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# “We’ve got 30 patients, so who’s working Saturday?” Seven ideological dilemmas for sonographers with work-related musculoskeletal disorders

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## Background

In the course of their work, clinicians across all spheres of healthcare are routinely faced with contradictions that should, in theory at least, prove to be intractable obstacles to ‘getting things done’. In practice, however, such ‘ideological dilemmas’ (Billig et al., 1988) seldom transpire to be insurmountable and, moreover, can be essential - and highly constructive - features in individuals’ everyday reasoning about self, (professional) identity and (working) environment. This paper qualitatively investigates a set of such ideological dilemmas that emerge from experienced sonographers’ accounts of working with work-related musculoskeletal disorders (WRMSD; Bolton and Cox, 2015).

## Methods

Detailed semi-structured interviews were conducted with N=9 sonographers, all working in the UK. An Interpretative Phenomenological Analysis (Miller, Booth and Spacey, 2019;) indicated points of pragmatic ideological contradiction and participants’ sense-making around them.

## Results

Analysis revealed seven common dilemmas, as schematised in Figure 1, and evidenced in Table 1.

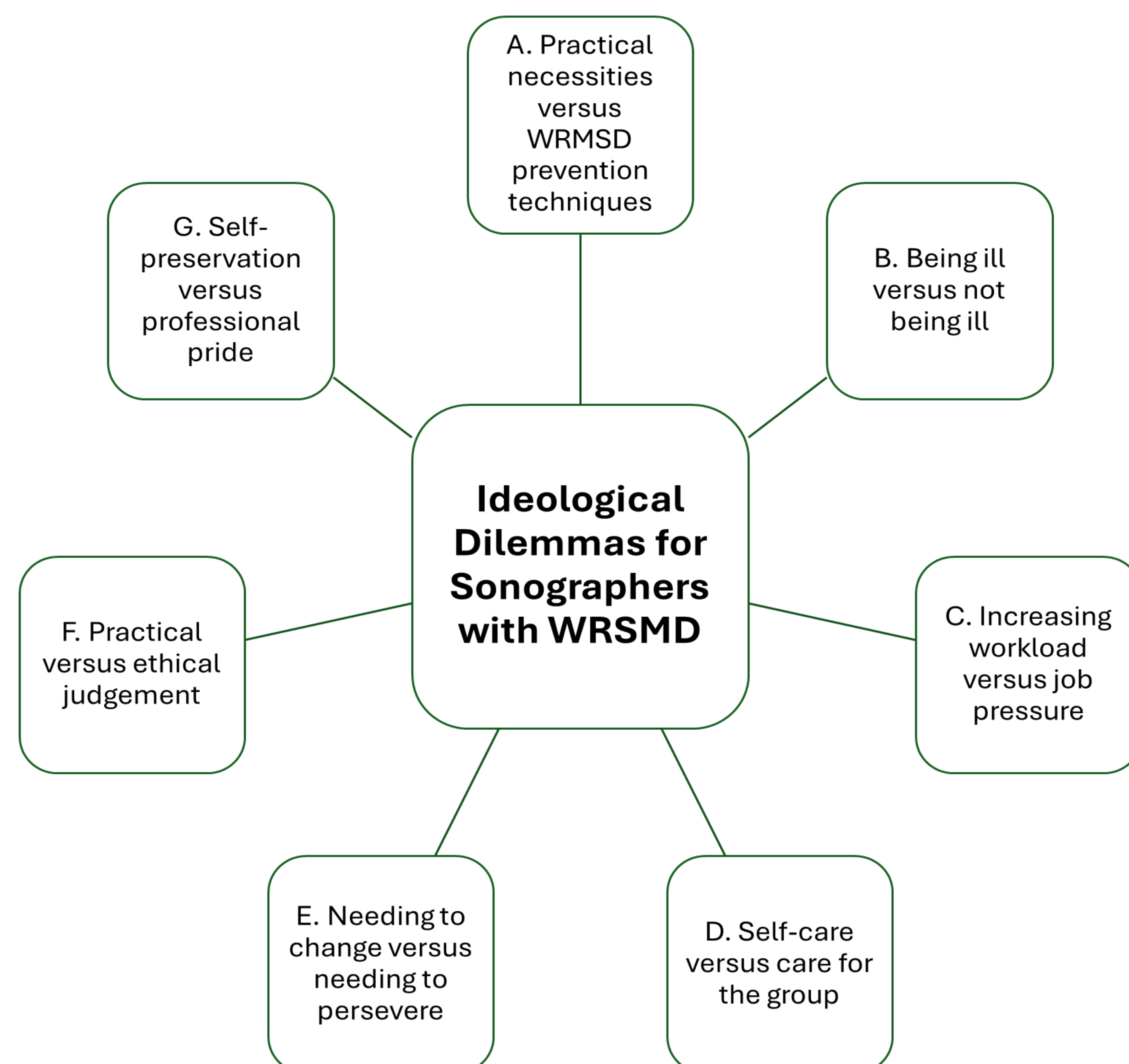


Figure 1: Seven ideological dilemmas

Table 1: Key evidence

A.	“Yeah, and you tend to work round a lot of the in-patients and vascular patients particularly vascular cos you have to work round them rather than getting yourself in that perfect position otherwise you wouldn’t be able to do the scan. I think it’s important that education is improved and increased and up to the training as a proper part of training, but I think that will have limited success because unless you alter the intensity of the list and the type of population, you’re not going to be able to address it fully. You are going to help it but you’re not gonna address it. It’s never gonna work unless you can get some way off...” [5/254-272]
B.	“When you look at the research there are so many who have an injury. If you’re talking 89-92% who have had an injury, I know there’s bias in all the articles because it’s often people who have had an injury that respond, and even the article that said we found lots of people who don’t have injuries, when you look at it actually there are quite a few of those did have an injury but then they found a way to overcome that, and I know quite a lot of people who have had an injury at some point, realised it was work-related injury, did something about it and then it’s gone.” [8/313-319]
C.	“It’s just in the nature of the job and the people who do it. But I think the more education they get the more they might just stop and think, and in terms of where you might just fly through it and get on with it, you might stop and think you’re gonna get some where there’s no choice and you have to get the patient done, but in the other scenario where you’re just getting busy, you just forget, that will be less likely if you’re trained properly, so that it’s still worth doing that.” [5/265-272]
D.	“You don’t have the ergonomic equipment and the other thing is you haven’t got the sup-port - you’re actually in quite a stressful situation so that aggravates it because you’ve got to get your patients registered on the system and got to do the scan and then you’ve got to report on it so you do virtually 3 people’s job and plus you have to take the porta-ble across and the portable, if that’s not ergonomic at all, it means you having to go out-side and it can pull you in different directions so you can kind of get injured quite easily with back aches and things like that, so that is quite an issue.” [3/56-62]
E.	“Well, we have got an exercise sheet on the wall in each room. I don’t think people use it, no, unless – personally myself unless I’ve got pain and then you think, “Oh I should really be doing those exercises”, and then you give it a go, but if everything’s OK you’re so rushed you just carry on, you don’t do it.” [6/112-115]
F.	“Well...you have to produce best image at the diagnostic route and then you try and do your best, but I think I feel recently that you have to look after yourself and you have to sort of say, “Well I’ve done my best and that’s it,” you know, and not carry on, and you have to have a limit on the time.” [4/120-124]
G.	“I think you’ll find in every department there’s some sonographers just naturally get stressed a lot easier than other sonographers. Some sonographers have a very laid-back attitude towards it, they just get on with their lists, whatever is chucked at them they’ll just chug right through it, other sonographers, the more that’s thrown at them the more stressed they get. My last job did have quite an ageing population, I would say.” [7/377-381]

## Discussion

Ideological dilemmas have provided a useful analytic framework for understanding some of the documented experiences of working with WRMSD in ultrasound. Further exploration of the conceptual facility is still recommended. The present situation in ultrasound mirrors a culture of potentially dangerous pain acceptance which has been noted in the psychology of sport for some time (Weinberg et al., 2013) albeit for predominantly 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 no studies can establish a definitive cause of the condition, because the causes are defined as multifactorial. Most of the literature discussed poor posture, repetitive movements and insufficient strength as the main physical causes, but little has been explored in terms of the philosophical underpinning of sonographer behaviour and culture as a causative factor.

## Conclusions

The findings have import for sonographers and other clinicians faced with contradictory voices and difficult choices around work and injury/illness, not least by highlighting the enabling elements of what might otherwise be viewed as a set of straightforward everyday barriers to both practice and wellbeing.

## References

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