

### Theoretical Category 3: An Understanding of Research

Themes	Description	Interview Quotes
What is clinical research?		<p>“I think it needs to be there but it is definitely the hardest part to fulfil I think unless you’re...I mean it depends how you define research but you’ve got to be looking at the service development and literature searches, evidence-based practice that has to be the foundation for your role. So it’s got to be core whether you’re actually leading a project. It’s probably a different matter because I think that’s what difficult to find the time for. But if you call service development and going and looking at other centres and literature searches to develop your own practice, if you call that research then I think that’s very, very easy to.” (Interview 03)</p> <p>“There are those that look at you glazed when you talk about research.” (Interview 05)</p> <p>“I do think that there’s a strategic planning management side and there’s an academic side, and I think once that academic side comes in with research, the research overlaps into your clinical stuff as well. You know this...it all begins once you... You know, it’s definitely...I don’t think you can work well clinically unless you’re involved in some ways, or you know what’s current and you know what’s good practise ...a lot of my job is about reading up on what’s best practise and looking at guidelines and scoping about what’s out there and coming up with what to change and coming up with new and constantly changing our schemes of working.” (Interview 06)</p> <p>“So, I think one of the things is around promotion of research even at the undergrad level and then at postgrad level. ...The other thing is that it’s just really around promotion of it. I mean very few departments realise the potential income from it. So, I think there’s a big thing to be done with, certainly with managers about opportunities. (Interview 07)</p> <p>“Sometimes, I do think it’s really difficult to define the domain of research; because I’ve done lots of audit work which obviously is looking at evidence-based practice in your clinical day-to-day job. And with...I’ve worked with other radiographers on certain audits; so is that breaching into the research domain or is it purely just individuals undertaking research?” (Interview 08)</p> <p>“I think it’s probably something that a consultant radiographer does anyway; but actually calling it research does get the wrong impression. I think it gives the impression that you do have to...conform to pieces of...big pieces of research and that’s the...I think that’s the problem I’ve had. I’ve understood it more that way and I think I’m a bit hard on myself thinking, “Well, I haven’t really done anything big.” But I think it’s something that’s naturally part of the role, anyway. With the things that I’ve just said like reviewing policies, procedures, audits, teaching, training, evidence practices; it’s probably sort of encompassed within all that.” (Interview 08)</p> <p>“I think the first thing that helps you with research is an idea and I think within my role, the way that I get ideas is to work clinically.” (Interview 08)</p> <p>“It is seen as something to do... or a lot people are scared of it.” (Interview 08)</p>

### Theoretical Category 3: An Understanding of Research

---

	<p>“But sometimes, I just feel like they sort of have to prove their existence and they have to produce so much research each year and get funding to things. And it’s almost like they’re scraping the bottom of a barrel to find stuff to do.” (Interview 10 – anti research domain)</p> <p>“...obviously it varies because all the consultant roles are just so completely different. I mean we’re all under this one banner, but they’re completely different. And so maybe in some jobs it (research) is important but it isn’t particularly, I wouldn’t say, in mine.” (Interview 10 – anti research domain)</p> <p>“So, I think it should be and I think we have to face the fact that really, if you are going to a role like this, you have to have some interest in research. You should...you should be interested in what is out there at least and be able to look at things, you know, the papers coming out and evaluate them...and I would see it more to me rather than particularly doing research of our own although that would be very good. It would be more about taking what is out there and see...and making it happen. That would be my...that is my take on the consultant role. It’s looking...it’s the person that looks out all the research that is going on and takes from it what can.... There’s a big problem, I think, with the sort of interface between research being done and it actually coming into practice.” (Interview 11)</p> <p>“It is incredibly hard and I think people look at the word research and they like, “There’s no way I could do this.” But if it was more...if there were ways of doing proper tool clinically based type of, you know, I have to say, evidence-based, then yes. I think to be involved in research, it does not mean necessarily you have to do it.” (Interview 11)</p> <p>“I think changing it...changing the name from research to evidence-based practice or starting it off in that way because people have got, “We’re all so practical-clinical people,” that it all seems a bit airy. I mean, I read some of these research papers and I just think, “Oh, for God’s sake,” you know, it’s just...it is...there’s a lot of research out...so-called research out there that just does not translate into normal practice and that’s what we see, what we’re not very good at, different...we’re not very good at reading it enough to know that actually though this is actually really practical and would be useful.” (Interview 11)</p> <p>“It depends on what you define as research, and my answer is really no. I’ve done an awful lot of audits more than research. ...But the needs of the department insists that we audit an awful lot of what we do, and...really, it’s where you draw the line of what is the difference between the two, and then I’ll know they’re very distinct and I say I do more audits than anything else....for my dissertation, I made sure that what I did was researched, so I had to take the time to set the experiment up and ask my colleagues to do it with me and for me. Well, we haven’t got the time to do things like that. But we have got the time to do audits. We have got the time to look at our practice, and it makes it focused on what we do, and it’s very, very relevant.” (Interview 12 – anti research domain)</p>
--	--

### Theoretical Category 3: An Understanding of Research

	<p>“But we’re doing it as a team, and I don’t think I’m doing that on my own as a consultant radiographer. And I think part of that research role is other team with different specialties, really, rather than what you do on your own.” (Interview 12 – anti research domain)</p> <p>“Where do I put it in my job? And I think one of my problems is actually, I still don’t really know what research is in that way. Does it have to be around a clinical trial? Or can it be something that’s an audit or an evaluation? When people ask you, do you do research? It’s quite difficult what they want to know.” (Interview 13)</p> <p>“And for a lot of my kind of time that I spend in what I would call non clinical is still in a way clinical because my interest in that. So, I can’t imagine going off and doing some research that was totally different to being kind of related to my area that I kind of work in day in day out.” (Interview 13)</p> <p>“It’s made people aware of exactly why they’re doing things and makes them aware of...where the short...where it might be missed... It’s that sort of...it’s an awareness of...of what is actually happening with their patients. I think that’s what...it makes a big difference.” (Interview 15)</p> <p>“But it depends on the thirst for the radiography profession to do research. And I think a lot of the research I see done by radiographers is about radiographers and I think the emphasis has got to change. The research has got to be about clinical practice and patients.” (Interview 16 – anti research domain)</p> <p>“Yeah and I think that’s a real barrier, isn’t it? The doing research is just very, very unfamiliar to people.” (Interview 16 – anti research domain)</p> <p>“And just breaking down the...anything you could do to break down the myths around research and reduce the scare of it, and just to make it a bit more of a friendlier topic to discuss. ...Anyway, you can break down the...you know, the myths around the research, the better, isn’t it?” (Interview 21)</p> <p>“People are threatened by the word. Because this lass who’s coming up, you know, she got a look at research and it scares her. Well, I find it fascinating. I find the whole intricacy of it fascinating but it doesn’t fascinate everybody. I think they are frightened by the word.” (Interview 25)</p> <p>“And to demystify it, to have someone who does a bit. It doesn’t have to be big guns or anything.” (Interview 25)</p>
<p>What actually counts as research?</p>	<p>“So, people are good and they’ve got good ideas of... we just need to nurture them. It’s got to be translated into practice and even if it’s a small project, it doesn’t matter.” (Interview 02)</p> <p>“But it’s thinking I should be doing something a little bit more serious as well and doing, you know, and proper research.” (Interview 03)</p>

### Theoretical Category 3: An Understanding of Research

	<p>“I think that, I think we should aim high. I think it probably not just changes my practice. I think it changes my way of thinking and it changes my approach to practice. ...But, there’s a whole way of developing natural thinking. You know, mind broadening kind of approach.” (Interview 05)</p> <p>“That’s it. You don’t even realise it you’re doing it. Sometimes it’s under another name, isn’t it, you know.”(Interview 10 – anti research domain)</p> <p>“Exactly. I was just going to say to you, I think it’s much more tacit than people realise. ...Well I think it’s because people feel that and I think this is...I think it’s a cultural thing. I think you touched on it earlier. It’s about and I’m definitely sort of guilty of this. I think that research is about answering the, you know, having a question and finding out the answer and then publishing it or presenting it, but it’s not about that. And I think that’s...until people feel comfortable with the fact that actually this is what that element of their job is about and you are doing it, you need to feel comfortable with that. ...It’s about not necessarily...it’s about making a clinical and service driven and about improving clinical outcomes to patients and service delivery.” (Interview 16 – anti research as core domain)</p> <p>“You know, I mean if we talk about research in the broadest possible way, then yes, we are. But is that...it’s just in your mind that you’ve got the research that you have to...that has to be published. That’s the kind of research that we’re after rather than....I mean, even if, you know, going around to 10 different hospitals to find out a practice and bringing it back to your trust that’s all research as well, isn’t it?” (Interview 21)</p>
<p>How does research affect practice?</p>	<p>“What interests me is something that’s going to impact on my practice or quite close to my practice or something like that where you can see the whole thing through. You know, it’s like a story that keeps developing and unfolding. And it’s very, very relevant.” (Interview 05)</p> <p>“You know, we should be informing our practice. So, it’s that underlying, embedding. If we’re constantly progressive, moving. I think that’s probably not appreciated or understood, not well understood at all.” (Interview 05)</p> <p>“I think it’s about identifying the need for research because we’re at the forefront of clinical practice, particularly in terms of changes in practice. And I think, therefore, we can identify the need for research. And it should, they are not going to say how that research can be done and that might just be, you know, identifying it to someone who can do the research either with you or for you. And certainly it’s around taking research evidence and implementing into practice. But I think, I say we should be, have the chance to influence research directly by doing some....Both in terms of changing and particularly around service change. Around radiographer roles but also in terms of protocols and procedures. And obviously some of that’s been based on research that I’ve been involved in. Some has been built on research that colleagues have been involved in. Some have obviously we’ve just been using current evidence based to change practice.” (Interview 07)</p>

### Theoretical Category 3: An Understanding of Research

---

	<p>“Research is absolutely practice and it should be about, part of your job. But it comes with a stigma against it that’s it, to make it hard when actually there’s so much. And the other thing is a lot of people think, oh, there’s nothing to research. And it doesn’t have to be about the most complex things actually. It’s the little things that make the biggest difference....It’s not rocket science. It’s just being able to sell it in the right way. Research is as much around selling as it is about inquiring....It’s actually about persuading others of the idea and after, things will evolve.” (Interview 07)</p> <p>“That’s what I feel; it should be in the job as opposed to pure research-type thing. And it’s looking at the whole service where you work, isn’t it, and seeing how it can be improved and what the practice is. No. I mean, I suppose it just depends if you’re in sort of a particular...I mean, people have research jobs, don’t they, which are different. I don’t know...I mean, certainly that’s what, you know my department would value me for is the clinical skills and then identifying something, you know, that needs addressing that we can sort out and change our practice, you know, to improve things for patients, basically.” (Interview 10 – anti research domain)</p> <p>“Now, the whole point of being a consultant, really, was to look at new ways of making things better. That’s the way I saw it, certainly. And, you know, you should be a free thinking person...” (Interview 17)</p> <p>“And I think research may grow out of that (audit), really. You know, you get people to look at things and say what happened and then...if you’re going to do it, and that really has lead you into the research part.” (Interview 17)</p> <p>“...what I think we should be doing as consultants in terms of coming up with ideas and actually making changes for the future in terms of service development and deliveries.” (Interview 06)</p> <p>“Oh, yeah. We see the reason. We don’t always have the time to do what we would like to do.” (Interview 20 – sure if research should be a domain)</p> <p>“But we can’t change that at the minute. Oh, we can do it, keep hanging on the door and hoping that eventually they see research and audit are improving service and therefore be more productive.” (Interview 20 – sure if research should be a domain)</p> <p>“I think, yeah, it has changed practice and it is we confirm practice because I think that’s the other thing. It’s looking at outcomes ...And so I think, you know, one of the things that is at the back of mind also when you’re looking at service evaluation is, you know, how can I prove that we’re making a difference. And that actually the service delivery is what the patient wants and the outcomes. So I think, you know, it’s also about proving, if you like, what you’re doing is the right thing as well as looking at new ways of doing things which, I suppose, is the basis of research anyway, isn’t it?” (Interview 22)</p>
--	--

### Theoretical Category 3: An Understanding of Research

---

	<p>“Well, I thought as a consultant radiographer, one of the things that I bang on about it being is that you’re changing practice at a local, national, and regional and national level. And that’s the way to do it, isn’t it? ...That’s the sort of good thing about it isn’t it?” (Interview 23)</p> <p>“But it’s one of the things that comes back to sort of what people actually want from a consultant radiographer. Because the service, arguably, some services and you know, like, a supervision with respect to a good many think that they just want somebody that’s there to see that the patients get through, to make sure the targets are being met, to make sure the patients are having a good service. But the...they must reach a stage where the service is not moving forward, it’s not keeping up with the new incoming techniques. It’s not moving into the new roles, models of practice. It’s new technology that’s passing them by.” (Interview 23)</p>
--	---