

Abstract

Scholarly studies have resulted in literature that lists numerous different types, functions and motives for silence. The intention of this study was to produce an account of the silences that present in general and accident and emergency radiography (X-ray); collectively referred to as projection imaging. Because silence is multi-faceted and often ambiguous, requisite methods of collages and follow-up conversations were used in the study providing the flexibility to explore a fluid concept.

Projection imaging staff consisting of assistant practitioners, radiographers and student radiographers were invited to take part in collage workshops that were supplemented by observations in clinical practice. Sixteen participants agreed to observations of their clinical practice. An additional twelve participants volunteered to join in collage workshops. The workshop participants chose images that represented silence in clinical practice and each produced a collage. Each workshop participant then attended an individual follow-up conversation to discuss individual collage. The methods allow the production of a series of collage images conceived to be a metaphorical cultural quilt: representing an account of silence and silent practices.

Thematic analysis indicates that silence strategies are used to facilitate the smooth every day running of X-ray departments focused around five themes: 1) emotional labour and social defence; 2) workload; 3) conflict; 4) hierarchy and; 5) dilemma.

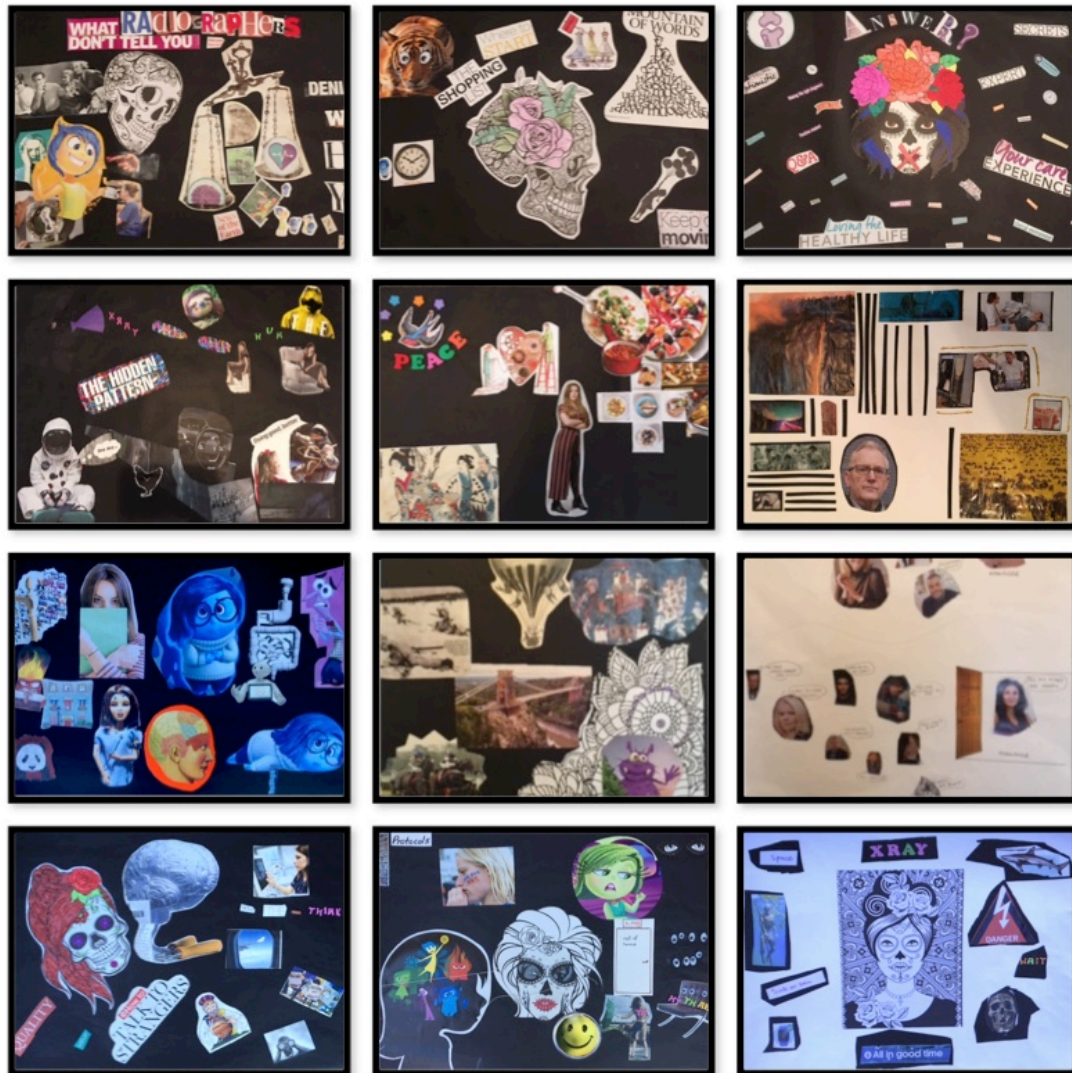
Silence is used to reflect and enact empathy for patients and colleagues; to facilitate staff and patient wellbeing; also to keep patient waiting times to a minimum. Additionally participants considered that silence reduces the threat of legal action, decreases emotional anxiety, lessens the demands of emotional labour and promote harmonious teamwork.

The study has resulted in an increase in knowledge of silence and silencing strategies in relation to a focused area of projection imaging radiography culture. Set against a background of contemporary health care strategy that encourage the voice of staff and patients, this knowledge will be used to inform future service development, possibilities for change and innovation in the culture of

practice. The study concludes that silence is both a help and hindrance to services in a clinical setting.

Keywords

Diagnostic Radiography, Clinical Imaging, X-ray, Culture, Silence, Silencing.



Recommendations

It is predicted that the substantive knowledge produced in this study will contribute to a (silent) gap in radiography literature. It is intended to offer recommendations that seek to influence practical outcomes through both policy and practice advice with key areas for service development. Recommendations from this study are:

1. Disseminate the findings of this thesis in partnership with practitioners using approaches wider than traditional methods of dissemination (see subsection 7.5 of study). The intention is to raise knowledge of the concepts of silence and silencing in relation to radiography practice and share with wider healthcare professions.
2. Explore and compare the themes and types of silence conceived in this study in relation to further areas of radiography, for example, in Radiotherapy, CT, MR, Ultrasound, Paediatrics and Forensics.
3. Champion and campaign for training, support and supervision to be in place that overtly acknowledges the taken-for-granted and often silent emotional labour that imaging staff carry out each day. Notably this recommendation is supported by the work of a range of radiography scholars (Makanjee et al., 2006; Yelder, 2006; Booth, 2008; Yelder & Davis, 2009; Reeves & Decker, 2012; Bleiker et al., 2016).
4. In opposition to traditional methods of emotional management, investigate the feasibility of alternative methods of emotional and mental health support for clinical imaging staff. For example, Biron & Veldhoven (2012) propose the development of psychological flexibility to improve mental health and reduce exhaustion of staff in clinical practice. Future research should explore evolving approaches to emotional and mental health support in respect to emotional labour in clinical imaging.
5. Observations from this study have resulted in a perceived need to balance patient needs with service needs. Future research must explore what patient needs are in clinical imaging – from the point of view of patients not practitioners. Radiography scholars have begun to successfully highlight patient experience and perspectives of healthcare, which is analogous to a reactive approach. Now is the time to build upon the foundations of this work, to be proactive and seek out what patient wants and needs are.

6. Work must commence to further empower patients and imaging practitioners to improve services. There is a perceived need to challenge the ethos of 'need for speed' in clinical practice; especially in cases where practitioners and patients perceive that silence and increased speed are to the detriment of the quality of service, safety or patient care.

