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An exploration of values-based radiography from the perspective of the service user

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ABSTRACT

Introduction: This article presents the patient outcomes of a CoRIPS funded study which investigated the values of patients in both a diagnostic and therapeutic setting. Little work has been conducted to ascertain patient values and these have previously been presumed.
Method: The study used focus groups, conducted by two experienced researchers, to allow participants the opportunity to discuss their values during imaging examinations and therapeutic treatments. The resultant discussions were audio recorded and transcribed before a thematic analysis was conducted. A sample of the data was reviewed by both researchers to demonstrate credibility and confirmability.
Results: The main themes identified were related to radiographer professional skills, communication and compassion. Both diagnostic and therapeutic participants shared values despite the difference in their examinations and treatments. They valued being seen as an individual and felt that radiographer communication contributed to this. Patients value being able to access information to help them prepare for their examination or treatment. During the examination they value the skills of the radiographer which they assumed. The patients also value the radiographer taking their time over the examination as they relate this the quality of the examination or treatment. After the imaging or treatment they valued being able to see their images and have their questions answered. Patient responses suggested that their values were not always met in practice.
Conclusion: The values of the patients were successfully explored using focus groups. Patient values relate to radiographer professional skills, communication and compassion. Patients do not always have their values met during their examinations and treatments. Radiographers in practice should be mindful that patients value being treated as individuals and be provided with information throughout their imaging and treatment. Recommendations for practice were identified.

Introduction

This article presents the service user element of a study funded by a College of Radiography Industry Partnership Scheme grant. It builds on two successful study days devised by the Association of Radiography Educators (ARE) in partnership with The Collaborating Centre for Values-based Practice in Health and Social Care (CCVBPHSC) of St Catherine's College, Oxford. The first study day addressed "Bringing the NHS core values to life" (1st July 2015) and the second "Values-Based Radiography: A Whole Systems Approach" (13th April 2016).

The CCVBPHSC[1] define values-based practice as "a clinical skills-based approach to working with complex and conflicting values in healthcare" which is used with evidence based practice to provide an individually focussed clinical decision. This allows individually tailored solutions which are based in the scientific evidence available. In their work in 2008, Hafslund et al.[2] 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. The work of Hafslund et al.[2] focuses on how research is translated into practice, but it recognises that the values of the patient should be considered for true evidence-based practice to be employed. What Hafslund et al.'s[2] work does not reflect are some of the other values which are placed on the health service such as short waiting times. The radiography profession is striving to implement evidence-based practice but it is clear that this cannot

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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[1] suggest that there are conflicting values in healthcare an example of which might be when professional and personal values may differ from organisational values. Stacey et al.[3] discuss how the constraints of practice prevent mental health nurses from applying their own values in practice. Several factors were identified as conflicting organisational values such as a lack of resources or low motivation of colleagues. In radiography we have personal and organisational values which promote values-based practice and while there is professional guidance there is little verbatim evidence of what patients value in radiography practice.

Halligan[4] tells us that, in the field of medicine, kindness, caring, good communication, honesty, reliability, and trust were the attributes perceived to be important for patient examinations, but can assumptions be drawn from this in relation to what radiography patients value? Halligan[4] goes on to say that small acts of kindness and caring have more of an effect than the simple act might merit.

As part of her Doctoral study of radiographic culture Strudwick[5] asked if radiography was a caring profession and concluded that radiographers are task focussed in response to perceived time constraints and the need for efficiency, therefore this has an impact on the caring element of their practice. In Strudwick's study, keeping patients waiting was regarded as detrimental to the patient's opinion of the service.[5] 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?

Aim of the study

To identify what service users value in a radiography examination/radiotherapy treatment.

Research question

What do service users value in X-ray examinations/radiotherapy treatments

Method

Co-creation was used to develop the research methodology, service user groups at two universities were approached for their advice and thoughts on the topic under investigation and the method used to gather the information. A “thought pot” was used in the focus groups to allow participants to put additional confidential written comments into a box. These comments could then be added to the data.

A focus group approach was used to gather the thoughts and perceptions of patients. 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.[6] A social constructivist approach allowed the participants to identify a range of values related to X-ray examinations and radiotherapy treatment.[7] Social constructivism allows co-construction of the understanding of shared assumptions,[8] thus the findings represent the understanding of the group and its individuals, and the identified values of a group were formed from that group's opinion. This was key to the study since much of our current knowledge of patient values is based on assumption. Focus groups were used to allow co-construction, they are small moderator lead discussion groups which are used to consider a predefined topic. These comfortable, non-pressurised discussions allow the group to build on an individual's contribution which thus produces a range of opinions and experiences.[9,10]

The focus groups were facilitated by the two researchers, both of whom were experienced in the moderation of focus groups. They were conducted face-to-face at two sites across England. Initial approval for the study to be conducted at these sites was given before ethical approval was sought.

Ethical approval to conduct the study was gained from two Universities, the National Research Ethics Service, and five NHS Trust Research and Development Departments.

It was acknowledged that patients may find sharing their experiences distressing as they may be reminded of difficult or upsetting encounters. Therefore, provision was made for service users to access a counselling service should they require support.

For recruitment of patient participants, pre-existing service user groups at two universities were contacted and participant volunteers identified.

Volunteers were sent an email with an invitation letter, a participant information form, and a presentation which was used to explain the concept of values-based practice. In line with university ethical requirements volunteers were given a minimum of 24 h to consider their participation in the study. Those willing to participate were invited to the scheduled focus groups events at the appropriate venue.

On attendance at the focus group:

Participants were provided with expenses to reimburse them for their attendance.

The researchers used the presentation previously reviewed by the participants to introduce themselves and reintroduce the concept.

Participants were asked to complete and sign the consent form.

Participants were issued with a participant number which they referred to when speaking within the group.

All participants were asked the initial question:

- As researchers we don't know what you value in an X-ray examination or radiotherapy treatment. Are you able to tell us please?

In qualitative research data analysis starts as soon as the first data is gathered.[11] This allows emerging ideas to be explored during the data gathering process,[12] and thus the facilitators asked further questions which were tailored to the responses of the focus group participants.

The focus groups were audio recorded, the recording being stored safely in password protected computer systems, to comply with Data Protection guidance. The anonymised recordings were then transcribed using a confidential transcription service.

The number of focus group participants varied across the sites. At site one there were six diagnostic radiography patients, two therapeutic radiography patients and at site two there were five diagnostic radiography patients. One of the therapeutic radiography participants also added comments related to diagnostic radiography. The groups were of mixed sex with a typical age of over 50 years.

Results

The six-step thematic analysis process described by Braun and Clarke[13] was used. The transcribed data from each individual group was then reviewed, coded,[14] sorted for patterns, and grouped into themes using conventional content analysis,[15] as an inductive process. This was done manually with the printed transcripts being colour coded and sorted by hand then condensed into a table. Data

from one of the focus groups was reviewed by both researchers to confirm identification of the codes and themes and to demonstrate credibility and confirmability.[16] Once the individual focus group themes were identified these were compared and combined to provide an overarching group of themes.

The data revealed the values of both diagnostic and therapeutic radiography participants. Alongside their values the participants discussed their experiences of radiographic practice and provided examples of when their values were and were not met. The groups also proffered suggestions on changes which could be implemented to help meet service user values.

The participants valued similar things despite undergoing different imaging or therapeutic treatments. The key emergent themes were communication, compassion, and professional skills. The latter two themes also had clear links to communication. The participants described compassion as more than just sympathy for the reason they were being examined or treated for, but also regard for the whole person with their needs, questions, and worries.

In order to present the results in an orderly fashion they will be presented as pre-examination/therapy, during examination/therapy and post examination/therapy.

Pre examination/therapy

Pre examination/therapy values were chiefly related to the communication theme. Both diagnostic and therapeutic radiography patient participants valued being given preparatory information prior to their visit and valued practical information to help them prepare for the examination: Communication theme

> … one thing that would have helped if they had given us some sort of guidance on what sort of clothing ***** should have worn… Diagnostic Radiography Participant (DRP)

> … in CT planning they said oh did you not just come in with a vest and I said oh no one told me about this they just told me to come to the appointment so … I was not prepared … Therapeutic Radiography Participant (TRP)

Therapeutic radiography patients found their treatment daunting and would value more information about what to expect when in the treatment room. They wanted time to ask questions about the procedure: Communication theme

> … I went in with lots of questions initially, and not really knowing entirely what to expect, I mean Macmillan unit give you leaflets about and booklets about radiotherapy um, but it is not the same as actually asking a specific question and getting an answer from somebody … (TRP)

Both groups of patient participants valued knowing about waiting times. They appreciated that there might be delays and that staff are busy, but they wanted to be advised of this: Communication theme

> … if you are given an appointment time it would be wonderful if it was kept… (DRP)

> … (we) value our time and not having to wait too long when you have got an elderly patient who is impatient… (DRP)

> … they came up to me and said look … there is going to be a bit of a delay, and I said that is fine, you know… (TRP)

They suggested ways that this might be managed in practice: Communication theme

> … you just have to have the referral card from your GP, and you just go down, but it does not seem to make sense to do that if there is going to be times of constriction and busyness, it would be better to say on the back look at this website, or come between 9 and 10 that is usually the quietest… (DRP)

> *… whether there is a need for somebody kind of floating around and aware and, this patient needs that, and then they go to someone and say I have seen that this patient needs this that or the other… (DRP)*

The therapeutic radiography participants valued the ability to select appointment times that were suitable for them: Communication and compassion theme

> *… they will hopefully give you slots to fill in, but they did not actually they gave me this um, just paper with all the dates and um the times I had to be there, it was never a question of is this ok for you… (TRP)*

> …, I said it would be much easier if I just knew it was 10 o clock every day or, you know, that would have made my life a bit easier, rather than lots of different times, and to a degree they did try to do that… (TRP)

It can be seen that prior to the examination/treatment communication is a key element in the values of the service user

During examination/therapy

During the examination/therapy values were chiefly related to communication, compassion, and professional skills.

A key value identified by the participant groups was the need to be treated as an individual and to feel “important”. This value combined communication and compassion: Communication and compassion theme

> … it is like being on a conveyer belt quite honestly, and I do not like, and I want to feel that I am important… (DRP)

> … made me feel very important as well, and then fortunately for me the whole experience was excellent, and I got a good result out of it… (DRP)

Participants valued being put at ease again requiring compassion and communication skills: Communication and compassion theme

> … I told him I was nervous, and he really did reassure me, and he did not do anything until I felt comfortable about it… (DRP)

> … actually with the way the radiographers were so … you know so kind so … keen to make everything you know, easy as possible and also as smooth and calm as possible… (TRP)

The participants valued a slower pace of examination while recognising that departments were busy: Professional skills theme

> … because if they rush things and make a mess of things you have to go back, so then, like a double jeopardy you are not really saving anything because you have got hassle of a repeat attendance… (DRP)

> … prefer the rechecking … absolutely, it made me feel like they are actually checking that the light is aligned … some people would check my tattoo, and some would see that it is aligned you know… (TRP)

… so for me it is appropriate time, based on the individual's needs, and when you come to that you are talking about the values of the individual… (DRP)

… they gave me the time I needed to, you know they were not like oh rush rush rush, they would take their time … (TRP)

… feeling like they are on a conveyor belt, yes you may have to be in a hurry and be conveyor like, but smile and the use of your name, can go a long way… (DRP)

Participants did value professional skills such as efficiency but expected these to be present and assumed competence: Professional skills theme

… because they are efficient and they obviously, do it on a regular basis, and so that has always been quite a good experience… (DRP)

… the whole team needs to be competent to give me as the patient an answer that is correct… (DRP)

After examination/therapy

Both categories of participants valued similar things but following the examination or treatment communication became the biggest factor in their values.

A key value was having their questions answered. For the diagnostic participants this was related to the failure of radiographers to answer questions, some of which were related to their diagnosis but some which they used to try to build rapport with the radiographer: Communication theme

… and I had asked questions, but he just dismissed me straight away … (DRP)

… and if I ask a question I do not like to be made to feel, what do you want to know that for… (DRP)

… and they do not like it when you ask questions, if you have got a bit of intelligence about you and you ask a question oh, you should not need to know that, but I want to know it is my body… (DRP)

The therapeutic radiography participants also valued having questions answered: Communication theme

… but I think people get quite stressed don't they and you pick up on that as a patient and you withdraw, so rather than asking the questions, if you feel somebody is kind of, rushing through the process you do not ask the questions you might have asked… (TRP)

… so that is quite important, you know that you … appear that you are … open to the questions or open to, being you know having empathy or, you know … (TRP)

Both participant categories clearly valued being able to see their images: Communication theme

… and I said I do not suppose it is possible to have a quick glimpse of it, what do you want to see that for [laughs] um and I thought oh ok, I said um, I am just interested, and she said oh we are in a hurry we do not have time… (DRP)

… they have said oh there is your corpus collosum there are your lateral ventricles there is your third ventricle, and they have dealt with me at the level that I needed… (DRP)

… perhaps patients ought to see all of their images, because they have got a vested interest, and they might intuitively know the area that the pain is coming from and, you know … it feels like it is hurting there let me have a look at that… (DRP)

… so they took me to the computer and they showed me you know my scan and how they scan me every day to see if the scan was the same as the planning scan, and also they showed me where the radiation was coming from because I have asked each way… (TRP)

… they were happy to show me, however I have noticed that it was not … you know something that was common, for them to show… (TRP)

Summary

It is clear from the values expressed by the participants that the elements of the examination they value most are related to being valued themselves as individuals and patients. They perceived this through the way the radiographer communicated with them, and the level of compassion shown.

The following participant quotes summarise their feelings about radiographer communication.

… any of us can tell from tone of voice and what have you about how good that experience is going to be even before you get in there does that make sense… (DRP)

… It does not take much to smile at somebody and to actually … talk to them by their name, rather than … a number you know … them feeling like they are on a conveyor belt, yes you may have to be in a hurry and be conveyor like, but smile and the use of your name, can go a long way… (DRP)

… also they were very, smiley, always with a smile on their face, and you know um … I do not know they made me feel comfortable they made me feel secure actually because they were kind all the time, and they would say, come on it is your turn now… (TRP)

As can be seen from the phrasing of responses of many of the participants while they discussed their values it was clear that for some of them their values had not been met during their imaging examinations and therapy treatments. It should also be acknowledged that every participant group identified the same key themes irrespective of their experiences.

Discussion

It is clear from the participant quotes that they value the professional skills of radiographers and in an imaging or therapeutic encounter they assume professional skills and a high quality of service. These were the elements that the participants described as a "must" for meeting their values. They wanted the radiographer to get their imaging or treatment right and this relied on their professional skills. In addition to the "musts" were the values that they felt "should" be included in their examinations or treatments. These values were focussed on communication with the radiographer or department. These outcomes are comparable with those of Halligan[4] who as previously mentioned found that good communication was valued by medical patients. In their research work exploring professionalism the Health and Care Professions Council (HCPC)[17] identified that the quality of patient interaction was an element of professionalism, and it is this element of professional practice that was the focus of the participant values. Indeed, the ability to communicate effectively is one of the standards of proficiency radiographers require for professional registration with the HCPC.[18] In 2012, MacKay et al.[19] investigated the emotional

intelligence of radiographers and found that radiographers scored higher than the normative group which suggests that they are well equipped to meet the values of the participants.[20]

In order to meet the values of the participants prior to their arrival for their examination or treatment the groups suggested that the information could be provided on-line so that those interested could inform themselves prior to their visit. This suggestion has previously been identified by students studying on a values-based practice module,[21] but it is unclear if this has been implemented in practice.

During the examination/treatment participants wanted to feel important and wanted to be put at ease. The need to feel important as an individual forms one of the psychological elements of Maslow's Hierarchy of Needs[22] as part of self esteem and it is therefore unsurprising that participants value it. It is recognised that in a clinical setting there is a perceived imbalance of power between the patient and the practitioner[23] and thus the need for recognition expressed by the participants is understandable in this context also. In 2003, Henderson's research[24] told us that we could help to improve the perceived imbalance by readily providing information to the patient and to be open in our communication with patients.

The work of Dr Kate Granger "Hello, my name is"[25] identified how important good communication is in health care. Included in the campaign's Core Values is "See me" where it is explained that

> "*Individuals are more than just an illness, they are a human being, they are a family member, they are a friend etc. and we should all remember to see more of an individual than just the reason they are using healthcare*."

It appears from the thoughts expressed by the participants that this concept of individuality is key to their values in their examinations and treatments, they wish to be seen as individuals and the "hello my name is" campaign is championing this. One of the suggestions made by the participants was that more interpersonal skills education should be provided as part of our programmes of study. In 2019, Pollard et al.[26] worked with patients to identify five themes in diagnostic radiographer communication which could be used in communication skills training. The five themes identified appear to map well with the values expressed by the participants in this study. This evidence base could be used as a resource for those designing Radiography training programmes.

The participants in this study valued the radiographer taking their time during the examination as they associated the additional time taken with a good quality examination. They did not enjoy feeling like they were "on a conveyer belt" even though they appreciated the pressures that the radiographers were under. The age demographics for the participant groups may have influenced this answer and this should be recognised as participants with a younger demographic may not hold the same associations between speed and quality. There are however benefits for all in slowing down which include less stress for the patient and health care practitioner alongside improvements in quality and overall experience.[27]

After the examination the participants valued being able to see their images and to ask questions. This relates to the earlier values of being an individual and wanting to be a partner in their health care.[24] The participant responses seemed to suggest that information sharing was facilitated in therapeutic radiography but was generally met with a negative or dismissive response in diagnostic radiography. The advent of digital images displayed within the imaging examination rooms have raised significant challenges for diagnostic radiographers who often prefer to defer this discussion with the patient and pass the responsibility to the referring clinician rather than address the matter themselves. It was not the remit of this study to understand why diagnostic radiographers were reluctant to share this information with the patient, but it was clear that patients would value communication on these issues.

The study was limited by the number of participants. Two groups of participants and two individual discussions contributed to the data. Group one had six participants, group two had five and there were two additional participants. A larger group of participants may have provided some additional values. The demographics of the participants were not collected. Collection of demographic data may have allowed factors such as participant age to be considered alongside the data. The data was gathered at two geographically distant sites but the use of further locations may have added a regional or national perspective that was not evident in this study.

Recommendations

The patient should be treated as an individual and be provided with information throughout the examination or treatment process in order to meet their values. Radiographers should be mindful of this and should ensure that each patient is treated compassionately and as an individual. Dissemination of these research findings should remind radiographers of this.

Both diagnostic and therapeutic radiography patients would value more preparatory information before their imaging or therapy. Departments could consider adding guidance on what to expect during their examination/treatment to their websites.

Educational institutes should consider the values of their patients when developing teaching material to promote good communication.

While it was not an aim of the study the diagnostic radiography patients made it clear that diagnostic radiographers do not answer their questions. It is not clear why this is the case but diagnostic radiographers should consider how they might truthfully answer the questions of their patients in a way which reflects their level of training. Further study is required to understand the rationale for this.

Conclusion

The values of the patient participants are related to the quality of their examination and the communication and compassion that they receive before during and after the examination. Radiographers have the emotional intelligence required for effective communication and empathy and should remain conscious of that in order to meet the values of the patient. Improvements in communication before during and after the examination could help address this.

Conflict of interest statement

None.

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