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“It's what's behind the mask”: Psychological diversity in compassionate patient care

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ABSTRACT

Introduction: The Francis Report recommended an increased focus on compassion in healthcare, and recognition and non-judgmental acceptance of diversity is fundamental in compassionate patient care. The aim of this study was to achieve a wider understanding of diversity that includes individual patient needs, expectations, perceptions and feelings during diagnostic imaging.

Methods: Using thirty-four semi-structured interviews with individual patients, this qualitative study explored their experiences of undergoing diagnostic radiography examinations and asked what compassionate care meant to them and how it is perceived and manifested in the brief, task-focused and highly technical diagnostic projection imaging encounter. Data were analysed using Thematic Analysis.

Results: Four key themes were identified from the analysis; these were: feelings and vulnerability; hidden emotions; professionalism and valued qualities and communication.

Conclusion: Diversity is defined not only in terms of socio-cultural differences but also psychological ones, i.e. individual emotional and attitudinal characteristics, some of which may be consciously or unconsciously concealed. In order that patients are treated equitably and all of their care needs met, recommendations include a broader focus in education and training to include adapting communication skills and techniques in perception and expression of non-verbal cues. Further research into the pressures specific to the time-pressured, task-focussed, highly technical and rapid turnover environment of projection imaging radiography and how this impacts upon compassionate patient care would make a useful contribution to the field.

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Introduction

The Francis Report detailing failures of care at one NHS Trust in 2010 illustrated graphically the impact of suffering which goes unrecognised or unacknowledged.¹ The report contains many references to an increased focus on compassionate patient care and although radiography was amongst several health professions which escaped the attention of the report's authors, it is still the case that the profession takes seriously its responsibility to set and maintain high standards of professional practice in order to ensure a 'safe and fair environment' for both imaging professionals and their

patients.^{2–6} The UK SoR's Code of Professional Conduct contains the following statements with regard to diversity:

1.2. You must practise in an anti-discriminatory manner, giving compassionate care that takes account of socio-cultural differences and ensuring that children, the elderly and other vulnerable groups are protected.

1.3. You must listen to and respect the wishes of patients, seeking to empower them to make decisions about their care and treatment.⁴

The supplementary notes draw attention to the need for an awareness and understanding of some of the individual differences that may not be apparent when imaging a patient:

“You must be aware of the potential impact of different values and beliefs on the way that you practise ... Similarly, you need to be aware that vulnerable groups ... need additional consideration”

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The statements and guidance tend to focus on the more familiar socio-cultural differences highlighted previously and, in grouping patients along these lines, overlooks the possibility that patients differ in terms of individual psychological characteristics such as emotions, perceptions, attitudes and expectations regarding their care. The 'vulnerable groups' mentioned in the guidance notes are again defined in sociological terms such as age and disability, however it is argued that vulnerability is a state not necessarily confined to certain groups, but that individual patients are all to a greater or lesser extent in a state of vulnerability due for example to illness, injury, pain, fear or anxiety. The findings from this research suggest the creation of new lines along which diversity can be drawn in the effort to meet radiographers' ongoing responsibilities to understand, value and respect differences as part of caring compassionately for, and treating equitably, their patients.

Literature review

For the NHS, "advancing equality and diversity is central to how we conduct our business as an organisation" and diversity "is about recognising and valuing difference in its broadest sense".⁷ In the radiography literature, diversity has been discussed in terms of socio-cultural differences such as ethnicity, gender, disability and sexual orientation^{8–10} and has tended to focus on important issues around discrimination and inequalities. Whilst these are perhaps the more familiar and recognisable lines along which individuals differ, and acknowledging the value and significance of the work being conducted in these arenas, it is suggested that psychological differences are also worthy of consideration. A study exploring patients' experiences in diagnostic imaging revealed themes including communication, emotions, attitudes and relationships¹¹ with the analysis suggesting that the relationship between radiographer and patient is not the straightforward transaction that might first appear. The interviews revealed powerful feelings and emotions and variations in attitudes and expectations in patients, none of which are necessarily visible or perceptible, especially to a busy radiographer with a heavy caseload. Some patients were struggling with feelings of fear or anxiety, or suffering the psychological pain of grief and loss; not necessarily of another person, but of a lifestyle, dream, ambition or hope for the future. Some also believed that these feelings should not be displayed, sometimes substituting what they believed to be inappropriate feelings with what they considered more acceptable ones, thereby disguising or concealing their suffering from view. The study did not address the implications of this or how it might impact on compassionate patient care.

The radiography literature thus far suggests that diversity and equity are essential matters that deserve and are receiving attention. However in order to clarify the Society of Radiographers requirements regarding the professional conduct of its members in this domain, this study explored issues around diversity and difference in its broadest sense to include psychological differences such as values, attitudes, feelings and emotions in patients presenting for diagnostic imaging. Its aim was to explore the perceptions of patients regarding their feelings and what they valued as important in their interactions with radiographers during projection radiography examinations. The findings presented in this paper form part of a doctoral research project into compassionate patient care in medical imaging; here we report the methodology and some of the findings from the study which we suggest are of interest in deepening understanding of, and promoting diversity, and offer suggestions for education, practice and future research.

Methodology and methods

This qualitative research project was conducted from an interpretivist position which views compassionate care as idiosyncratic, contextual and dependent on social, physical, and psychological factors.¹² A constructivist research paradigm was chosen, in which researcher as well as participants interpret and construct meaning, and in which the data and their analysis are themselves social constructions. The analysis was informed theoretically by symbolic interactionism in which participants are individuals in a social world and active agents of their own interpretations.^{13–15} Fig. 1 summarises this.

Ethical approval from the university's ethics committee was granted with participants' confidentiality, psychological safety and wellbeing considered of paramount importance. Sampling for the interviews was purposive¹⁶ and adult participants ranging in age from their mid-twenties to mid-seventies from the south-west of England who had undergone diagnostic projection imaging ('plain film' radiography) from an in-or out-patient, GP or Emergency Department referral in the last two years were recruited via posters, email and social media. Whilst a lack of memory impairment was essential, detailed recollection of context-free facts lying in semantic or short-term memory was not necessary for this research; when conducted from within a constructivist paradigm, interest lies in the life events of personal significance to the participants, a function of autobiographical episodic memory in which top-down schemata interact with bottom up episodic memories.^{17,18} The research also utilised Brown and Kulik's notion of the 'flashbulb memory'; selective preservation of episodes and events, often with vivid and quite detailed recall due to affective or emotional processes in combination with cognitive ones.¹⁹ In qualitative research the necessary number of participants is determined by a judgement that adding more data is offering nothing new to the research question. Termed saturation, even this is an imprecise science; Hennink et al. suggest that merely deciding that a researcher has "heard it all" is inadequate when the aim is to develop a richer, more interpretive analysis, one in which the researcher has "understood it all."²⁰ Over a period of four months, thirty-four one hour-long semi-structured interviews were conducted on a one-to-one basis in person between researcher and participant with set questions accompanied by prompts to trigger further discussion when appropriate. Interviews were fully transcribed and are undergoing in-depth thematic analysis.²¹ This began with familiarisation with the transcripts, followed by systematic coding, supplemented with memos and notes. Participants were invited to review the transcripts and if desired, to meet and discuss the findings. Presented here are developing themes relevant to diversity supported by quotes from the participant data.

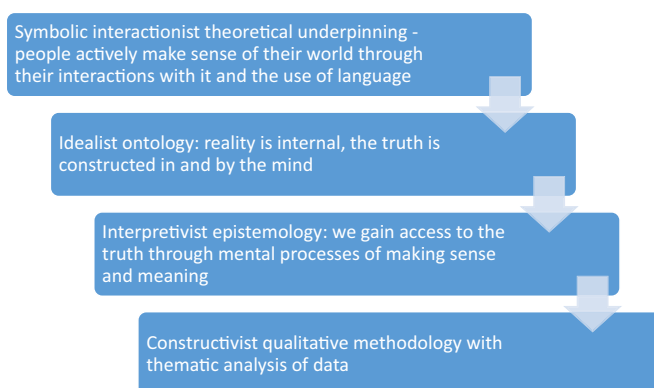


Figure 1. Graphic illustration of the constructivist research paradigm.

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