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Demand and Nursing Intervention of People Who Related to Chemical Sensitivity

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One of the reasons that nursing support for patients with chemical sensitivity (CS) has advanced little lies in the fact that nurses' roles in the treatment of CS patients remain unclear. In this context, a CS-specific outpatient nursing department has been opened in Mie University to identify nurses' roles in this particular field through consultation services.

Between July 2006 and March 2008, 70 people received guidance from nurses of the outpatient nursing department via e-mail, phone, or through a counseling session, and their needs expressed to the nurses were analyzed. Thirteen patients who underwent counseling also received nursing intervention during the counseling, and their subjective symptoms before and after the intervention were evaluated on the QEESI scale.

The results revealed that CS patients expected nurses to provide them with "information on the condition and treatment for it," "mental support," and "information that could improve the safety of their daily living" as well as perform "activities to promote social understanding of their situation." The nursing intervention improved subjective symptoms in eight CS patients.

These findings clarified the details of support CS patients' expected of nurses, and suggested that nursing intervention might reduce subjective symptoms in such patients.

The Impact of a Stroke-Related Communication Impairment: Exploring the Perspective of a Communicatively Impaired Group

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Approximately 1 million people in the United Kingdom have had a stroke, with an additional 130,000 experiencing their first stroke each year. Approximately 20% to 30% of these individuals will experience dysarthria, a condition that typically manifests in slurred, poorly articulated speech as a result of weakness, uncoordination, or paralysis of the speech muscles. The impact of dysarthria on the individual can be marked and is likely to extend to his or her family, yet very little is understood about these impacts.

We explored the perspectives of this communicatively impaired population on dysarthria, its psychosocial implications, and their needs using 24 in-depth, semistructured, qualitative interviews during the acute (2 months post onset) and formal rehabilitation stages, and as they continued with "life-after-stroke" (up to 34 months poststroke).

Irrespective of the severity of dysarthria (i.e. mild to severe) or perceived recovery, participants experienced changes in self-identify and significant, ongoing disruption to their relationships (both positive and negative). Participants spoke of considerable social and emotional implications and perceived and actual stigmatization. Getting "back to normal," particularly in relation to their speech, was a prominent theme throughout the accounts. Failing to achieve this goal was associated with severe disappointment, frustration and even self-loathing.

A greater understanding of these issues from the perspective of this communicatively disadvantaged group will assist the development of relevant speech and language therapy interventions and which are informed by client identified priorities.

Writing Social Determinants into and out of Cancer Control: A Qualitative Analysis of Policy Practice

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In this presentation, we will ask: How are social determinants of health written into or out of cancer control? To complement a qualitative study of lay people's understandings of the risk of getting cancer, we sought to assess policymakers' constructions of cancer risk. We identified policy, strategy, or planning documents relevant to cancer control from English-speaking member countries of the Organization for Economic Co-operation and Development, the World Health Organization, and the International Union Against Cancer: Our purposive sample comprised 32 documents. While reading these, we noticed radical differences in the construction of social determinants of health, and became intrigued by the extent of the diversity. Thus this paper was born: a project in which the team cooperatively engaged in inductive, deductive, and abductive analysis, generating a new framework for understanding the construction and function of health policy which was informed by but went beyond current literatures on social determinants of health. In the sample, social determinants approaches and population health approaches were sometimes confused. We identified four ways of using social determinants (acknowledging, auditing, aiming, and acting) and five discourses relating social determinants to cancer risk (intrinsic, knowledge gap, individual, circumstantial, and nonintervention). Sociocultural factors were generally presented negatively, but New Zealand policies modeled a possible alternative. Using the empirical work, we were able to propose a matrix and a set of questions that health policymakers can use to interrogate policy as a process and as a product.

The Construction of Risk in Cancer Policy

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This paper investigates the ways in which risk is constructed and represented in cancer policy documents. Part of a larger project that examines how lay people understand cancer risk, this paper explores cancer risk as it is put together in health professional and policy communities. We collected and analyzed cancer policy documents from the English-speaking OECD nations, the WHO and the UICC, identified through internet searches. I discuss our results in three sections: representations of cancer, information about cancer and policy responses. We found that although the policy documents identified a spectrum of risks and demonstrated sophisticated, biomedically informed concepts of risk, they tended to devolve on 6 behavioral "risk factors" in ways that elided uncertainty and minimized complexity. They largely excluded discussion of genetic, environmental, emotional, and social risks. I discuss the implications of these findings for health risk communication and for policy.