

UCL QUALITATIVE HEALTH RESEARCH SYMPOSIUM 2017

*Denotes presenting author

Oral presentations

001 OP UCL QUALITATIVE HEALTH RESEARCH SYMPOSIUM 2017: COLLABORATION IN QUALITATIVE HEALTH RESEARCH

C Vindrola-Padros,¹ A Baim-Lance,¹ G Black,¹ A Chorley,² H Llewellyn,³
LM McGregor,² C Vrinten,² K Moore^{3*}. ¹Department of Applied Health Research,
University College London, London, United Kingdom; ²Department of Behavioural
Science and Health, University College London, London, UK; ³Marie Curie Palliative
Care Research Department, Division of Psychiatry, University College London,
London, UK

10.1136/bmjopen-2017-016492.1

In recent years, there have been increasing calls for collaboration between academia and the wider healthcare community in health research. This is largely driven by efforts to engage the public in the “co-production” of evidence-based healthcare and healthcare decision-making, as well as penetrate borders between disciplines. As a result, traditional “lone researcher” models of qualitative health research have shifted to include research teams which are increasingly made up of qualitative researchers alongside quantitative researchers, members of the public, health professionals, policy-makers and other stakeholders. In these ways, health research is assumed to be more relevant, ethically justifiable, and broadly applicable. However, such collaborations may be complex and may create challenges. To date, there has been limited critical consideration of these challenges and little is known about the assumptions and effectiveness of these collaborations.

We organised a one-day symposium to explore themes related to engagement, co-production and collaborative meaning making in qualitative health research. The oral presentations and posters used examples of collaborative studies to critically explore the processes used to carry out research as a diverse team. The discussions throughout the day alluded to the need to understand the multiple forms and levels of patient and public involvement in research, and distinguish between patient representatives and members of the public. Collaborative research requires flexibility, and might lead the researcher to occupy “mediating” roles such as that of the “cultural broker” or “boundary spanner”. The symposium created a forum to critically reflect on current approaches to inform improved ways of collaborating and engaging with diverse stakeholders to meaningfully impact on health and healthcare delivery. We should continue to search for ways to unpack the concept of “collaboration” to identify the purpose of collaborative relationships, the required activities and the actors involved.

BMJ Open

001 OP: UCL QUALITATIVE HEALTH RESEARCH SYMPOSIUM 2017: COLLABORATION IN QUALITATIVE HEALTH RESEARCH

C Vindrola-Padros, A Baim-Lance, G Black, A Chorley, H Llewellyn, LM McGregor, C Vrinten and K Moore

BMJ Open 2017 7:

doi: [10.1136/bmjopen-2017-016492.1](https://doi.org/10.1136/bmjopen-2017-016492.1)

Updated information and services can be found at:

http://bmjopen.bmj.com/content/7/Suppl_2/bmjopen-2017-016492.1

These include:

Open Access

This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:

<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:

<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:

<http://group.bmj.com/subscribe/>