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Student radiographers' role ideal and role reality

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Background

A Diagnostic Radiographer's role is recognised as dual in nature; to produce diagnostic images while meeting patients' holistic needs (Møller, 2016). Notwithstanding evidence suggesting both are of equal importance, the technical demands often take precedence in practical circumstances (Munn et al, 2004). The preference for a task-centred approach is attributed to the interaction between the role perception (role ideal) realities of the role experienced (role reality), and this begins prior to qualification (Hale and White, 2021). Consequently, this study qualitatively explores the role ideal and the role reality of undergraduate student Radiographers.

Methods

With institutional ethical approval, N=2 semi-structured focus groups were conducted for each of the three-year groups, (total of N=6), each consisting of between 3 to 5 participants. The semi-structured approach was guided by a schedule of open-ended questions, deemed most appropriate to address the exploratory nature of this research. Reflexive thematic analysis (Braun and Clarke, 2013) was used to analyse each transcript. This is an iterative process often used to analyse focus group transcripts to uncover patterns of meaning. Once individual themes were generated, they were compared until overarching key themes were established.

Results

Analysis revealed six global themes. These are schematised in Figure 1 and evidenced opposite:

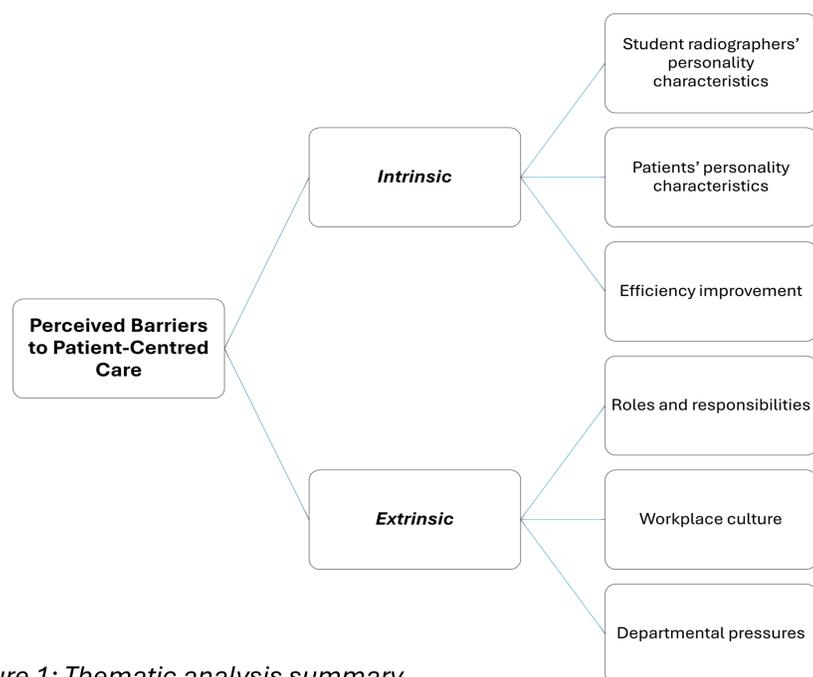


Figure 1: Thematic analysis summary

Key Evidence

• Student radiographer's personality/characteristics

'It's an individual thing...you are going to have some that are better with patients'

• Patient's personality/characteristics

'It's really important to make time for, especially paediatric patients, when they're talking, or vulnerable people'

'Especially older people...someone just having a friendly conversation with them might make them feel better'

• Improve efficiency

'Reassuring the patient that they are doing well...so that I try to get their confidence with...anything else I might need them to do'

• Roles and responsibilities

Q. *'What's a good day?'*

A. *'When you get the perfect x-ray'*

• Workplace culture

'When there is someone else in the room (radiographer), I've always been more reluctant to talk to the patient and more focused on getting it (the image) right'

'Rushing...it has become the norm'

• Departmental pressure

'It's (workload) like a conveyor belt'

Discussion

The findings suggest that although the participants' role ideal encompasses both technical and psychosocial responsibility, they attribute more importance to their technical responsibilities; with motivation for using psychosocial skills often being to achieve technical objectives.

This has been previously noted within radiography, where the practitioner does their best convey caring, but the motivation is to achieve their technical goal i.e. to acquire informed consent, compliance and produce a diagnostic image (Booth and Manning, 2006). It has been argued that this mindset frequently results in the neglect of the psychosocial needs of the patient and can result in uncompassionate care (Tehranineshat et al, 2019), where the patient is overlooked or worse, forgotten (Munn et al, 2014).

There were particularly devastating consequences noted in the case of the Mid Staffordshire NHS scandal, where technically focused targets were prioritised, resulting in serious clinical failings and substandard levels of care, in addition to damaging the reputation of NHS healthcare provision.

The participants also highlighted how their role reality influenced their role perception and subsequent practice, in this instance, prioritising technical tasks. This shows that the clinical environment plays a vital role in socialising practitioners, moulding their values and beliefs, and behaviours. This has also been noted in nursing, as Traynor and Buus (2016) argue that the reality of practice challenges the role ideals, resulting in technically focused targets taking precedent over quality care. It has previously been argued that socialisation only occurs once qualified (Hyde and Hardy, 2021) whereas this study indicates that this can in fact happen during the training period. Furthermore, as seen in figure 1, the aspects of the role reality acting to socialise practitioners are multifaceted, with factors both extrinsic and intrinsic to the participant being noted. Similar experiences have also been noted amongst qualified radiographers and within other healthcare professions such as nursing and medicine (Munn et al, (2014); Sharp et al (2018); and Watts et al, (2023)) which suggests that not only does the socialisation process occur across healthcare, but that other healthcare professionals are experiencing the same barriers to providing patient focused care.

Conclusion

This study suggests the role reality can act to socialise practitioners and devalue the psychosocial role with specific barriers being identified. The process of socialisation, in addition to specific barriers highlighted, need to be better understood through further research, this can act to inform education, leadership, and recruitment in order achieve the role ideal.

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