information is inaccurate, contributing to inconsistent messages about "safe levels" of alcohol consumption during pregnancy. The present study aimed to explore television portrayals of alcohol consumption during pregnancy in mainstream prime time television programs ($n = 26$). The following inclusion criteria guided program selection: (1) top 100 shows on cable/streaming services for women aged 18–49 and (2) shows suggested by targeted social media posts. Using ethnographic content analysis (Altheide & Schneider, 2013), the content and role of television media narratives in the social construction of alcohol meanings concerning the safety of prenatal alcohol exposure was explored. Preliminary results indicate misrepresentations of the safety of alcohol consumption during pregnancy (e.g., How I Met Your Mother, The Mindy Project), the commonality of drinking alcohol prior to pregnancy recognition (e.g., Chicago Med) or while trying to conceive (e.g., Friends From College), and difficulty keeping a pregnancy private when not drinking socially (e.g., Friends, The Office). The results demonstrate a need to provide clear, consistent messaging about the risks of alcohol use during pregnancy, as mixed messages from television can be an additional source of misinformation. Recommendations for messaging in light of these findings will be discussed.

Narrative Inquiry in Nursing Research: Tensions, Bumps, and the Research Puzzle

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Narrative inquiry (NI) has traditionally been used in social science and education research and increasingly used in health research. It is well suited to health research, and nursing research in particular, as it focuses the inquiry on the person's experience of their illness—"what matters" from the person's point of view. NI explores the narrative from a temporal, social, and place point of view, providing a holistic approach to the persons' illness experience. The adaptation of NI to nursing research can create a tension in the nature of inquiry as a result of the differences between NI and more traditional qualitative nursing research. NI data collection is characterised by multiple meetings, a relational aspect between the researcher and participant, the presence of the researcher in the findings, that sets NI apart from other more traditional explorations and expectations within nursing research. The unique way in which NI presents findings in addressing the research puzzle. The depth of analysis that accrues from the multiple levels of inquiry can result in tensions with the more traditional methods of qualitative research. Findings bump and collide as NI presents longer and relational narratives. This presentation will use the experience from a NI study of how seven survivors of cardiac arrest and how they have adapted to their new reality

of self-surveillance (embodiment) and existential discourse. It will do this presentation from the inquirer's perspective and elaborate how temporal, social, and place frames the inquiry process and presentation.

Using Qualitative Research Methods in Cross-Cultural Groups: Epistemological, Ontological, and Philosophical Considerations

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There is a dearth of information on how to conduct racially, culturally, and linguistically responsive research. Problems can occur when the researcher and the participants come from different cultures as values, beliefs of epistemology, ontology, and philosophy differ between the researcher and participants. Some key areas of concern include ethics, participant recruitment and retention, data collection and analysis, situating the findings into context, recommendations, and dissemination of findings. Using the example of a participant action research I conducted to explore the use of health services among four different cultural groups, this paper will show the many challenges I encountered and the strategies I used to mitigate these challenges. Specifically, the epistemological, ontological, and philosophical aspects will be highlighted. Sharing my authentic experience with other researchers will assist them to add to the already existing strategies that can used by researchers intending to do cross-cultural research.

Heidegger's Dwelling: Translating Phenomenological Insights Into Health and Social Care Language

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Hermeneutic phenomenology is highly interpretive, so much so that it discloses the possible nature of human existence in various relationships and situations. The concept of being in the world assists health and social care researchers to understand the importance of both technology and the humanistic arrangement of "care work." Heidegger's philosophy lays a pathway to developing self-awareness of "lived experience." This provides access to multiple realities, drawn from concepts, such as dwelling, equated to being at home. Dwelling is a state of harmony, experienced by one who finds a "clearing" (space) alongside technologically standardized thinking. In doing so, one may rediscover other possible ways of understanding (being in) the world. Translating phenomenological insight into health and social care language is challenging because one

must reestablish the connection between philosophy and science. One's capacity tends to be entrapped in the "scientific" environmental milieu rather than cultivated to achieve a state of harmony or form a peace of mind. Using an example of a hermeneutic phenomenological study that the first author conducted with foreign domestic helpers (FDHs) in Hong Kong, this presentation will demonstrate how the concept of dwelling allowed the researcher to uncover FDHs' psychological burden in their caregiving of older people. By illuminating the philosophical insights of Heidegger's dwelling, health and social care professionals may be supported to translate the natures of human existence into scientific understanding, no matter they are providing care for their clients in the community or institutional settings.

Client Experiences Accessing Outpatient Mental Health Services: Methods to Effectively Identify and Engage Focus Group Participants

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Many individuals searching for mental health services in the United States confront barriers to successfully connect with effective, affordable, and equitable outpatient treatment. As part of a mixed-methods study, we conducted four focus groups with clients in Massachusetts seeking outpatient mental health services to examine factors contributing to access disparities and wait times. While designing the study, we used a framework based on Penchansky and Thomas's concept of access to health-care treatment. This framework defines contributing factors to access: availability, accessibility, affordability, and acceptability of care, as well as accommodation of client needs. We will present how the framework informed participant selection for the focus groups, the development of the focus group guide, and the grouping of participants. Additionally, we will discuss methods to effectively recruit individuals navigating the mental health system who may be hesitant to share experiences regarding a stigmatized topic. The team made adaptations to the recruitment strategy to successfully recruit individuals; for example, the team initially posted flyers in community spaces and health centers, but when this only garnered modest interest, modified our approach to use web-based platforms, such as listservs. and social media, to greater success. We also added a public transportation voucher to our incentives for participation and worked closely with participants to schedule the groups at a mutually convenient time. With increased attention on improving health-care delivery and providing patient-centered care, researchers must use a rigorous and adaptive study design to engage clients in research about potentially sensitive topics.

A Critical Evaluation of Three Member-Checking Procedures

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Member-checking may implicitly or explicitly be used as a means of establishing the "truth" of knowledge generated from qualitative research (Smith & McGannon, 2017). Lincoln and Guba (1985) argued that member-checking is "the most crucial technique for establishing credibility" (p. 314). Others have disputed the value of member-checking (Barbour, 2001; Thomas, 2017). In fact, Morse (2015) asserted that "member checking as a strategy is not recommended" (p. 1216). The purpose of this presentation is to evaluate the strengths and weaknesses of three different member-checking procedures. Thomas (2017) categorized several potential uses of member-checking, which included the concepts of participation, representation, and change. In our presentation, we will critically evaluate three member-checking procedures using examples from our previous research. These member-checking procedures are (a) engaging participants in a second interview (participation), (b) an e-mail procedure for gaining participants' insights about results of initial analysis (representation), and (c) engaging participants in collaborative approaches to interpret findings (change). We will demonstrate that member-checking procedures can be strategically implemented to engage participants in ways that are congruent with the objectives, design, and philosophical orientation of a particular study. We will also highlight how factors such as limited participant engagement, dealing with new data, and power relationships can be obstacles to the use of member-checking procedures.

An Application of Hermeneutic Methods Within Clinical Research

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Hermeneutics is an effective method for exploring complicated issues in clinical practice as historically and socially situated topics. Direct patient care often includes multiple perspectives from the health-care providers, patient, and family to take into consideration. Based in the dialogic philosophy of Hans George Gadamer, hermeneutics can provide a means to explore such issues while holding multiple points of view in tension. Sometimes, hermeneutics is perceived as highly philosophical, circuitous, and nonspecific which can be a deterrent to its use in clinical research. I challenge this assumption. I used a hermeneutic approach to research the experience of women who chose to give birth by caesarean section and developed a rich interpretation of the importance of women's choices, and the historical context of choice, in understanding the topic. As an example of its application to clinical practice, I will review