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Sonographers’ experiences of work-related musculoskeletal disorder: The everyday consequences of physiological stress and injury in contemporary ultrasound

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In 2013, the UK government’s Migration Advisory Committee listed sonography as an official ‘shortage specialty’ (Migration Advisory Committee, 2013; Parker & Harrison, 2015). As a consequence of the working stresses allied to this shortage, British sonographers have increasingly been reducing hours or leaving clinical practice entirely (Miller et al, 2018). Among those who remain, incidences of reported chronic pain and active injury are on the increase in a profession that was already synonymous with high rates of work-related musculoskeletal disorder (WRMSD) (Harrison & Harris, 2015). While contemporary research has described the rates of WRMSD among ultrasound practitioners (Bolton & Cox, 2015), none has to date extensively explored its personal and professional impacts on individual sonographers.

Participants routinely reported a sensation of guilt and depleted self-efficacy that not only permeated any working absence resultant of their own WRMSD, but also to taking legitimate leave when colleagues were suffering from WRMSD. An upshot of this was to recurrently ‘take one for the team’ and work through excessive pain, even when this would likely result in greater prospective physical damage. While the basic shortage of sonographers was the core attribution for such behaviours, participants also cited (1) increasingly obese patients, (2) increasingly unhelpful (i.e. profiteering) equipment manufacturers, and (3) their own paternalism regarding healthcare.

The present situation in ultrasound mirrors a culture of potentially dangerous pain acceptance that has been noted in the psychology of sport for some time (Weinberg et al, 2013) albeit for altruistic, rather than egotistic, reasons. There is a clear body of evidence to suggest that sonographers are in crisis point both in terms of staffing levels and in terms of inter-related issues of WRMSD. The issue of WRMSD remains complex and under-researched and few studies are able to establish a definitive cause of the condition, because the causes are multifactorial. However, the majority of the literature seems to agree that poor posture, repetitive movements and insufficient strength seem to be the main physical causes, but little has been explored in terms of how the philosophy of being a sonographer, their behaviours and cultures might also be contributing to this issue. This study contributes to a new body of knowledge, looking at the unique experiences of (n=9) individual sonographers and the ideological dilemmas they are facing. It is acknowledged that extensive deeper levels of analysis and interpretation need to take place around the data collected for this study in order to draw more comprehensive conclusions.

REFERENCES


