



The role of the consultant radiographer — Experience of appointees

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Abstract *Aim:* To explore the experience of the first consultant practitioners appointed; including the appointment process, nature of the role, their perceptions of success and challenges.

Method: This was a whole population study of the known consultant radiographers appointed up to March 2005. It consisted of 3 phases. The first compared appointees job descriptions with the Department of Health guidance, the second collected contextual information using a questionnaire, and the third explored postholders experiences using telephone interviews.

Results: Ten of the possible twelve appointees participated. All posts were established according to the guidelines, with largely similar job descriptions allowing for the different clinical specialist areas. All were very positive in their perceptions of their role, and faced similar challenges. They were strongest in their expert clinical practice working but had strong training and leadership roles. The number working at strategic level was low with limited research and few published papers, although there were notable exceptions.

Conclusions: The first appointees demonstrated notable successes, strongest in the expert clinical practice element of roles, with evidence of team leadership, and involvement in training and education. Strategic engagement was disappointing, with little research being undertaken. Their experience was that the nature of consultancy was poorly understood by peers and medical colleagues.

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Introduction

The consultant nurse role was established in 1999 but there were initial reports that many appointments were not successful,¹ and early indications of a high number of

resignations. Two years later Consultant Allied Health Professional posts were outlined by the Department of Health (DOH),² but four years later only thirteen consultant radiographer posts had been established and appointed. While there had been no resignations no evaluation of these initial posts has been published.

This research explored the experience of the first consultants in radiography to establish their perceptions of the roles. If these were positive appointees would be more

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likely to stay in post. The positive aspects of roles could also be illustrated which could be used to assist more posts to be established.

In 2005 little had been published into the role of the consultant allied health professional, and none on the consultant radiographer. The consultant nurse concept had been around for longer and the comprehensive paper by Guest et al at the Kings Fund³ exploring the consultant nurse experience was used to help establish a baseline for this research and, together with other nursing papers, used as the major comparator to the research findings.

The nature of consultancy is ill defined in medicine but Mosbys dictionary⁴ refers to independence and the giving of advice. The DOH guidance emphasised that non-medical consultancy consists of four domains of practice. These comprise professional leadership and consultancy, practice and service development, and education training and development but that roles are rooted in the domain of expert clinical practice. The clinical element has been well demonstrated in nursing,^{5–7} and within radiography.^{8–10} The non-medical consultant literature included papers on transformational leadership,¹¹ problem areas,¹² and role guidance.¹³

Fyffe¹⁴ and Guest et al.³ evaluated advanced and consultant practice roles in nursing and highlighted major issues. Within the allied health professions Turnpenny¹⁶ did an evaluation of early successes and challenges. Interaction with medical staff showed a mixed picture of support,^{17–19} but also resistance^{3,20} and the desire for the medical establishment to retain control.²¹

Fairley²² found leadership the key aspect of consultancy in nursing, and examples of leadership styles include transformational,²³ entrepreneurship²⁴ agent for change²⁵ and strategic.¹⁴ Literature was also reviewed around training for these posts²⁶ and academic attainments.^{27,28}

The literature showed that the concentration in non-medical consultancy had been on expert practice and leadership, and a broad understanding of the non-clinical areas appeared to be lacking. Support was very variable both from medical staff and peers, and individuals experienced personal challenges.

Subsequent to this research Guest et al published their final report¹⁵ and further papers on the consultant radiographer concept have been published,^{29,30} with other work in the electronic edition of Radiography December 2008. The Society of Radiographers (SOR) website also includes profiles of existing consultants.³¹

Methodology

The research cohort consisted of the whole population of thirteen consultant radiographers registered at the DOH 31st March 2005, less the researcher. Of the remaining 12, 10 agreed to participate. All had been in post less than two years.

To set the posts in context they were examined to establish how closely they adhered to the official guidance, including the advertising and appointment process. Then, based on the nursing research that showed that postholders had perceptions about their roles which influenced their subsequent job satisfaction,³ the views of the appointees

about their roles were collected, before exploring their actual experience in practice.

Data collection and analysis was done in three phases.

Phase 1

The posts were set in context by comparing all their job descriptions with the original DOH documentation,² together with the specimen job description in the Imaging Workforce Design Manual³² using the five elements of Walk's argumentative comparison.³³ The frame of reference was the consultant job descriptions compared to the DOH guidance. The working thesis was that the literature and job descriptions would compare accurately. The organisational scheme involved comparison on a point by point basis using an Excel spreadsheet, the sections of which were then linked to make the comparison.

Phase 2

A self-administered electronic questionnaire collected quantitative information about the posts and postholders perceptions of their role. The questionnaire was adapted (with permission from Redfern) from that used by Guest et al in their study into the impact of the consultant nurse, midwife and health visitor.³ The modified questionnaire consisted of forty questions in eight sections covering background information about appointees and their posts, structure of posts, training for the role, breadth of post, level of support they received and their clinical skills. A number of sections from the original questionnaire were omitted, such as morale, job satisfaction and career progression, as it was felt that these are very subjective, difficult to measure and would be mentioned during the interviews if they were of concern.

The modified questionnaire was piloted by sending it out to a consultant nurse and consultant physiotherapist as there were too few consultant radiographers to pilot it with them. Using advanced practitioners to pilot the questionnaire was inappropriate as there is a significant widening of the role into four domains of practice at consultant level compared to the predominantly clinical role of advanced practitioners.³⁴ The pilot identified minor typographical errors in two questions which were corrected.

Nine of the ten questionnaires were returned electronically. The manually completed form was transferred to an electronic version by the researcher before all were combined into one master copy. Tables or illustrative alphabetic answers by content analysis were created from this.

Phase 3

A grounded theory approach using semi structured telephone interviews was used to explore the experience of consultancy. At a mutually convenient time a series of open and semi open questions to be asked. An interview guide ensured key topic areas were discussed using the lower levels of direction from Whytes scale of directiveness³⁵ – i.e. making encouraging noises, reflecting on remarks made by the interviewee, and probing the last remark by the interviewee. No attempt was made to probe

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