

15 On Being a Radiographer: Identity Construction and the Radiographer

SOLA DECKER

Radiography is a profession that is driven by sociological factors and a rapidly changing technological environment.

Using oral history methods, the career history of diagnostic radiographers who have experienced technological and sociological changes in the practice of radiography is explored.

The resulting narrative identifies radiographers, consciously or unconsciously engaging in the act of construction and deconstruction of their professional practice in an attempt to create professional identity.

Using findings from the ongoing research the paper will look at the struggle for professional identity in a constantly changing work environment. The potential role of narrative research in the development of the profession is highlighted.

Background

This paper focuses on some of the findings from an ongoing sociological study of the Radiography Profession.

Following the discovery of x-rays in 1895 by a physicist, Wilhelm Conrad Röntgen, the medical world was revolutionalised. Diagnosis of patients' conditions was enhanced with the invisible rays making it possible to penetrate the human tissue. The medical profession quickly identified this as an invaluable tool and gained absolute control of its use, with radiographers acting as assistants to the radiologists (Burrows, 1986; Kevles, 1998).

The granting of professional recognition to radiography in 1960, coupled with sociological and technological changes following World War II have resulted in rapid development of radiography. The move to higher education witnessed the establishment of graduate training in radiography in 1990. This has led to much research activity to establish a knowledge base for the profession which in the past had based its scientific knowledge on other disciplines (Larkin, 1978; Price, 2001). Radiographers have expanded their scope of practice into domains previously exclusive to radiologists. Advancement in technology has resulted in the introduction of highly technical

equipment and creation of sub specialities in radiography (Price, 2001). It is not unusual to witness radiographers who have experienced sociological and technological changes in the profession reminisce over past periods as well as lament the ‘loss of skills’. Changes in healthcare service have also noted radiographers questioning their identity (Deaville, 1995; Reeves, 2002). Ongoing changes in healthcare delivery, sociological and technological factors have been major influences driving the practice of radiography (Larkin, 1978; Reeves, 2002). Similar influences have been noted in other professions (Rankin-Box, 2002; Drife, 2002).

The study explores the lived experiences of diagnostic radiographers with 20 years experience and above. This group are perceived to have witnessed a lot of the technological and sociological changes the profession has been through and therefore constitute a reliable sample for studying the oral history of the profession (Perks and Thomson, 1998).

The paper is a report on some of the emerging findings from the study; the identity of the radiographer and the role of the researcher in narrative inquiry.

Methodology

The conceptual framework is located within the interpretive paradigm (Denzin and Lincoln, 2000) using oral history method as a tool in gathering data. The conduct of the study and interpretation of the findings are both influenced by the hermeneutics of Heidegger and interpretive phenomenology of Gadamer (Heidegger, 1962; Gadamer, 1960).

A narrative of radiographers’ lived experiences using oral history method was conducted in England and Wales over a three year period. Purposive sampling was employed to ensure inclusion of radiographers from the different sub specialities of diagnostic radiography. Thirty participants gave informed consent to having their career history in radiography used for the purpose of exploring changes that have occurred within the profession and how these have impacted on practice. Subjects included radiographers who have retired and radiographers still in practice. Narratives derived from the oral history interviews, which lasted an average of one and a half hours per participant were analysed thematically. Among the emerging themes was the professional identity of the radiographer. In discussing the identity of the radiographer, the role of the interviewer is examined from the perspective of an ‘insider’ and an ‘outsider’.

Notion of Identity and Professional Identity

In exploring the notion of identity, it was necessary that the interpretation go beyond the description given by the narrators to in-depth analysis of integral issues contributing to the experiences in order to gain an understanding of the issue (Johns, 2002). In interpreting the resulting text, it was important to look at the context in which the narrative occurred (Heidegger, 1962). It was also necessary to recognise the characteristics of the researcher, who is also a member of the profession under study (Gadamer, 1960). These are core issues in interpretive studies investigating lived experiences.

In constructing an identity of the radiographer, participants situated their professional identity within other dominant discourses, which were

- The health care system in which they operate.
- Society's perception of the health professionals.
- Their functional role within the healthcare system.
- The patriarchy that exists between the dominant medical profession and radiography.

The identities created were direct reflections on their experiences of working alongside other health professionals. The act of identity construction involved engaging in deconstruction of their role through reflections on reasons for becoming a radiographer, activities relating to their functions and the images radiographers have of other professions as depicted in the response given to the question, 'Why did you choose to become a radiographer?'; Who is a radiographer?; What impact has technology had on the practice of radiography? How do you see the future of the profession?

Why Radiography?

I was going to be a doctor but my deputy headmaster was quite honest. He said I would always struggle being a doctor. He didn't know what else I could do but he thought a doctor was beyond me and I sort of take this on board and he was probably right. So I decided I'll try and look for something else ... so I decided then I would do pharmacy instead of doing medicine. That was a disaster. I went to college I was dreadfully homesick and I suddenly realized I was going to struggle for the rest of my life doing a career where I couldn't meet people. I will be ... you know the chances are I wouldn't have any interaction with people I will just be doing drugs and things. So I was deciding I might do nursing but I wasn't really a bedpan sort of person (laugh). I was very lucky to see this advert in the local newspaper and I thought this is exactly what I want to do. I have been put off radiography as a child when we were doing careers advice saying it was highly technical, very specialised but when I went to look into radiography via the school

I was told how much practical work we did with patients and I thought this would suit me down to the ground.

Who is a Radiographer?

They are basically to take x-rays, process x-rays and get the best quality out of what you are doing. You are not just a button pusher anymore. I think you are more a reflective practitioner than a radiographer used to be.

The extract above describes the technical role of the radiographer. 'Button pusher', is a reflection of how other health professionals perceive the radiographers. In like manner, radiographers associate nursing with 'bedpan' and pharmacists with 'doing drugs'.

Impact of Technology on Practice

... I think it has made it less of a skill. I think it is much more technical than it used to ... In fact, I think we are working harder now. In a different way we are doing far more patients than we used to do. You really haven't got much time to be nice to people anymore. We used to be able ... you know, you can be nice but your eyes is on the next patient waiting to get in. Patients' through-put is so much quicker than it used to be and that is always to the benefit of the whole of the NHS as opposed to radiography really.

Changing Role of the Radiographer

I think we are more technical than we used to be. We are certainly more self reflective. We never used to reflect on anything, really, we just used to come and you do your job and go home but nowadays they want this competent reflective practitioner so you do have to reflect on your practice and that is not a bad thing but it takes time. At least they are aware of CPD needs now and you do need to do that otherwise you just stagnate and then you can't adapt to change then.

The identity of the radiographer is influenced by how the practitioners perceive themselves in relation to other health professionals. Their image is constructed around their functional role within a dynamic work environment. It is perceived as a profession, that is continually growing and whose role will continue to be influenced by changing social norms within society and the healthcare systems.

This was prevalent in the narratives of participants, who perceive the role of the radiographer as more technical than it used to be. This suggests an in-

balance in the previously accepted norm of providing both technical and humanistic care in the delivery of service to the patient.

The profession had in the past prided itself as providing both humanistic and technical care. The current climate in the healthcare system has created new tiers within the health professions whereby a cadre of workers are incorporated within the delivery of the service. It would appear this group of workers are gradually taking over the humanistic aspect of the care delivered by the radiographers, leaving the radiographers to concentrate on the technical aspect of their role.

By using oral history method to collect information about radiography as a profession, the study illustrates the unique role oral history plays in historical documentation of professions as well as a unique form of narrative.

Researcher as Insider and Outside

An issue that became very obvious during the course of conducting the interviews was the researcher as the research tool. The need for reflexivity in the conduct of narrative inquiry is a subject that has been identified elsewhere (Chaitin, 2004) and one that became very apparent early in the conduct of the interviews. As a radiographer, a radiography lecturer, black and non-British, interviewing British radiographers, with diverse experience, some of whom had retired, it was not envisaged that the researcher's identity might impact on the conduct of the interview as experienced during the interview stage. Each participant related to me differently, but in all the interviews it was observed that by engaging in some acts of self disclosure, I was able to gain the trust and confidence of participants. This highlights the effect the personality of the researcher may have on the research itself, irrespective of whatever expertise the researcher may have. It was also noted that as a radiographer myself, the radiographers freely related to me, using language and terminology which perhaps a non radiographer as interviewer would probably not comprehend. These are issues which according to Gadamer (1960), involve the hermeneutic cycle, a period whereby the researcher brings his/her personality and knowledge of the subject of inquiry to bear in the interpretation of the experiences being narrated. These were moments calling for reflexivity on my part. The use of field notes and a diary of events proved very valuable. The positive and or negative effects on narrative studies of the researcher as an insider and outsider requires further exploration.

Radiographers' perception of themselves emerged as a product of their professional role within the dominant discourse of the health professions and changing work environment. Oral history of their career experiences involved a unique form of narrative whereby reflections on past and current experiences were used in deconstructing the image of the radiographer from different

perspectives. This enabled the radiographers to form a reconstituted image, whereby an identity is created based on the dynamic work environment in which the radiographer functions.

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