



Conception of man in diagnostic radiography research – A discourse analysis of research articles from the journal radiography



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ABSTRACT

Aim: To analyse discourses of conceptions of man in scientific texts of diagnostic radiography and how these conceptions are constructed in texts.

Background: In this article conception of man refers to assumptions researchers have when selecting targets for research, choosing methods and making hypotheses.

Method: A discourse analysis is being applied in this article to find discourses in scientific texts on diagnostic radiography. The material consisted of 45 articles from the journal Radiography from February 2009 to August 2013.

Findings: Four main discourses were found. They were named technology-centred, patient-centred, doubtful patient and invisible patient discourses. In the technology-centred discourse patients were usually seen as an anonymous group, and they were passive. In the patient-centred discourse patient experiences were often sought and researchers tried to understand patients' emotions, physical abilities and social context. Patients were seen as individuals and active agents. In the doubtful patient discourse patients are not always trusted. In this discourse health care professionals often know better what is for the good of the patient. In the invisible patient discourse patients are invisible to the radiographer/researcher. They are seen merely as body parts, symptoms or diseases.

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Introduction

This article aims to analyse discourses of the conception of man in diagnostic radiography research by using research articles from the journal Radiography. The meaning of the concept “radiography” varies in different disciplines and also inside health sciences.¹ Radiography as a science is a young discipline: it is a practical science, closely connected to radiographers' work and health care practice.² A single journal was chosen because discourse analysis is a demanding method; the aim is to find plenty of information from limited amount of material rather than to go through a large quantity of texts. Intention of this article is not to produce generalizations to the discipline but to initiate conversation about radiography's conception of man. It is important to discuss philosophical standpoints, in order for science to develop.²

Conception of man in this article refers to Radiography researchers' view on patients/clients. It refers to the assumptions

researchers have when selecting targets for research, choosing methods and making hypotheses. In general it means our attitudes toward people.^{3,4} Researchers ought to recognize their own views. History has offered us different ways to construct the concept of human being: through religion, philosophy and the emergence of natural science.⁴ In Health Sciences man is seen as indivisible entity of body, soul and spirit. Patients' health and care is key in Health Science and health cannot be achieved without holistic view; patients cannot be cured by focusing merely on illness.⁵ Different views lead to different conclusions on how we ought to behave and treat other people. Identifying conception of man in radiography is helpful in order to improve the profession and patient/client services.

The term discourse can be used to refer to patterns of meaning that organize symbolic systems and are necessary for humans to understand each other.⁶ It can also be used to refer to different ways of structuring areas of knowledge and social practice. Discourse is a difficult concept because of various definitions and disciplinary standpoints.⁷ In this study discourse is seen as a three-dimensional concept consisting of text, discursive practice and social practice. Text is one dimension of discourse and can be either written or spoken. Discursive practice involves processes of text production,

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distribution and consumption. Social practice is seen in relation to power struggles of ideology and hegemony.⁷

Power relations between professionals in health care can manifest in discursive practices, as hospital culture is typically hierarchic. These practices are embedded in action and re-negotiated situationally.⁸ Unequal positions of professionals and patients create another point from which to view relations of power inside Health Sciences.⁹

The aim of this article is to analyse conceptions of man in scientific texts of diagnostic radiography and how these conceptions are constructed in texts. It is our objective to answer the following questions:

1. How do radiography scientific texts speak about patients/clients in diagnostic radiography?
2. What are the main discourses of conceptions of man that arise from the material?
3. What kind of power relations can one perceive inside discourses and between them?

Methods

Discourse analysis was developed by linguists and social scientists and it is strongly influenced by social constructionism.⁷ According to social constructionist theory, our understanding of the world is culturally and historically specific. It means that any categories we make and concepts we use depend on where and when we live. Knowledge is constructed between people in daily interactions. Social constructionism denies, however, that our knowledge is a direct perception of reality. Everybody looks at the world from some perspective and there is no objective truth. Language plays a major role in construction of reality. The language people use gives them a framework of meaning and affects the way they think.¹⁰

A model created by Ian Parker will be used in this study to find discourses. Parker's model consists of seven phases: (1) processing the data into text, (2) finding objects, (3) finding subjects, (4) finding discourses in the text, (5) recognizing interrelationships between the discourses, (6) process of reflection and (7) understanding the social and historical contexts. Parker also presents three auxiliary criteria in understanding discourse, which are aspects of institutions (i), power (ii) and ideology (iii).¹¹ The issue of ideology will not be covered further in this article.

Validity in qualitative research can be achieved through the concepts of credibility, dependability, confirmability and transferability.¹² Credibility and transferability will be demonstrated in this study by quotations from texts, which allow readers to make their own conclusions. Dependability in discourse analysis is harder to demonstrate because another reader might find different ideas from the texts. The authors of this study are also culturally connected to radiography due to their own background as radiographers. The authors attempted to reduce this effect by reading the texts with an open mind and finding the connections to a social and historical context only after reading all the texts and preliminary analysis. This aim to read the research material objectively refers to the confirmability of this study. The authors subject their research to criticism by writing this article to the radiography research community.

Material

The material consisted of scientific texts of diagnostic radiography from the journal *Radiography*. Research articles are a reliable choice because they are peer-reviewed and open to public

evaluation. The criteria for choosing articles for research were: recent (max 5 years), peer-reviewed original research article in radiography, diagnostic view. Articles about radiotherapy, education and research without any connection to patients (e.g. articles about phantom measurements or articles focusing only on radiographers) and studies with animals as subjects were excluded. The articles were from February 2009 to August 2013. In this period 200 original research articles were published. The material that met the criteria consisted of 45 articles.

Results

Objects

In discourse analysis objects are those that discourses refer to. What is talked about inside that discourse? The discourse itself can also be seen as an object.¹¹

In the research data objects were described as patients ($n = 36$ articles) (80%), clients ($n = 2$) (4%), service-users ($n = 1$) (2%), or people (women, men, adult or children and fetuses in $n = 13$ articles) (3%). When referring to objects being under research there was talk about participants ($n = 7$) (16%), study samples ($n = 1$) (2%), volunteers ($n = 2$) (4%) and subjects ($n = 2$) (4%). In 17 (38%) articles the objects were professionals: radiographers, practitioners, radiologists or students of radiography. Objects were sometimes dehumanized, and referred to as anatomical regions ($n = 3$ articles) (7%), radiographs ($n = 4$) (9%), diseases or symptoms ($n = 4$) (9%), doses ($n = 2$) (4%), image quality ($n = 2$) (4%), scans ($n = 1$) (2%), research papers ($n = 2$) (4%) and services ($n = 1$) (2%). In most of the articles there was more than one object.

Subjects

Subjects are those who have the right to speak inside the discourse.¹¹ Speakers have different roles, such as radiographers or patients. The journal *Radiography* is addressed to radiographers and researchers and their voice can be heard in all of the articles. Even though all articles had some focus on patient (which was the criterion), the patient/client experience was sought in only 15 out of 45 articles in the form of survey or interviewing patients. The rest of the articles viewed patient/client experience from radiographers'/researchers' eyes. The design of the study had influence on which perspective was chosen.

Discourses

Discourses were developed by first finding sentences and phrases talking about patients/clients. In some cases there was no actual talk about patients/clients, but one can perceive that there is a patient/client somewhere in the background. For example when there is talk about scan dose, it is understood that the scan was made on a patient, even though the patient was not mentioned. From the phrases and sentences different statements were formed, as a discourse can be seen as a regulated system of statements.¹¹ Similar statements were then grouped around the same topic, which constitutes a discourse. There were 30 different statements to be found and they were grouped into four discourses.

1) Technology-centred discourse

In technology-centred discourse there was talk about scans, radiographs, image quality or doses, and patients were usually seen as an anonymous group, e.g. cancer patients, obese patients etc.

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