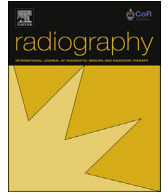




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## Participatory action research into implementing open access in musculoskeletal X-ray: Management and staff perspectives

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## ABSTRACT

**Introduction:** Neighbouring Trusts have implemented open access (walk-in) services to shorten waiting times in x-ray. Despite this, staff perceptions of their effectiveness have not yet been studied. This study forms the initial baseline evaluation phase of wider participatory action research investigating the implementation of an open access service for general practitioner musculoskeletal x-ray referrals. Staff perceptions regarding effectiveness of the current service were gathered, including their opinions regarding the effectiveness of open access services.

**Methods:** Qualitative data were obtained via three semi-structured interviews with radiology management and two (cross-site) staff focus groups over a 2 month period. Template analysis was used to interpret the data with the aid of NVIVO 11 to facilitate analysis.

**Results:** Template analysis uncovered several drivers for changing the current service including waiting times, external pressures, patient choice and administrative delays. 'Flexibility' was the key theme to arise during discussion regarding the effectiveness of the current service. Potential for improved access was highlighted as a major benefit to the implementation of open access, however 'workload', 'staffing' and 'communication' were all identified as potential barriers to its implementation.

**Conclusion:** Although several staff members were satisfied with current service several drivers for change were identified that need to be addressed in order to truly deliver a service that fulfils the patients' needs. Results will inform the wider participatory action research that will investigate the barriers to implementing an open access service and identify whether this is indeed a suitable method of addressing the drivers for change.

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### Introduction

Several factors highlight a need to reduce waiting times in radiology within England. Several waiting time targets have been proposed by the government mandate of the NHS Constitution and the Independent Cancer Taskforce (ICT).<sup>1</sup> These include a maximum 18-week wait from general practitioner (GP) referral to consultant-led non-emergency treatment, a maximum 6-week wait for any diagnostic test and a two week wait for any diagnostic test for patients highly suspected of having cancer.<sup>1</sup> Despite this recent NHS statistics from January 2017 highlight that 14,600 (1.7%)

patients are still required to wait longer than 6 weeks<sup>2</sup> for their imaging, a figure above the operational standard of 1%.<sup>2</sup>

In addition to external targets, there appears to be a developing, 'no wait culture', amongst the public. The NHS Cancer Plan champions public awareness of cancer and has previously publicised and promoted the importance of a swift diagnosis to improve treatment outcomes.<sup>3</sup> In addition, further public health care promotion has been implemented and will continue in the coming years.<sup>4</sup> Resultantly, patients are expecting swift imaging services to facilitate their treatments. In response professional bodies in imaging have stressed the need to seek ways of facilitating timely access to imaging for all patients, regardless of background or illness.<sup>5</sup> Potential future solutions are suggested, including 'Open Access' (walk-in), services where patients may attend for their x-ray from primary care at any time within a defined period.<sup>5</sup>

Two neighbouring Trusts have implemented open access services for their primary care musculoskeletal (MSK) x-ray patients to

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reduce waiting times and increase patient choice of attendance times.<sup>6</sup> Through the new service patients may attend for their x-ray at any time between 8am and 5pm.<sup>6</sup> The service received positive feedback from patients with one stating; 'To be able to walk in and out on the same day as getting referred by my GP was fantastic I didn't have to wait about or worry'.<sup>6</sup> The concordant relationship between reduced waiting times and stress/anxiety complements findings of both English and Canadian studies examining the impact of waiting times on patient care in a variety of disciplines.<sup>7–9</sup>

## Literature review

A systematic literature search was conducted using a variety of databases (including Medline and CINAHL) in addition to searches of independent journals. Key words included; 'Radiographer', 'x-ray'; 'walk-in'; 'open access'; 'perspectives'; 'perceptions' and 'effectiveness'. Only one study was found to investigate the effectiveness of an open access service. This was a mixed-methods study of a new chest walk-in service in Corby, United Kingdom (UK), via use of patient questionnaire and clinical data.<sup>10</sup> This was a pure open access system where patients could present at x-ray without a referral from their GP. The radiographer was then responsible for vetting the referral in response to certain clinical justifications. Results yielded a dramatic increase of referrals by 63% however the difference in cancer detection level was not statistically significant.<sup>10</sup> This study was limited in its small scale nature and was only conducted over a period of one year.

Currently the impact of the service change on the radiology staff remains unexplored; indeed no studies could be found that examine radiographer perspectives of open access/walk-in services. One study by Martin et al.<sup>11</sup> did however investigate staff perceptions with regards to the practicalities of an emergency department service. Patients that were kept waiting for considerable periods were more dissatisfied with their experience of the service and felt, 'as if my time was of no importance'.<sup>11</sup> Staff often felt increased stress in such circumstances,<sup>11</sup> a concept that has been mirrored in later studies investigating staff and patient well-being in relating to waiting times.<sup>8</sup>

One study examined the effectiveness of a 'same day', appointments service in ultrasound.<sup>12</sup> Unlike in Open Access, patients were still required to book an appointment, however this could be done *immediately* following the patient's GP referral.<sup>12</sup> Patient waiting times from referral to appointment were significantly reduced following implementation of the new service with most choosing to attend within 3 days of referral.<sup>12</sup> Despite this waiting times within the department subsequently increased from 6.5 min to 22 min and patient satisfaction reduced concordantly.<sup>12</sup> 30% of patients were unhappy/very unhappy with departmental waiting times compared with 11% of patients using the appointment service.<sup>12</sup> This issue could also occur in Open Access as a large number of patients could potentially attend the department at the same time.

The above literature suggests that open access may provide a solution to current waiting time pressures, however there is a distinct lack of quantitative and qualitative literature investigating its effectiveness. Consequently, through undertaking Participatory Action Research (PAR) we aim to investigate the potential for open access locally, design and implement a new service, evaluate its effectiveness and repeat this process in a continuous cycle of research<sup>13</sup> (Appendix 1). Unlike other subsets of Action Research, PAR involves collaboration of the researcher with participants (staff and patients).<sup>14</sup> This encourages participants to actively engage in the research process and have an equal say on the development of

their service.<sup>15</sup> This paper presents the 'baseline evaluation phase' of the PAR and explores both radiography manager's perceptions regarding drivers for changing the current MSK x-ray appointments service and staff perceptions regarding the benefits and barriers to Open Access.

## Methods

PAR is grounded on the best available conceptual evidence. This study therefore assumed a mixed-methods approach using semi-structured interviews and focus groups to ensure the maximum validity and trustworthiness of findings.<sup>13,16,17</sup>

### Participants and setting

This study was undertaken in a single NHS Trust with data collection across its three hospital sites. All staff practising within the general radiology departments of the Trust were invited to participate in the focus groups via email and poster display. Key informants were identified and invited to participate in the interviews via email.

### Manager interviews

Interviews have been promoted in PAR as they provide a deep insight into participant thoughts and experiences.<sup>14,18</sup> Three face–face interviews with managers representing each of the three hospitals were conducted to uncover their lived experiences of the current primary care x-ray appointments service and their respective drivers for change. The interviews were semi-structured to ensure rigidity of topic but also allow sufficient freedom of expression regarding ideas for service development.<sup>19</sup> This method has been successfully deployed in other studies examining staff satisfaction in health care.<sup>20–22</sup> By varying data collection methods between management and staff, we hoped to avoid potential power struggles and extract the maximum amount of data. The following guide was used to provide structure (Fig. 1), however further questions were added as each interview progressed and individual ideas proposed.

### Staff focus group discussion

Focus groups have proved valuable in uncovering the experiences and opinions of a group of participants in a single setting<sup>23</sup> and have been utilised in other PAR health care service improvement studies to good effect.<sup>24,25</sup> Focus groups were only held at two of the three hospitals due to time constraints. Staff were invited from a range of different roles and experiences including; appointments staff, reception staff, radiographers, assistant practitioner radiographers, advanced practitioner radiographers and team-leaders. After drop-outs, six participants were present at the site A group; including three radiographers, one senior radiographer, one advanced practitioner and one superintendent radiographer. Four participants were included within the site B group; including two radiographers, one senior radiographer and one superintendent radiographer. This was believed to appropriately represent the ratio of staff numbers to roles within each department. Career experience was wide-ranging within both groups from 1 to 30 years post-qualification.

The following topic guide was constructed with reference to themes previously raised in the management interviews. This was designed to provide structure but ultimately aid, rather than restrict discussion<sup>26</sup> (Fig. 2). This was not shown to participants

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