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Professionalism in Therapeutic Radiography - The Therapeutic Radiographer's perspective

Abstract

Professionalism is thought to be of vital importance to the quality of patient care delivered within the National Health Service (NHS), with numerous Department of Health (DoH) initiatives underpinning its importance. Therapeutic Radiography has undergone many changes in policy and practice in recent years and yet there remains a lack of empirical evidence to underpin the therapeutic radiographers' understanding of their own professionalism and how new policies and practices might strengthen or weaken this.

As such my research sets out to explore the professional profile of therapeutic radiographers practicing within the NHS. I will undertake thirty in depth interviews, investigating professionalism and its development from the therapeutic radiographers' perspective, in the context of an active policy environment. In order to increase openness and transparency, these thirty interviews will be followed by three focus group sessions to promote interactive discussion around the topic of professionalism. Therapeutic radiographers of all grades employed within NHS radiotherapy departments in London and the South Strategic Health authority (SHA) will be eligible for participation in this study. Interviews and focus group sessions will take place over a two month research period.

Aims and objectives

☒ To carry out an empirically informed theoretical analysis of professionalism and its application to therapeutic radiographers in the UK policy environment.

Objectives:

☒ To undertake a detailed literature review to investigate definitions of professionalism and the current policy environment in relation to therapeutic radiography.

☒ To assess the therapeutic radiographers application of professionalism to themselves.

☒ To investigate any contextual policy influences on therapeutic radiographers' professionalism, identifying issues (positive and negative) facing professionalism amongst Therapeutic Radiographers in the UK Policy Setting.

☒ To identify questions for future research.

Methodology

At the planning stage of this research project I have been considering in detail the methodology and methods that would be most appropriate to a small scale research project in order to support my research aims and thus enhance the knowledge base relating to the professional profile of therapeutic radiographers in the UK setting. I will undertake an ongoing analysis of all relevant literatures including Department of Health (DoH) policies and publications, academic publications and parliamentary legislations. My research will involve an in-depth literature search in order to establish the defining characteristics of a profession. I will also examine the published literatures in relation to professionalism and the policy environment in therapeutic radiography. The research project will involve semi-structured interviews with therapeutic radiographers in the UK, in order to explore the perspectives of therapeutic radiographers on their own professionalism in the UK setting.

On original consideration of my method of data collation (at initiation of project) I considered using questionnaires; However I decided that the closed nature of questions that might result from questionnaires would undermine the complexity of the subject matter. Thus interviews were chosen because of their flexibility and their affordances in terms of opportunities to prompt and probe participants (Cohen & Manion 1989). Semi-structured interviews would allow the complexity of the subject matter to be explored whilst maintaining structure and focus in the process, as such allowing for interviews that will be flexible, iterative and continuous, whilst allowing for reliability of the interview process by covering the key issues from several different perspectives (Rubin & Rubin 1995). During project development consideration was given to the inclusion of focus groups following the interview phase of the research project and ethical approval gained for both research modalities, however, as research progressed it soon became evident that the focus group sessions were outside the time and resources of the researcher due to significant research and development (R&D) requirements in the participating hospitals and the already extensive work burden associated with the transcribing and analysis of a significant number of qualitative interviews.

Therapeutic radiographers of all grades employed within the NHS radiotherapy departments in London and the South Strategic Health Authority (SHA) will be eligible for participation in the study. The number of participants will be determined largely by the progress of data collection. An original sample of thirty radiographers was considered and ethical approval gained for this number of interviews. However, in line with the principles of grounded theory research as the research project progressed and as interviews transcribed and analysed it quickly became clear that more valuable information could be ascertained by a smaller number of more in depth interviews rather than a larger number of less motivated interviews. Therefore the final number of interview participants will be determined by the data obtained rather than by the absolute number of radiographers interviewed. To date ten interviews have been transcribed and analysed and ten more participants are being selected for participation, and it is anticipated that this will be a sufficient number to achieve the aims and objectives of the research project. Such an approach is supported in the nature of qualitative research, where research design commonly develops throughout the course of the interview schedules (Rubin & Rubin 1995, Bell 2005).

Interviews are being conducted according to the interviewees' preference either in person or via telephone and will be conducted over a two-month period. The flexibility of interview location of interviews has been chosen on consideration of the participant population, many of whom will be working in busy clinical environments with little privacy and/or flexibility. Therefore, for participants who do not benefit from private office spaces and/or who work in busy clinical environments where confidentiality and anonymity might be difficult to maintain the option of telephone interview means that the participant can choose a location and time that would ensure confidentiality and security of information for the research participant. Prior to initiation of the research schedule I piloted interview schedules on five colleague radiographers in order to ascertain reliability and validity of research questions and in order to ensure research questions are adequately and succinctly addressed. Pilot interviews took place with radiographers known personally to the principal investigator and take place in confidence at a time and place agreeable to the participant, however, they were developmental in nature and simply used as a tool for interview development rather than analysis.

My research is grounded on the ideals of grounded theory research and thus I observe, collect and organize data and form theory from the data simultaneously (Burns & Grove 2001). Whilst the researcher has been fervently collecting and absorbing literatures in relation to the research topic, interview schedules have been kept simple and unleading so as that unbiased and true views of therapeutic radiographers are represented at each stage of the research schedule. As areas for development become evident the semi-structured nature of the interviews does however allow adaptation to researcher's learning as research progresses (Rubin & Rubin 1995) and as such the research is a constant comparative process where data collected from one interview can be compared with subsequent data from every other interview (Burns & Grove 2001). The semi-structured interviews have a core of questions that are asked. However, follow-up questions and probes are used to explore responses to the core questions (Kvale 1996).

The preliminary aim of the interviews is to gain contextualized knowledge on the perspectives of therapeutic radiographers from a range of clinical and management backgrounds of their professional characteristics and profiles. I chose semi-structured interviews to collect this information as opposed to other forms of interview, as it would allow the research participants to feel the interview is going somewhere, i.e. that it has purpose and also allow me to follow-up any possibly important ideas or issues that arise during the interview process. The limitations of interviews, including the restricted number of participants who can be interviewed and potentially low reliability (Cohen & Manion 1989) are also addressed as I am a clinically active therapeutic radiographer employed within the NHS, thus I gain a level of mutual trust which may not otherwise have been the case. I aim to increase the reliability of the interviews by ensuring that I cover key issues from several different perspectives. A range of literatures on professionalism in general and more specific literatures regarding changes in radiotherapy policy and practice are being searched during the research project and such literatures will be used to inform the conversations that take place during interviews with participants.

Participants are selected and contacted via post/email with an outline of my research aims and invitation to participate. This outline will be clear and concise and ensure the participant is fully aware of what is involved in participating in the research project. A written consent form is also provided at this stage. The research participants are given two weeks in which to consider the objectives, risks and inconveniences of participation and will be asked to reply via email, telephone or postal mail within that period. Participation must be agreed to voluntarily and willingly and participants will be required to personally reply to the invitation to participate via email, telephone or post. Non-reply in this time will be taken as an indication of the decision not to take part in the research programme (DoH 2005). Written consent forms have to be returned via post and stamped addressed envelopes are provided for convenience. Contact details of the chief investigator are also provided so as that the participant can contact her with any queries or questions prior to participation. This research is being carried out in line with the standards of ethical approval as secured through the IRAS. Thus, anonymity will be guaranteed to all research participants throughout the research project. Participant selection is opportunistic in order to increase access and response and also to allow grouping of participants according to grade, thus increasing the reliability and validity of the research outcomes. Participation is limited to the 45minute interview session for each participant. All interviews are transcribed and anonymised and the data sorted and analyzed by coding and categorizing the data.

Evaluation of the data gathered will be a “constantly collaborative process” and it is likely that some categories, interpretations and concepts which may have some “commonsense appeal” can be explored and thus exploded or discarded along the way (Ball 1992). As it is important to have a critical perspective when using qualitative methods of research and as interviewing can be subject to unintended bias and it is therefore essential to ensure that data analysis takes account of the potential for bias (Allen 2000, Holstein & Gubrium 2003). I thus transcribe all recorded interviews and study transcripts until I can assimilate common themes. I will systematically analyze the information in line with grounded theory using the analytical approach espoused by Glaser & Strauss (1967), which involves reading the participants responses carefully and annotating my comments in the margins of the text. In order to confirm the veracity of my analysis and interpretation, I will provide a copy to the participants for them to comment on my version of their opinions and comments. My evaluations will be based on a process of description, analysis and interpretation as influenced by Wolcott (1994) and every effort will be made to analyze and interpret the transcripts by ignoring my own questions and responding to the participants’ comments, so as that the themes I identify reflect the participants summative views, therefore my own interpretation will be an extension of description and analysis (Wolcott 1994). At the end of the study, I will provide participants with transcripts of their interviews for their consideration. However, any amendments or additions to responses will be treated with caution as they will not be resultant from the free-flowing nature of conversation that should be resultant from the semi-structured form of interview and will be indicated as such in the reporting of research results. On completion of the project research participants will be provided with written feedback of research results and written commitment to do so will be provided with invitation to participate. Providing feedback is in-line with good practice

recommendations of research and may also stimulate motivation to participate in the research project (SERA 2005).

Potential Impact

For the participants, there are no obvious hazards associated with participation in this study, however, participation in interviews can place significant personal burden on the research participant. As such every effort to minimize this burden will be taken. Interviews will take place at a place and time of the participant's choice (telephone interviews have been chosen to facilitate this) and if the participant is concerned about any information raised during the interview, they will not be placed under any duress to discuss it further. It is possible that some information accrued during interviews may be sensitive in nature, particularly if negative associations with professionalism are divulged during interview. As such confidentiality and anonymity are crucial towards ensuring any risks are minimized and will be in line with standards as set out by King's College London and the medical ethics board. All correspondence, interview tapes, transcripts and any other person identifiable material will be stored in line with the recommendations of King's College guidelines and as such will be stored securely according to the data protection act 1998. It is highly unlikely that interviews will result in disclosure of malpractice however, in instances where malpractice or potential malpractice is raised during the interview process; the interviewer is first required to present their concerns to participants involved. If the concerns of malpractice are proven correct and if the research participants do not move to correct the situation, the matter must be reported to the appropriate body, in this instance the Health Professions Council (HPC) with which all therapeutic radiographers practicing in the UK are registered (www.hpcuk.org). The aim of this research project is to "do good" by adding to the body of knowledge available to us on professional practice within therapeutic radiography. By participating in this research project, the participants will be allowed to share their views on the important and topical subject of professionalism and will be afforded an opportunity to reflect on their practices and experiences. As such, the results of the research will be contributing to an important opportunity to contribute to the broader understanding of professionalism amongst therapeutic radiographers in the UK. The research will be carried out in line with the four principles of autonomy, beneficence, non-maleficence and justice (BERA 2008, Gorman 2007). The anonymity and confidentiality commitments of the research process will ensure that the participants are guarded against risk or harm. The interviews will be conducted in an honest and respectful fashion, using only information that is relevant to the research topic. All research data will subsequently be represented in an accurate, relevant and valid manner through peer reviewed journals and conferences (BERA 2008). Confidentiality of interview materials will be guaranteed and I will have sole access to audio tapes from interviews. Names will not be used in the interviews or transcripts, nor appear in any report resulting from this study. The interview scripts will be coded, giving each a unique identifier number code so as that the anonymity and confidentiality of the research participants is maintained at all stages of the project. No personal identifiable material will be used so as that no one other than the interviewer will be able to link individuals to their interviews. As such, all relevant participating hospital names will be replaced with a unique letter code. With the permission of the participants anonymised quotations may be used in the reporting of this study.

Outcomes

☒ The accumulation of empirically informed empirical evidence surrounding the professional perspectives of therapeutic radiographers in the context of the current UK policy environment which will contribute to the greater profiling of professionalism amongst therapeutic radiographers, an aim recognized as being of utmost importance in the contextual environment in which we work (Whiting 2009).

☒ In addition, participation in this research project will enable participants to actively reflect on their professional roles. Reflecting on one's professionalism will also allow the participants to review their own practices and thus contribute to their own professional development as responsive practitioners.

☒ By publishing the research in peer reviewed journals, this research project will add to a body of knowledge used to inform debate around professional development and the policy environment in therapeutic radiography in the UK setting.

Evaluation and dissemination

Interview transcripts will be transcribed and then subjected to a number of “analytic practices” such as “noting reflections or other remarks in the margins” (Miles & Huberman 1994: 9). Evaluation of the data gathered will be a “constantly collaborative process” and it is likely that some categories, interpretations and concepts which may have some “common-sense appeal” can be explored and thus exploded or discarded along the way (Ball 1991 p.178). The transcripts will be analysed using progressively focused coding techniques (Glaser & Strauss 1967) which allows categories to be established by fragmenting the data from the transcripts into themed or patterned chunks. Such patterned coding allows for emergent theses to be identified (Miles & Huberman 1994: 69). As such transcript analysis should give rise to dependent and explanatory variables that will be analysed using statistical software (SPSS) software for correlation and significance and allowing graphs and charts to be produced. On completion of the project research participants will be provided with written feed-back of research results and written commitment to do so will be provided with invitation to participate. Providing feedback is in-line with good practice recommendations of research and may also stimulate motivation to participate in the research project (SERA 2005). This research will be subject to peer review by the academic supervisor, who has appropriate experience in the relevant field of research. By presenting the research at a professional conference the research will be further subjected to peer review.

It is established in literature, that in comparison to established professions such as medicine and law, radiography belongs to a group of “emerging professions” which are struggling to be recognised with the same status of the established professions (Sim & Radloff 2008). Recent years have seen numerous Department of Health (DoH) policies all underwriting the importance of continuous professional development (CPD) for health professionals in the provision of high quality care and service delivery (RCR 2007, RCN 2007, SEHD 1999, DoH 1999, 2000, 2004). Radiographers have been directly influenced by such strategies and in 1999 the government instigated a “four-tier” career progression framework (DoH 2003) for therapeutic radiographers. This in turn increased and expanded the role of therapeutic radiographers (DoH 2007a, 2007b, Manning & Bentley 2002), making

professional knowledge and skills development an ever more pertinent matter for effective radiotherapy service delivery. Building on such initiatives the Health Professionals Council (HPC) instigated statutory CPD standards for both therapeutic and diagnostic radiographers effectual since July 2006 (HPC 2006). Aside from these policies there have been numerous Department of Health (DoH)-led initiatives that directly affect the work practices of therapeutic radiographers, whilst highlighting the importance of high professional standards and continuous professional development (DoH 1999, 2000, 2004). Such initiatives have had practical implications on the responsibilities and practices of therapeutic radiographers in the UK, however little evaluative research has taken place to investigate the impact of such policies on the professionalism of therapeutic radiographers in the UK. Such research is of vital importance if old professional boundaries are to be overcome, with policies such as the National Health Service (NHS) next stage review singling out professionalism as a critical lever for raising quality standards and improving patient care (Horton 2008, DoH 2008). Yet despite a current emphasis on high professional standards (DoH 2008) there remains a need within therapeutic radiography for active empirical investigation into the current status of professionalism within therapeutic radiography (Whiting 2009). In particular this research focuses on such an investigation in the context of the current policy environment.

There are a number of justifications for investigating the status of professionalism in therapeutic radiography in the present policy climate. The DoH initiative High quality care for all: Next stage review aims to empower staff and ensure that front line staff will be able to initiate and lead change in the provision of high quality care for patients (DoH 2008b). This study capitalizes on several previous government initiatives which have highlighted the importance of high professional standards and continuous professional development for healthcare staff (RCR 2007, RCN 2007, DoH 1999, 2000, 2004). The current policy environment favors multi-professional (DoH 2003, DoH 2001b) approaches to treatment and actively encourages the development of knowledge and skills (DoH 2005) such as with the introduction of Knowledge and Skills Framework (KSF) (DoH 2001b, DoH 2004) statutory CPD (HPC 2006) and as such make it increasingly important that we understand the current state of professionalism in therapeutic radiography. Such initiatives serve to highlight the importance of professionalism in health services and as such any research that increases our knowledge and raises awareness of professional standards in radiotherapy is pertinent. Aside from an active policy environment, there is academic recognition that there remains a lack of common understanding of what is meant by professionalism (Swick 2000). Therefore, the word professionalism carries with it many connotations, complexities and nuances (Swick 2000) which merit investigation in an environment where Therapeutic Radiographers have a direct impact on the quality of patient care. It is recognised in published literature that it is difficult to separate the concepts of perception and professionalism (Williams & Wilkins 1999). Therefore, establishing the perspectives of therapeutic radiographers is an integral part of understanding professionalism within therapeutic radiography and will in particular aid in the establishment of a professional profile of therapeutic radiographers within their current practice. Indeed, at a time when retention and recruitment remain high on the policy agenda (DoH 2007a, 2007b) the influence of government-led initiative and authority is paramount. It is of note that a recent report

in radiotherapy, published November 2008, investigates a serious incident in a radiotherapy department where there were fifteen vacancies out of a full complement of seventy five (20%) and an absentee rating of 13% (Toft 2008). Such a climate has led some authors to assess that despite positive environmental shifts within healthcare there remain many barriers to effective knowledge and skills development within the profession of therapeutic radiography (Yielder & Davis 2009), with the DoH recognizing that CPD initiatives can be eclipsed by a persistent shortfall in current workforce capacity and ever increasing demand on service (DoH 2007a). Indeed, therapeutic radiographers may be disadvantaged in the pursuit of knowledge and skills as unlike other healthcare professionals such as doctors and nurses, radiographers are not entitled to any contractually protected study leave time (SoR 2002). This research project aims to investigate therapeutic radiographers' perceptions of themselves as professionals, in order to relate such evidence to established models of professionalism. Central to my research will be a focus on how government-led reforms and changing radiographer practices have affected the professional profile of therapeutic radiographers in the UK? Indeed, have radiographers moved towards a culture of increasing professional standards and how do they understand such developments and concepts? Have radiographers moved beyond a climate of limited CPD activity (Castle 1997) and is there now a culture of strong professional identification?

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