

Kenward, Linda (2017) Experiences of 2nd harm in a healthcare setting: developing a course for Q methodology. In: 33rd annual conference of the International Society for the Scientific Study of Subjectivity (ISSSS), 7-9 September 2017, Glasgow Caledonian University, UK. (Unpublished)

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# Experiences of 2<sup>nd</sup> harm in a healthcare setting: Developing a concourse for Q methodology

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**1. BACKGROUND:** Vincent (2003) first coined the term ‘second harm’ in 2003 to describe the experience of patients traumatised as a result of an error (first harm) AND the subsequent manner in which the error had been dealt with by the healthcare provider or clinician (the second harm).

**2. AIM:** To explore the psychological needs of clients following experiences of second harm in the healthcare setting.

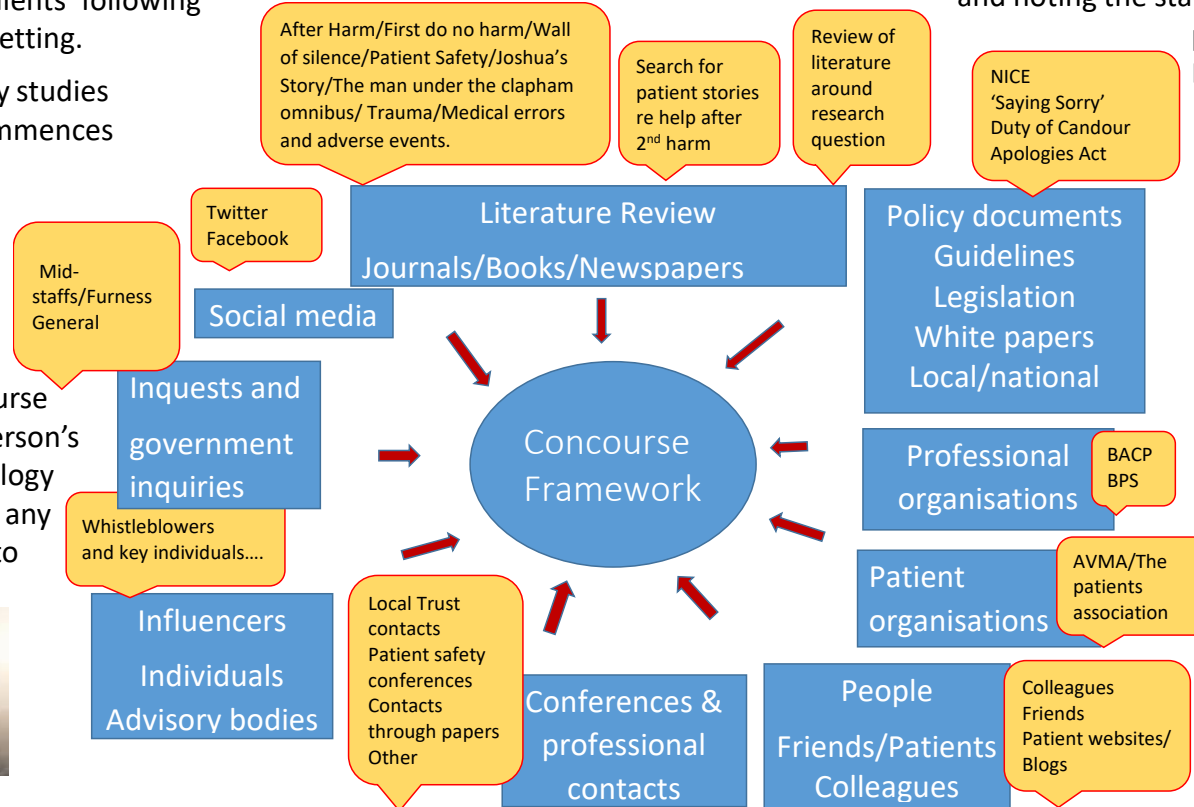
**3. WHAT IS Q METHODOLOGY?** Q Methodology studies subjectivity around a given topic. The study commences with a review of the ‘concourse’, - the body of knowledge and experience that represents the range of common opinions and views about the topic (Van Exel 2005). Stephenson (1968) believed that ‘*all subjective communication was reducible to concourses*’ (p24). Although McKeown & Thomas (2013) argued that concourse material is likely to be diverse, because each person’s meaning is different. A key tenet of Q methodology is that a limited number of viewpoints exist on any given topic. Statements are then summarised to represent the concourse (Stenner et al 2008).



**4. A FRAMEWORK FOR THE CONCONCOURSE** - To ensure the concourse has been examined thoroughly, a framework must be used that sufficiently represents the viewpoints of any similar group (Brown 1980). Figure 1 shows the framework developed for this study.

- Enables a diverse concourse to be sufficiently focused
- Demonstrate robust, transparent, systematic data gathering
- Enables replicability.

**Box 1: Benefits of a framework to review the concourse**



**5. DEVELOPMENT OF Q STATEMENTS:** Statements were developed from a review of the wide variety of sources in the Concourse Framework by systematically reading and noting the statements that explicitly were related to the psychological impact of second harm.

Examples: ‘I felt as though I didn’t matter’  
 ‘no one cared’  
 ‘no one was honest with me’  
 ‘I wasn’t told the outcome of the inquiry’  
 ‘they just wanted me to go away’  
 ‘mistakes weren’t acknowledged’

**6. EVALUATION OF THE FRAMEWORK:** Evaluation considered if the Framework reflected the views of all stakeholders and allowed for saturation of viewpoints to be reached? All relevant sources of patient views and experience are represented in the Framework and so are likely to be able to capture the ‘limited number of viewpoints’ described by Brown (1980). However, any Framework employed within a research project must continue to be iterative and flexible.

**7. NEXT STEPS:** These are:  
 The development of the Q Set - list of statement given to participants to sort.  
 Sorting of statements and collection of data.  
 Factor analysis and interpretation.

**Fig.1 Concourse Framework**

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