

## Theoretical Category 7: Support

Themes	Description	Interview Quotes
Consultant Radiographer providing support to others		<p>“They’re very encouraged. They’re very eager to develop themselves and come to me all the time with new ideas.” (Interview 01 )</p> <p>“It’s just good to encourage people to do other things” (Interview 01)</p> <p>“... we would facilitate their research and just help them go about it.” (Interviews 02)</p> <p>“So, it’s all about encouraging and supporting people.”(Interview 02)</p> <p>“...I think we do have the responsibility to support people and even if it’s only just talking to somebody...that encourage people. “ (Interview 02)</p> <p>“So some of this is me now encouraging other people..” (Interview 03)</p> <p>“So, it’s about how we generate a team that can take forward from the research ideas...” (Interview 07)</p> <p>“I can see the arguments from both sides. I can see the argument that it needs to be service-led but equally, there is, if you are the Consultant Radiographer of the Department, I think that you have got a responsibility to the rest of the radiographers and the advanced practitioners to kind of support them and encourage them to expand their roles and everything as well because otherwise, what’s the difference of having a consultant radiographer and a radiologist, really?...If the consultant radiographer isn’t doing it, then you know, why should the radiographers or the advanced practitioners even do it and....” (Interview 09)</p> <p>“Because we’re actually full up at the moment of advanced practitioners; we don’t need anymore and so it’s a bit frustrating for people, so...I mean, they’re fine towards me but, you know, people would like to do more but it isn’t ever done because the radiographers want to do it, it’s because we have a need.” (Interview 10 anti research domain)</p> <p>“...very conscious that I need to do my bit really, to try and support the radiographers... And so, I try and encourage the others to do it as well and say, ‘Come on. If I can do it, you can do it.’” (Interview 18)</p>
Managerial support to consultant		<p>“They wanted both the clinical and academic component to the consultant radiographer post and they wanted somebody with the university link for teaching as well.” (Interview 01)</p>

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		<p>“And sometimes the management...line managers...are not the best support...they sort of...it’s just they don’t pay enough attention and they just think oh that’s the sideline and research because they’re not really...they are not interested all the time. And that’s why I just push it.” (Interview 02)</p> <p>“...I just think...it’s not given the priority and it can be tricky selling ideas and reasoning with people over issues.” (Interview 02)</p> <p>“And I realised that the sort of support that I had around me in my clinical post was not really very good. I’d be like, I have to be proactive myself or motivated or nothing would happen. ..And I didn’t think...well, I knew for a fact that as far as employers were concerned, they wouldn’t really be that bothered whether I did it or not.” (Interview 05)</p> <p>“But I still think a lot of managers don’t really understand the role either. They might choose not to understand it in terms you know, they want just probably clinical work....When I mentioned research and things, I could see that from the look on her face, she didn’t really fully understand what I was talking about....it’s not something that’s really hugely expected and I don’t think she would, I honestly do not think she would mind if I didn’t do any at all.” (Interview 05)</p> <p>“But I think if it’s something new, then I think the days of just sort of getting a couple of people that are interested in and taking on this little extra thing – management are very against that at the moment. And it’s almost something that you’re in a losing battle..” (Interview 06)</p> <p>“I think there are still some people who don’t actually know what I do outside of the department. Others are really keen because they can see it has income potential.” (Interview 07)</p> <p>“It’s an expectation there as well that because money comes with it that allows, raises expectation that you will be involved in research because that brings in income.” (Interview 07)</p> <p>“However, I think my view is very different to the management view of, you know, best value for money. But it’s difficult because they’re under pressure as well to make savings.” (Interview 09)</p> <p>“What I don’t and never ever had is managerial support. ...So, managerial support, I would say, very poor ... but also I just can’t get anything done because, you know...managerial. But clinical support, absolutely fantastic.” (Interview 11)</p>
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	<p>“I mean I think there’s lot of little pieces of work that I think would be very useful in terms of improving clinical outcomes for patients. And I think that’s perhaps one of the things that as a radiology department here we don’t necessarily get involved in too much, but having said that, it does take a lot of time and effort to do it. And certainly within my working week, I don’t have the time to dedicate to that and I don’t think that there’s a particular will from the departmental management to prioritise that.” (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. ...I think if I said to you, XXX, my boss, I’m going to do a little piece of research on Tuesday so I’m going to do this and this, she would not stop me....But she would expect me to organise my time at such that it’s, you know, it fits into my week and didn’t impact from my clinical work. And I think her concern would be about the impact on me. Not necessarily but the impact on the work because that will get on anyway.” (Interview 16 – anti research domain)</p> <p>“Because they’re not interested in the fluffy bits. They’re interested in getting value for money, aren’t they? Per hour.” (Interview 16 – anti research domain)</p> <p>“... but the fact is, all we’ve done, really is just find new ways to bend the rules for them. I feel a bit of a daft puppet, really now.” (Interview 17)</p> <p>“But also it’s (research)...the only aspect of your job that isn’t going to get challenged if you haven’t done it. Whereas, even doing the clinical seems to me that, in a way, you’re not fulfilling your...you know, you’re doing your clinical lists or anything like that. Nobody would be aware whether you’re doing the research bit or not, because you’re not answerable to...about research to anybody. Nobody is waiting for a piece of work from you. ...If no one’s ever going to ask you about it, then you’d never do it. No one’s’....I mean trust-wide, or even my sort of managers on where I’d been aren’t interested on what I am doing research-wise. But if I didn’t turn up for my list, they’d soon be on my back, wouldn’t they?” (Interview 21)</p> <p>“I think having and I don’t know whether that’s unique, towards having a manager who is able to be forward thinking and does allow a degree of autonomy.” (Interview 22)</p> <p>“I don’t know whether it’s a bigger issue of addressing managers...and looking at how the jobs are implemented.” (Interview 22)</p> <p>“And I think it’s just people being comfortable in what they’re doing.” (Interview 24)</p>
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		<p>“I think from management there’s a very poor attitude to the research. ...Because you know, to managers we get as many patients off the waiting list and extending working hours and doing all that.” (Interview 23)</p>
<p>Other radiographers support to consultant</p>		<p>“I think there’s always the professional jealousy...And we’ve got a lot of them, advance practitioners who specialise and are very protective of what they do and you always have to tread carefully... And so, you know, that...that can be tricky and people are very possessive about what they do.” (Interview 02)</p> <p>“I think probably...like most people, I think probably, one of the biggest things that I’m not sure the society can do anything about is the business of managerial support for this, ...in fact, I’m waiting for a call today from somebody, X, that you passed on..My opening line to her will be, “One thing, why do you want to be a consultant? What do you think a consultant is?” The other is, “Do you have managerial support? If you haven’t got managerial support, I would not advise that you should do it.” It is the most demoralizing...ongoing demoralizing problem. It really is, you know. If you haven’t got managerial support, you may as well not bother because you will not get anywhere and if you do get somewhere, it will not be pleasant and we will have, you know...any role has to have managerial support.” (Interview 11)</p> <p>“Even for the radiographers who don’t want to do this sort of thing, they are very much, you know, good for you. That’s great.” (Interview 17)</p> <p>“The radiographers I work with are absolutely brilliant at backing me up and getting involved.” (Interview 20 – sure if research should be a core domain)</p> <p>“I would say that on the whole that they’re reasonably supportive. But one of the problems that we do sort of get is the perception of when we’re not there, in front of them doing patients, what are we doing? And I don’t think they perceive a lot of the stuff that we are delivering because it’s, we’re not out there with them doing patients. ...I think they expected me to step in for all sickness and annual leave and to help out generally in the clinics. I had to stand my ground and say ‘no’ right from the outset. Management were very supportive but it caused a load of grumblings for quite awhile.” (Interview 23)</p> <p>“But it has been intimated that because I’m sitting at my desk, that...I don’t know what they think I’m doing. I’m usually working on presentations. But sometimes they say, well, you can’t do that all day. And I thought, well, yes I can because I’ve got loads of stuff to do. I don’t think people realise.” (Interview 25)</p>

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Clinicians support to consultant	<p>Or as I heard one of them say once, I wouldn't have the necessary brain power to understand." (Interview 04)</p> <p>"I mean I think, one of my frustrations is, I mean I'm thinking about this the other day. It's that you know, maybe not now because the radiologists are very experienced. But I have been doing, you know, working in breast screening for scary number of years, 15 years, and so I have got quite a lot of experience and it's kind of made myself...I'm not on their level so that you're equally respected and not just the dog's body and the person who runs around filling in for everybody." (Interview 09)</p> <p>"I think in some ways you've got to find sort of the right way yourself in that you're not a radiologist. So you always have to know your limitations and sort of how to behave with them really because you're doing the same but you're not actually a radiologist in the end; you haven't had a medical training, I think, so you've got limitations and just sort of...you have to build up a relationship really and they have to learn to trust you." (Interview 10 anti research domain)</p> <p>"I think the driver for me was the autonomous specs of work which is being able to make decisions on my own. And I think that's really unique for radiographers because a lot of the time, in terms of clinical decision making, we don't have enough opportunity to do that because we work directly on the radiologist and we are just about...we are the only AHPs who do that. All the other groups work in their own clinical practice and they make decisions about how they treat patients but we don't do that. And I think that, although they are still confined to that, I think that level of decision making that we, you know, we are empowered to do is very appealing, and it comes with a price tag of, you know, the professional responsibility and all of the anxieties that go around that. And it's just about being seen in a different way within a multidisciplinary team and I don't consider myself to be in conflict or in competition with radiologists. I have always viewed myself as working alongside radiologists doing a very similar but different job and making a different contribution to the MDT. I don't see myself as a radiologist. ...the reasons for the success I think of my role is that we all know where the boundaries and the limitations are and everybody is cool with that." (Interview 16 anti research domain)</p> <p>"...the younger ones are not totally keen on the idea because they just see us as a, you know, a threat." (Interview 17)</p> <p>"...and he looked to me and he said, "Why are you involved in research?" Exactly like that...so, he's lovely. He's really nice. And I said, "Because this is my role." And he said, "Gosh, you know, that's strange." It's like I was like an alien. ...I honestly don't think that they even think about involving us. So, unless we started on our own, they would not involve us because they don't think that we are capable, I think. I don't think that...I mean, in a nasty way, I don't think they think we are capable." (Interview 11)</p>
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		<p>“I mean, we’re only able to achieve with their (radiologists) help...I mean, the radiologists that we work with. If they want to be a barrier to anybody’s development, they can be. ..It is, and that has been our stumbling block. Yes, exactly. But the other profession is threatening for our role whereas those professions (other AHPs), because they’re not under anybody, nobody’s threatened by their role, are they?” (Interview 21)</p> <p>“...however they couch it, however nice they are about it, we’re the clinical stuff. We’re basically just the cheap labour. And if that’s how you treat it and you never try and make any improvement, and you never try and take anything forward and all you do is just drudge out the day to day doing the same old thing, day in, day out, then you are cheap labour.” (Interview 23)</p> <p>“We do have the sort of, we do have the odd arguments where we have to be clear about it. And we’ve had a few run-ins with you know, not because...it’s because of conflict of interest , of maintaining targets and things.” (Interview 23)</p> <p>“I think he (doctor) always feels threatened by me. You know, I’m not a doctor and I don’t want to be a doctor. And as soon as he realises that, things will be a lot better.” (Interview 24)</p> <p>“But then also you have to build bridges with people, people have to learn to trust you and you’ve got to work at relationships. ...But it can be challenging.” (Interview 24)</p>
Rivalry		<p>“It is really hard having people whose jobs overlap (research radiographers). Without defined boundaries. And they’re kind of knowledge is power ...It’s not just having jobs, you know, because I’m sure if you have the right people in the right jobs, and then it could work really well...So, it is really quite hard but I kind of think we tend to blame not doing the work on a lot of different factors. But I think probably a lot of it comes down to just the structure of research within the organisation rather than necessarily time and things like that.” (Interview13)</p> <p>“Oh, I think sometimes the real barriers are when people are a wee bit primadonaish and they don’t want to share. “ (Interview 24)</p>