

European Congress of Qualitative Inquiry

Second Edition – Nomadic Inquiry

Abstracts



CONTENT

Papers.....	4
Symposia.....	85
Workshops.....	119
Creative research.....	132
Game changer.....	138

remains unclear what influences this experience and how nurses nowadays, 15 years after the legalisation, experience their involvement.

Aim: The aim of this qualitative study is to investigate how Flemish nurses in hospitals and in home care experience their involvement in the care for patients requesting euthanasia and which factors influence their experience.

Design and Methods: In this paper, we used a grounded theory design to guide our data collection and analysis. Data was collected using a convenience sample and afterwards a snowball sample. We conducted one-on-one semi-structured in depth interviews between December 2016 and April 2017 with 26 Registered Nurses who have had experience in caring for patients requesting euthanasia. The nurses worked in general hospitals or in home care, geographically spread over the five provinces of Flanders, Belgium. Data collection and data-analysis happened simultaneously. Data was analysed by using the Qualitative Analyse Guide of Leuven (Quagol) and by use of the NVivo software program. The trustworthiness of data was ensured by several strategies, such as researcher triangulation, bracketing, audit trail and peer review.

Results: This study allowed us to describe and nuance the experiences of the nurses in the euthanasia care process and the underlying factors. Nurses experience this care process as intense and find their involvement in this not self-evident. They experience both positive and negative feelings. On the one hand, nurses get satisfaction and feel like they are in a privileged position. On the other hand, they sometimes experience feelings of frustration because care does not go as they want. Who the nurse is as a person, as well as the context in which euthanasia is asked and later euthanasia is carried out, seems to influence the experience of nurses.

Conclusions: The results have been obtained by an extensive data analysis of the 26 interviews. Based on the Qualitative Analyse Guide of Leuven (Quagol), the analysis could be done reliable, structured and systematic. The experience of nurses is absolutely diverse. Every nurse completes his/her involvement in a personal way, which creates different experiences. More research is needed on the perception of psychiatric nurses and nurses with a negative vision of euthanasia.

Euthanasia, Nurses, Nurse experience, Hospital, Home Care

PAP239

Anonymized donors and recipients' intersections in the same space: ethical and practical considerations

Liliana Abreu* (1), Sandra Silva (1), Cláudia Freitas (1,2), Catarina Samorinha (1), Inês Baía (1), Susana Silva (1)

1: Instituto de Saúde Pública da Universidade do Porto, Portugal;

2: Centre for Research and Studies in Sociology, University Institute of Lisbon (ISCTE-IUL)

Current demographic changes caused by increasingly ageing populations and declining fertility rates worldwide are raising major social and health challenges. In this context, recourse to Medically Assisted Reproduction (MAR) has increased in the last years within a scenario characterized by differences in national and transnational laws, policies and ethical guidelines regarding its accessibility (e.g. recipients' maximum age, marital status, sexual orientation), as well as by uncertainties on whether egg and sperm donors should be anonymous or identifiable. These uncertainties and complexities have been used as arguments to encourage patients' autonomy and informed decision-making through the promotion of patient-centred practices in fertility clinics. Integrated into a broader research project that aims to explore how do social, cultural, and economic characteristics intertwine with the experiences and identities of the various stakeholders involved in gamete donation, this paper intends to examine the complexities associated with patient-centred care practices in the context of heterologous in-vitro fertilization treatment cycles. These practices occur in sociotechnical environments characterized by legal and social constraints, namely legal enforcement of donors' anonymity and recipients' stigma. This reflection is based on one hundred hours of daily ethnographic/non-participatory observations focused on health professionals-donors-recipients' relationships and infrastructures, registered by the first author between May and July 2017 (ongoing observation work until May 2018) and four semi-structured interviews conducted with privileged informants at a public fertility clinic located in Portugal.

The existing infrastructures play a major influence on the relationships and dynamics established between the users of this public space. Ethnographic observations identified two critical moments where donors' anonymity might meet halfway since donors and recipients share simultaneously the same space. These moments are different for men and women: i) female donors and recipients have to do an ultrasound at their first medical appointment, and there is only one ultrasound machine available – thus, it is frequent that donors and recipients share the same room simultaneously; ii) there are two “private” rooms to collect the sperm, and one of them is located in the waiting room, where recipients and other donors are waiting. Additionally, while waiting in the same room, some characteristics might allow the identification of donors and recipients. First, the age, considering that

donors tend to be much younger. Second, differences on the relationship established with health professionals, with higher levels of familiarity being observed between recipients and health professionals. Sensitive topics related to the 'waiting room' and the 'private collection room' emerged spontaneously in the interviews. Women did not feel uncomfortable with the abovementioned situation, but male donors expressed discomfort with the location of the collection room, due to the exposure and lack of anonymity. It was suggested that donors and recipients should be attended in separate spaces to facilitate gamete donation and to promote people-centred care in fertility clinics.

Gamete-donation; Ethnography; Anonymity; Patient-centred care

PAP240

Am I 'native' anthropologist? On the position of a 'Muslim' anthropologist in ethnographic research on Muslims in Belgium

Iman Lechkar*

VUB, Belgium

This presentation will explore whether an anthropologist can be 'native' anthropologist. Following Kirin Narayan, it will argue that only by renouncing the dichotomy of 'native' and 'real' anthropologists, 'insider' versus 'outsider', one can create space for the acknowledgement, the transparency of the shifting identifications of each anthropologist amid a field of interpenetrating communities and power relations. No anthropologist can claim a wholly —insider's position. Because of the cultural unboundedness of one's social position, degree of religiosity, gender, education level, other important identity variables or the duration and quality of contact, some cultural similarities that both the researcher and informants share, can disappear easily. The mere process of observation by one party of another conjures a distance and lays the groundwork for a certain kind of power relation. A person who is in the position to make statements about others' identity is always imbued with an 'authority'. This awareness is conducive to a prudent attitude that can only recede if the quality of the relationship improves. The mere process of observation by one party of another conjures a distance and lays the groundwork for a certain kind of power relation. A person who is in the position to make statements about others' identity is always imbued with an 'authority'. This awareness is conducive to a prudent attitude that can only recede if the quality of the relationship improves.

This presentation will illustrate the shifting identifications of the researcher and the partially emic and partially etic perspective on a particular Muslims culture. It will draw on the power dynamics that characterize the field and trace a line that indicates the eventual acceptance of the researcher by her interlocutors. The presentation will outline the role of affect in the creation of a good relationship with particular interlocutors and discuss strategies that were developed in order to narrow the gap between the researcher and other interlocutors.

Ethnography, Muslim identity, Native, Authority, Affect

PAP241

The grieving researcher: using secondary analysis in a narrative ethnography on poverty and loss.

Karen Puttemans*

Vrije Universiteit Brussel, Belgium

As a PhD student, I initiated a narrative ethnography on connections between 'poverty', 'loss' and 'grief' in 2009. Between 2009 and 2012 I participated in the daily activities of several Brussels-based welfare organizations fighting poverty and homelessness, enabling me to build durable relationships with people in poverty and welfare workers and to discuss the subject of my research with them within a climate of trust.

The question providing the impetus for this project already came up ten years earlier. Volunteering in a Red Cross shelter for refugees as a teenager, I already wanted to learn more about the experience of losing a loved one whilst living in conditions of extreme poverty.

However, when later on I decided to make this the focus of my doctoral thesis, it gradually evolved into a twofold question. Firstly, I wanted to explore participants' opinions, ideas and stories about interconnections between poverty, loss and grief. This is the 'what' part of the question: what are participants communicating about the research subject; what are their narratives about? The omnipresence of loss in the lives of many people in