



Review article

Compassionate care in radiography recruitment, education and training: A post-Francis Report review of the current literature and patient perspectives



J. Bleiker*, K.M. Knapp, S. Hopkins, G. Johnston

Medical Imaging, University of Exeter Medical School, South Cloisters, St. Luke's Campus, Exeter EX1 2LU, United Kingdom

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ABSTRACT

Compassion is elemental in the care of a patient during their medical imaging (MI) procedure and is highly topical in the light of the Francis Report. The patient–practitioner interaction is an amalgam of context, communication and individual differences, and whilst compassion is a term in common parlance in the media, policy and radiographers' professional documents, its meaning and manifestation in radiography recruitment, education and practice are less clearly articulated. A review of the existing literature was undertaken, including a small scale study exploring patients' experiences in diagnostic medical imaging. Themes from the study included communication; competence; emotions; attitudes and relationships, but notably absent was any mention of compassion per se. Radiography research would benefit from further exploratory work into the nature of compassionate patient care in the unique context of the medical imaging encounter; offering an evidence-based contribution to radiography in the light of the Francis Report.

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Background

An inquiry into failures of care at the Mid-Staffordshire NHS Trust highlighted key areas which led to “appalling suffering”¹ and which included culture, practice and priorities of both management and individuals. Although the issues need to be tackled systemically, the report noted that:

“Good practical training should only be given where there is good clinical care. Absence of care to that standard will mean that training is deficient. Therefore, there is an inextricable link between the two that no organisation responsible for the provision, supervision or regulation of education can properly ignore.”

The report went on to recommend:

“... an increased focus on a culture of compassion and caring in [nurse] recruitment, training and education ... and professional

development ... and the practical requirements of delivering compassionate care in addition to the theory”.

Whilst radiographers avoided the scrutiny of the inquiry, they are nevertheless required by their professional body to “provide the best compassionate care based on up to date evidence”² however there is little in the radiographic literature available to inform the evidence base. Whereas nursing research emphasises the importance of taking time to establish a relationship between practitioner and patient, a key characteristic of diagnostic, and to a lesser extent, therapeutic radiography is the transient nature of the encounter.³

The Francis inquiry reported instances where exemplary care was given during the period in question⁴ suggesting that learning what goes well in patient care might be as informative as analysing what went wrong. Furthermore, the SoR response to the Francis Report included a statement suggesting that the report's recommendations should apply to a wider body of healthcare professions than nursing and medicine.⁵ There is then, justification for research exploring what the “best compassionate care” written into the Society of Radiographer's Code of Professional Conduct might mean in radiography practice and education.

* Corresponding author. Tel.: +44 01392 727420.

E-mail address: j.bleiker@exeter.ac.uk (J. Bleiker).

Preliminary study

A small study explored patients' experiences and perceptions of their care having undergone medical imaging, with semi-structured interviews from eight ex-patients subjected to thematic analysis.⁶ The word 'compassion' was found only once in the entire dataset suggesting that while it is trumpeted widely in policy, rhetoric and protocol, patients are using other terms associated with aspects of their care, suggesting a need to find another way of revealing the manifestation of compassion in practice. A further search of the literature brings the understanding of compassion in radiography education and practice up to the present.

Literature review

The aim of the literature review was to explore features of good or exemplary care rather than examine the poor care patients sometimes receive. It further aimed to ascertain in what contexts the term 'compassion' is used in radiography. Searches of Medline; CINAHL Plus; PubMed; NHS Evidence; Web of Science; Google Scholar and the grey literature revealed an abundance of literature around the topic of compassion, although search returns could be curtailed by elimination of articles containing the term 'Compassionate Use Protocol' (the prescription of untested drugs outside clinical trials to patients with life-threatening or life-shortening conditions).⁷

Whilst the nursing literature contains a plethora of research into compassion, in radiography it is much more limited and this initial search suggests a paucity of research into the nature of compassionate care in radiography. Professional radiography shares with nursing and medicine some of the features inherent in caring compassionately for patients; however unique characteristics of medical imaging procedures set it apart. The rest of this review article explores the radiographic context in which compassion is currently found in policy, protocol and the academic and research literature, beginning with the vexing question of its definition and ending with recommendations for radiography recruitment, education and training.

Defining compassion

Compassion involves awareness and feelings of discomfort around another's suffering together with a desire to act in order to relieve it,⁸ and, according to Peterson and Seligman's Handbook of Character Strengths and Virtues is related to terms such as kindness, altruism and nurturance.⁹ However, the literature is far less clear with regard to such issues as compassion as state or trait, measurability, manifestation and whether or not it can be taught and assessed. Results from the preliminary study resonate with the literature in that compassion remains an inscrutable term and the themes extracted from the data suggest that compassion is an essential element of care; but that its meaning, both in terms of perception and manifestation remains enigmatic and nebulous.

Policy and professional standards

From a search of Department of Health policy documents it is clear that compassion is not a concept original to the Francis Report; having been a defining value in the NHS Constitution¹⁰ and the King's Fund Point of Care programme,¹¹ however even then it was not clear what it meant in practice. A report by the Chief Nursing Officer issued after the Mid-Staffordshire inquiry proposed core values of nursing in terms of 'The Six Cs' namely: care, compassion, courage, commitment, competence and communication; with

compassion described as: "how care is delivered through relationships based on empathy, respect and dignity" and also as "intelligent kindness".¹² Guidelines from the National Institute of Health and Care Excellence (NICE) in their Quality Standards for Patient Experience include the terms dignity; kindness; compassion; courtesy; respect; understanding and honesty¹³; however there remains no specification as to the nature or manifestation of compassion. The NHS Constitution arguably gives one of the clearer accounts of compassion:

*"We ensure that compassion is central to the care we provide and respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for patients, their families and carers, as well as those we work alongside. We do not wait to be asked, because we care."*¹⁰

The Government response to the Francis Report referred to the term 'compassion' fifty-nine times – almost once per page of the report.¹⁴ Associated with this was its appearance in the radiographers' updated professional Codes of Conduct; from none in 2008 to eight in the revised version in 2013² yet still none of these publications operationalise compassion. The HCPC's Standards of Conduct, Performance and Ethics (2008) and of Proficiency (2013) make no mention of the term, although compassion as an act is obliquely referred to in terms of a duty to take action if a patient's health or safety is perceived to be at risk, suggesting that policy and protocol are unlikely sources for an explanation of the essential nature of compassionate care in practice.

Compassion in a medical imaging context

Previous research has investigated the workplace culture in a MI department¹⁵; a key finding being that characteristic features of MI procedures distinguish radiography from other health professions with regard to the patient–practitioner interaction. First, radiographer and patient meet for only a short time and in a highly task-focussed setting.^{3,16} Second is the highly technical nature of MI procedures: one systematic review noted features unique to radiography, namely magnetism or radiation concerns; intravenous contrast or gas administration and noise or unfamiliar sounds.¹⁷ The paper refers to cross-sectional imaging but its findings could equally apply to other modalities. One model of compassionate care in the nursing literature contains this key element: "taking the time to ask and tell"¹⁸; a radiographic model taking into account its time-bound, task-focussed and technical features may possess qualitative differences which could be applied to the wider health research literature given that time available to spend with the patient is an issue for many health professionals.

Patients' concerns can be amplified by the psychological and physical barriers between them and their radiographer. For instance, Murphy's dramaturgical analysis notes the language and behavioural differences in radiographers between 'front-stage' (in audience with the patient) and 'backstage' (behind the protective lead screen or in the control or viewing room).¹⁶ The protective screen behind which radiographers disappear prior to making an exposure, the control room from which they undertake cross-sectional or even the physical distance maintained by radiographers undertaking radioisotope and mobile imaging all compound the solitude experienced by an already anxious patient, although research shows that compassionate care can consist of small gestures which can ameliorate for this⁶ and Frampton writes of "the power of touch" such as a hand on an arm or even foot¹⁹ indicating that compassion can be seen in terms of the 'little things' as well as more time-consuming gestures; a finding supported by data from

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