"Patient Care in Radiology"—The Staff's Perspective

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ABSTRACT: **The aim of this study was to research how the staff experience care expressed during the brief encounter with the patients in a diagnostic imaging department. This was a qualitative study with a phenomenological and hermeneutical frame of reference. The data were collected using field observations and semi-structured interviews and analyzed according to the guidelines for meaning condensation by Giorgi. The imaging staff found that care is expressed in an administrative, an instrumental, and a compassionate sense. The imaging staff perceived care in a way that clearly differs from the traditional perception of care understood as the close relations between people. In their self-understanding, the staff found that care not only comprised the relational aspect but also that it was already delivered during the preparatory phases before the actual meeting with the patient and up until the image was electronically forwarded. And, care expressed in between was perceived as care in the traditional sense and termed as "patient care in radiology." (J Radiol Nurs 2014;33:23-29.)**

KEYWORDS: **Care; Diagnostic imaging; Radiology; Health professionals; Short stay practice.**

INTRODUCTION

Over the past decades, the patients' meeting with the health care system has changed from being a long meeting in connection with hospitalization to taking place as a brief contact during an ambulatory visit. Although the numbers of bed days diminish, the outpatient activity is increasing dramatically nationally and internationally (Danish Regions, Ministry of Finance, Ministry for Health and Prevention, 2011; DeFrances, Lucas, Buie, & Golosinskiy, 2008; Cullen, Hall, & Golosinskiy, 2009). The reasons for this include the increasing demand for an effective utilization of health service resources (Hussey, Mulcahy, Schnyer, & Schneider, 2012). The focus on quality has prompted an increased awareness of the advantages of reducing hospital days in general and minimizing the length of surgical procedures (Investigations in the future of the health service, Danish Regions; The Danish Quality Model www.ikas.dk; Nicolay et al., 2012). Technological progress has resulted in new types of examinations and treatment options (Millán et al., 2010), and consequently, the contact between patient and health services takes place on an outpatient basis more and more.

The role of the patient has also changed. Previously, the doctor was perceived as the expert, and the majority of patients had complete faith in the authorities. Today, patients meet health authorities with greater insight into their own illness. It is a widespread phenomenon that patients procure their illness-related information through the Internet and expect to be included in the decision-making processes (Ziebland & Wyke, 2012).

The health professional finds himself or herself in a field of tension between a streamlined and an effective health service on the one hand and on the other hand the well-informed patient who meets the health service with demands and expectations. Accordingly, the health professional must now operate advanced equipment in less time while concurrently inviting the patient to discourse, participate, and cooperate.

In a diagnostic imaging department, the meeting between patient and health professional can be described as a short-stay practice. In the literature, the short stay practice has been referred to as an anticaring practice

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(Gordon & Nelson, 2006). Within the nursing profession, there is a tendency that health professionals who work on hospital wards or in a primary health care setting rank higher on the care scale than those who perform more technical jobs in examination units, for example, a diagnostic imaging department (Gordon & Nelson, 2006).

The Norwegian radiologist Kirsti Loeken proposes that the setting and organization of the encounter between patient and health professional in a diagnostic imaging department involves a risk of the meeting being perceived as an anticaring practice. She points out that the staff of a diagnostic imaging department risk being so oriented toward the examination result that they forget about the person being examined (Løken, Steine, & Lærum, 1999; Løken, 2001). The Norwegian nursing theorist Karin Mortensen also stresses that the fast-moving technological skills often dominate the more tardy skills associated with care (Martinsen, 2012; Lindskov, 2003), and this paradox of the streamlined health service losing its care and compassion to highly technological tests and treatment types is also mentioned in the literature (Jensen, 2009).

Several studies have investigated the patient perspective on imaging situations (Blomberg, Brulin, Andertun, Rydh, & 2010; Murphy, 2001; Olliver et al., 2009; Törnquist, Månsson, Larsson, & Hallström, 2006). The studies report that the patients link the quality of the care with the information provided about waiting time, and they show how significant it is for patients to be met with confidence in a stressful and technological environment. There is only one ongoing Swedish study on the health professional perspective (Andersson, Fridlund, Elgán, & Axelsson, 2008). This study aims to investigate how health professionals in a diagnostic imaging department experience the care during the short encounter with the patient and how the reported care correlates with the care experienced in practice.

MATERIAL AND METHODS

Data Collection

The study was performed using a qualitative approach, field observations, and qualitative interviews. Researching people in their own environment is an ethnographical research method. This study is based on the American anthropologist James Spradley's methodology (Spradley, 1980). If the objective of an investigation is to find out more about embedded or silent opinions or the presumptions that a group of people take for granted, field observations of the factual behavior will provide more valid knowledge than qualitative interviews alone (Kvale & Brinkmann, 2009). By combining qualitative interviews with field observations in this study, we were able to study how the health professionals perceive their own professional behavior and how they express care and also the working conditions they are subjected to and the way in which they act and communicate with the patients (See Box 1).

Setting

The data were collected in a diagnostic imaging department at a regional hospital in Denmark. The department receives both acute and scheduled admitted patients and also routine outpatients and patients referred by their general practitioner. The imaging staff comprised radiographers and nurses who had specialized in diagnostic imaging. A total of 250 examinations are carried out daily, which results in a total of 85,000 examinations annually including conventional X-rays, ultrasound scans, computed tomography scans, and magnetic resonance imaging scans.

Field Observations

The field observations were carried out during 3 shifts, in which 10 staff members were observed to get an impression of how the work in a diagnostic imaging department is conducted and how the staffs relate to the patients. The field observations provided the basis for the questions in the ensuing interviews and made it possible to observe whether there was dissonance between what the health professionals said in the interviews and what they actually did.

The field observations were typically performed from an observing or listening position (Wadel, 1991). Informal conversations with the health professionals were also conducted during the breaks between examinations and in the staff common room. The observations were immediately registered as field notes and were transcribed directly after each shift.

Interview

Four of the observed staff members were interviewed (2 radiographers and 2 nurses) after the field observations. Their work experience ranged from newly licensed to 24 years of experience. The method for the qualitative interviews was based on the method of semistructured interviews by Kvale & Brinkmann (2009) and using an interview guide. The role of the interviewer was to act as a catalyst for the process so that the health professionals could express their feelings freely without the words being put into their mouths. The interviews were taped and later transcribed by the interviewer. The interviews took place in a quiet room in the department and lasted between 45 and 60 min.

Data Analysis

We used the meaning condensation method by Giorgi (1975) to analyze the data and condense the informant