Sonographers' management of work-related musculoskeletal disorders (WRMSD): An ideological dilemma?

Gareth C. Bolton*, Lisa A. Booth & Paul K. Miller

Contradictions within common sense and the governing ideologies of cultures and institutions are typically analysed as points of practical paralysis. Although rarely acknowledged in the imaging sciences, the work of Billig et al. (1988) highlights how dilemmas within ideology can also have enabling impacts on everyday thought; they can assist individuals in reasoning constructively about themselves and their social environments. The research reported explores the manners in which practicing sonographers with work-related musculoskeletal disorders manage their own professional lives. It draws particular attention to how the ideological dilemmas evident, while sometimes constrictive, can also reinforce the participants' positive self-identification.

Extended semi-structured interviews with N=9 experienced sonographers working in the UK were conducted and provisionally analysed using Interpretative Phenomenological Analysis (Miller, Booth and Spacey, 2017). Core thematic areas that emphasised ideological contradictions were then further examined to highlight how participants specifically made sense of them. The researcher aimed to recruit a reasonably diverse group of participants with a range of different or contradictory views, rather than a 'representative' sample of sonographers. The study aimed to gather sufficient information in order to make sense of WRMSD by 'synthesising, abstracting, contextualising, analogising or illuminating meaning' of the assertions taken from the participant interviews (Loaring et al., 2015).

The key ideological tensions evident in the findings pertained to those between individuality and collectivity, and freedom and necessity. Evidence indicated that the participants often freely chose to work while injured, despite being aware of the prospective personal costs. In doing so, they underscored their own agency as professionals, and also their own commitment to a broader altruistic model that reinforced their identities as good healthcare professionals.

IDEOLOGICAL DILEMMAS

Increasing Workload vs Meeting Targets

 "All I felt like I was doing for my last...couple of years in the NHS, was just going to work, scanning as many patients as we could fit in in a day and going home at the end of it and there was nothing in between to sort of help to build the team up or support the team, there's just nothing there any more really"

Personal Needs of Sonographers vs Perceived **Imposed Pressures**

 "because some of the other sonographers work longer hours than me sometimes the extra patients get booked on my list so, yeah, that can prove a bit of a problem ... I choose to maintain my hour's lunch sometimes they'll book me something in my lunch so it'll mean that unexpectedly I don't get that"

Professional vs Experiential Ethical Judgement

 "Well as a sonographer you have to produce best image at the diagnostic route and then you try and do your best but I think I feel recently that you have to look after yourself and you have to sort of say, "Well I've done my best and that's it", you know, and not carry on, and you have to have a limit on the time"

Requirement to Change vs Freedom/Choice

 "Well we have got an exercise sheet on the wall in each room. I don't think people use it, no, unless – personally myself unless I've got pain and then you think, "Oh I should really be doing those exercises", and then you give it a go, but if everything's OK you're so rushed you just carry on, you don't do it"

Increasing Workloads vs Decreasing Staffing Levels/Support

• "it is something that I'm actively trying to address and I think given the pressures that we've had just recently and the amount of locums that we've to have in, I think the management is just coming round now to looking at building up the sonography team...through training and putting more people on board to support the people that we've got in there"

Freedom to Manage Self vs Necessity to Complete Task

 "I didn't like management's attitude towards ultrasound and the waiting times. They were very waiting times driven so it didn't matter if we were going to breach [not meet expected waiting times] we would be told on Thursday, 'we've got 30 patients, who's working Saturday?', someone would have to come in and do them. It wasn't, 'ok let it breach', highlighting the problem that there's not enough staff, it would be, 'just work harder' ... which was just ridiculous"

Ideological dilemmas provide a useful analytic framework for understanding some of the everyday aspects of working with injury in ultrasound. Further exploration of the conceptual facility is recommended. The present situation in ultrasound mirrors a culture of potentially dangerous pain acceptance which has been noted in the psychology of sport for some time (Weinberg et al., 2013) albeit for altruistic, rather than egotistic, reasons. There is a clear body of evidence to suggest that sonographers are in crisis point both in terms of staffing levels and in terms of inter-related issues of WRMSD. The issue of WRMSD remains complex and underresearched and no studies are able to establish a definitive cause of the condition, because the causes are multifactorial. The majority of the extant literature discusses poor posture, repetitive movements and insufficient strength seem to be the main physical causes, but little has been explored in terms of the philosophical underpinning of sonographer behaviour and culture. It is acknowledged that extensive deeper levels of analysis and interpretation need to take place around the data collected for this study in order to draw more comprehensive conclusions.

Billig, M., Condor, S., Edwards, D., Gane, M., Middleton, D. and Radley, A. (1988) Ideological dilemmas: a social psychology of everyday thinking. London: Sage. Loaring, J.M., Larkin, M., Shaw, R. and Flowers, P. (2015) 'Renegotiating Sexual Intimacy in the Context of Altered Embodiment: The Experiences of Women With Breast Cancer and Their Male Partners Following Mastectomy and Reconstruction', Health Psychology, 34(4), pp. 436.

Miller, P.K., Woods, A.L., Sloane, C. & Booth, L. (2017) 'Obesity, heuristic reasoning and the organisation of communicative embarrassment in diagnostic radiography', Radiography, 23 (2), pp.130-134.

Weinberg, R., Vernau, D. & Horn, T. (2013) 'Playing Through Pain and Injury: Psychosocial Considerations', Journal of Clinical Sport Psychology, 7 (1), pp.41-59.

https://www.cumbria.ac.uk/research/networks/socialissues-in-medical-imaging/ *Corresponding author, email: Gareth.Bolton@cumbria.ac.uk

