data collection. I will use a participatory approach by partnering with “Montreal Urban Aboriginal Health Committee.” I propose a sample size of 25 to 30, using a maximum variation sampling strategy, taking into account various criteria such as age, gender, and socioeconomic status. I will also adopt a snowball sampling strategy where necessary. All participants should be 18 years or older, speak English or French, and have lived in Montreal for more than 6 months at one time, to exclude transient populations. Interview questions are based on my conceptual framework of social determinants of oral health inequalities. Interviews will be recorded and transcribed verbatim. I will do thematic deductive–inductive data analysis. Preliminary findings show that by-products of colonization (e.g., social exclusion, discrimination, and loss of family ties) are the main social determinants affecting oral health of Aboriginal people. This study is the first of its kind. It will help develop appropriate oral health promotion policies for urban Aboriginal populations.

### **OK Now What?**

Anne Ferguson, *Griffith University*

Catrin Smith, *Griffith University*

Ethical tensions and dilemmas are part of the everyday practice of research processes whether the research is qualitative or quantitative research. However, there is growing recognition that undertaking qualitative research can pose problems not only for participants but also for many researchers. But to who and where can researchers turn to when confronted with issues that are not considered part of the everyday practice of qualitative research especially if these issues arise when they are out in the field. Drawing on personal experience, the bigger picture was not only the story of Underbelly, the Melbourne gangland war 1995–2004—as the media named it—it was about the people who were caught in the middle, while this reality for them was being played out on a television screen and could become “reality” for others. Although the data collection phase of this research project is concluded, this paper will focus on the issues associated when data collection leaves the researcher just as vulnerable as the research participants. The paper will focus on the issues experienced following the murder of a research participant during incarceration, not only resulting in feelings of vulnerability and abandonment but also becoming entwined within the research project.

## Teachers Talk: Evolving Interviews to Understand Perceptions of Classroom Physical Activity

Christine Foran, *University of Calgary*;  
Gayle Rutherford, *University of Calgary*  
Cynthia Mannion, *University of Calgary*

Comparative studies involving school-age children demonstrate a link between physical activity and increased academic test scores, improved memory and on-task behaviors, increased attention, and student engagement. Few studies have targeted teachers who consistently use physical activity within their classrooms. Understanding why teachers choose physical activity, given high curricular content demands, may result in the engagement of other teachers to create active classroom environments by including activity and improving the health and learning of their students. This grounded theory study uses Charmaz's constructivist approach, to systematically explore and interpret the central phenomenon of teachers' actions and rationale for decisions to include physical activity in the classroom. The constructivist lens provides an acknowledgement of my experience as a school nurse and as a researcher. This promises that there may be new understandings made between the participant and researcher during the interviews. The guiding research question is, "What are teachers' perceptions of the factors and processes that instigate and sustain their use of classroom physical activity?" I will conduct 8–12 semi-structured interviews of grades 1–6 teachers between January and April 2015. Each interview will occur 1 week apart, providing time for verbatim data transcription and analysis using line-by-line and focused coding. Constant comparisons will be made between codes, data, and literature throughout the interview schedule. As per Charmaz, evolving understandings will be used to test emerging themes from interview to interview, allowing for increased depth of understanding. The preliminary findings of the interviews will be presented at the conference.

## Supporting Student Learning as a Social Construction

Lydia Forsythe, *Londes Strategic Healthcare Consulting, University of Oklahoma*

Creating innovative ways to engage and support student learning is an ongoing evolution. In particular, with patient safety and implications for practice, professionals need to be a part of what the learning experience will encompass from both a practical and an experiential standpoint to gain a relevant perspective of leadership in practice. Involving students in the design and development of curriculums by using action research gives the student an opportunity to engage in research while also participating in social change in learning. In using the Coordinated Management of Meaning, a theory based in social construction, we can support students by integrating theory into practice, as the student synthesizes learning into practical applications with the use of storytelling and developing a greater understanding of the importance

of appreciative communication skills. By asking questions, which are reflexive in nature, the students reflect upon their own awareness of how they perceive and integrate new learning as they span their own use of new ideas and contribute to the development of new curriculums. These experiences can then be translated into leadership in practice to enhance dialogue within organizations and communities. We need to have student input to create relevant curriculums, which will enhance their professional worlds. By promoting scholarly development and engagement in research through self-reflection and sharing of knowledge, we develop a collaborative partnership in the learning environment.

## From Policy to Practice: Evaluating Health Policy Implementation in Australia

Sally Havers, *Centre of Research Excellence in Reducing Healthcare Associated Infections, QUT*  
Lisa Hall, *Centre of Research Excellence in Reducing Healthcare Associated Infections, QUT*  
Katie page, *Centre of Research Excellence in Reducing Healthcare*

Effective implementation is the crucial link between health policy and clinical practice. Policy makers and health service leaders do not necessarily understand the variables that influence implementation of health policy or the factors that enable real change to practice to occur. This research project will use a mixed methods approach to investigate the process of implementing the National Safety and Quality Health Services (NSQHS) Standards. In order to investigate this area of health policy, a mixed methods approach will be used in the development of an implementation framework to evaluate implementation of the NSQHS. In the first instance, a comprehensive literature meta-synthesis has been undertaken. Based on these findings, further collection of data through interview, survey, and focus groups will be undertaken to help build the key components for investigation. This process will result in the development of an evaluation framework that will then be applied to assess the implementation of the NSQHS and observe for changes associated with this process. This study will identify key components required for implementation evaluation. Stakeholder perspectives on the role of external and internal factors in effective implementation of the standards will also be established. For policy to impact on practice, it has to be effectively implemented. Many factors influence implementation of health policy. Identifying the factors that restrict or enable effective implementation requires a mixed methods approach and will allow policy makers to better design and establish health policy that will lead to change.

## How I Became a Critical Narrativist: Using Critical Reflection and Narrative Inquiry as Research Methodology

Helen Hickson, *La Trobe University*

This presentation explores my experience of using narrative inquiry and critical reflection as research methodology. I was

interested in using a narrative approach to explore the stories of participants and to understand the ways the stories were constructed and positioned. Critical reflection provided a framework for deconstructing the stories and exploring assumptions about knowledge, power, and reflexivity. As these approaches were combined, the critical narrativist was born. The narrative approach was underpinned by, and combined with, a critically reflective research approach. Principles of critical reflection and narrative scholarship can be intertwined; however, the separate threads are able to be conceptually and practically separated. This PerchaKucha presentation describes how these modes of inquiry came together and discusses the implicit and explicit nature of the methodological positions.

### How do Lactation Consultants Support Women to Breastfeed?

Jennifer Hocking, *La Trobe University*  
Pranee Liamputtong, *La Trobe University*  
Kath Ryan, *La Trobe University*

Breast-feeding is known to be a health behaviour that confers a broad and long-lasting impact on population health. In Australia, 96% of women initiate breast-feeding when their babies are born. When women are discharged from hospital, this rate falls immediately and markedly. This is despite World Health Organization recommendations that babies receive only breast milk in the first 6 months of life. By 6 months of age, only 15% of Australian babies are being exclusively breast-fed. In the past, breast-feeding research has largely focused on epidemiological studies examining who is breast-feeding and for how long, studies of the physiology and pathophysiology of human lactation and, more recently, on the lived experience of breast-feeding. Lactation Consultants have been professionally certified since 1985 in Australia, Canada, and the United States. Despite their key role in breast-feeding support, there has been little research looking at their clinical work and none about the way their care is perceived by the women and families for whom it is provided. This study will investigate, via participant observation, the nature of the work that International Board Certified Lactation Consultants do in a number of clinical contexts in Melbourne, Australia. Women will also be asked, via an online parenting forum, to describe and reflect on the care they have received from Lactation Consultants. The findings will help to understand the nature, significance, and broader impacts of the work that lactation consultants do with breast-feeding women and their families.

### Educational Aspects in Experiences of Mothers Caring for Children With Autism: A Hermeneutics Study

Laleh Hosseini Shahidi, *Department of Nursing, Mashhad University of Medical sciences*  
Abbas Heydari, *Department of Nursing, Mashhad University of Medical sciences*

**Background:** With the ever-increasing pattern of autism all over the world, the challenges of caring for children with autism have become more importantly noticed. Advancement of supportive programs for mothers with autism spectrum disorder (ASD) children is in direct relation with the understanding of their lived experiences. **Objectives:** This study aims to understand the experiences of mothers caring for children with ASDs. **Materials and method:** This hermeneutic phenomenological qualitative study is part of a larger study, and the educational aspect is one of the main resulting themes. It was performed on 18 cases of Iranian mothers, with experience of caring for a child with an ASD in the Mashhad during 2012–2013. They were selected based on purposive sampling method. In this study, deep and unstructured interviews for data collection were used. Data analysis was done with the interpretation methods. **Results:** Analysis of caring experiences, retrieved from the stories of mothers, is the main theme of the “educational aspects.” Subthemes are mother versus teacher (role interference, neglect, and mother’s attitude), home schooling (unsupportive environment and common experiences), and children’s needs (flexibility, environment control, and changing expectations). **Conclusion:** This research concluded that caring for an autistic child led mothers to a spiritual transcendence and enabled them to help their children and themselves based on spiritual and religious values, thus becoming more mature, aware, and refined in their situations.

### Spiritual Transcendence: Mothers’ Care Experiences of Children With Autism Spectrum Disorders

Laleh Hosseini Shahidi, *Department of Nursing, Mashhad University of Medical sciences*  
Abbas Heydari, *Department of Nursing, Mashhad University of Medical sciences*

**Background:** Mothers of children with autism would face changes in the meaning of their lives, and the question that what is the meaning and sense of their life after that. **Objectives:** This study aims to understand the spiritual experiences of mothers caring for children with autism spectrum disorders. **Materials and Methods:** This hermeneutic phenomenological qualitative study is part of a larger study, and the spiritual transcendence is one of the main resulted themes that are discussed here. This study was performed on 18 cases of Iranian mothers, with experience of caring for a child with an autism spectrum disorder in the Mashhad during 2012–2013. They were selected based on purposive sampling method. In this study, deep and unstructured interviews for data collection were used. Data analysis was done with the interpretation methods. **Results:** Analysis of caring experiences, retrieved from the story of mothers, is the main theme “spiritual transcendence” with subthemes descent (sorrowful tale, escape from reality, and unanswered questions) and close to deity (gratefulness, surrender to God, and the divine test) as well

as ascent (hope, rescue, and inner voice). **Conclusion:** This research concluded that caring for the autistic child led mothers to a spiritual transcendence and enabled them to help their children and themselves based on spiritual and religious values, becoming grown and refined in this way.

### **Grief Therapy & Social Work Practice: Identifying Effective Interventions**

Kate Jurgens, *Bereavement Coordinator, Southern Adelaide Palliative Services*. George Karpetsis, *Senior Lecturer in Social Work, School of Social and Policy Studies Flinders University*. Supporting people to adjust to their loss is a challenging work. Measuring if the support offered has been helpful from the bereaved person's perspective is a greater challenge. Social workers are often employed as providers of bereavement support in public health services in Australia but report difficulties to implement research into their practice, especially when their workloads are increasing. An additional difficulty in researching intervention outcomes is determining what makes the difference for people, especially as therapy is a discourse built on relational grounds. The dearth of practice-based research from bereavement services in Australia would appear to reflect these difficulties. Effective bereavement models are difficult to define, leading to reliance on anecdotal reports, or professional opinion, as the basis for intervention and development of policy, such as timing of, and in what form, contact is made with the bereaved and to whom it is offered. A reflection of differing perspectives can be found in the argument for and against regarding the inclusion of complex grief disorder in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, released in 2013. But where is the voice of the bereaved in recommendations? The aim of our proposed qualitative study is to capture these voices. A review of experience of support via satisfaction surveys, in-depth interviews, individual journal reflections, and group experience evaluations will be incorporated, with the intention of defining from the bereaved person's perspective what has assisted them in adjusting and coping, in turn further defining what is effective in supporting the bereaved, and refining services offered.

### **Severe Burnout and Return to Work (RTW)—A Multimethod Qualitative Study**

Riitta Kärkkäinen, *University of Eastern Finland, Kuopio Campus*. Kimmo Räsänen, *University of Eastern Finland*. Terhi Saaranen, *University of Eastern Finland*. Professional burnout is a work-related stress syndrome threatening employees' health and work ability worldwide. Severe burnout predicts increased sick leave and even disability pension and causes loss at the individual, organizational, and societal levels. The aim of this study was to increase our understanding of the factors that promote return to work (RTW) after severe burnout. This Finnish study has 52 participants, including 24 occupational health-care professionals, 18 coworkers, and 10 supervisors of

burnout individuals. Open-ended essays and individual and group interviews are used. Burnout individuals' perspectives on RTW are investigated by means of a systematic literature review. Data will undergo thematic content analysis and interpretative phenomenological–hermeneutical analysis. A program will be developed for preventing severe burnout and supporting RTW. The research period is January 2014–December 2017.

### **Finding Our Feet: Walking Interviews for Qualitative Inquiry With Older Adults**

Alexandra C King, *University of Tasmania*. Jessica Woodroffe, *University of Tasmania*. Peter Orpin, *University of Tasmania*. Walking interviews or “go-alongs” are an innovative qualitative research method that has recently gained popularity amongst researchers, informed by the “new mobilities paradigm” and “the spatial turn” within social sciences. Walking interviews essentially entail researchers and participants talking whilst walking together. This method has been employed in research into experiences of various places, including shopping centres, neighbourhoods, cities, and farms, and with various research participants, including children, teenagers, and occasionally older adults. Walking interviews are often viewed as a valuable means of deepening phenomenological understandings of lived experiences in particular places through qualitative inquiry. However, further exploration of the epistemological claims made for walking interviews, over and above those of more sedentary qualitative research methods, is warranted. Case studies will be presented from recent phenomenological ethnographic research in rural Australia, which included walking interviews with older adults in their homes, gardens, farms, and towns. The rich, detailed, and multisensory data generated by these walking interviews demonstrate that this method is a valuable, valid, feasible, and empowering means of conducting qualitative inquiry with older adults, particularly when employed concurrently with well-established qualitative methods such as in-depth interviews and ethnographic observation. However, these case studies also illustrate the epistemological boundaries of walking interviews, raising questions about whether or not this method allows researchers engaged in qualitative inquiry to achieve “embodied empathy” with older adults which entails fully sharing in their bodily experiences of life.

### **What Is the Experience of Moral Distress Within Health Practitioners as They Work Within the Multidisciplinary Team in Providing End-of-Life Care to Patients?**

Janice Layh, *University of the Sunshine Coast*. Moral distress is defined as “arising when one knows the right thing to do but institutional constraints prevent one from taking the right action” (Jameton, 1984). This phenomenon has been explored

in the contemporary literature and identifies significant impacts for health practitioners, patients, and health professions. Case study methodology will be engaged to explore moral distress in the context of the multidisciplinary team providing care to patients at the end of life. This context is one in which there are many decision-making points, and current literature shows that it is an area of moral distress, often arising from the performance of unnecessary tests and treatments to patients and the conflict between family and health practitioners. The themes emerging from the literature reviewed included the effects of moral distress on practitioners, patients, and the professions. Health practitioners suffered physical and psychological symptoms and disengagement. Patients suffered, as practitioners disengaged and lacked care and compassion. The profession suffered, as practitioners left the professions or sought out positions with less patient contact. There has been little research to date on moral distress in the Australian health system and in the context of the multidisciplinary team. The outcomes of this research intend to highlight the gaps in identifying how moral distress is experienced within the multidisciplinary teams working within the Australian health-care system and caring for patients at the end-of-life phase.

### **Introducing the Teen Prevention Education Program (Teen PEP) in North Carolina: Lessons Learned About Implementing a Peer Sexual Health Education Program in High Schools**

Carolyn Layzer, *Abt Associates Inc.*. Lauren Rosapep, *Abt Associates Inc.*. Sherry Barr, *Center for Supportive Schools*. Even as the U.S. teen birthrate declines, teens are more at risk than ever for contracting sexually transmitted infections and diseases that are increasingly resistant to antibiotic treatment. One approach to this problem is to educate teens about sexual health, and a promising strategy to leverage the impact of this education is to enlist peers in the process. This paper investigates the challenges and effective implementation strategies uncovered by an evaluation of a high-quality peer-led sexual health education program in U.S. high schools. To elicit key insights on model implementation, the researchers used a grounded theory approach that drew from multiple source of data collected between 2011 and 2014 from seven schools over three successive implementation waves. Data sources include observations of program and training activities, in-depth interviews of stakeholders, focus groups with youth participants (107 peer educators and 75 ninth-grade workshop participants), and 1,137 surveys of youth participants. The evaluation found that although the central challenge of transmitting accurate sexual health information in a meaningful, comfortable way that resonates with participants was mostly addressed by the Teen Prevention Education Program (PEP) curriculum and the program developer (who also provided the training and ongoing support), critical school-level factors have great

bearing on implementation. The extent to which a school's vision for Teen PEP is congruent with the developer's and the degree to which the school establishes and maintains critical internal connections to the program seem to be particularly important to implementation effectiveness. The paper concludes with implications for future adoption of this intervention.

### **Team-Based Delivery of Clinical Preventive Services: What Does it Look Like?**

Lisa LeRoy, *Abt Associates*. Karin Johnson, *MacColl Institute for Healthcare Improvement*. Therese Miller, *Agency for Healthcare Research and Quality*. **Introduction:** Getting the right preventive services to the right people at the right time is a challenge in U.S. primary health care. Many vulnerable populations aren't getting clinical preventive services (CPSs) they need, while others receive unnecessary services. Primary care providers struggle with providing CPSs due to time constraints and lack of systems to facilitate delivery. Previous research, using the assumption that a physician alone would provide all preventive services, estimated that 7.4 hr per working day would be required to provide all of the CPSs that are recommended by the U.S. Preventive Services Task Force (USPSTF). **Purpose.** The objective of this study was to analyze how primary care practices currently organize roles and systems to efficiently deliver CPSs. **Methods:** Data were collected in 2014 from nine nationally recognized innovative primary care practices. Site visitors (1) shadowed and interviewed clinicians and staff members, (2) documented staff roles and time spent during a sample of patient visits, and (3) recorded how practices used team structures, electronic health records, and care management procedures to implement 15 recommended adult CPSs. Employing both an ethnographic observational approach and timing activities to derive quantitative estimates of the time spent on specific activities allowed us to draw conclusions about how preventive services were delivered. **Findings:** We observed a dynamic process of clinicians and other team members, especially medical assistants, dividing CPSs responsibilities. Each team member strived to practice "at top of license," or their maximum training level. Electronic health records provided a critical but still developing role in identifying patients due for CPSs and also supported communication among clinical teams and with patients. USPSTF-recommended CPSs were effectively and efficiently provided by high-functioning interprofessional care teams.

### **An Unintentional Method: Longitudinal Phenomenology**

Joy Lyneham, *University of Newcastle*. Heather Byrne, *Central Australia Health Service*. When Christchurch initially experienced an earthquake in 2010, a phenomenological study on the experience of nurses working in the first 48 hr of the disaster

was commenced. Due to a typographical error on the two initial ethics applications, i.e., the addition of an “s” to the word earthquake, a door was opened when the February 2011 and December 2011 earthquakes occurred. Each earthquake was in itself a new experience; therefore, the method remained valid. The decision was taken to use the original participants exclusively. Interestingly following the same participants added a new phenomenological dimension as cumulative experience was revealed. Given that the researchers were embedded during the declared disaster, they also became part of the experience. Becoming part of the experience is a risk, it is dangerous place to be, and it takes a significant effort both methodologically and emotionally to step back and allow the experience of your participant to be “heard.” The potential benefits include a depth of understanding of the participants’ cumulative experience that documents the experience as a journey not just one point in time. The development of this new interpretation of phenomenology was not planned rather it evolved in the moment. This presentation will explore the perils and innovations that longitudinal phenomenology may provide for the future of qualitative methods.

### **Factors Leading to Disciplinary Action Against Nurses in New Zealand: A Case Analysis**

Patricia McClunie-Trust, *Waikato Institute of Technology*. This research uses a multiple case study approach to examine the factors leading to disciplinary against nurses in New Zealand for professional misconduct. The focus for this research is a compassionate analysis of the often complex personal, professional, and institutional factors that contribute to situations where nurses fail to exercise the judgement necessary to practice professionally. Understanding more about how nurses come to be disciplined for professional misconduct contributes to our knowledge about how to recognise and manage challenging situations, including both personal and professional risks and to understanding more about ourselves as professional people. In the first phase of this research, a multiple case study approach is used to analyse the documented Health Practitioners Disciplinary Tribunal cases that were referred to the Nursing Council of New Zealand Professional Conduct Committee between 2009 and 2014. Each case represents examples where elements of nurse’s behaviour can be understood and interpreted in the context of professional practice. The focus for analysis of the Disciplinary Tribunal case notes is to explore differences and similarities between cases and to theorise underlying reasons for why the behaviour leading to disciplinary action occurred. Of particular interest are the circumstances under which decisions or judgments were made in the practice context and to understand why a nurse may have made a particular choice. In this case study approach, findings are developed inductively, creating theoretical interpretations grounded in an iterative process of cross-case synthesis.

### **Approaches Used by Interdisciplinary Health Care Teams to Address the Spiritual Needs of Terminally Ill People in Oncology and Palliative Care Units**

Carmel McLeod, *La Trobe University, Melbourne, Australia*. **Background:** A review of the literature on spirituality and peoples experiencing serious illness and end of life revealed two important issues. First during life-threatening illness or at end of life, spirituality greatly affects a person’s sense of well-being; and second, spiritual well-being is the greatest protector against end-of-life despair. However, there is limited research that specifically addresses approaches used by interdisciplinary health-care professionals to address spiritual care needs in these instances. **Purpose of the study:** The purpose of the study is to explore interdisciplinary approaches used to identify and address the spiritual needs of people in oncology and palliative care units in Australia. **Ethical approval:** Ethics approval will be sought from La Trobe University and participating hospitals’ Human Research Ethics Committees. **Methodology:** An Ethnographic approach will be used to explore the current attitudes and practices of the multidisciplinary health team to the provision of spiritual care in oncology and palliative care settings. **Sample selection:** A purposive sample will be selected including patients, nurses, doctors, and allied health professionals in the participating oncology and palliative care units. **Data collection:** Data will be collected using multiple qualitative methods: participant observation at interdisciplinary team meeting; observation of health-care interactions such as care delivery situations; in-depth interviews with patients, nurses, doctors, and allied health professionals; and information from patient case notes. **Data analysis:** Data will be analysed using a thematic approach and underlying principles of critical theory.

### **The USE of the Photovoice Method in Combination With In-Depth Interviews in Researching With Thai Transgender Individuals: Fieldwork Experiences**

Pattaraporn Moolchaem, *La Trobe University*. Pranee Liamputtong, *La Trobe University*. While an in-depth interviewing method can be effectively used to explore and understand individuals’ lived experiences, the photovoice method is also a powerful means for eliciting rich lived stories from research participants. The photovoice method has been seen to empower research participants, and it has been used extensively in research with minority/marginalised groups. This paper aims to discuss the issues from fieldwork experiences of the use of the photovoice method as a combined means with in-depth interviews in a research project that examines the lived experiences of Thai transgender individuals living in Australia. Throughout data collection, we found that data generated from photovoice can enhance our understanding of the lived experiences of the participants, as it helps to fill the gap of unspoken issues that participants have not been able to articulate in the



interviews. Photovoice is also the way to uncover what are the most significant issues for the participants by permitting them to freely present their world through photographs. However, there are some difficulties with the use of photovoice in the context of transgender lives including the availability of participants (mainly due to their lifestyles) and their attitudes towards photovoice. In this paper, we discuss some salient issues that we encountered in our project and the accounts that were given by the participants about the method. Our discussions should assist future researchers to prepare well for their research endeavours who wish to embark on using the photovoice method and/or conduct research with transgender individuals in Australia and elsewhere.

### **Situational Analysis: Its Use in Reflexivity, Reviewing the Literature and Preparing for Data Collection**

Sarah Morey, *Northumbria University*. Alison Steven, *Northumbria University*. Drawing on the experiences of the author, this paper will describe and debate the use of situational analysis as a technique for enhancing reflexivity. Situational analysis as a methodological approach aims to capture the complexities within data collection and analysis through cartographic representation (Clarke, 2005). The researcher has adapted this cartographic approach to record and to develop her reflexivity through a series of maps positioning various stages in the research process. Reflexivity is an essential component of qualitative research, facilitating what is known but also how we come to know it (Suki et al., 2004). Contemporary qualitative research is recognised as coconstituted with participants, researcher, and the relationship between (Finlay, 2003). The researcher does however bring many assumptions and experiences that may have influence on the research process. Prior to data collection, the researcher recognised she had preconceived ideas, beliefs, and understanding gained from prior work, life experiences, and the literature. She then applied a situational analysis mapping technique to record her initial position. Subsequent mapping continued and will progress as the literature review develops and the researcher becomes further sensitised to her area of research. The employment of a software tool (Mind Genius™) has allowed for an auditable trail of the researcher's changing position. This early reflexive activity has helped ensure that the researcher's thoughts, beliefs, and understandings are opened up prior to and throughout the literature review, data collection, and analysis activity. In concordance with Clarke's (2005) view, the researcher can therefore become more visible and accountable for, in, and through the research process.

### **Forum Theatre as an Alternative Methodology**

Sarah Morey, *Northumbria University*. Lara Pizycki, *Northumbria University*. Heather Yoeli, *Northumbria University*. Sarah Finlay,

*Northumbria University*. Four postgraduate researchers from the disciplines of public health, nursing, and social work developed and delivered a workshop that operationalised the philosophies of Paulo Freire via the Forum Theatre technique of Augusto Boal. This technique was employed as a mechanism to deconstruct the interplay between self-determination and risk and thus to stimulate engagement and participation for the audience as an alternative to traditional presentation methods. The objective of the workshop was to examine the existing tensions in the context of "safeguarding" between choice and autonomy on the one hand and concerns about risk and the need for protection on the other. The aim of the workshop was to encourage and foster an interactive discussion utilising Forum Theatre as a vehicle for exploration, resulting in the consideration of the following questions: What constitutes "interference"? To what extent should practitioners interfere and/or intervene in people's lives? What if any differences exist between health and social care perspectives? If a difference exists, and given that safeguarding is a multidisciplinary effort, how might we match up the differing perspectives to form a cohesive "whole"? What are the implications to practice? How might identified tensions be managed and/or reduced? The workshop has since been delivered to a number of audiences at a national and local level. The proposed paper will present the researchers experience of using Forum Theatre and consider how to further utilise this approach as an alternative methodology within qualitative research.

### **Consequences of Sexual Dysfunction: Experiences of Malaysian Women**

Rosediani Muhamad, *La Trobe University/University Sains Malaysia*. Pranee Liamputtong, *La Trobe University*. Paul O' Halloran, *La Trobe University*. Wah Yun Low, *University of Malaya*. This phenomenological study explores the experience of living with sexual difficulties among Malay women. It discusses how social learning, religious knowledge, and intrapsychic and relational determinants interact in maintaining these difficulties. Twenty-two married middle-aged Malay women from northeastern and central part of Peninsular Malaysia who self-reported having sexual dysfunction participated in face-to-face in-depth and photo-elicitation interviews from September 2013 to June 2014. Most women had tertiary education and had been married for 13 (mean) years. Most of the disorders affecting them were a combination of desire and orgasmic problems. Thematic analysis revealed that dealing with sexual difficulties from the beginning of marriage positioned these women to be sexually ignorant. A spectrum of negative emotions and cognitive reactions were used to portray their refusal of sex. The disappointment and fear of polygamy and divorce were set in since they felt themselves to be an inadequate wife who failed to fulfil their roles. However, for those who ever felt pleasure from it still gave some primacy for their sex life. Women who never felt orgasm reacted differently and wished to assert their rights to sexual pleasure. Overall, our findings suggested that

inadequate “sexual works” of their spouse led to feeling of frustration among these women. Misinterpretation of wife’s sexual problem and reactions, unmet sexual expectation, intolerable husband, and bad communication skills were the triggers for conflict to begin. All these might result in low self-esteem among the women which affects their overall quality of life. Our findings will help health professionals to develop appropriate and culturally and religiously acceptable therapy to these women.

### **Thematic Analysis: Striving to Meet the Trustworthiness Criteria**

Lorelli Nowell, *University of Calgary*. Deborah White, *University of Calgary*. Nancy Moules, *University of Calgary*. Jill Norris, *University of Calgary*. As qualitative research becomes increasingly recognized and valued, it is imperative that it is conducted in a rigorous and methodical manner to yield meaningful and useful results. To be accepted as trustworthy, qualitative researchers must demonstrate that data analysis has been conducted in a precise, consistent, and exhaustive manner through recording, systematizing, and disclosing the methods of analysis with enough detail to enable the reader to determine whether the process is credible. Although there are numerous examples of how to conduct qualitative research, few sophisticated tools are available to researchers for conducting a rigorous and relevant thematic analysis. The purpose of this paper was to provide guidance to researchers using thematic analysis as a research method. We offer personal insights and practical examples, while exploring issues of rigour and trustworthiness. The process of conducting a thematic analysis is illustrated through the presentation of an auditable decision trail, guiding the interpretation and representation of textual data. We detail our step-by-step approach used to explore stakeholder engagement in a funded research project about Strategic Clinical Networks in Alberta, Canada. This paper contributes a purposeful approach to thematic analysis in order to systematize the analysis process and increase the traceability and verification of the analysis.

### **Using Qualitative Methods to Develop Competency Standards for the Health Professions**

Claire Palermo, *Monash University*. Susan Ash, *Queensland University of Technology*. Kelvin Grove, *QLD*. Competency standards for health professional provide the framework and benchmark for the preparation of professional for entry into the health workforce. Taking a positivist epistemology, they describe the knowledge, skills, and attitudes required for safe and effective health-care practice. A range of methodologies have been proposed for the development and review of competency standards, yet few health professions have published or documented their processes. There is criticism about the limitations of competency standards yet most health professionals

define the function of entry-level practitioners with them. The role of experts in their development is usually implicit; however, other methods are used to identify key functions and roles. This paper will use the authors’ reflection of the methodologies used to develop and review competency standards, using two recent examples from nutrition and dietetics and orthotists and prosthetists. The qualitative approaches used to inform the standards provide the rich data needed to explain the breadth and depth of the work roles and function of the professions and how they operate in the current complex health system. The qualitative descriptive nature of the approaches used to develop standards appears effective however may be at odds with the positivist framework that is needed to define them. The individualised focus to competency standards does not adequately recognise the collective competence of teams’ individual health professionals work within and struggle to define professional attributes essential for optimal practice.

### **A Relational Model of Engagement to Recruit People With Severe Mental Illness, Their Staff and Carers to a Cluster Randomized Controlled Trial (the CORE Study)**

Victoria Palmer, *The University of Melbourne*. Kali Godbee, *The University of Melbourne*. Jane Gunn, *The University of Melbourne*. Helen Herrman, *The University of Melbourne*. Literature highlights that while randomised controlled trials (RCTs) represent the gold standard for evidence generation, they face challenges when it comes to reaching recruitment targets. Recruitment can be delayed, become resource-intensive, and can impact on statistical precision if targets are not reached. Recruitment is complex due to eligibility issues and translating intervention research into meaningful and understandable language for participants. But it is further complicated by the particularities of target groups for trials and the contextual organisational issues where recruitment takes place. Often the two latter factors receive little to no attention in the development of recruitment strategies for RCTs. This presentation will illustrate the development of a relational model of engagement purposefully designed by the members of the CORE research team to increase engagement with participants to enhance recruitment and retention. The CORE study is a stepped wedge cluster randomised controlled trial of a codesign technique to optimise psychosocial recovery outcomes for people affected by mental illness in the community mental health setting. Due to the unique stepped wedge design of the trial and the complexities of the population group, we developed a relational model underpinned by qualitative methods and informed by participatory action research approaches. The model began with the implementation of an awareness-raising phase in communities; it included the provision of multiple participation options through telephone, email, or web contact plus a face-to-face option. Researchers also worked with staff to identify community or social groups that people with severe mental illness might attend and visited to explain the study to them.

## Understanding Older Women's Participation in Physical Activity: Implications for Health Promotion

Ann Pederson, *University of British Columbia and BC Women's Hospital + Health Centre*. Health promotion has been dominated by models of health practices that explain such practices as "physical activity" using cognitive behavioural models. Less attention has been paid to date to how gender theory could contribute to an understanding of such practices, yet sex and gender are understood to be determinants of health. This presentation will outline the findings of a qualitative study of older women with osteoporosis and their participation in physical activity as a form of chronic disease management. Like most women in Canada, the women in this study were not sufficiently physically active to achieve health benefits, despite being aware of those benefits. Informed by feminist leisure studies, I propose that the women's limited engagement in physical activity can be understood along a continuum of constraint and agency that is consistent with three distinct approaches to analyzing women's leisure (Shaw, 1994). The first focuses on the constraints women face, as documented in the women's reports of lack of time, resources, and opportunities for leisure. The second analyzes the gendered nature of physical activity/leisure participation and how it reproduces gender relations and ageism. Efforts to accommodate women's domestic and caring responsibilities in order to engage in physical activity align with this approach. Lastly, the third approach analyzes physical activity as a site of resistance to gender relations and norms. When women engage in male-dominated sports and/or prioritize physical activity over other responsibilities, they challenge gender norms. These findings are consistent with a recently developed framework for gender-transformative health promotion.

## The Perspective of Families and Care Recipients of Live-In Caregivers: A Scoping Review

Aparajita Pyakuryal, *University of Alberta*. Bukola Salami, *University of Alberta*. Migrant live-in caregivers are increasingly in demand across the globe to provide care to children, the elderly, and the disabled. Although wide range of evidence exists on the perspective of live-in caregivers (including domestic workers), few studies address the perspective of families who hire them, and we found no review of the literature on this topic. The aim of this study was to scope the extent, range, and nature of national and international literature on the needs and experiences of employers/families and care recipients of live-in caregivers. We undertook a scoping review following Arksey and O'Malley's five stages of scoping review. A comprehensive search was undertaken in April 2014 through July 2014 of nine databases and the reference lists of selected articles. Two research assistants independently reviewed 2,493 articles. Thirteen articles met the inclusion criteria. The data

were analyzed through data charting, numerical summary, and thematic analysis. The findings reveal the diverse roles live-in caregivers engage in, changes in family dynamics and roles upon hiring a live-in caregiver, the negative experiences of live-in caregivers and of elderly care recipients, the positive outcomes for families with a live-in caregiver, and the common perception of families that live-in caregivers are like kin, a part of the family. This finding will be useful to policy makers, as they develop policies to meet care needs. Also, there is a need for more research, especially longitudinal studies, and studies that compare the situation of families with live-in versus live-out caregivers.

## Systems Concepts in Practice: A Qualitative Investigation

Therese Riley, *Centre of Excellence in Intervention & Prevention Science*. Liza Hopkins, *Centre of Excellence in Intervention & Prevention Science*. Alan Shiell, *Centre of Excellence in Intervention & Prevention Science*. Systems thinking practice is gaining traction in the health promotion field, in part because of the problem of weak prevention and the difficulties of implementing rigorously evaluated interventions in complex heterogeneous contexts. Systems thinking practice refers to the application of complex adaptive systems theory to the implementation of health promotion interventions. But what does systems thinking really look like in practice? Systems are dynamic, interconnected, and always changing. Qualitative inquiry is well placed to surface systems thinking practice within health promotion work because of the way it is able to integrate meaning, theory, and action. This paper presents a case study of a qualitative research project investigating a systems-based approach to increasing physical activity in Victoria, Australia. The initiative is called Be Active and is funded by VicHealth. It engages explicitly with systems approaches that enable local governments to shift intractable problems of low levels of physical activity not through implementing interventions with targeted populations, but rather by linking and aligning effort across a range of organisations to reduce barriers to participation. The Be Active case study uses systems thinking to examine change over time. We will present some examples of the systems thinking methodology used in the Be Active project, consider issues of quality in the systems data generated by the project, and then conclude with some thoughts about the nature of generalizability of very specific project data across a systems thinking approach.

## Using Online Focus Groups to Explore Why Healthcare Professionals Belong to a Practice-Focused Virtual Community

Kaye Rolls, *Agency for Clinical Innovation—ICCMU*. Doug Elliott, *University of Technology*. Debra Jackson, *University of Technology*. Maggie Hansen, *University of San Francisco*. Health-care professionals have been using the Internet to form virtual

communities for many years; however, little is known regarding why they join, as most research has focused on the perspective of “posters,” who form a minority of members. An New South Wales (NSW) Health unit established a LISTSERV in 2003, so that intensive care units could share knowledge and resources. The aim of this study was to explore why health-care professionals belong to this virtual community. A qualitative descriptive study using three asynchronous online focus groups was undertaken. Participants were stratified into a focus group according to their frequency of online posts in the last 2 years: (1) more than five, (2) one to five, or (3) none. A question guide framed discussions with a moderation approach guided by both focus group method and e-moderation frameworks. Rogers’ “Diffusion of Innovations” informed the study as a theoretical framework. The online approach allowed the moderator to identify early themes and check these with Doug Elliott and participants. There was mixed participation across the focus groups (3, 9, and 7 respectively). Three early themes emerged: The virtual community acts as (1) a 24/7 free conference that connects members to a broad professional community, (2) a “water cooler” talking place where clinical practice questions are illuminated, and (3) the credible colleague with expertise and quality knowledge. These early data suggest that the social network characteristics of this virtual community are influential on membership decisions. Thematic analysis will be used to complete data analysis.

### **Research on the Stigma Coming From Biographical Career of Corporate Education Instructor**

Mi-Hui Ryu, *Pusan National University*. Byung-Jun Yi, *Pusan National University*. This study is a research on stigmas that appeared in the course of biographical career of education instructors who work outside companies. There haven’t been many researches on the corporate education instructors even though the quality of corporate education is the key to developing talents in a company. The corporate education instructors have majored in various fields and their ways entering the profession are various. The corporate instructors must be able to teach in front of many students, change them, and teach them the things they need to know. Many researches on satisfactions and outcomes of their classes and influences from their teachings are done, but studies on the instructors who influence majorly in the system are in shortages. It is thought that a corporate training instructor prepares a class like an actor preparing for a great play on a stage. In order to finish great show, the instructor should prepare many educational courses and must perform one series of acts from the moment he steps into the stage until the end of the final act. Like so, since the corporate education instructors have to speak in front of many people, they have more stigmas that draw people’s attentions due to their characters and personal histories than other professions. To study how and what kind of stigmas arose, this study utilized in-depth interviews based from narrative interviews of

the participants. This research is organized by structural description of Schütze’s life curve and process structure’s model of lifelong history (Schütze, 1981; Riemann, 1987). According to Schütze, process structure of lifelong history can be structuralized by four things: institutionalized progressive type and expected type, frame of lifelong historic behavior, progressive course of internal pain, and changing process of self-identity (Schütze, 1981). Looking at the results of the study, the first stigma is the emphasis on women’s clothes and appearance. Second, a stigma is related to the instructors’ ages. Third, people have a fantasy that the corporate education instructors are perfectionists. Corporate education instructors are suffering from the social expectations for their complete and satisfactory classes, and personally they are developing their abilities as multiplayer who can handle every tasks from the planning part of education to the marketing part of it. However, they are still living in instabilities coming from the unstable incomes and its reputation for being peddlers and are experiencing the identity crisis since they have to lead a life where they have to act different from their true selves.

### **Constructing a Grounded Theory of Young Adult Health Literacy**

Julie Shaw, *Central Queensland University*. Anthony Welch, *Central Queensland University*. Moira Williamson, *Central Queensland University*. This research project aims to understand the health literacy of young adults. Health literacy is an evolving concept defined by health professionals and applied to understand individual health behaviour. People from different backgrounds and life experiences enact health literacy differently. Grounded theory was chosen as the methodology, and Charmaz’s constructive approach to grounded theory seemed to fit well with both the aim of the research and the beliefs of the researcher. This project has obtained ethical approval, and data collection and analysis are under way. Grounded theory reflects the development of theory from a systematic analysis of data grounded in the lived experience of the individuals studied. Many avenues have been explored to construct the theory of young adult’s health literacy including symbolic interactionism, grounded theory evolution and divergence, and phenomenology and its relevance to constructed grounded theory. The constructive approach to grounded theory views reality as subjective whereby reality is made up of a person’s local and specific mental construction including the researchers. Consequently, the researcher is identified along with the participants as a coconstructor and interpreter of data. This means the researcher’s views, knowledge, and experience inform the method. Merleau-Ponty and Foucault’s work has provided food for thought in the analysis and preliminary theory construction. Analysis brings alive the terms open-minded, constant comparison, theoretical sampling, and theoretical sensitivity. The focus of the presentation are the challenges to remain true to grounded theory methodology, build the researchers skill, and identify the theory emerging.

### **Perceived Burden and Coping Strategies Employed by Parental Caregiver of Individual With Moderate Grade Mental Retardation: A Qualitative Study**

Mimi Mei Ha Tiu, *The Open University of Hong Kong*. Wendy Wing-Chi Wong, *The Open University of Hong Kong*. Cheuk-Yin Ng, *The Hospital Authority of Hong Kong*. Deinstitutionalization of mental health care has become a trend in Hong Kong. With this movement, parents would uptake the lifelong caregiving role in providing demanding care to their mentally retarded (MR) offspring. Minimal attention has been paid to this group of parents. How they feel about being a parent of MR offspring and the difficulties encountered were unknown. This study aimed to explore the perceived burden and coping strategies employed by parental caregiver of individual with moderate grade MR by using descriptive qualitative method. Local parental caregivers of offspring with a primary diagnosis of moderate grade MR were recruited purposively for the interview. A total of eight parental caregivers were recruited in the study. Semistructured interviews were conducted. Content analysis was used to analyze the data. Three themes of caregivers-perceived burden and three themes of coping strategies were identified. Three themes of perceived burdens of parental caregivers included forced abandon of irreplaceable caregiving role, lack of acceptance of the disability, and the compromised life of caregivers. Three themes related to coping strategies included responding to distress induced from perceived burden, addressing problem to reduce perceived burden, and creating meaning to perceived burden. The finding helped the society to further understand the challenges that the parents encountered and revealed the inner strengths embraced in caring their MR offspring in a lifelong journey.

### **Building Online Community on SNAC: A Netnographic Study of the Early Years Sector**

Ruth Wallace, *Edith Cowan University*. Leesa Costello, *Edith Cowan University*. Amanda Devine, *Edith Cowan University*. “Build it and they will come,” an adage critiqued as a common misconception of participatory engagement with online communities. Previous research indicated that a netnographic approach based upon researcher-participant engagement would provide the best opportunity to build and sustain a successful support community. This has been more difficult in the setting chosen for this research than other studies reported. In this case, a netnographic intervention “Supporting Nutrition for Australian Childcare” (SNAC) was developed as a portal to support the provision of a healthy eating environment as one in which children can learn about healthy eating and sustain good habits through adulthood. The evolving research journey required continuous new engagement strategies for meaningful dialogue to emerge. Our experience in this context demonstrates the challenges around research approaches premised on cocreation. It was important to create an online environment that could

deliver an iterative cycle of feedback and reflection between users and researchers. In the community’s infancy, professionally generated content was substituted for user-generated content. Early participants were asked to encourage colleagues to join and lead the community. The targeting of these “natural lead adopters” was partially successful, although paradoxically those most needy may actually be least likely to participate. Despite utilising best-practice netnographic strategies, the SNAC community is yet to fully evolve and flourish, possibly indicative of the targeted audience. This demonstrates the “netnographic slog” often preceding vibrant communities and the ongoing hands-on approach to ensure sustainability. Although other researchers adopting this philosophy have had success, this particular community may need more innovative engagement strategies that could emerge after longer investment.

### **Health Promotion on Practicing Breast Self-Examination**

Sui Yu Yau, *Open University of Hong Kong*. Breast cancer has become the top cancer globally. Early detection of breast cancer plays an important role in reducing the mortality of the sufferers. Among all the available screening methods for breast cancer, breast self-examination is the simplest and cost-free screening method for early detection of the disease. Health promotion focusing on breast self-examination has been widely implemented. In order to have effective health promotion strategies, the needs of women on practicing breast self-examination needed to be understood. This study aims to explore women’s needs on practicing breast self-examination in order to enhance the effectiveness of health promotion strategies. An exploratory qualitative study was adopted. Purpose sampling was used to recruit participants at a women health education institute. In-depth semistructured interviews were applied for data collection. Content analysis was employed to identify the themes. Six participants were recruited in the study. The findings revealed the participants’ lack of knowledge regarding the rationales and methods on performing breast self-examination. This insufficiency of knowledge was viewed as affecting the accuracy of the examination. Social-cultural influence was supported to impact the participants’ motivation on practicing breast self-examination. In addition, most of the participants stated that health education through mass media and advices from health-care professionals were important. To conclude, the present study provides an understanding on women’s needs of practicing breast self-examination. Health-care providers and organizations promoting breast self-examination should focus on the needs in order to enhance the participation rate.

### **Women’s Perceived Beliefs on Performing Pap Smear Test**

Sui Yu Yau, *Open University of Hong Kong*. Pap smear test was invented for the early detection of cervical cancer, and it played

a fundamental role in preventing the high incidence rate of death caused by the disease. Evidences had shown that factors like demographic, sociological, knowledge, cultural, or experience would affect women's decision of performing the pap smear test. The purpose of this exploratory qualitative study was to explore the perceived belief towards the pap smear test among women. Samples had been recruited from a community centre. The inclusion criteria of the study were women aged 25 years or above and have had sexual experience. Data were collected by semistructured interviews with audio-tapping. Content analysis was used for data analysis. The study revealed that the samples had low susceptibility on cervical cancer; the perceived severity of cervical cancer included physical, mental, and social consequences; benefits of pap smear test including its preventive function and provision of feeling of safe, while sex-related factors, gender of practitioners, cultures effects were identified as the barriers of performing pap smear test. In summary, this study enhanced the current knowledge of women's perceived beliefs on performing pap smear test.

### **Family Economic Hardship: Exploring the Association Between Parenting Practices and Parent–Child Relationships in Low-Income Families**

Victoria Zein, *Macquarie University*. Danya Braunstein, *Macquarie University*. Research has documented a number of factors that impact the association between family economic

hardship, parenting practices, and parent–child relationships in low-income families, as outlined in the family stress model by Conger and colleagues (2005). This study aimed to add to the understanding of the parental perception of the impacts of economic hardship and the path of influence on parenting practices and parent–child outcomes. In-depth qualitative interviews were conducted with four single mothers, exploring their experiences of economic hardship. Thematic analysis of the interviews revealed that some participants described the negative impact of economic hardship, including disruptions in their parenting practices. These disruptions consequently affected the parent–child relationship negatively. Other participants indicated greater positive parenting practices, and positive parenting practices were associated with greater positive parent–child relationships. In turn, parenting practices and the parent–child relationship may have influenced negative child outcomes. Several factors may have contributed to the creation or exacerbation of economic hardship. These include negative health outcomes, lack of social support, low self-concept, marital disruptions, and social discrimination. Despite the mothers' negative experiences of economic hardship, resiliency was illustrated throughout most responses. Identifying parental perception of the impacts of economic hardship and its association with parenting practices and parent–child outcomes provides essential knowledge for psychologists and other mental health-care practitioners working with families of single mothers and children. Also, it provides a basis for future work in identifying the association between economic hardship and child outcomes, specifically focusing on the long-term impacts.