



The concept of caring amongst first year diagnostic radiography students: Original research

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ABSTRACT

Student radiographers start their work integrated learning from their first year of studying and they are in constant contact with patients. Based on this interaction, it is imperative for all diagnostic radiography students to be caring professionals. The purpose of this study was to gain an understanding of caring amongst diagnostic student radiographers by exploring and describing their experiences of caring in the clinical environment. A qualitative, exploratory, descriptive and contextual research design was utilized. Focus group interviews were conducted with first year diagnostic radiography students. Purposive sampling was used to ensure information rich data was obtained. In keeping with qualitative research, participants were interviewed until data saturation was reached. Appreciative inquiry was used as an interview technique to encourage storytelling and to engage in narrative – rich communication. The 4-D model of appreciative inquiry, namely; Discovery, Dream, Destiny and Design, formed the basis for the interview questions. Data was analysed and coded and themes were created based on the interpretation of the data. Three themes were identified as being; caring as an integral part of a career choice, unpreparedness for interpersonal interactions and barriers and enablers for the development of a caring identity. Participants expressed an idealistic vision of what caring means to them as a student radiographer. Participants felt unprepared for their daily interpersonal interactions with patients and other staff. Recommendations to radiography educators would be to engage in more role-playing exercises, reflective practices and peer discussions.

1. Introduction

Diagnostic radiography is a medical imaging discipline that produces images of the body, to assist in the accurate diagnosis of a patient (Reeves and Decker, 2012; Moller, 2016). Approximately ninety percent (90%) of examinations in the clinical environment are general diagnostic radiography procedures (Hayre et al., 2016). More often than not, patients present to the radiology department in pain due to some form of trauma or a medical condition. Additionally, patients often associate the radiology department with fear of a possible negative diagnosis and anxiety as they are not fully aware of what to expect during the imaging procedure (Carlsson and Carlsson, 2013; Björkman et al., 2016). It is for this reason that patients expect their attending radiographer to be both technically skilled, in order to provide an efficient service and a caring professional to be able to alleviate their feelings of fear and anxiety. In a South African context, student radiographers are placed in the clinical environment from their first year of study. This is referred to as work integrated learning (WIL). Based on this clinical placement, students are also expected to be caring

professionals.

The concept of caring is not new to the healthcare professions and it dates back to the earlier times of Florence Nightingale. Despite this, there is still no consensus on an exact definition (Ousey and Johnson, 2006; Brilowski and Wendler, 2005). However, many authors describe caring as act or display of kindness, compassion and empathy towards another individual (Bolderston, 2016; Paulson, 2004; Flynn, 2016). Many philosophers believe that by virtue of being human we are all considered caring however our understanding of the term may differ based on upbringing, culture and/or moral obligations (Bolderston, 2016; Flynn, 2016).

While most caring theories have similar elements, there are some aspects of each philosophers' beliefs that stand out. Roach affirms that caring is the "human mode of being". Having said this, she believes that we all have the ability to be caring (Boykin and Schoenhofer, 2013). Similarly, Watson developed the theory of human caring which is well recognised and eminent in the nursing profession. In this theory Watson acknowledges the person as a whole, in three dimensions; the mind, body and spirit (Boykin and Schoenhofer, 2013; Watson Caring Science

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Institute, 2018). Whereas Mayeroff's earliest works on caring dates back to the 1970s and has a slightly different approach to caring. He emphasises that caring is not "an isolated feeling or momentary relationship". He believes that caring is a process and an element of personal growth.

Within the healthcare professions, patient care and caring are two terms that are often used but it is important to remember these are two different concepts. Patient care is regarded as a professional responsibility by healthcare workers while caring is more of a humanistic way of interacting with people.

2. Problem Statement

Unfortunately, a lack of caring and empathy amongst South African healthcare professionals is becoming increasingly evident (Health Professionals Council of South Africa, 2017). Diagnostic radiography is usually viewed as a scientific, technology driven profession hence in the current undergraduate curriculum emphasis is placed on the technical aspects of the profession. While patient care is certainly a concept that is taught to radiography students, the concept of caring has been overlooked. Therefore, when a student graduates they can undertake patient care but their ability for caring is lost. So, in order to promote a patient-centred approach in diagnostic radiography we need to teach caring. However, to achieve this, we firstly need to gain an insight into what is a student's understanding of the concept of caring. Additionally, studies have shown that the level of empathy and caring decreases over time from first to final year student's (Nunes et al., 2011; Williams et al., 2015) hence first year students were chosen for this study as they would have spent some time in the clinical environment but not enough to be completely influenced by the environment. The research question that guided this study was: "What does caring mean to a first year diagnostic radiography student?"

3. Materials and Method

A qualitative, exploratory, descriptive and contextual research design was utilized. A qualitative research design allows the researcher to gain meaningful insight to understanding a phenomenon (Morse, 2012). Exploratory research was reasoned as appropriate for this study because little is known about caring and the researcher aimed to explore the concept in order to add to the body of knowledge of Diagnostic Radiography (Davies, 2011). Additional, this study formed part of a larger study that was focussed on theory development which required the researcher to first explore the phenomenon of caring. The research question asked in this study is very specific to the profession of diagnostic radiography and radiography education therefore the study is considered to be contextual in nature (Corbin and Strauss, 2015).

Appreciative inquiry (AI) was used as an interview technique to encourage storytelling and to engage in narrative – rich communication. Appreciative inquiry allowed participants to view the phenomenon in a positive light and enabled them to envisage the ideal future (Cooperrider and Srivastva, 1987). The 4-D model of AI namely; discovery, dream, destiny and design, formed the basis for the interview questions. David Cooperrider and Suresh Srivastva believe in a collaborative approach of solving problems by engaging individuals to share knowledge of transformation (Cooperrider and Srivastva, 1987).

The discovery phase of the model allowed participants to share their feelings and experiences on their understanding of caring. The question asked was "what does caring mean to them as student radiographers?" The next question allowed the participants to dream of an ideal future, the question posed was "How would you describe yourself in the future as a caring radiographer?" The next phase of the 4-D model was design. This phase required the participants to share what skills they thought were needed in order to become a caring radiographer. The question asked was "What do you think you will need in order to be a caring radiographer?" The final phase required participants to suggest ways to

achieve the skills needed to be a caring radiographer. Hence the question asked was "How can we achieve this?"

The study population consisted of first year diagnostic radiography students from a higher education institution in Gauteng, South Africa. Purposeful sampling was used to ensure information rich data was obtained. In keeping with qualitative research, participants were interviewed until data saturation was reached. A total of 19 students participated in the focus group interviews. Student radiographers undertake WIL at both provincial and private sector hospitals. The participants of this study represented both sectors. Participants were interviewed at the higher education institution concerned and a suitable time that was convenient for all participants was arranged. The focus group interviews were held in a quiet and private boardroom away from lecture venues. Story telling was encouraged, in order to gain an understanding of what caring meant to first year diagnostic radiography students. The researcher maintained a neutral position throughout the focus group interviews and ensured bracketing of own feelings and ideas. The researcher used reflective and descriptive field notes both during and after the interviews to describe group dynamics and possible emergent themes.

Data analysis as described by Holloway and Wheeler (2010) were followed; namely transcribing of data, organising data and coding data (Holloway and Wheeler, 2010). The researcher listened to all audio recordings and read through all transcribed data in order to become familiar with the data. Thereafter, the data was coded and themes and categories were created based on the interpretation of the meaning of the data. Participants were given the opportunity to review the themes and categories in order to verify that they were valid.

Guba and Lincoln's model of trustworthiness provides criteria suitable for qualitative studies (Holloway and Wheeler, 2010; Shenton, 2004; Anney, 2014). Dependability in the current study was ensured by triangulating data collection, as well as by providing a detailed description of the research methods. In addition, direct quotes are supplied when presenting findings (Holloway and Wheeler, 2010). Triangulation of data collection by means of focus group interviews, in-depth field notes and member checking throughout the focus group interviews took place in order to confirm participant's responses (Holloway and Wheeler, 2010). The researcher is a diagnostic radiographer with field experience in both the private and public health sectors therefore she was knowledgeable in the field of diagnostic radiography and was able to conduct data collection in a credible manner. Transferability was ensured by detailed description of the research process to allow an easy comparison with another setting or population.

Ethical clearance to conduct this study was obtained from the Research Ethics Committee of the Faculty of Health Sciences at the University of Johannesburg (REC-01-118-2017). Autonomy, non-maleficence, beneficence and justice form part of the ethical principles which were adhered to in this study. Participants were invited to participate in the study and signed consent was obtained from those willing to participate. Participants were free to withdraw from the study at any time without any obligations. There were no direct benefits from participating.

4. Results

Three major themes were identified as being; caring as an integral part of a career choice, unpreparedness for interpersonal interactions and barriers and enablers for the development of a caring identity.

4.1. Theme 1: Caring as an Integral Part of a Career Choice

The participants of this study expressed a sincere understanding of the meaning of caring. Their explanation of caring included being compassionate, sensitive, showing concern, empathy and having some form of human acknowledgement towards your patients. Additionally, the perception of placing the needs of the patient before their own was

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