

Theoretical Category 5: Lack of Time

Themes	Description	Interview Quotes
Real lack of time		<p>“I mean I don’t feel it should be 50% of time or anything like that but I do believe that there should be some protected time to do that. Because I do actually feel, that because if you have your finger on the pulse so to speak, of what’s happening, that you are able to push ahead the boundaries in your own department.” (Interview 04)</p> <p>“However, quite often that’s eaten into by other things. I mean, today, I’ve quite happily put you into it. That’s great, that’s fine. Not a problem. But I’m finding that quite often there’s an overflow of patients that people want me to do on a Friday afternoon because they see me as being free.But if you had me to write a job plan down, because I would feel obliged to put a research in on a Friday afternoon, does that make sense? Simply to cover my own back.... And I’m acutely aware that over the past few years, my job has sort of shall we say morphed a bit. And if anybody would look at it today and say, well, where’s the research component? I’m a little bit stuck, if I must be honest.” (Interview 04)</p> <p>“...a dedicated research session. That would help. That would be one thing that would help me.” (Interview 04)</p> <p>“You know, no two weeks are the same.” (Interview 06)</p> <p>“I mean I can be pushed, not pushed really but asked to do a lot of extra work and it’s quite hard to say no to that sometimes. ...There’s always a patient behind the story where they need doing and how do you say no.” (Interview 10 – anti research domain)</p> <p>“I mean...and I think if you just think all the different things you’ve got to do, if you think of that and the clinical things and the teaching side, I mean, how do you get anything else in, really? How can you fit anything else in? ...You know. So, I don’t know unless your job was really specified to research, I don’t know how ...and I’ll have to look at my job description again but it does say something like lead research and stuff but I think it’s just traditional, you know. There’s no way that’s going to happen, you know....And it was very difficult for that because all of these things are so time consuming....And most people haven’t got, I would say, that time in their job planner, really, unless they’re in a pure research job.” (Interview 10 – anti research domain)</p> <p>“...But I don’t have a great deal of time to do research because clinical work really takes over; covering staff....So it takes a big...that special time that you’ve dedicated for research gets taken up an awful lot with catching up with film-reading, doing the extra clinics, covering colleagues.” (Interview 12 – anti research domain)</p> <p>“It’s come as sort of admin time. So...and in...within that, I’m supposed to be able to do a research and audit. But as I say, it depends on covering for colleagues for holidays and sickness to make sure that film reading doesn’t fall behind, ...But sometimes some weeks you just don’t get that time because you’re just catching up with the backup for the clinical work as well.” (Interview 12 – anti research domain)</p>

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Perceived lack of time		<p>“Time. But that’s around planning and expectation. I’m not convinced there are real barriers. I think people make barriers themselves. And I think barriers are often very, an easy excuse. And I don’t mean that in a nasty way. ...I mean, actually, when you get down to it, it’s not as hard as it’s perceived. But it’s just made to sound difficult. And I think barriers are often put in the way as an excuse for not doing rather than a sort of real reason why engagement doesn’t really happen...I mean, everybody, no matter what their job is, time will always be the most challenging thing. But part of that is about managing time.” (Interview 07)</p> <p>“It just depends what the priorities are that week. Obviously, if there’s a clinical priority, then I have to say, it takes priority that week. But if I’m in a quite a good week and I’ve not got much on, then, yes, it does then...it’s easier to achieve research session.” (Interview 08)</p> <p>“It’s just its time thing as well, really because I suppose you don’t put enough...emphasis or priority to research so you do tend not to give it enough...you don’t put enough time aside to really concentrate on it...I’ve just said that a clinical element helps you to do research; but also, it can prevent you to do it because when I’ve got a list...for example, if I’ve got a list of reporting to do, that takes priority and if it’s a particularly busy period, then, I do find sometimes the clinical work can be a barrier...” (Interview 08)</p> <p>“I mean, as most people, I will do anything rather than do this (research). (Laughter). Because we’re clinical people. I do that, quite interested in it but, I mean, we are clinical people. And yes, time. That is the biggest thing.... I think the pool of clinical work, I suppose, because I’m running a service on my own. So, the control of clinical work is always...is what stops me from doing everything else because I will always do clinical work I will always do that first.” (Interview 11)</p>

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		<p>“If it’s on an individual point of view, it would be about this time element again which how to make people recognise that research is as important as you know as actually treating the patient. I think in terms of the people that you know I do find it frustrating the fact that if you go to something that’s kind of research based then you can’t take your time back. But if it’s clinical, you can. And I struggle with that concept. And I suppose the only thing that I could do is about a kind of protected time for that.” (Interview 13)</p> <p>“... As a department, we’ve been quite candid that we’ve set aside one hour a week...well, actually two hours a week where our lists are not booked. So, actually, you know, commitment-wise, it’s not much because, you know, that’s just set aside week and week and week. You don’t have to sort of go and find the time to do that.” (Interview14)</p> <p>“Yeah, we’re talking about two to three hours a week (research in own time). If we want to achieve anything at all....And the consequence is our home life.” (Interview 20 – unsure if research should be a core domain)</p> <p>“...we’re spending too much time at work as it is.” (Interview 20 – unsure if research should be a core domain)</p> <p>“It’s hard to know what the constraints would be elsewhere because I suppose my feeling is if someone comes out with a good idea that potentially can improve services, what can stop them? You know, I don’t have an issue with the time clearly. But I mean I think with an intelligent overview then you can get around that and somehow perhaps fit that into a role, I don’t know.” (Interview 22)</p> <p>“And I think that’s...it takes a back seat to all the other things that have got to be done. Because in your day, you’ve got 10 things to do. how do you prioritise them? You’ve got the patients to do in front of your face. You’ve got the surgeon jumping up and down, wanting these cases put on to be so you don’t miss the target. Various sort of things. These (audit and research) sort of things are the easiest things to push to the back of the pile. ...Having a deadline makes it much more difficult to put it to the back of the queue.” (Interview 23)</p> <p>“No (time is not a barrier), it can be but you have peaks and troughs of time. And if you manage a diary well in your work, I mean, I’ve got OCD, so, if it has to happen I’ll make it happen. ...But is that not part of it because you do have to be a wee bit flexible? ...I mean sometimes my clinical station there’s not many patients. So, you can use that time. Sometimes there’s a lot of patients and you, you know, you’ll lose a bit of time but it’s about balancing the books. Is that not what usually life’s all about?” (Interview 24)</p> <p>“Well, there’s time and there’s also enthusiasm.” (Interview 25)</p>
Job plan		<p>“I think that’s probably when it goes wrong with some consultant radiographer roles because they don’t have a job plan.” (Interview 01)</p>

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	<p>“And I think from what I understand from speaking to other consultants is that don’t have job plans, but vague job descriptions. I think that’s the big problem. ...Importantly with a job plan that’s agreed by your Department, you know you stick to that job plan. My job plan has changed twice since I came because of service needs, but I still keep my two research sessions.” (Interview 01)</p> <p>“So, nobody’s losing out, really. But because I know what I’m doing and what everybody else is doing, you know, we can all accommodate each other.” (Interview 01)</p> <p>“I did send somebody a job description recently and then I asked them if they wanted a job plan and they said what’s one of them (Laughter). Alright, it’s okay. But there’s no point. If you just have a job description, you’re landing yourself in for anything, you could be doing anything, all you’re doing is just covering for other people. We cannot end up in a mess. ...You can’t develop your service unless you’ve got a plan to know what you are doing. (Interview 01)</p> <p>“I mean my biggest frustration is I have a timetable but that’s not actually what I do which I am addressing because you know, I have a timetable on paper. My timetable looks like, “Oh yeah, that’s perfect!” So if I ever send my job description and my timetable, it would be, “Oh yeah, that’s really good! That’s got it all sorted....it’s very hard to say no when you know, the patient is involved. ...But I can’t be the answer to every problem which is it’s the kind of how I feel a little bit. And running around, you know, here and everywhere, filling in for people isn’t the kind of what I’d stand up for really. Although I see the need for it, but I think that in the planning, my name shouldn’t fill every hole.” (Interview 09)</p> <p>“And so, today would be my kind of in my job plan that’s where I allocate research. But unfortunately, that also turns into admin as well because it’s literally, it’s a day when I’m in the office and I kind of wear my own clothes and I’m supposedly not disturbed. But, clearly, clinical work always strays into it. ...But quite often you know...I can’t just say it isn’t, I’ve got the time. A lot of it is actually getting the inclination to do it as well. When I come in, if there’s something I can do that’s straight forward, I’ll probably do that rather than something that needs a bit of thought behind it.” (Interview 13)</p> <p>“So, I’m sort making sure that actually that is, you know, written in black and white and no sort of ambiguity that that’s part of my job. ...But, you know, it hasn’t been previously. It’s sort of being there but not really in black and white; to me it was more implied than...I get that certain sort of time allocation for some other non-clinical duties. But actually, it’s quite hard to describe even what a non-clinical duty is.” (Interview 14)</p> <p>“I’ve got complete autonomy on my time. So, obviously, if I’m a bit more clinical in one week, then, you take it back the next week. I just balance it myself and it works. ...I mean as long as all the work is being done and the results are seen, I’m...completely autonomous....I would probably more do it (research) in chunks, you know, a certain question or evaluation that comes up, I would sit and do it and then...so...I don’t consciously think of that 0.1 and then, “Oh, I’ve done that. I’ll leave next week now.” I just do what is needed...whichever part of the...job I’m doing.” (Interview 15)</p>
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		<p>“Well, my job is here to see patients and I work 8 sessions, seeing patients for 6, I don’t have much time left over to do extra things. And every week I work more hours than I should do. To try and fit in the extra because I’m still trying to learn a lot, basically, well, it’s not enough time in the week. ... There are always a lot of patients to get through and you know, we struggle to fit everything else into the week. ...That there’s just not extra time for that as well.” (Interview 19 – anti research domain)</p> <p>“No, I think it’s left for you to do it in your own time. I don’t think there’s any time laid down specifically for you to do it. ...It does (appear in job description), but it is more desirable rather than essential. And you are sort of encouraged to do it but it’s quite hard when you haven’t got the time within the workday to do it.... The nature of my role is quite different because we have to push sort of 50% clinical and 50% for everything else, but the clinical can sometimes would be more than that and you can’t always decide on what days is going to be because you have to sort of do them by...in patients as well, the demand for when that’s going to be. And then I also cover radiologists when they’re off as well. So we can’t change, though I do have specific sessions that are mine.” (Interview 21)</p> <p>“It’s Research) in my job description, but there’s no way to facilitate it. There’s nothing being put in to my job description to allow it to happen. It’s...okay, so it’s part of your job description, but you’ve got to go make it happen yourself. And it’s not knowing how to do that – that is the stumbling block, isn’t it? ...The clinical aspect is taken for granted, isn’t it? I’m sure you will have patients that would facilitate that, the clinical bit. And then you’ve got self-evaluation. That does get done because you...obviously you’re a part of service, but the research bit, because they’d not specify what you’d built; they only specify what you need to research, and you’re researching from a completely different out of your area. If you want to you it’s still classed as research isn’t it, and you’re still fulfilling your job... Your job description is just vague, very vague, what they wanted you to do.” (Interview 21)</p> <p>“It’s left up to me. I mean I’m very much have jurisdiction over my own job plan in a way. ...actually I have a certain proportion of my job plan is meant to be research and therefore, you know, if you like to utilise that time on this study because I feel it’s all benefits to me, my service and the service within the centre. And so the manager was very supportive of that. And so I think to a large degree, I do have a say on, you know, what we take on board and on what research I do.” (Interview 22)</p> <p>“I think we can get around the time. I think that’s, you know, there’s the flexibility, there’s, you know, lucky enough with the job plan and being flexible.” (Interview 22)</p> <p>“We have one audit session per week. We have one research and education; they’re linked into one per week. And we have one administration session. I would say that when clinical needs demand it, they have a bit of a tendency to be the first thing to go. But we do try and treat it as fairly protected time if we can.” (Interview 23)</p> <p>“Completely manage my own diary.” (Interview 24)</p>
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		<p>“So, it’s just called admin. It doesn’t actually say research. But it’s not always sacrosanct because if there’s other things that need doing, you get called in to do it. But I have admin time that I allocate to research when it’s appropriate, I mean, you know, when I can get that.” (Interview 25)</p> <p>“I can do my own thing basically. Well, within confines. Yes, I mean, I have clinics that I have to cover. But basically, nobody tells me what to do. As such, I know what I’ve got to do and I am very much autonomous really.” (Interview 25)</p>
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