ISIH 7th International Conference:

Technologies, bodies and health care

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In Sickness & In Health

Abstract Booklet

ISIH Abstract Booklet

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Institutional organisation of the development of the NP workforce in NZ

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Nurse practitioners are a solution to delivering health care services to underserved, marginalised, and rural populations. Internationally, evidence has demonstrated that nurse practitioners are an effective and appropriate health workforce, whose practice is at least equivalent to general practitioners. New Zealand has a robust educational, regulatory, and legislative framework for the registration of nurse practitioners, and since 2014, all are authorised prescribers. Yet the growth in the numbers of nurse practitioners working rurally has been slow to develop. As with other nations, New Zealand is facing an increased prevalence of long term conditions, an ageing population, and ongoing health inequalities, particularly for Māori and other marginalised and deprived communities. Despite a declining rural medical workforce there is a persistence to maintain general practitioner-led primary care services. The purpose of this study was to explicate the institutional organisation and coordination of the development of the nurse practitioner workforce. Using institutional ethnography, the activities, work, and experiences of nurses on their journey to become nurse practitioners and then to implement services in rural primary health care, were mapped and analysed. The study identified that fragmented health service organisation, medical hegemony, and the ongoing policy commitment to doctor-led care hampered their efforts to register and work as nurse practitioners. The focus of this paper is on how the neoliberal policy environment has shaped and coordinated the implementation of nurse practitioners in rural primary health care in New Zealand. Nurse practitioners are ideally placed to work from a social justice framework to reduce health inequalities. However, the organisation of the health sector under New Public Management processes, combined with the commitment to business models of general practitioner-led care, result in nurse practitioners being overlooked as a potential workforce. In turn New Zealand is missing the opportunity to increase access to health services and improve the health and wellbeing of rural communities.

Theme: Neoliberalism, neo-conservatism and social injustice

'It's just my mind that screws it up': Discourses of happiness and selfhood in UK residents

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Background: In the past 20 years there has been a well-documented surge of interest in happiness in academia, popular culture and UK social policy. Happiness is increasingly understood and treated as objective, measurable and augmentable through individual effort. This has led various authors to argue that happiness has become a new site of governmentality, promoting a set of scientifically legitimated ways of thinking about and working on oneself as desirable and a marker of successful citizenship (e.g. Binkley, 2014; Davies, 2015). However, little research has been done on how people may take up, resist or otherwise work with such ideas in everyday life, and to what ends. Methods: Semi-structured interviews with 30 UK residents were conducted. Participants were also given the Subjective Wellbeing Questionnaire (SWB) (Office for National Statistics, 2011), which is currently used to 'measure' happiness in the UK. The data were analysed using critical discursive psychology, looking at the discursive resources people used to talk about happiness, form identities in relation to it, and what actions these allowed the participants to perform. How participants interpreted the questions and chose answers in the standardised questionnaire was also examined. Findings: Happiness was spoken about in a number of ways - as being 'naturally' determined; as the result of certain events and circumstances; or as the ability to 'balance' conflicting needs and desires. Most commonly, however, it was constructed as happening at an individual level, in metacognition: the ability to monitor and modify thoughts and feelings. A discourse of a 'divided self' emerged to account for unhappiness, with participants speaking of failing to control, or being controlled by, an undesirable part of themselves. As Lupton (2012, 2016) notes, the metaphors we use to understand ourselves are revealing about contemporary society, and these findings extend the critical literature on happiness and governmentality by highlighting how neoliberal ideals of self-governance, responsibility and enterprise may be normalised and internalised. The discomfort expressed by many participants about the metrification of happiness, however, suggests that such practices may also be resisted.

Theme: Intensifications of governmentality and its processes

Feminist Theory: Genealogy, Typologies, Epistemo-ontological Foundations and Applications in Nursing

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To this day, discrimination in the segmentation of the labor market towards women is still present. Indeed, although many advances in the field of equal rights have historically been made, several inequities persist as to gender equality between women and men. As women, nurses face discrimination in the social world, and experience various forms of injustice as part of a professional group socially governed by medicine. As a result, nurses as women and as professionals continue to face the burden of a socially-constructed, unnatural, gender-based social system [1]. There are inextricable links between the experiences of nurses and the causes for which feminists are mobilizing in our societies. Nevertheless, in nursing, few authors have explored the close relationship between feminism and nurses [2]. We therefore believe that a better understanding of the costs and circumstances of the feminist theory could be beneficial to the emancipation of a generation of new professionals. In this presentation, we will demonstrate how feminist theory can be used for the nursing discipline at a theoretical level and in research, but also at a practical level. In order to do this, based on an ontological reflection and a minimal historicization, we will present different typologies associated with feminism, outline different epistemological bases on which they rely in the construction of emancipatory knowledge, before exploring different ways in which this theory is likely to influence nursing practice from a transformational point of view. [1] Haslanger S. Topics in feminism. Stanford Encyclopedia of Philosophy. [En ligne]. 2004. Retrieved from : http://plato.stanford.edu/entries/feminism-topics/ [2] Webb C. Feminism, nursing and education. Journal of advances Nursing. [En ligne]. 2002. 39(2) : 111-113. Retrieved from : http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2648.2002.02289.x/full

Theme: Dominance and race, gender, sexuality or other structural categories of difference

Place and Space for Physiotherapy

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The presentation is based on data from an empirical study aiming to examine the embodied knowledge put into play in the inter-subjective practice of physiotherapy in private clinics. The data has been generated through close observations of sixteen therapy sessions, interviews with nine physiotherapists and with nine patients suffering from chronic neck pain. During the process of generating data the researcher spent quite some time in the waiting areas at the different clinics participating in the study. As part of the observational notes the experiences of entering the place and space of the physiotherapy clinics have been written. In some way the clinics represents a well-known context to me, as I am a physiotherapist myself. At the same time they also represent something unfamiliar, since I have never worked in a private clinic. Entering these clinics and finding my way and place in the waiting zone together with the visiting patients made me start to wonder; what is it like for people to enter the place and space of physiotherapy in private clinics? The entrance of the clinics is a place to leave ones coat, putting plastic covers over your shoes, changing shoes or taking your shoes off and leave them. Then you have to find a chair to sit and wait - wait for the physiotherapist, wait for the therapy session to begin. I became interested in the experience of entering these places and spaces and of the cultural (spoken and unspoken) rules of what to do and how to do, while waiting for physiotherapy. What the cultural rules and the esthetics of the entrance and waiting zone in private physiotherapy clinics might mean to people visiting and to physiotherapy, will be elaborated on and discussed. Key words: Phenomenology, place, space, experience and esthetics

Theme: Technologies: health promotion, diagnosis, treatment, rehabilitation, monitoring and communication

Clinicians' expectations regarding an e-tablet under development for use in primary care - A critical discussion

Bjorbækmo, Wenche *University of Oslo*

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The aim of this study is to examine clinicians' expectations regarding a new tool: an e-tablet (with apps) under development as a means for registering patients and also as a possible clinical tool for use in physiotherapy practice. The study forms part of a larger research program aimed at developing a database of people who receive physiotherapy in primary healthcare in Norway. The researchers involved in the study were inspired by Carol Bacchi's 'WPR' ('What's the Problem Represented to be?') approach to critical thinking: in this case, critical thinking regarding the assumptions underpinning the idea that e-tools can help promote quality in clinical physiotherapy practice. A questionnaire comprising nine open questions was developed and sent to 150 physiotherapists, of whom 47 responded. All the participating clinicians were supposed to register every patient by using the e-tablet. The free text answers received were then analyzed using the actant model developed by the theorist Algirdas Julien Greimas. The specific action (using the e-tool) was broken down into three pairs of components comprising six opposing elements, or actants. The three actantial pairs were organized according to three axes described by Greimas as: the axis of desire, the axis of power and the axis of transmission. On this basis, three storylines emerged. In the first storyline, the subject is the physiotherapist, eager to provide high quality physiotherapy. In storyline two, the researchers are the subjects on the trail of research data. In the third storyline, the management of the municipal physical therapy service is the subject, seeking data that will help it regulate the physiotherapy services offered by the municipality. In our discussion of the findings, we focus on what have been called 'soft-impacts' in the implementation of e-tools. We argue that while soft impacts have received comparatively little attention when assessing the impact of technology, they provide a way of taking users' perspectives into account and of examining the impact of technology on the clinician-patient relationship. Keywords: e-health, implementation, soft-impacts.

Theme: Technologies: health promotion, diagnosis, treatment, rehabilitation, monitoring and communication

Thinking differently about home care nursing practice

Bjornsdottir, Kristin *University of Iceland*

Our tradition teaches us to think about home care as a set of clearly defined and circumscribed occupational roles with well defined boundaries. My previous ethnographic research showed how home care nurses attempt to develop a net of services around each patient. In doing so they need to constantly assess each person and situation to respond to differences in preferences, changes in patients´ condition and the care-giving situation such as care provided by family members. This calls for a different conceptualization of home care nursing practice. In such an understanding care is shared and approaches are developed collectively between the health and social services, patient and relatives. In developing this understanding, I plan to draw on authors already introduced as well as Dahl´s (2017) analysis of struggles in (elderly) care and De La Bellacasa (2017) speculated ethics around matters that care.

Theme: Points of resistance

Learning how to nurse: A critical reflection on the implications of ‘check-box’ nursing care plans

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n health care contexts where efficiency is becoming paramount, graduate nurses struggle with the transition to practice. To promote a smoother transition, undergraduate nursing students are encouraged to gain experience as an assistant in nursing (AIN). As an undergraduate AIN working on a rehabilitation ward, I encountered a 'check-box', paper-based style nursing 'care plan'. This 'care plan' is completed by the nurse each morning shift, hung outside of each patient's room and reviewed on subsequent shifts. Reflecting on inconsistencies between this style of 'care plan', and what I had learned about care planning at university, as well as what I understood was expected by the regulatory body, I began questioning the implications of this style of 'care plan' on the development of the novice nurse. The purpose of this paper is to explore inconsistences between this standardized 'care plan' and theoretical understandings of care planning. Analysis is guided by a critical reflection and discursive, semiotic analysis of the 'care plan' text, its use in practice, and in relation to theories of the nursing process. This paper begins with a reflection on how the text has influenced my understandings of care planning. Consideration of the practice raises questions, such as: Who are the audiences of this documentation? It is intended to be completed in collaboration with the patient/family and interdisciplinary colleagues? Consideration of the structure raised different questions, such as: Where are the psychosocial considerations? If this is a plan, where are the goals? Are there meaningful differences between medical, allied health and nursing goals? What is the relationship between actual nursing care provided to patients and what is filled out in their daily 'care plan'? In reality, workloads seem to make it impossible for nurses to engage in the kind of care planning taught in university. For this novice, analysis of this care plan reveals the misalignment of education, practice and administration. Findings from this analysis highlight how documentation is not simply a representation of practice, but plays a role in structuring the understanding and practice of novice nurses within limiting discourses of efficiency.

Theme: Technologies: health promotion, diagnosis, treatment, rehabilitation, monitoring and communication

Prevalence and patterning of life course experiences of racism: Measuring racism among older New Zealanders

Breheny, Mary *Massey University*

Brendan Stevenson[1], Donna Cormack[2], Laia Becares[3], Jamie Abelson[4], Jane Rafferty[4], James Jackson[4], James Nazroo[3]
[1]Massey University, [2]University of Auckland, [3]University of Manchester, [4]University of Michigan

Minority group members report experiences of racism that are pervasive and lifelong. In this presentation we provide a preliminary analysis of data from a new measure of life course experiences of racism developed to assess experiences across domains and periods of the life course. The data were collected from 797 participants aged between 65 and 80 years in the Health, Work and Retirement longitudinal study of ageing in New Zealand. Forty percent of the participants were Māori. As part of a retrospective life history, participants indicated whether they had ever experienced unfair treatment, or physical and verbal harassment for reasons to do with their race, colour, ethnicity, indigenous or immigrant status. If they responded in the affirmative, further questions were asked about the domain and period of the life course including in education, employment, public settings, housing, vicarious experiences, intimate relationships, and the impact on vigilance. In each domain, they were asked when the experiences occurred: in childhood, early adulthood, adulthood, or late adulthood. In the screening question for racism, 86 participants reported ever experiencing racism and responded to the racism specific questions. Racism was reported across all the domains of measure. In terms of life course period, experiences of racism in public were most commonly reported during early adulthood and adulthood, less commonly in childhood and late adulthood. Experiences of vicarious racism were more commonly reported than domain-specific direct racism, and prevalence was relatively stable across the life course. Nearly half of those who responded said that racism had a moderate or major impact on their lives, with the impact stronger for men than for women. This presentation will further describe the patterning of experiences of racism among this group of older New Zealanders. Because the data is embedded in a longitudinal study of ageing, future analyses will be able to model the predictors and health correlates of lifetime exposures to racism.

Theme: Dominance and race, gender, sexuality or other structural categories of difference

The intergenerational transmission of experiences of racial discrimination over the life course: A qualitative analysis of focus groups in three countries

Breheny, Mary *Massey University*

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Indigenous, migrant and ethnic minority group members report experiences of racism that are pervasive and lifelong. In this presentation we provide an analysis of data on life course experiences of racial discrimination from focus groups conducted in the United Kingdom, the United States, and New Zealand. Eleven focus groups were held with over 60 indigenous and ethnic minority participants in the three countries. This analysis focuses on the transmission of experiences between generations. Personal experiences were not detached individual experiences; they were experienced, and re-visited, across the life course. In addition, experiences were located within and between generations, particularly between parents and children at every age. Children identified with the experiences of their parents, experiencing anger and distress when reflecting on their parents' struggles. Parents also recognised the experiences of children and grandchildren as racism and through this process, despaired of progress being made. These shared experiences of racism provided a point of connection between generations, but it also produced tensions. Younger generations questioned how parents had shaped their responses to racism. They described different approaches to challenging racism their children experienced. In addition, life course accumulation of exposure to racism means that people have different capacity to respond to racism depending upon their age. Older people were discouraged exhausted by the persistence of racism. In contrast, mid-aged people were committed to consciousness-raising and younger generations to absorbing information and understanding racism. Examining these experiences as occurring between generations elucidates the interpersonal and intergenerational transmission of experiences of racism and discrimination. This analysis advances our understanding of the dynamism of exposures to racism across the life course and between generations, better capturing the enduring impact of experiences of racism and discrimination.

Theme: Dominance and race, gender, sexuality or other structural categories of difference

Fostering Reciprocity: Enactment of Agency for Socially Just Rural Healthcare

Buckley, Barbara Jean *Thompson Rivers University*

In 2018, accessibility, availability, and affordability of healthcare remain problematic for many people in rural Canada, including those who suffer from intersecting vulnerabilities such as: the frail elderly, Indigenous Peoples', the poor, and those with mental health or addiction issues. For rural and remote populations healthcare structures, and in particular urban-based healthcare policy structures, have a significant influence on both the ability to access healthcare services in the local community and the quality of care that can be provided. Policy that does not take the rural context and intersecting vulnerabilities into consideration often fails to account for important variations in healthcare service needs of marginalized populations and for the wide diversity found in rural and remote communities. It also fails to account for intersecting health inequities and how clinicians are routinely confronted with practical challenges associated with the intersection of multiple vulnerabilities in rural and remote healthcare provision. Inequities, disparities, structural barriers, economics, politics, social systems, geography, and historical challenges all serve to create complexity and ethical challenges in the relationships found in rural healthcare. Far too often rural nurses are left to fill the cracks and witness distressing health and personal challenges that occur for patients when structural and policy barriers constrain the provision of equitable and just healthcare services in rural and remote communities. Broader social, political, and economic structures are responsible for the differences in rural healthcare service provision. These differences result in geographical privileging of some populations over others. These structures also limit the opportunities for more equitable health outcomes for rural populations. The gaps in healthcare resources created by geographical privileging are often filled by rural nurses who often provide care outside the formal healthcare structures. This enactment of agency by rural nurses to fill the cracks in rural healthcare services is multifaceted and not without risk. The ability of rural nurses to engage in safe, ethical and equitable care practices in the rural context is becoming increasingly constrained by inflexible urban-based policy making and neoliberalism. Fostering reciprocity by implementing rural-proofing for all policy-making is offered as one way toward more equitable and just healthcare.

Theme: Space and place of health production

Things that matter

Christine Ceci *University of Alberta*

The work of caring for people with dementia and other chronic illnesses has largely shifted from formal care institutions to the space of the home. Supporting families to sustain the work of care is a well-established priority. Despite this, meaningful interventions for supporting family care practices have been difficult to establish. Moving beyond traditional notions of care work and caregiving dyads, this ethnographic study was undertaken to learn about the range of care practices that help to sustain and improve people's everyday lives when one member of the family has dementia. In this paper, we draw on field notes to elaborate the multiplicity of people and things that enact care for a person who has 'dementia'. Through these descriptions, the 'tensive normativities' evident between care practices of family and formal care providers, as well as the 'things' that have an active role in enacting care, become more visible.

Theme: Points of resistance

A scoping review of gender based ethics in nursing

Clark, Nancy *The University of Victoria*

In Canada and internationally, several social and health policy initiatives have advocated for the inclusion of sex and gender as well as gender based analysis (GBA) as a strategy to mitigate health and health care inequities affecting diverse groups. The recognition of gender sensitivity across policy initiatives intended at mitigating gender violence and promoting social inclusion, health and well-being is necessary for decreasing inequities. Providing ethically based care requires the recognition of sex/gender differences, attention to gender relations and reflexivity. More specifically, ethics of nursing care is one such framework which can provide a moral compass for navigating ethical dilemmas in health care practice. When it comes to gender sensitivity in relation to ethics of nursing care, there is a gap in current knowledge, which in turn, may contribute to perpetuating health and health care inequities for women, girls, men, boys and transgender individuals. The aim of this presentation is to discuss a map illustrating the challenges associated with nursing knowledge and practice featuring gender sensitive ethics. A literature search using multiple databases including; Psych Info; Medline; CINAHL; Sociological Abstracts are under review. Search terms and keywords included ethics, nursing, gender and gender sensitivity. We anticipate that the results of this scoping review will shed light on the importance of sex and gender for nursing practice. An intersectional lens will be adopted throughout the stages of the scoping review as we recognize that, while adopting a gender sensitive ethical lens, determinants such as ethnicity, indigenous status, sexuality, education, geography, migration status, age, economic status call attention to the multiple dimensions of gender-based ethics. One of the objectives of this review is to contribute to the efforts to address health care inequities and promote well-being of diverse sex/gender groups. At the heart of nursing is ethically based practices, this scoping review contributes to the promotion of gender based ethics in nursing.

Theme: Ethics in health care in the 21st century

The social reproduction of difference: patients with mental illness in the intensive care environment

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This paper reflects on a study that drew on the theory of social constructionism to critically explore the everyday world and social organisation of hospital intensive care units to consider how the presence of patients with a diagnosed mental illness impacts on practice in caring for those patients. We conducted semi-structured interviews with 17 intensive care nurses from eight intensive care units in Queensland, NSW and Victoria, which were analysed through iterative cycling between participants' responses, the literature and the theoretical framework. The analysis produced two key conceptual insights into the ways in which people with a psychiatric diagnosis were disenfranchised in intensive care units through restriction of movement, inattention to psychosocial needs and stigmatising language and behaviour. The first insight concerns the social reproduction of typifications among ICU staff about those with a psychiatric diagnosis, a group that represents a significant proportion of ICU patients. Despite their prevalence these patients were nevertheless positioned as disrupting the proper business and everyday life of intensive care units; a process that we argue is bound up with the imbalanced power relationships between nurses, doctors and patients which characterise intensive care units. The second insight relates to the ways in which ICU staff maintain and legitimate biomedical power structures serving the interests of intensive care units such as rescue from life-threatening illness, resistance to dangerousness, and the preservation of authoritative power relationships built on elite physiological knowledge and skills. We argue that the production and reproduction of intensive care nursing knowledge maintains a social-power structure that is at odds with the needs of ICU patients and particularly those diagnosed with mental illness. We conclude that not only does the structural dominance of the biomedical model in healthcare create and support the disease-based view of 'mental illness' but it also sustains the conditions that further disenfranchise those living with such challenges solidifying their wider social position as 'different'.

Theme: Dominance and race, gender, sexuality or other structural categories of difference

Neurorehabilitation through a governmental lens

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Recent trends in health service provision include moves to recognise the clients' expertise, incorporate their point of view and involve them as active partners in their own health care. These moves are considered by some as necessary to improve outcomes and as a rights based approach to service provision; and are the basis of client-centred approaches to rehabilitation. Accompanying this approach are implicit expectations of client and practitioner actions and emotions. With an interest in the forces that shape client behaviour in the neurorehabilitation context we carried out a poststructural discourse analysis of interview data from a qualitative study which explored the client/practitioner relationship from the clients' perspective. We looked for the ways neurorehabilitation was constructed and the subjectivities the clients were taking up. Our analysis revealed neurorehabilitation was constructed as a discipline that selected a particular type of person to be its subjects and then acted on their behaviours. As a body of knowledge with techniques to shape behaviour, the discipline of neurorehabilitation functioned as a technology of normalising power internalised by its subjects to address situations where function differed from what was considered normal. The subjects were both disciplined by, and disciplined themselves with the practices of the discipline to achieve desired ends. Viewed from a governmental lens, as well as the productive effect of these disciplinary practices, they can also be seen as problematic. What is illuminated is how client centred approaches in neurorehabilitation intertwine its subjects in strategic power relationships that involve webs of obligations and responsibilities. The benevolent client professional relationship can be a tool for mastery of one over the other, and assist the client to achieve their desired ends, or marginalise others who are unable to shape themselves into the required object.

Theme: Technologies: health promotion, diagnosis, treatment, rehabilitation, monitoring and communication

Theorizing (Elderly) Care: A new analytics

Dahl, Hanne Marlene *Roskilde University*

Theorizing (Elderly) Care: A new analytics Feminist theorizations of care have often inquired about the characteristics of care. They have often posed the question on a terrain of philosophy and ethics. Here I suggest that we turn this question upside down, and instead reframe it into an inquiry about the conditions of possibility for elderly care using an interdisciplinary approach. A changing landscape of elderly care formed by for example neo-liberalism, necessitates us to reflect upon the adequacy of our analytical concepts. I argue briefly that existing theorizations are no longer useful to understand a landscape of (elderly) care characterized by fragmentation, tensions and contingency. In this paper I outline a new analytics inspired by feminist theories of care, Foucault, Deleuze & Guattari and Mol. I introduce concepts like assemblage, relatedness, logics of care and silencing. With these analytical tools we can improve our understanding of contemporary (elderly) care at the intersection between social and health policies, as well as the understand the struggles taking place locally, nationally and more globally. Key Concepts: neo-liberalism, contingency, relatedness, silencing

Theme: Neoliberalism, neo-conservatism and social injustice

Implementing Open Dialogue in a young adult mental health unit

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Open Dialogue is a resource-oriented approach to mental health care that represents a recovery-oriented shift in line with mandates to modernize mental health care services in Australia. Open Dialogue was gradually developed in Western Lapland in Finland in the early 1980s and encompasses core principles that are concerned with developing an integrated care model using a dialogical approach to psychotherapy. While research is in its infancy, the results of this approach appear promising and it has been introduced outside of Scandinavia including in the UK and USA. Open Dialogue was recently introduced in NSW however no research to date has explored this model in the Australian context. Given the complex and fraught challenges associated with changing approaches to mental health and implementing new models of care, the aim of the current study was to explore the implementation process at one of the first implementation sites in Australia; a private young-adult mental health inpatient unit. Ethnographic fieldwork was used for this study whereby the fieldworker observed day-to-day life on the unit throughout the implementation process over a 12-month period as well as conducting qualitative interviews with staff. The results indicated that while most staff were supportive of and inspired by Open Dialogue at an individual level, the organisational structure of the inpatient unit and perceived inappropriateness of Open Dialogue in the private-model context reflected barriers to effective implementation. Such barriers included an emphasis on economic efficiencies, medical dominance, and hierarchical and siloed workplace structures. Despite these challenges, network meetings were effectively implemented for some patients and many staff adopted dialogical practices in their individual interactions with patients. Overall, the results of this study indicate that good intentions for changing mental health care practices can be thwarted when organisational structures are not set up to support radical changes but that changes in smaller and meaningful ways can persist nevertheless. The results also highlight the complexities of introducing dialogical, recovery-oriented practices in the neoliberal context of private health care in Australia.

Theme: Neoliberalism, neo-conservatism and social injustice

Digital health literacies in a culturally diverse community health setting

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Wearable digital self-tracking devices (DSTDs) are increasingly used by people to monitor, analyze, and share their personal health data. Lauded for their potential to enhance consumer participation in health, they mediate non-verbal phenomena which may have clinical relevance such as exercise or resting heart rate and provide feedback to users who can modify their behaviour or lifestyle accordingly. However, critiques of these technologies are growing as the data extracted from users is aggregated, commercialised, monetised, and often shared with third parties for purposes that remain opaque, raising questions about effective informed consent, and beyond that, for whom is aggregate level health information of most value?. There is concern that people who are already marginalised by the health system will be further marginalised by the growth in digital health. The acceleration of research in wearable sensors and mobile health technology has largely focused on narrowly defined use cases, and the concerns of the wealthy, worried and well (Paasche-Orlow, 2015). Valorising individual biometrics, research has lacked a basis from which to engage collectives or communities. This presentation shares findings from a project undertaken with participants from a culturally diverse community health setting, in order to consider how varying levels of health and technical literacy intersect with race and gender in marginalised urban communities. Using a combination of volunteers, students and staff, the project involved digital health literacy activities over the course of a week. Community members were offered two educational opportunities: education sessions provided by community health staff; and a help desk staffed by graduate students who assisted community members with queries about technology. Our project identified that inter-generational support and language support were important enablers to digital health literacy including: perceptions of value, accuracy, purpose, and responsibility. We conclude that in order to activate the potential for health gain that health technologies offer, infrastructural support and culturally responsive strategies must be built into projects.

Theme: Dominance and race, gender, sexuality or other structural categories of difference

Psychosis, sexuality and risk

Evans, Alicia *Australian Catholic University*

The body of the one deemed mad often still remains a sexual body with sexual needs. Mental health services respond to these demands of the body in various ways, including constructing rules around physical movement in a mental health facility. In this context, we were interested in how the psychiatric staff problematized the sexual needs and practices of residents of a long-stay psychiatric rehabilitation facility and how solutions were constructed in relation to this way of thinking. This paper reports some of the findings from a recently conducted case study where these questions were addressed. We found that a predominant discourse was one of risk, and one where abstract risk factors, determined a priori, were then applied to residents. While this was dominant, as was the problematization of residents' sexuality and sexual needs in medical terms, counter to this were the staff members own individual and more private ideas about the residents right to a sexual life. In this paper, we will critically examine both the risk discourse and the staff members more liberal ideas about residents' sexuality in terms of power relations and potential strategies of resistance, and social change.

Theme: Ideologies of risk

Sexuality, power relations and the production of difference

Evans, Alicia *Australian Catholic University*

In 1975, Foucault published 'Discipline and Punish' and in doing so, chronicled the way power was exercised on and through the body in previous centuries. He argued that the body was still rendered docile in the twentieth century, but through other means. One of those means was via the power exercised by the disciplines, such as health professionals, on those in their care. One of the ways this power is exercised is to render the body of the patient as different in some way to that of the health professional and that difference can be constructed in relation to sexuality. We were interested in this question of sexuality when we undertook a case study in a long-stay residential psychiatric service. Some of the findings of that case study are reported here, particularly in relation to how the patients' body is rendered different in relation to sexuality, that is, how that difference is produced. We consider how disciplinary power is exercised, particularly in relation to hierarchical observation, normalizing judgment and the examination. We also consider how the focus of the medical gaze sometimes slips so that, at these times, the health professionals found it difficult to 'see' the difference between the patients' sexuality and their own. That is, although the examination produced a point of difference in relation to the patients' sexuality and their own, sometimes this dominant way of looking via a medical lens did not fully convince the health professionals themselves that there was a difference. We take this up as a point of resistance and consider the implications for social change.

Theme: Points of resistance

Points of Resistance in the Field of the Nurse Practitioner

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Introduction Nurse Practitioners are registered nurses who are educated and authorised to function autonomously and collaboratively in advanced practice and extended clinical roles. In Australia, although the first NP was endorsed to practice in the year 2000, numbers remain small and scope of practice limited. Despite a strong body of international evidence that supports the safety, efficacy and satisfaction in service provision, NPs continue to confront barriers in realising the full potential of the role. Objectives This research applied Bourdieu's concepts of field, illusio, doxa and misrecognition to explore the topology and dynamics of the setting in which the NP role functions. The analysis provides insight into the forces and influences that shape the role of the NP in the tertiary setting. Method Semi structured interviews were conducted with twenty-eight participants and seven focus group interviews were undertaken with a total of forty-eight participants. Participants included NPs, nursing leaders and medical practitioners from within the context of NP practice. Data analysis was organised around Bourdieu's key constructs of field, capital and habitus. The constructs were applied as technologies to demonstrate the various relationships, ideas and practices that constituted the field as a whole. Findings Within the field or social space, in the research, struggles were occurring for the legitimacy of the NP role. Once legitimacy becomes entrenched it is acknowledged as "doxa" (an assumption that goes without saying). The "illusio" afforded a belief, by those in the field, in the status quo. Thus, a first point of resistance to the NP role was a commitment to maintain the status quo which, if changed, would result in a shift in the boundaries of all positions within the field. This stance is reflected in the second point of resistance, misrecognition, where participants, both NPs and others, perceived the arbitrary nature of the status quo as essential and unquestioned. The misrecognition meant that NPs were complicit at times in presenting as inferior and in limiting their social mobility.

Theme: Points of resistance

Labour precariousness and life quality in long term care workers in Catalonia

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The interest on perceived life quality and labour precariousness has stimulated many debates and studies since the economic crises meant the shortage of public investment across Europe. If we focus our attention on the restrictions imposed by Spanish and Catalan governments, the health care sector has been one of the most affected by the neoliberal way of facing the economic crisis. In addition to this economic and political situation, the demographic balance of the Spanish population shows an increasing life expectancy and a growing dependency. So our study was motivated by the circumstances of the nurses and assistants working in long term care that even before crisis had unfavourable conditions comparing with nurses in other specialities. The study that we present is focused on nurses and assistants working in long term care sector in Catalonia region. In order to achieve reliable measures of labour precariousness and the perceived consequences in life quality was used the EPRESS scale, that first was translated and adapted to the Spanish context. The sample was composed by 561 professionals across 36 long term care facilities. The centres are located in four provinces and were selected attending to the kind of long term care facility (socio-sanitary or residence), their funding (public, private or mixed) and their location (rural, urban or small city). The fieldwork took place between September of 2015 and July of 2016. After processing data, the first analyses revealed important results related to work conditions like the insufficiency of the salary to cover the basic needs of more than a half of the sample; and there were also found remarkable results in the perception of the job practice of many professionals: the feeling that they could be easily fired, the perception of vulnerability in case of an unfair treatment, or the fact that many professionals have suffered an authoritarian treatment, are some of the results deduced from the implementation of the scale.

Theme: Dominance and race, gender, sexuality or other structural categories of difference

Bio-Political Violence in Contemporary US Healthcare

Georges, Jane *University of San Diego*

The contemporary political context of the United States (US) is becoming increasingly characterized by open acts of violence (e.g., mass shootings) as well as violence less openly acknowledged by the current administration or news media. The purpose of this presentation is to render salient the ongoing and increasing violence done to marginalized populations in the US by social processes identified as the "US healthcare system." In this context, the term "US healthcare system" is understood as those social processes (including policy and practice) that ostensibly are intended to promote health and decrease mortality. Since January 2017, the current presidential administration has had as a stated, specific goal the disenfranchisement of substantial segments of the US population from healthcare provided under the Affordable Care Act (ACA.) The ACA was implemented under the Obama administration in 2010 and its major provisions were enacted in 2014. A pattern of opposition and attempts to repeal this legislation have been a central theme of the Trump administration. This presentation draws upon the work of Foucault to analyze the violence done to marginalized populations within the US by these systematic attempts to vitiate access to health care. Using the homeless population of southern California as an exemplar of a marginalized population, a Foucauldian genealogy is presented in which in which the streets have become part of the carceral system within a panoptic society. Recent events in southern California, including the mass deaths of homeless persons from Hepatitis A, are examined as the end result of violence encoded within the current conservative political discourse. Implications for healthcare professionals and policy formulation are presented with a critique of current discursive themes, including discipline and punishment, within conservative political rhetoric relating to US healthcare.

Theme: Neoliberalism, neo-conservatism and social injustice

A critical approach to ethics in physiotherapy education in the 21st century

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Ethics are woven into the historical roots and development of the professions, which implies that the significance of ethics is often implicitly entwined with professional competences. The historical roots of physiotherapy reveal that avoiding any association with prostitution was paramount in the process of making it a profession. In short, in seeking to avoid the association with prostitution, practitioners embraced a disciplined and dualistic approach to the body, still evident in today's codes of conduct. However, the profession's emphasis on avoiding the touching and caring dimensions of the body led to ambivalent ethical dimensions as the profession developed. The view of the body as an object was regarded as unproblematic in relation to ethics as the profession was established. This emphasis changed, however, as the profession developed. First, the biomedical model of health became increasingly challenged by new ideas, leading to greater emphasis on the biopsychosocial perspectives of health during the 1970s and 1980s. Second, lately more critical approaches, representing new ideals, have gained greater importance, including how the idea of reducing the body to an object in itself can be seen as unethical. Thus, physiotherapy represents a very interesting case for an exploration of the more complex and ambiguous aspects of ethics. In this presentation we draw on data from Dahl-Michelsen's PhD project (2015) and show how first year physiotherapy students in skills training classes in a Norwegian physiotherapy programme interpret intimate boundaries as they learn different manual techniques and skills. The findings demonstrate that the predominant focus on the body as an object, once established to ensure ethical standards in physiotherapy, is less evident as 'the only' bodily approach in the skills training in this study. Although students still focus on muscle origins and insertions (body as object), they also approach the body by integrating its subject and object dimensions. Thus, professional standards of ethics today integrate the strategy of reducing the body to an object, which has traditionally represented the norm of 'good ethical practice' and the more recently developed emphasis on the subjectivity of the patient. Key Words: history, physiotherapy, intimacy, bodily approaches

Theme: Ethics in health care in the 21st century

Fearsome freaks: how the dominant discourse disenfranchises people with albinism

Haynes, Nalini *University of Canberra*

Representations of people with disabilities in popular culture can contribute to their stigmatisation and marginalisation, positioning us as Other. My thesis research is directed at identifying and critiquing the portrayal of people with albinism in speculative fiction. People with albinism are marginalized in contemporary Western culture on at least two fronts. Firstly, a significant degree of albinism makes us look visibly different -- whiter -- than 'normal' whites. Secondly, albinism causes vision impairment relative to the degree of albinism; people with vision impairment to the extent of becoming a disability tend to be isolated even if we don't look different. Other issues like men with disabilities having a higher employment rate than women, and people of colour with albinism experiencing additional difficulties are beyond the scope of a twenty-minute talk. Using myself as a 'model' to compare with speculative fiction characters, I will demonstrate how features of my vision impairment exhibit themselves, feeding the dominant discourse that shapes perceptions of people with albinism. Then I will discuss how the discourse shapes representations of albinism -- from Victorian-era steam punk to Klingons -- perpetuating misconceptions and alienation of people with albinism. Incorporating misunderstandings based on representations of albinism and paralanguage common to people with albinism, I will discuss how the dominant discourse -- via contemporary culture -- is self-perpetuating, illustrated by the campaign for better representation in the Da Vinci Code movie, Dennis Hurley's own voices comedic exposé and subsequent mainstream movies like The Heat and Vamps. Citing Anna Smaill's Man Booker longlisted and World Fantasy Award-winning book The Chimes, I will conclude with the most robust representation of albinism I have discovered in speculative fiction to date and explore the strengths of Smaill's fictional representation.

Theme: Art, humanities and health

Conflicting interests: Critiquing the place of "institutional reputation" in the ethical review process

Jacob, Jean Daniel *University of Ottawa*

Going through a Research Ethics Board (REB) and being held accountable to the highest ethical standards to conduct research with human subjects is commonplace. The goal of such a process helps ensure the selection and achievements not only of morally acceptable ends, but also of acceptable means to those ends when conducting research. Ultimately, REBs must pass judgment about the acceptability of harms and benefits to participants as they relate to research processes and outcomes. In this presentation, we will discuss the implication of integrating "institutional reputation" as a category of analysis in the ethical review process, exposing the conflicting interest and potential harms of such a practice. This discussion is informed by a recent REB review where our study - Exploring the concept of least restraint in psychiatry: An ethnographic study - was subject of institutional scrutiny and request for censorship based on its possible effects on institutional reputation. This discussion will, among other things, present the dangerous effects of such an addition not only for the respect of research processes, but also due to the potential harms it may cause to (potential) participants.

Theme: Ideologies of risk

The Politics of Psychology and the Psychology of Politics: Can Public Health Messaging about Mental Illness Obscure the need for Political Action?

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The Mental Health Commission of Canada reports that one in five Canadians will experience a mental health disorder or illness in any given year. This message is delivered along with an anti-stigma initiative that urges people to seek appropriate diagnosis and treatment of their disorder. This recommendation signals to the individual that they can locate the source of and the solution to their distress, discomfort, anxiety, fear or sadness within themselves. Managing a rise in mental disorders by focusing on treatment for the individual can obscure the potential environmental causes and potential political solutions for this epidemic: for example, looking at the contributions that economic disparity, social policies, urban design, or neoliberal values make to mental distress. At the same time, psychology is positioned as a powerful tool to understand and alleviate the cycle of human suffering that plays out through political actors; by understanding and responding to how the brain and body process and perpetuate trauma, and by offering ways for the individual to find meaning and order in their existence, psychological knowledge proposes an improved world through the psychological wellbeing of individual agents. Drawing on Foucault's understanding of the subjection of the individual, and how techniques of the self are tied to governmentality, this presentation explores the tension between a psychological and a political conceptualization of mental distress. Selected References Mental Health Commission of Canada. (2016). Mental Health Commission of Canada 2017-2022 Strategic Plan. Retrieved from: https://www.mentalhealthcommission.ca/sites/default/files/2016-06/mhcc_strategic_plan_2017_2022_eng.pdf Rothschild, B. (2000). The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment. New York: W. W. Norton & Company. Rose, Nicholas. (1999). Governing the Soul: The Shaping of the Private Self. London: Free Association Books.

Theme: Neoliberalism, neo-conservatism and social injustice

Forensic Psychiatric Patients as Subjects of Power: the Appropriation of Surveillance and Coercion as Points of Resistance in the Total Institution

Johansson, James *MacEwan University*

The issue of power in forensic psychiatric nursing has received considerable attention, with the Foucauldian examination of nurses as both subjects and objects of power revealing the challenges that nurses face in this setting. The use of surveillance - the continuous monitoring of patients for the dual purpose of providing care and monitoring for any potential indiscretions - is an ubiquitous form of power utilized by nurses, creating a perceived state of permanent visibility amongst patients. Tied to surveillance is the use of coercive power - the ability to summon security personnel when patients fail to comply to hospital rules, or to document patient behaviours for the purpose of reporting to the Review Board - which is also utilized by nurses. As subjects of power, nurses utilize these techniques to ensure the compliance of their patients. As objects of power, however, these same techniques may be used by hospital administration to ensure that nurses comply with agency rules and regulations. Little focus has been placed, however, on the points of resistance utilized by patients against these forms of power utilized by nurses in a forensic setting. This presentation, based on clinical experience in a maximum security forensic psychiatric unit in Alberta, Canada, will examine how patients appropriate the techniques of surveillance and coercion and use them against nurses in the forensic setting. By continuously surveilling the activities of nurses, specifically the polemical practitioner, patients monitor for forbidden or unprofessional practices utilized by nurses and subsequently report, or threaten to report, these activities to hospital administration or the nursing regulatory body. Here, at a point of resistance, patients appropriate both surveillance and coercion to become subjects of power. As objects of power, nurses are monitored both from above, by hospital administration, and from below, by their patients. This reconceptualization of the utilization of forms of power by both nurses and patients within the total institution serves to re-frame nursing care within the forensic setting.

Theme: Points of resistance

Approaches to Risk through Sculpture

Kriger, Debra *University of Toronto*

Much of what we consider to be health revolves around the concept of risk. But what is risk? My research, funded by the Canadian Institutes for Health Research, examines how we make sense of our future bodies and our past narratives through our present embodiment. I combine the sociology of the body, sociology of risk, and public health theory to begin unpacking what risk means using the work of a variety of scholars, including Wright, Harwood, Lupton, Giddens, Luhmann, Berlant, and G. Rose. Thirteen participants used the innovative critical qualitative methods of sculpting and life-lining (an original method that looks like a modified collage), and were then asked about their art, and about how forces such as fate, destiny, luck or chance play into their understanding of risk. Four approaches to health risk emerged from their stories and art. These approaches to risk are contradictory, overlapping, and non-exhaustive and will add to understandings of health as well as understandings of risk and embodiment. They are the start to expanding on what health risk is, with implications on getting to know the body in the context of space and time. Keywords: health, risk, critical, qualitative, arts-based, embodiment

Theme: Art, humanities and health

Perinatal nursing in hospitals centers in Quebec, Canada : lived experience of immigrant women

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In a maternity context, immigrant women (IW) should be entitled, in the same way as women from the province of Quebec, Canada, to health care that meets their expectations and needs. Although they report that the care they received represents high quality standards, it has been shown that the complex technologies and restrictive procedures that run through the health care system lead to the alienation of these women in regard to how they had foreseen their maternal health [1]. In addition, the entrepreneurial form of governance in hospitals have direct and deleterious effects on the care that is offered to these women [2]. Thus, it becomes imperative to question, the contemporary transformations of care, the social contempt and the inequities exacerbated by these changes, while taking into account the rights and values of IWs. It is also important to question the role of the nurse in this particular context of vulnerability (being a woman, pregnant, and immigrant). The qualitative study that will be discussed in this presentation aims to explore the experiences of IW relatively to the nursing care but also to the sociocultural, political and economic aspects, while taking into account their normative ideal and their emancipation through the care they receive. Through this presentation, we wish to expose the beginnings of this doctoral thesis, and more precisely the details of the problematic, the literature review, the objectives and the methodological considerations. We believe that, in addition to support a better understanding of lived health experiences, promoting the health and well-being of these IW, the results of this study will encourage the implementation of nursing interventions allowing access to maternal health services that are more equitable and better adapted to their reality. This study could therefore contribute, under different conditions, to reduce the constraints experienced by IWs in the Quebec health system. References: [1] Grewal, S. K., Bhagat, R., & Balneaves, L. G. (2008). Perinatal beliefs and practices of immigrant Punjabi women living in Canada. Journal of Obstetric, Gynecologic, & Neonatal Nursing, 37(3), 290-300. [2] Labelle, M-P., & Martin, P. (2017). De la théorie postcoloniale en sciences infirmières : une mise en regard de ses fondements et une analyse critique du concept de sécurité culturelle, Aporia, 9(1), 19-28.

Theme: Dominance and race, gender, sexuality or other structural categories of difference

Making Nursing Accountable: The Nursing Process as 'Calculative Device'

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Thomas Foth[2]
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As in all Western societies in the 1970s/1980s, German Ordo-Liberals attacked the welfare state in general and healthcare in particular. Delivering healthcare was criticized for being too costly, for encouraging patients to engage in unhealthy behavior, and for being too bureaucratic. Neoliberals demanded to increase the efficiency of hospitals and the accountability of healthcare providers. In order to realize these objectives, healthcare should be transformed into a free market with all actors construed as entrepreneurs. Patients would invest in their health and nurses would make decisions based on means-end analyses. However, one precondition to achieving these changes was to understand how hospitals produced 'health'. Using approaches from critical accounting, we will highlight that accounting is a mechanism by which organizations implement rational methods of organizing, provide techniques to monitor activities, and establish a language on which organizational goals, procedures, and policies are defined and presented. 'Economizing' is not so much about costs and ways of increasing profits but rather about processes and practices that mold individuals, organize activities, and establish organizations, constituting them as economic entities or activities. Research in accounting and nursing needs to focus on the constitutive and performative role of calculative practices, which make visible and shape actions and entities. In this presentation, we will demonstrate that the nursing process is a technology that does not neutrally represent nursing activities but rather transforms nursing and restructures the way nursing is understood and performed. Representations of accounting, such as categorizing patients based on assessment tools and calculating the average cost for each patient and for each nursing action, are simultaneously interventions, because they shape people, processes, and organizations. Making the hospital calculable depends on the interplay between different calculative devices and the implementation of a specific infrastructure that includes different forms of materiality: the way patient data are collected, the control centers for the auditing of the records, the reorganization of medical and nursing services, etc. Only the interplay between these different actors and devices enables the 'disentanglement' necessary for nursing to become an economic entity.

Theme: Technologies: health promotion, diagnosis, treatment, rehabilitation, monitoring and communication

Contracted home care: The dynamic and normative potential of the contract.

Lausund, Hilde *VID Specialized University, Oslo, Norway*

Title: Contracted home care: The dynamic and normative potential of the contract. Keywords: homecare, accountable practice, responsible practice, shared responsibility Author and presenter: Hilde Lausund Email: hilde.lausund@vid.no Affiliation: VID Specialized University, Oslo, Norway Type of abstract: Paper Selection of conference theme(s): Ethics in health care in the 21st century/Space and place of health production I. A statement of the purpose and background of the study In the Norwegian framework of homecare services, organizational models have been developed to ensure the distinction between administration and provision of services. The importance of the decision-making obligation has become recognized as a result of the vital distinction between the so-called exercise of power (purchasing) and the execution of services (providing).These ideas are inspired by New Public Management. The distinction between exercise of power and execution of services presupposes that in Norway, public homecare assistance must be applied for, assessed and approved by the purchaser in order to be initiated by the provider. The decision-making obligation in Norway has thus reshaped homecare services into a rhetoric of contracting; therefore, in my research I approach homecare services as contracted services and the care provided as contracted care. Hence, identifying home care as contracted care, I ask: what is the potential of the contract? II. A summary of methods used The discussion is based on analysed material collected through qualitative observation and in-depth interviews with RNs working in the field of homecare services. III. Results and conclusion The analyses show that contracts have a capacity to seek compromises in care practice, and furthemore that they have the potential to connect the practices of purchasing and providing. Finally, contracts create a shared obligation on the part of those bodies that work in homecare services. I argue that these findings show that the capacity of a contract is mediated, meaning that the contract is not an actor with fixed means. As a mediator, the contract connects with other actors in practice and becomes a normative feature. The potential of the contract brings in new arguments in the accountable-responsible discourse in public care services.

Theme: Points of resistance

Redefining Democracy-Disarming Resistance against the Economization of Nursing

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Major transformations in the Canadian healthcare industry aiming to reduce costs have had devastating and potentially long-lasting effects on vulnerable populations as well as the nurses caring for them. Frontline clinical and nursing services have been reduced and wages of public servants are not even meeting the regular rate of inflation. Forced flexible working hours have led to what has been called a "casualization of the hospital workforce". These developments have left many nurses in precarious working conditions. At the same time, governments began to systematically cut support for the vulnerable in order to break "welfare dependency." Healthcare services have been increasingly privatized by returning public services to private corporations, leading to the implementation of profit making in healthcare. However, nurses rarely speak-up at their workplaces. This presentation analyzes why it becomes increasingly difficult for nurses to criticize the above-mentioned developments. These developments have been accompanied by a political approach called New Governance and New Public Management with the aim of implementing management methods developed in the private sector for the efficient organization of public services. Governance, and especially good governance, puts emphasis on processes and is no longer concerned with institutions. It conceptualizes democracy in a new way as the public sphere is reduced to a problem-solving process. There are few deliberations on societal values and no struggles around power and the pursuit of ideas on what may be in the best interest of society in general. Participants are integrated into decision-making through benchmarking, consensus building, private-public-partnerships, etc. Benchmarking, Evidence Based Nursing (EBN), and Best Practices (BP) are important technologies in healthcare new governance, and those working in the healthcare system have also been affected by their hegemonic influence, transforming their practices and rendering them increasingly unable to critique new technologies. These important technologies claim to be based on neutral and objective research, which in combination with the strong emphasis on consensus, are especially hard to resist. Using the example of the restructuring of the Ontario healthcare system, this presentation will highlight why it is increasingly difficult for nurses to resist these developments.

Theme: Neoliberalism, neo-conservatism and social injustice

Health care institutions as revolutionary institutions: Guattari's work helps us think the utopia

Jasmine Lavoie *Université Laval*

Patrick Martin[1],
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Félix Guattari, French philosopher, psychanalyst and activist, participated in the Groupe de travail de psychothérapie et de sociothérapie institutionnelles (GTPSI), founded the Federation of Groups for Institutional Study & Research (FGISR), and has closely collaborated with philosopher Gilles Deleuze. During his active years, Guattari participated to numerous collective experiments of an emancipative nature that led to the creation of new concepts which deserve further exploration when it comes to modern issues. In this presentation, we will focus on Guattari's work, more importantly on how he conceptualises the Institutional Analysis, namely: as the contestation of institutions that have been created alongside of the State to fill in for its misdemeanors (which later have been compromised from the inside); as a subversion of these institutions ; as a reinvention of these institutions arising from new components allowing to unburden them from their own misconducts in an environment that allows permanent insurrection. Thus, based on considerations made on the concepts of the War Machine and the Apparatus of Capture by Schaepelynck (2017) originally developed by Guattari and Deleuze in A Thousand Plateaus (1980), we will explore how it is possible to articulate the Institutional Analysis not only from the institution's perception, as in psychiatric institution, but also to the health care institution as an utopia that would prevent misconducts by the authorities in charge - which are often prejudicial to nurses and patients. To follow, we will also demonstrate how Guattari's work can contribute to refashion militant practices based on strategies that prevents an authoritarian shift- because from a micropolitical perspective, any praxis can result in an uprising and become autocratic (Guattari & Rolnik, 1986). Nevertheless, this presentation will demonstrate how it is possible to conceptualise the institution, from the health care and militant perspective, not as an explanation in action of society, nor as a staging of inequity, but as a communal creation, and a mean of action that does not reciprocate normalisation, but can resists any form of capture. Keywords :Institutional Analysis, War Machine, Apparatus of Capture, Micropolitics Reference:Guattari, F., & Rolnik, S. (1986). Micropolitiques (traduit par R. Barbaras). Paris: Les empêcheurs de penser en rond. Schaepelynck, V. (2017). L'institution révolutionnaire chez Guattari. Beaux-Arts, Paris, France

Theme: Points of resistance

Assertive community treatment - Assertive intervention that won't go away?

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Background: Assertive community treatment is a persistent outreach service within community mental health services, which aims to help some of the most disabled of the severely mentally ill people gain stability in their everyday life. Case managers (CMs) are front line health care workers, who employ a flexible and assertive approach to engage with clients in their home environment. This particular context of care can be precarious and entails ethical issues involving the principles of autonomy and paternalism. Aim: The study aimed to gain insight into assertive community treatment case managers' moral decision-making and identity work Methods: This focus group study explored situated accounts of moral reasoning and identity work among 16 assertive community treatment CMs. Transcribed materials were subjected to analysis focused on content and discursive features. Results: The CMs depicted their services as focused on the client's well-being and highlighted the importance of establishing and maintaining relationships with clients. Hence, assertive community treatment entailed persistent efforts to engage with clients despite repeated rejections. Further, the CMs described bending legal and organisational rules to protect the relationship with clients. Their moderately transgressive efforts were legitimised in situated accounts emphasising a moral commitment as the last available treatment option and by referring to previous personal experiences of being right in the end. Discussion/Conclusion: CMs' accounts reflected their position as fundamentally paternalistic and their practice entail the risk of clients' personal autonomy being overruled in attempts to achieve professionally oriented goals. Decisions made in this precarious context of care were depicted as morally unjustified expectations based on previous experiences or situational judgements. CMs balanced their moral decision-making by depicting moderate psychosocial transgression and rule bending practices as professionally acceptable, however the CMs decision-making practices may reflect a highly problematic everyday management of judicial rights and formal obligations. This presentation focus on the pragmatic stance of the CMs', that may reflect the necessity of paternalistic interventions in community mental healthcare services, and on implications of treatment services being forced on people with severe mental illness, even when they explicitly and repeatedly turn away from these.

Theme: Ethics in health care in the 21st century

Care practices, professional autonomy and political mobilization: Examining the social relationships and stuctures of power that shape the experiences of nurses in specialized care

Martin, Patrick *Université Laval*

Louise Bouchard[1], Amélie Perron[2], Erik Breton[3], Andrew O'Reilly[3]
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Over the last decades, various published works from various disciplines have analysed the multiple changes that have occurred, and continue to occur, in nursing. The role of the nurse has expanded significantly from general practice in tertiary care settings, to the development of nursing roles in multiple areas of specialized care. The deployement of these nursing roles is intimately linked to several factors: the growing needs and the complexification of care and services provided to an aging population grappling with multiple chronic conditions; the soaring costs caused by increased demand for care and services; evolving organisational contexts; as well as the availability and the demographic distribution of medical staff. This paper presents preliminary findings from a study investigating the power relationships within which Quebec nurses working in specialty areas are embedded. The purpose of the study is to document nurses' accounts about the way power and decision making processes impact their ability to fulfil their role, implement care practices and exercise their professional autonomy. The study gives special consideration to these nurses' ability to engage with politics and to envision a practice based on awareness and solidarity, so as to transform nurses' experiences into a dialogical, deliberative and emancipatory process. The findings show that nurse participants face a vast system of constraints that restrict their ability to practice nursing as they wish. Some of these arise out of their relationships with physicians but some come from senior nursing leadership within their workplace. Nurses must also grapple with a range of inequalities in terms of wages, patient assigment, and limited access to decision making circles. In spite of such constraints, these nurses remain convinced they can defend their practice, resist disempowering processes, and establish a balance of power in their favour that is devoid of reprisals. Yet participants remain highly ambivalent about their future—a future in which they foresee the need to continue to fight for the improvement of their practice environments and work conditions. Key words: political mobilization, professional autonomy, power, specialized care.

Theme: Points of resistance

Rancière's writings applied to nursing : a radical and emancipatory political theory

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Karyne Duval[1], Andrew O'Reilly[1]
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The philosopher Jacques Rancière has developed an approach to political theory and people's history that is both radical and emancipatory, particularly in its assertion of the importance of commitment in opposition to inegalitarian managerial practices (Hewlett, 2010). At the very heart of Rancière's concerns are the notions of emancipation and activism through engagement in various forms of resistance to domination. His conceptualization of emancipation further underscores the strengths, intelligence and enormous potential of those who, in the existing social order, are deemed to be the weakest and least intelligent, even when this is manifestly untrue. Rancière, often identified as the philosopher of emancipation, envisions disrupting the natural order of domination and bringing about a fairer, more egalitarian world through the popular uprising of those who, in existing social structures, are often invisible, like nurses. Rancière's writings could thus be of value to nurses who suffer from such invisibility and who demand amends for the harms they suffer daily in their professional practice. As part of this presentation, we will explore and illuminate the foundations of Rancière's theory of emancipation and of some of the concepts involved and this, in agreement with an article that we have just published in this sense in Nursing Philosophy. We will first focus on the logic of "political being-together" and, more specifically, on the two heterogeneous processes that comprise it. We shall also turn our attention to one of Rancière's basic postulates, the equality of intelligence. We shall then discuss the importance of combining the capacities of ordinary people to undermine the exclusive regimes of perception and interpretation that define the status quo. Finally, we shall examine more closely his conception of the democracy upon which our societies are based.

Theme: Points of resistance

Risky business: The bio-politics of hospitalized older adults and care technologies

Moreau, Jeannine *University of Victoria*

This presentation draws on my PhD studies, a discursive ethnography, to expose how risk discourse in western society governs older adults' hospital care and characterizes such care as risky business. My studies involved following from admission to discharge seven patients, 75 years or older, hospitalized for surgical repair of a fractured hip due to a fall. I trouble how risk discourse has become increasingly lexically associated with the discourse of hospitalized older adults' functional decline and to what effect. Discourse is understood as social practices of knowledge production, constituting and giving meaning to that which it represents. The ideology of risk is taken up in relation to the science of probabilities and statistics as located in the geriatric literature regarding hospitalized older adults. In this literature, functional decline is pervasively defined objectively as measurable losses of capacity for activities of daily living levelled according to pre-determined norms. The literature establishes older adults statistically as the most costly population in hospital with the highest risk of functional decline. Discursive ethnography enabled "seeing up close" how discourses of risk and functional decline operated in such hospital settings. Research initiatives that developed technologies (e.g., assessment tools and clinical pathways) were used for objectively ordering and managing older adults and their hospital care. I reveal how such care technologies and practices of assessment and documentation subjugate the older adult's body to techniques that turn it into a calculable, measurable object of knowledge. Such technologies and practices focused on functional decline rendering invisible the older adult as a unique sentient person; objectifying, normalizing and homogenizing what it means to be old and ill. I illustrate how consequently the use of risk and functional decline discourses enable bio-political governance of hospitalized older adults as a population to be ordered, managed, and controlled. I expose how such discursive practices constitute these older adults not only as measurable objects but ideologically and statistically as the economic problem and thus a risky business for health care.

Theme: Ideologies of risk

Discourse, power and nursing history

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The epistemological foundations of the discipline of nursing have been the subject of several studies that describe nursing knowledge as "scientific". Taking traditional approach, many Canadian historians recognize in the pioneers the spearheads of the construction of this knowledge and few historian researchers have moved away from this approach. In fact, it is common in nursing history to ignore the political, economical and social contexts that have influenced the development of nursing knowledge. Such an issue encouraged the adoption of new approaches that open the way for a more sophisticated understanding of nursing knowledge development. Thereby, the goal of this research was to analyze the conditions of emergence of nursing knowledge identified as scientific knowledge in Canada, particularly in the Province of Quebec, from 1898 to 1970. Using Foucault's discourse analysis and his concept of power/knowledge, the results show that nurse's knowledge and expertise enabled them to play a key role on individual health and to participate in the normalization of the population.

Theme: Art, humanities and health

"I found out I have HIV but it's all good, I'm on medication": The deployment of biomedical technologies in HIV and viral hepatitis family disclosure narratives

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As the management of blood borne viruses undergoes rapid change, the families of those affected by HIV, hepatitis B and hepatitis C are also living through and responding to those changes. Yet both research and policy responses remain largely focused on the individual, with less known about the role and experiences of families in the prevention, treatment and monitoring of these infections in our community. Drawing on interviews with individuals living with HIV, hepatitis C and/or hepatitis B, and their family members, with the term 'family' being broadly defined, the 'my health, our family' study is the first to document the experiences of families affected by these blood borne viruses in Australia. In this presentation, we will explore the role of biomedical technologies in mediating family relationships in the context of stigmatised, infectious diseases. Preliminary analysis suggests that effective treatment is often mobilised as an important device when disclosing a viral diagnosis to family members, especially for people with HIV or hepatitis C. Recent advances in biomedicine become a key element in the disclosure narrative and are employed strategically and with care in order to avert any fears or negative responses in family members, and to signal that there is no cause for concern, reassuring everyone that the wellbeing and the ways of relating within the family can remain intact. Emerging findings also suggest that biomedical therapies can operate as a technology of hope, providing family members with a concrete strategy for demonstrating support and care by informing themselves about management options or by getting involved in their family member's engagement with care. These findings point to the importance of better understanding and strengthening the role of families in the management of blood borne viruses, including their role in shaping the meanings and practices associated with biomedical technologies.

Theme: Technologies: health promotion, diagnosis, treatment, rehabilitation, monitoring and communication

A Novel Cure--a reading and writing for well-being approach to reduce loneliness

Palmer, Victoria *The University of Melbourne*

Creative practices such as reading and writing have gained prominence in social and health policies in terms of having positive benefits for ageing in terms of learning, memory and improved well-being. They are relatively easy to deliver within community settings with limited costs. Currently reading has been identified as a possible intervention that may be suitable for people with cognitive impairment, depression and anxiety as well as those in aged care settings and the general community. There is less evidence and research into the role of creative approaches to writing. Reading for writing and well-being is a weekly program developed originally by the HEARTH Centre in Birmingham UK. People come together with a facilitator reading a short story out loud and a thematically linked poem. This is coupled with prompted discussion and a writing activity with reflection on the task shared between group members. We undertook a pilot study of reading and writing and identified its benefits for offering people a sense of connection through story and sharing their lives, social participation and its contribution to possible enhanced health and well-being outcomes.

Theme: Art, humanities and health

Young lesbian health in early 1970s New Zealand: A poststructural feminist analysis

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Early 1970s feminism and women's health activism created conditions of possibility for the emergence of Broadsheet, a national New Zealand feminist periodical with strong health and wellbeing emphasis, which ran from 1972 until 1997. This presentation explicates and explores how multiple discourses of lesbian sexuality, health and wellbeing operated in 1970s New Zealand to produce subject positions, practices, possibilities and constraints for young lesbian health. The study analysed issues of Broadsheet published between 1972 and 1975. This material was analysed using a feminist poststructural discourse analysis drawing on Foucauldian concepts of discourse and power/knowledge. Broadsheet's early issues provided one of the first widely accessed spaces in New Zealand that allowed lesbianism to be spoken of and acknowledged. The results show that with the rise of a radical feminist discourse a very particular and collective notion of lesbianism emerged and was circulated in Broadsheet at this time. Radical feminism developed a political theory of heterosexuality as a practice of patriarchal institutions of marriage and the family, and patriarchal ideologies of masculinity and femininity. Radical lesbians identified heterosexuality as a socially glorified and enforced state of being, with health and wellbeing effects on women. Simultaneously, a liberal feminist discourse operated to produce women's health issues in a heterosexual framework, as informed reproductive choice and reducing sexism, to the exclusion of identified lesbian health issues (e.g. homophobia, heterosexism). This liberal feminism constructed young women as knowing: empowered to practice a protected heterosexuality. Discussion of the implications of heterosexism for women's health and wellbeing was marginalised by these liberal discourses. We argue that a heteronormative discourse effectively contained the expansion of lesbian possibilities and narrowed the construction of 'women's health' to 'women's choice' over their reproductive capacity.

Theme: Dominance and race, gender, sexuality or other structural categories of difference

Not just for me but for everyone: messages about health and illness within promotional materials of mental health apps

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There are tens of thousands of commercially available mobile phone applications (apps) relating to mental health, and these apps are hugely popular with the public. People searching for mental health apps are exposed to particular messages within their promotional materials. We explored the ways that apps frame mental health, including who has mental health problems and how they should be managed. We conducted a critical content analysis of the promotional materials for widely used or heavily promoted mental health apps in USA, UK, Canada and Australia during late 2016. Apps were included if they explicitly referenced mental health diagnoses or symptoms, and offered one or more of diagnosis, guidance, or health benefit claim. We conducted an interpretive analysis focused on the social construction of target users, claims about mental health, and therapeutic suggestions. We identified 61 prominent mental health apps. Most apps focused on anxiety, panic and stress (34/61; 56%) and/or mood disorders (16/61; 26%). Promotional materials in these apps presented mental health problems as being one or more of: negative symptoms; a risk state; or lack of life achievements. Mental health problems were framed as being present in everyone, although "everyone" appeared employed, white, and in a family. Explanations about mental health focused on abnormal responses to mild triggers, with minimal acknowledgement of external stressors. The therapeutic strategies provided included relaxation, cognitive guidance and self-monitoring via frequent app use. There was an emphasis on personal responsibility for improvement and a moral imperative for frequent, regular use of apps. The promotional materials of apps proved to be rich vehicles of information about health. They delivered messages about mental health that encourage medicalisation of normal life events and emotional variation, and endorse personal over societal responsibility for mental wellbeing. Apps are targeted at the "white, worried, and well" and representation of app users lacks diversity. These prevailing messages should be acknowledged and possibly challenged in order to better assist those experiencing mental health symptoms.

Theme: Technologies: health promotion, diagnosis, treatment, rehabilitation, monitoring and communication

On acts of cognitive freedom: Cosmetic neuroenhancement, neurocitizenship, and technologies of the self

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The purpose of this article is to discuss a trend in which healthy individuals undergo psychopharmacological treatment in order to enhance their cognitive functions such as memory and ability to concentrate. In doing so, they govern pharmacologically who and what they wish to be. Individuals' identity and sense of purpose, performance, or happiness thus become increasingly coded neurochemically, something that is consistent with this century's fascination with the human brain. Such initiative redefines individuals' sense of self, citizenship and freedom. It also alters their relationships with health professionals and the health care system, as they strive to be "better than well". In this paper we describe and contextualise this phenomenon. We discuss the shifting boundaries of the clinical domain, biocitizenship and health professionals' roles, as a new space for health maintenance and enhancement is opened up. We further highlight implications for politics and ethics, calling for critical analyses grounded in ethopolitics.

Theme: Intensifications of governmentality and its processes

Beyond the clinic: Affective atmospheres of cancer survivorship

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In Australia over 125,000 people are diagnosed with cancer every year. Despite the growing number of people living with cancer and the diversity of illness experiences this entails, sociological scholarship on cancer pays surprisingly little attention on how the affective experience of illness and care is situated with respect to place and space. Much of this work emphasises individuals as recipients of care. Thus, studies tend to focus on examining the oncology milieu, therapeutic spaces or 'third spaces,' such as support groups. In this presentation, we investigate the collectivities, singularities and spatiality of cancer as an illness experience beyond the clinic to include the often invisible situated experiences of cancer in the everyday. Recent research suggests a potential contribution of understanding these experiences from the perspective of 'affective atmospheres' to gain insights into the relations between space, subjectivity, temporality and materiality. Arguably, the ontological indeterminacy of the affective atmosphere concept makes it appropriate to explore sensations that traverse temporal, spatial and material contexts, the discursive and the non-representational, individual and collective affects. We contribute to this line of enquiry by drawing on participant-generated photography and photo-elicitation interviews with 16 people with cancer to visually represent these intersections in the context of cancer survivorship. Our analysis traces how atmospheres emanate from and radiate beyond the clinic, how they touch private and even virtual or headspaces, how people resist, leverage, withdraw from or transition between them. Hence, we argue that affective atmospheres in cancer survivorship are not passively endured. People with cancer approach their being in space as a social practice, that is they engender, experience and respond to affective atmospheres in interaction with their environment and those they share it with. In this way, we offer nuanced and innovative insights into the complex and multi-faceted dynamics of cancer survivorship in situ.

Theme: Space and place of health production

Incorporating practice: action and the social in health care research

Mary Ellen Pukis *University of Victoria*

It is not an overstatement to argue that when nursing practice shows up at all in research studies, it presents itself as something taken-for-granted in the background of studies about patient care. Practice is often treated as static and unworthy of comment or concern. This reflects a remarkable lack of curiosity about what shapes practices, what influences them one way or another (or another), what disrupts practices in some instances and then what makes them so robust that, despite vigorous efforts to change them, they persist. Nursing and other health care practices occur in the spaces between human actors – often patients and family members and those providing care for them. Increasingly, these care practices occur between people and the myriad electronic devices and organizational processes designed to care for people. None of these relationships between people, devices and the organizational contexts within which they meet are predetermined but instead, are worked out on a moment by moment basis. How then does care for patients take such recognizable, routine form? How can we best think about these regularities – and how, if we were to take the practices constituting care more seriously, could we enable responsiveness in order to humanize care practices?

Theme: Points of resistance

Melanotanning: Exploring implications of a bespoke body technology

Raymond, Stephanie *University of Queensland*

A persistent social emphasis on tanned skin has prompted recent biomedical, scholarly and public curiosity in an unregulated injectable tanning drug, known colloquially as Melanotan (both in Australia and the UK). Melanotan (also referred to as 'Mel', 'MT' or 'the Barbie Drug') is a peptide which, when delivered via subcutaneous injection, promotes a gradual darkening of the skin as though tanned by the sun. Despite lack of regulation, public interest in the drug's tanning potential has led to its appropriation as a lifestyle drug, and diversion to a largely online 'black-market' around which an Australian consumer base has coalesced. Using a Constructivist Grounded Theory framework that draws on perspectives from a sociology of health, risk, technology and critical public health, this paper presents empirical findings from a world-first qualitative sociological inquiry into Melanotan use in Australia. Drawing on 48 in-depth semi-structured interviews with Australian resident 'melanotanners', this paper examines the practice of 'melanotanning' in the context of two key findings. First, I review how users engage with the drug and construct narratives around their practice in ways that create competing risk logics that often subvert public health messages that groups like Cancer Council Australia have worked for decades to promote. Second, I review the implications of this practice for unsettling traditional patient-practitioner relationships (via its unregulated use). I conclude by considering some provocations that 'melanotanning' raises for interdisciplinary research into this and similarly novel or divisive body technologies.

Theme: Intensifications of governmentality and its processes**Stagin fatness**

Stagin fatness

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Fatness is a stigmatized condition with multiple forms of prejudice and discrimination in settings of health care and health care education. Physical therapists are frequently involved in life style change and weight reduction programs for people categorized as "obese". Within such programs it seems to be taken for granted that people with excess weight needs to slim down.
In her stage play "My life as a fat person," Swedish actress Lotti Törnros stages herself as fat at different ages, from childhood to adult and motherhood. The performance addresses her struggle to keep up her self-confidence through countless efforts--her own and those of the people around her--to make herself thinner and more physically acceptable.

By staging their fatness, fat people create a situation in which they are free to speak and act out and become visible to the world. LeBesco suggests that such performances of the self, strengthen interpersonal communication and reinforce fat subjects' agency. In contrast, Kuppers notes that if performers do not question underlying assumptions about the fat body, there is a risk of falling back into stigma and stereotype.

Based on field notes taken by the first author as a spectator of this performance, we argue that creating the time and space to construct a story balanced between well-known discourses containing discrimination and objectification and their unknown individual repercussions, Törnros forces and invites them to feel her gaze, making it possible for them to be more aware of their own seeing and habitual judgment of the fat body.

Theme: Neoliberalism, neo-conservatism and social justice

Intersections of Race, Gender, Religion and the Experiences of Canadian Muslim Nurses Donning Hijab

Saleh, Nasrin *University of Victoria*

Central to nursing are the values of caring, empathy, justice, and equality: values that stand in sharp contrast to discrimination, stereotyping, subjugation, and Othering, which are the foundations of racism. Evidently, there is a strike contradiction between the core values of nursing and those of racism and between the altruistic and ethical goals nursing strives to achieve and the objectives of racism in the control of power and privilege. However, these two sets of principles and goals converge to produce and sustain democratic racism within nursing. Democratic racism is an ideology that underpins the existence of egalitarian values along with and racist beliefs, behaviors, and attitudes. Canadian Muslim nurses donning hijab and practicing within the Canadian health care system are situated within the subtlety of democratic racism as an ideology and within the representation of Muslim women wearing hijab during the era of post 9/11. Canadian Muslim nurses donning hijab find themselves at the intersections of gender, race, and religion, which have been placed at the center of the discourse on Islam since the events of 9/11 and the war on terror. Therefore, in this paper, I argue that, through the privileging of whiteness, democratic racism is masked and woven within the contexts of Canadian nursing; contexts in which Canadian Muslim nurses donning hijab practice. I also argue for the need for a critical race feminist framework to capture the experiences of Canadian Muslim nurses donning hijab and illuminate them, with the goals of writing against racism in nursing, disrupting and deconstructing the dominant discourse that has been constructed about them without them.

Theme: Dominance and race, gender, sexuality or other structural categories of difference

Pitfalls of 'cheer*': A post-qualitative material-discursive analysis of the clinical care of young people with muscular dystrophies.

Setchell, Jenny *University of Queensland*

Thomas Abrams[1], Patricia Thille[2], Bhavnita Mistry[3], Laura McAdam[2], Barbara Gibson[2]
[1]Dalhousie University, [2] University of Calgary, [2]Bloorview Research Institute

Clinicians are taught to be positive and strength-based, particularly when working with young people. Such positivity can include working to create a generally cheerful atmosphere in healthcare environments, cheering for improvements in assessment outcomes, and cheering up clients in situations of decline. However, there may be pitfalls of such 'positivity'. This may particularly be the case where there is ongoing decline, such as for children diagnosed with Duchenne muscular dystrophy (DMD) where achieving physical 'personal bests' might be only be possible until the age of 6. We worked collaboratively with clinicians, young people with DMD and their families to examine cheerfulness, cheering etc (cheer*) in the day to day performances of the staff in a neuromuscular clinic. We employed a post-qualitative approach to examine cheer* as a relational material-discursive practice using Karen Barad's post-human ethico-ontoepistemology, particularly attending to her concept of exclusions. We co-examined the clinic processes we noted in ethnographic observations. This involved three iterative intra-active exploratory spaces: 1) group discussions with clinicians, 2) individual dialogical exchanges with children, families and clinicians, and 3) research team analysis sessions. Barad's post-human perspective added a (new) materialist perspective - including the materiality of non-human 'things' entangled in cheer* and subsequent doings. In this presentation, we introduce one example of cheer* discussed across the exploratory spaces. This example focussed on what is constituted through the entanglements of human and non-human bodies, affects, objects and practices during muscle length testing. Consideration of exclusions highlighted what comes to matter (and what does not) when cheer* is performed in this context. We highlight how the cheer* made some things matter (technologies that measured muscle length, 'normative' physical function, 'positive' affect, test scores, individual and family compliance with clinician instructions, disassembled bodies) and excluded other things (embodied understandings of living well, attending to grief/discomfort and other 'negative' affect, child and family priorities for care). These exclusions performed by cheer* have important material-discursive consequences in the lives of young people with MD. We discuss how these findings have implications across healthcare settings, particularly in inevitable times of decline.

Theme: Intensifications of governmentality and its processes

(In)Dependence in everyday life for children and young adults living with respiratory technology

Straus, Elizabeth *University of British Columbia*

In the over three decades since infants and children in North America began to be discharged home on long-term mechanical ventilation, the number of children and young adults living with tracheostomies and life-sustaining respiratory technology in their home communities has increased substantially. Unlike most adults requiring respiratory technology, many of these young people have grown up with respiratory and other assistive technology to sustain life and support independence. These young people often require 24-hour care provided not only by parents, but also, in many contexts, by private duty home care nurses and personal attendants. In the pediatric complex care literature, dependence on technology to sustain life and constant caregiver presence are often positioned as barriers to developing capacities for independence and maintaining social relationships. Furthermore, individualistic conceptualizations of self-reliance in adulthood have historically been considered incompatible with dependence on medical technologies and personal care. The challenge for the home care nurse is to enable and empower these young people to achieve their developmental goals in the context of reliance on complex technologies. The purpose of this presentation is to consider this challenge through exploring constructions of (in)dependence in research with children and young adults living with respiratory technology in relation to dominant conceptualizations of (in)dependence that pervade Western society. Literature examining the daily living experiences of children and young adults living with respiratory technology will be analyzed through critical disability and relational lenses to illuminate how (in)dependence is defined and experienced for these young people. This analysis aims to open up dialogic space to expand understandings and practices beyond discourses that reflect individualistic conceptualizations of self-reliance and independence. The presentation will conclude with implications for home care nurses supporting young people living with complex technology needs in their everyday lives.

Theme: Technologies: health promotion, diagnosis, treatment, rehabilitation, monitoring and communication

Intermediary or Mediator? Effects of Action Produced in the Constitution of Dementia Social Worlds

Tavares, Meiriele *Departamento de Enfermagem Aplicada, UFMG, Belo Horinzonte*

The shape dementia caregiving assumes varies according to social, relational and institutional landscape. In this research we followed three families from Belo Horizonte, Brazil to understand how they manage to care for their relatives with dementia at home, considering the arrangements needed, the resources mobilized and the access to formal assistance health services available. To comprehend the effects of action produced in the constitution of dementia social world, it is important to consider whether the means and materials drawn upon are taken as intermediaries – elements which transport meaning or forces without transforming them – or mediators – elements which transform or modify the meaning of the elements they were supposed to carry.

Theme: Points of resistance

People, pleasures and public health

Thompson, Lee *University of Otago*

Pleasure is a core aspect of human 'being'. Humans derive pleasure from many sources, including food, psychoactive substances, and sex. The link between pleasure and well-being has been discussed for centuries. The early philosophers talked about two different types of connection; these were hedonia and eudaimonia. Hedonic understandings are based on the view that the pursuit of pleasure, enjoyment, and comfort leads to well-being. The eudaimonic view sees the hedonic type of pleasure seeking as a lower form. It instead sees well-being as resulting from developing the 'best in oneself' - exercising virtues in a rational manner and taming appetites. This hierarchical ordering has been identified as problematic. While many studies consider the problem of excess - often associated with sin and, in health care, dependence and addiction - the public health literature has failed to acknowledge human pleasure as a pivotal factor that prompts and reinforces behaviour. At a surface level, public health efforts designed to stimulate positive health-related behaviour change appear to be pleasure-denying and have had limited success in getting people to give up things they enjoy. Public health discourse often frames pleasures as 'false' which serves to reduce a complex interplay of socio-political influences to a problem of deluded or ignorant individuals. At a deeper level, public health activity has a more complex relationship with the concept of pleasure. Pleasure may not be actively denied, but it comes to be re-cast as that which emanates from practices of self-denial and self-control. The task of the ideal contemporary citizen in public health terms becomes the cultivation of the ability to derive pleasure from being self-controlled; that is to draw on eudaimonic ideas. This eudaimonic imperative is held in tension within a wider environment that encourages hedonia. The purpose of this paper is not to decry hedonia, but to discuss the population health level implications of the tensions between hedonia and eudaimonia.

Theme: Intensifications of governmentality and its processes

The spaces of opportunity for GPS: about the forming of GPS-solutions in dementia care

Thygesen, Hilde *VID Specialized University*

According to Norwegian policy documents, telecare implementation offers «spaces of opportunity» to the actors involved, for example by enabling individuals to live at home independently, despite illness and functional decline, and by allowing more efficient care-services. This paper investigates empirically how these "spaces of opportunity" are negotiated and defined through the case of implementation of GPS tracking devices in dementia care. The case was part of the "Safe Tracks" project ("Trygge Spor"), which involved five Norwegian municipalities. The empirical analysis is based on ethnographic fieldwork and interviews with key actors involved in the project. In addition the chapter draws on theoretical resources and analytical concepts from the inter-disciplinary field Science and Technology Studies. The analysis shows that the "spaces of opportunity" of GPS tracking devices emerges through a process of mutual shaping in which the primary target group, family carers, formal carers, the health care service, and their roles, resources and capacities, are all negotiated and defined. As a result also a new 'care collective' is defined and instituted, and its limits and composition, distribution of tasks and responsibilities, resources and competence are renegotiated. The key argument is that the "spaces of opportunity" is not given in advance, on the basis of the potentials of the technology, or the conditions of the target group, alone, but rather emerges as a result of this process of negotiation and institution of a new care collective with its distribution of tasks, responsibilities, resources and competences.

Theme: Points of resistance

Intermediary or Mediator? Effects of Action Produced in the Constitution of Dementia Social Worlds

Velloso, Isabela *Departamento de Enfermagem Aplicada, UFMG, Belo Horinzonte*

The shape dementia caregiving assumes varies according to social, relational and institutional landscape. In this research we followed three families from Belo Horizonte, Brazil to understand how they manage to care for their relatives with dementia at home, considering the arrangements needed, the resources mobilized and the access to formal assistance health services available. To comprehend the effects of action produced in the constitution of dementia social world, it is important to consider whether the means and materials drawn upon are taken as intermediaries – elements which transport meaning or forces without transforming them – or mediators – elements which transform or modify the meaning of the elements they were supposed to carry.

Theme: Points of resistance

Consumer perspectives on how the therapeutic alliance facilitates personal recovery

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Peter Saunders[1]
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The relationship between a mental health consumer and their therapist has long been an important subject of mental health research from clinicians' perspectives. The current mixed methods study aimed to investigate consumer perspectives and lived experiences of the therapeutic alliance (TA) and personal recovery (PR). This research aimed to test the hypothesis that TA is positively correlated with personal recovery and explore the research question: 'How does the therapeutic alliance facilitate consumers' personal recovery?'. In the first phase of the research, participants completed an online survey, consisting of the Revised Helping Alliance Questionnaire and Questionnaire about the Process of Recovery to measure the quality of the TA consumers had engaged in the longest, and the progress of their PR. In the second stage, individual semi-structured interviews were conducted with participants to explore their lived experiences of the TA and PR to understand how the TA helps or facilitates consumers' PR. The number of participants who completed the questionnaire totalled 100 consumers, and 5 participants engaged in an interview. Correlational analysis was conducted on the data collected from the questionnaire and an interpretative phenomenological analysis was carried out to identify dominant themes in the discourse of mental health consumers. There was a positive correlation found between TA and PR r =.36, p = < .001, n = 100. Four superordinate themes emerged: the therapeutic alliance as a unique relationship, helping qualities of the therapist, consumers' taking responsibility and what recovery means to consumers. This research aimed to strengthen consumer voices in mental health research, an area that is currently underrepresented within Australia and globally. A number of suggestions for improving service provision and education of mental health professionals are identified and discussed in the context of current service policies and procedures and tertiary education and training of mental health professionals. Keywords: Therapeutic alliance, personal recovery, consumer perspectives.

Theme: Citizenship and democratization of health research and services

The construction of the disabled 'other child in Aotearoa New Zealand

Waterworth, Kate *AUT University*

Dave Nicholls[1], Lisette Burrows[2], Michael Gaffney[2]
[1]AUT University, [2] University of Otago

Background and Aims: The focus of rehabilitation practice with disabled children in Aotearoa New Zealand is influenced by dominant social perceptions of children, childhood and disability. This work therefore explored the ways in which children, childhood and disability have been historically and socially constructed in order to consider how and why particular knowledges are put to work through therapeutic practices with children. Design and Methods: A range of texts were analysed using a critical discursive approach informed by work of cultural theorists Foucault and Deleuze. The initial analysis explored the manner in which rehabilitation practices have been constructed by (and construct) understandings of children, childhood and disability, and considered enabling and marginalising practices. Findings: The putative category of the 'normal' child remains a strong discursive influence on rehabilitation practices. This study revealed some of the historical conditions that have contributed to the normalisation of children's rehabilitation. These include compulsory schooling, the success that the field of Developmental Psychology has had in influencing public discourses on child development and its measurement. Conclusions: Contemporary rehabilitation practice with disabled children in Aotearoa New Zealand leans heavily on discourses of 'normal child development'. This may benefit some disabled children however could be problematic and have adverse impact as to how many disabled children are seen, understood and treated. Rehabilitation practitioners should better understand these discourses in order to consider offering alternative approaches to rehabilitation in the future

Theme: Points of resistance

Working a way out of the confines of conventional qualitative research approaches: Developing postqualitative methods to rethink autonomy for disabled children.

Waterworth, Kate *AUT University*

Dave Nicholls[1], Lisette Burrows[2], Michael Gaffney[2]
[1]AUT University, [2]University of Otago

Postqualitative approaches to inquiry act to disrupt the expectations that have become embedded in qualitative research over the last two decades. As St Pierre Adams (2017, 2016) discusses, qualitative research has lost much of its early ontological promise, replacing it with a formalised, proceduralised and mechanistic emphasis on methods and rigour. My own project looks to rethink autonomy for disabled children in Aotearoa New Zealand. I hope to explore the conditions that have led to constructions of the 'normal' child and the 'other' (disabled) child, and to interrogate related understandings of autonomy and independence. I intend to rethink these concepts to explore what other conceptions are possible and deliberate on what they may offer. St Pierre and colleagues (2017, 2015) draw on the immanent philosophy of Deleuze to attempt the creation of new concepts (or new thought). Along with colleagues, she suggests that thinking with a concept, sustained deep reading and a radical ontological orientation are required for rigorous intellectual engagement in this paradigm Although these practices may resonate with traditional discourses of the scholar, they frequently clash with those demanded by many university processes, including the surveillance of doctoral research work. This presentation will describe the process of developing immersive, ontologically-rich approaches that cohere with poststructural/ posthuman/ new material ontology and epistemology, while attempting to traverse and reconcile tensions in the wider research context.

Theme: Points of resistance

Toward a transnational understanding of humanitarian nursing

Yacoubian, Hrag David *University of British Columbia*

Nurses have a great potential for influencing justice and equity on a global scale, and in the face of contemporary humanitarian crises of famine, war and genocide, such as in South Sudan, Myanmar, and Kurdistan, there is a great need for nurses' leadership. This requires sociopolitical knowledge and an understanding of humanitarian transnationalism. The expansion of macro-political knowledge among nurses is of utmost importance to empower them and pull them towards roles of care for the vulnerable and social justice. According to Jill White, sociopolitical knowing in nursing is used first within the context of nurse and patient, and second within the context of practice profession, including society's understanding of nursing and nursing's understanding of society and politics. This paper is concerned with this second level of sociopolitical knowing, and aims to present a sociopolitical analysis of nurses' transnational humanitarian involvement during international crises. This paper argues that Merleau-Pontian inter-subjectivity and dialectics have the potential to enhance nurses' understanding of transnational humanitarian nursing by enabling them to understand the nature of their dialectic relations to other nurses, professionals, and organizations, while taking inter-subjectivity into a central account. This enables nurses to better describe, assess, evaluate, and change the nature of their existential and relational conditions in a more effective and comprehensive manner. By providing the exemplar of Canadian nurses' leadership in transnational humanitarianism during the Armenian Genocide, when they collaborated extensively with their American, European, British, and Australian counterparts with the thrust of delivering much needed assistance to the thousands of victims, this paper argues that their collaboration was transnational in nature and their influential roles in the relief efforts could effectively be studied and explained by Merleau-Pontian vocabulary. This paper also suggests utilizing concepts of inter-subjectivity and dialectics to shape nursing's and nurses' education and practice in the many fields of nursing, both at individual and collective levels, such as in patient care, public health, policy making, and in nurses' sociopolitical knowledge development and subsequent sociopolitical involvement to lead effective change at the micro and macro political levels.

Theme: Citizenship and democratization of health research and services