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CoRIPS Research Grant 144

£3,590 awarded

Title: An exploration of Values Based Radiography from the perspective of the service user, radiographer and radiology manager.

Principle Aim

To identify what service users, radiographers and service managers value in a radiography examination/ radiotherapy treatment.

Primary research question

Are there similarities and/or mismatches in the values of the stakeholders in radiography examinations/ radiotherapy treatments?

Secondary research questions

- What do service users value in x-ray examinations/ radiotherapy treatments?
- What do radiographers perceive service users to value in x-ray examinations/ radiotherapy treatments?
- What do radiographers value in x-ray examinations/ radiotherapy treatments?
- What do radiographers perceive managers to value in x-ray examinations/ radiotherapy treatments?
- What do managers value in x-ray examinations/ radiotherapy treatments?

Outcomes

- An understanding of what service users, radiographers and managers value in x-ray examinations/treatments
- Identification of similarities and mismatches between the perceptions of radiographers and the values identified by service users and managers

Review of literature and identification of current gap in knowledge

The Collaborating Centre for Values Based Practice in Health and Social Care (CCVBPHSC) define values based practice as “a clinical skills-based approach to working with complex and conflicting values in healthcare”

(<http://valuesbasedpractice.org/>). There are many stakeholders in healthcare. In their work in 2008 Hafslund et al. explain the concept of evidence based practice as a combination of the research evidence base, the skills of the practitioner and the patient experience and expertise. Hafslund’s work focuses on how research is translated into practice but it recognises that the values of the patient should be taken into account for true evidence based practice to be employed. What this work does not reflect are some of the other values which are placed on the health care service such as waiting times etc. The profession of radiography is striving to implement evidence based practice but it is clear that this cannot be achieved by individual professionals acting alone. It requires input from research teams, the organisations within which the radiographer practices and crucially those undergoing the examination or treatment. It is important to note that the CCVBPHSC suggest that there are conflicting values in healthcare. Stacey et al. (2011) discuss how the constraints of practice prevent mental health nurses from applying their own values in practice. This may be the case in radiography but at present there is little evidence of what radiographers and their patients value in practice.

Halligan (2008) tells us that, in the field of medicine, kindness, caring, good communication, honesty, reliability, and trust were the attributes perceived to be important in patient examinations but can assumptions be drawn from this in relation to what radiographers and their patients value? Halligan goes on to say that small acts of kindness and caring have more of an effect than the simple act might merit but that these behaviours are part of the values which increase or diminish as a result of organizational culture.

As part of her study of radiographic culture Strudwick asked if radiography was a caring profession and concluded that radiographers are tasked focussed in response to perceived time constraints and the need for efficiency and this has an impact on the caring element of their practice. In this study keeping patients waiting was regarded as detrimental to the patient’s opinion of the service. Is a short waiting time what a patient values most in an examination or are the caring

aspects of the examination, which are sacrificed in order to meet the perceived value of speed, most valued? (Strudwick et al., 2011).

A search of CINAHL and MEDLINE databases has failed to retrieve any articles which address the issue of values in radiography examinations and treatments. However the recent paper by Hayre et al. (2016) questions the evolving role of the radiographer and asks whether patients do value the speed of the examination rather than care and compassion. They conclude by suggesting that work should be conducted to explore patient experiences in this area.

Methodology

This study will employ a qualitative research approach to gather the thoughts and perceptions of stakeholders through the use of focus group discussions.

Qualitative research enquires into the meaning which individuals or groups ascribe to a social or human problem; it allows for the exploration of people's thoughts, feelings and ideas (Creswell, 2007). A social constructivist approach will allow the participants to identify a range of values related to x-ray examinations and radiotherapy treatment (Berger & Luckmann, 1966).

The focus groups will be conducted with service user, radiographer and manager groups at two sites across England. Initial approval for the study to be conducted at these sites has already been given by the relevant managers.

It is expected that there will be different opinions expressed; this is the essence of values-based practice; that stakeholders need to consider the viewpoints of others.

Participant recruitment and room bookings will be managed by the researchers at these sites. Purposive sampling (Patton, 2001) will be used to invite participants over the age of 18 years. On consultation with service users this focus group will include users or advocates who have experienced a range of imaging examinations and includes members with a variety of health or learning needs. The radiographer group (diagnostic or therapy) will include staff with a range of experience and clinical skills. Ideally 8-10 participants will be invited to attend each focus group. It is appreciated that service managers may not be able to attend focus groups and if this proves to be the case one to one telephone interviews will be arranged to gather data in relation to manager's values of x-ray examinations/ radiotherapy treatments.

As the researchers are not bilingual, English speaking participants will be recruited. The patient participants will be drawn from the locale of the two research sites and approached through established service user groups. The

radiography staff will be drawn from staff at clinical placements used by the hosting institution. As the data collection will be via focus groups identification of individual's contributions will not be possible and therefore collection of participant demographic data will not be required. Focus group members will be encouraged to add a contribution to the discussion in written form via a "thought pot" if they feel unable to contribute an insight to the verbal discussion.

Participants will be sent an introductory letter and asked to provide written consent to participate within the study. The focus groups are anticipated to last one hour each and will be led by the principal investigator and the co-investigator. The principal and co-investigator are both experienced qualitative researchers having used focus groups for data collection in the past.

The focus groups and/or telephone interviews will be audio recorded and transcribed after each data collection. The iterative nature of qualitative research will be reflected in subsequent focus groups where items of interest identified during initial transcriptions will be further examined with subsequent groups. Recorded and transcribed data will be anonymised and securely stored in compliance with the Data Protection Act and destroyed on completion of the study. The sites where the study is conducted will be numbered in order to maintain anonymity of institutions and individuals.

The focus group transcripts will be member-checked by all participants for accuracy. The transcribed data will be analysed using a thematic approach by the lead investigator and the derived themes reviewed by the co-investigator to help confirm and validate the findings. A research diary will also be utilised in order to have an audit trail and to reduce bias.

Service users have been involved in the planning of this study. At both host universities (Salford and Suffolk), the service user group has been consulted on about the intended study (Appendix one). Service users will be recruited from the service user groups to participate in the study.

It is acknowledged that service users may find recounting their experiences distressing as they may be reminded of difficult or upsetting encounters. Therefore provision has been made for service users to access a counselling service should they need to use it.

The study findings will be disseminated in a number of ways:

- Through the ARE by presentation at study days and conferences.
- Through CCVBPHSC study days and publicity materials
- Via presentation at national conferences, such as UKRC

- Through articles in peer-reviewed journals such as Radiography and publications with radiography readership such as Imaging & Therapy Practice

Potential impact

The study will provide an insight into what a service user values in an x-ray examination or, radiotherapy treatment. It will highlight any similarities with what is already thought and should identify any misconceptions. While every service user has their own values awareness of the some generally acknowledged values should help inform the practice of radiographers. Many radiography examinations are conducted with little cognitive input (Newton-Hughes, 2015). Promotion of Values Based Practice in radiography may raise consciousness of service user choices in radiography examinations and radiotherapy treatments within the radiography profession.

Dissemination Strategy

Dissemination will be managed by conference and study day presentation (ARE) and by publication in peer reviewed journals. Costs for one of the researchers to attend UKRC has been factored into the budget.

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