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PATIENT CARE IN RADIOGRAPHY: AN AFFECTIVE PERSPECTIVE

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Abstract

Patient care in radiography involves the intersection of several factors including radiographic positioning skills, technology, compassion and quality care. Affective care incorporates radiographers' feelings and emotions throughout the imaging process. Patients enter radiology departments with emotional needs and radiographers should learn how to address patient care from an affective perspective. This article describes patient care and affective care in radiography, discusses learning in the affective domain and outlines strategies to enhance affective care in radiography. Patients enter radiology facilities with emotional needs and radiographers should learn how to be compassionate and caring. Radiographers may use different approaches to address patients' needs from an affective perspective. These approaches are interconnected and include self-awareness, emotional intelligence, empathy and communication. These qualities may help radiographers to recognise the patients' needs throughout the imaging process and enhance patient care.

Keywords: empathy, listening, duration

INTRODUCTION

Patient care in radiography involves professionalism, technology, compassion and providing quality care.^[1] Affective care is associated with the healthcare professionals' (HCPs) feelings, values and emotions and how they respond to situations concerning their patients.^[2] In a radiology department, focusing on the needs and priorities of patients may result in greater patient satisfaction, reduced costs and improved patient outcomes.^[3] To achieve these positive outcomes radiographers should place emphasis on the affective side of their work. In addition, patients enter radiology departments with emotional needs and interact with health professionals within these departments. Radiographers should therefore learn how to address patient care from an affective perspective. The objectives of this article are:

- 1. to define patient care and affective care in radiography,
- 2. to discuss learning in the affective domain,
- 3. to discuss barriers to affective care in radiography,
- 4. to discuss strategies to enhance affective care in radiography.

PATIENT CARE AND AFFECTIVE CARE IN RADIOGRAPHY

This discussion pertains to the first objective listed above. Patient care in radiography involves the intersections of compassion, technology and professionalism; and requires great emphasis on providing quality care, while ensuring patient comfort and safety, and delivering accurate results.^[1] Patient care is one of the main roles of radiographers. Radiographers must continuously seek new ways to meet and exceed the needs of patients and their loved ones.

Affective care is related to HCPs' feelings and emotions and how they respond emotionally to situations.^[2] Affective care involves patient-centredness, a caring disposition, emotional intelligence, and effective communication.^[2] Patient-centred care is organised around the needs of patients. HCPs partner with patients and their families to identify and satisfy the needs and preferences of patients.^[3] Patients' emotional and social needs are also identified and addressed.^[3]

Affective care is important in professional development in radiography and must involve current and future changes for the transformation to take place within the profession. In a radiology department, patients are valuable and patient care should be organised around patient-centredness, imaging processes and the interactions between each patient and a healthcare or healthcare professional (HCP).^[3] These interactions may help a radiographer to understand and respond positively to each patient's emotional needs as well as yield greater patient satisfaction and improved patient outcomes.

LEARNING IN THE AFFECTIVE DOMAIN

Learning is not just a cognitive or mental function because it occurs in three domains.^[4,5] The three domains of learning

Receiving	Learner's awareness of feelings and emotions
Responding	Learner actively participates in the learning process
Valuing	Learner recognises the worth and value of the issue
Organisation	Learner connects ideas and values to create internalised viewpoints
Characterisation	Values are internalised and guide a learner's actions

Table 1. The five categories of the affective domain

are categorised as cognitive, psychomotor, and affective. The cognitive domain involves knowledge and the development of intellectual skills.^[4] The psychomotor domain includes physical movement, coordination and use of motor skills. Development of these skills requires practice and is measured in terms of speed, precision, procedures, and techniques in execution.^[4] The affective domain refers to the manner in which we deal with things emotionally and includes values, feelings, appreciation, enthusiasm, attitudes and motivations.^[4] The affective domain was described in the 1960s; however, significant emphasis on knowledge and skills remains in healthcare.^[2] This causes concern globally as affective outcomes impact empathy and patient care.^[2] Attentiveness to the affective domain in health professions allows greater transparency in healthcare and helps to create empathetic and compassionate health professionals. The objectives of affective learning include attention, integrity, empathy, appreciation, and receiving.^[5,6]

In affective learning, attention refers to the ability of the learner to develop an interest for the subject matter, tolerate what is being taught and actively engage with the subject being taught. Integrity constitutes consistency of character and care in ethical issues relating to the matters being taught. Empathy refers to the ability of a learner to understand and appreciate the feelings of others. Appreciation denotes a learner's ability to understand and appreciate the feelings of others. Receiving relates to a learner's sensitivity and awareness to existing stimuli and the willingness to accept them and pay attention to them.^[5,6]

The affective domain is subdivided into five (5) hierarchical categories: receiving, responding, valuing, organisation, and characterisation.^[6] Table 1 shows the hierarchy of the five categories. Receiving is the lowest level of the affective domain. It is simply the awareness of feelings and emotions. This may result in passive attention and awareness of the existence of certain issues and phenomena. The information must be received and remembered in order for a learner to move to the responding phase of the hierarchy. The responding phase of the affective domain involves active participation in the learning process. A learner becomes aware of the stimulus or issue and responds in some way. Valuing describes the ability of a learner to recognise the worth of the phenomena and express it. Organisation involves putting together ideas, values and information and connecting them to existing beliefs to create an internally consistent philosophy. Eventually, values are prioritised and a unique value system is created. Characterisation is the highest stage of the affective domain. At this stage, values are internalised and these values guide the learner's actions.^[6]

Affect is 'internalised' by individuals and they begin to consistently act in accordance with values acquired.^[7] Internalisation takes place when a person's affect towards something moves from general awareness to the point where it is internalised and consistently guides and control their behavior. A person then becomes more involved, committed and motivated to work towards change based on the value system they have developed.^[7]

In healthcare, interprofessional learning can influence affective learning through activities that facilitate learning about and from other professions.^[6] Interprofessional activities impact professional knowledge and skills, change attitudes, improve communication as well as build confidence. In addition, interprofessional collaboration increases motivation, well-being, emotional intelligence and the ability to demonstrate empathy and compassion.^[6] Involvement in interprofessional collaboration activities should therefore help radiographers to develop positive attributes that will help them to provide affective care.

BARRIERS TO AFFECTIVE CARE IN RADIOGRAPHY

In a healthcare environment, staff shortage, heavy workload and time constraints present institutional barriers to quality care. There is also a tendency for HCPs to be more focused on completing procedures and tasks rather than attending to patients' needs and preferences.^[8] Tasks and rules are therefore emphasised and team building, compassion and care may be negatively impacted.^[8] In addition, attributes such as selfishness, rudeness, the desire for power and control, as well as feelings of superiority among HCPs inhibit expressions of empathy and compassion.^[8]

In radiography, time-bound examinations, tasks with a technical focus, physical barriers, and psychological barriers may impact radiographers' ability to provide compassionate care.^[9] Some X-ray examinations may need to be done speedily and efficiently thus radiographers may tend to focus on technically executing images rather than the affective side of their work. Additionally, due to radiation protection procedures, a radiographer must not be physically close to a patient while an X-ray exposure is being made. There may also be a physical lead barrier between a patient

and radiographer in terms of radiation protection measures when exposing a patient to X-rays. This may seem intimidating for some patients who are not familiar with X-ray rooms. Physical and emotional barriers may therefore influence patients' perceptions of radiographers and also the ability of radiographers to engage empathetically with patients.^[9] Despite their tasks and responsibilities, radiographers must intentionally learn and pay attention to the affective side of their work to enhance the provision of quality care.

Radiographers may also grapple with personal issues that impact their ability to empathise with patients and offer affective care. These may include burnout, deep emotional wounds, post-traumatic stress disorder, anxiety and depression. There should therefore be ongoing support for radiographers to deal with these issues as well as health, mental health interventions and ongoing training and education to help radiographers to cope while delivering quality care. Radiographers' training and experiences with personal challenges may help them to reflect on their own issues and values and help with empathy and understanding.

There has been marginalisation of emotion and affective care in health professions.^[2] In radiography, there are patients with special needs such as the visual impaired, hearing impaired, as well as paediatric and geriatric patients. To deliver quality care to these patients, radiographers must possess a patient-centred disposition, emotional intelligence and good interpersonal skills. Quality affective services require health professionals that have critically reflective relational skills and who value emotional nurturing.^[10,11]

STRATEGIES TO ENHANCE AFFECTIVE CARE IN RADIOGRAPHY

There are several strategies that may be used to enhance affective care in radiography. Some of these include attentiveness to each of the following, namely, learning in the affective domain (as discussed previously), self-awareness, emotional intelligence, empathy, and communication. Each of these four domains is discussed below.

• Self-awareness

Self-awareness is the ability of people to examine themselves and what is important for their overall wellbeing.^[10] Self-development is affected by several factors including psychological, social, biological and cultural issues. Self-awareness is the ability to recognise and evaluate internal and external factors such as attitudes, needs, values, thoughts, feelings and behaviours. Engagement in self-awareness allows a HCP to understand their own thoughts and feelings as well as those of others, thus guiding their behavior, while improving and protecting themselves.^[10]

Self-awareness should help HCPs to engage with patients effectively and modify their techniques based on the diverse needs of patients.^[11] A healthcare professional who

situations, develop resilience and communicate more effectively.^[11] Self-awareness helps the healthcare professionals to guide interconnections with others as well as establish boundaries, resulting in increased professional fulfilment and develop better perspectives on exercising empathy and compassion.^[11] Self-awareness is crucial for healthcare professionals as it helps to recognise emotional and physical needs, manage emotions, practice empathy and motivating and interacting with people.^[11]
As healthcare professionals, radiographers need to identify

As healthcare professionals, radiographers need to identify their biases through self-introspection over time. This type of introspection will help increase their awareness of patients' needs and recognise their emotions. Self-awareness may impact interactions with patients and their loved ones. Self-awareness may also impact their ability to exercise empathy. Self-awareness may be enhanced by continuing education, meditation, peer-support and reflective writing.^[11]

is self-aware may become more confident in challenging

• Emotional intelligence

Emotional intelligence is the ability to perceive emotions, access and generate emotions to assist thought and effectively regulate emotion to promote emotional and intellectual growth.^[12] Emotional intelligence encompasses four (4) abilities: to perceive feelings in ourselves and others; to use emotions consciously for problem-solving and creative thinking; to appreciate the causes and effects of specific emotions and appreciate their complexity; and to manage emotions effectively through self- reflection and other awareness of interconnecting factors. It is important to gain insight of our emotional state, which facilitates awareness of the emotional states of others, and generates appropriate empathetic responses.^[12]

Simply, emotional intelligence helps people to recognise, understand and manage their emotions as well as being sensitive to the emotions of the people around us. People with good emotional intelligence are emotionally present and have the ability to identify subtle emotional cues in others and respond in ways that are aligned to their feelings.^[13] Recognising and understanding emotions allow people to respond to others with empathy and support which are important attributes in providing quality patient care in radiography.^[14]

• Empathy

Empathy and emotional intelligence are extremely important in patient care, but do not get the attention that they deserve in the training of healthcare professionals. ^[13,14] Effectively applying empathetic responses requires well developed emotional intelligence. Teaching the value of demonstrating empathy should be incorporated early in the curriculum for healthcare professionals.^[14] Empathy is not an inherent trait; it is a skill that can be developed through training.^[14] This requires activities that allow

healthcare professionals to experience: beliefs, attitudes, perspectives, needs and problems of others. Self-awareness, emotional intelligence and reflective exercises also promote empathy.^[14,15]

Radiographers sometimes grapple with their own challenges such as burnout, stressful situations and periods of illness.^[9] These experiences may help radiographers to develop empathetic responses towards their patients. Behaviours to enhance empathy include recognising and acting in cases where compassion is required, recognising patients' non-verbal cues of emotions and communicating effectively with them while offering statements of validation and support.^[15] To ensure positive outcomes and enhance productivity imaging professionals must demonstrate empathy and apply social skills to recognise and understand the perspectives of patients and their loved ones, satisfying their needs in a radiology setting.^[3]

Communication

Communication is important in the healthcare delivery process. It should be therapeutic and regarded as crucial in caring for patients.^[8] Listening is an important component of communication. Even though executing tasks is important in the healthcare delivery process, it is crucial that healthcare professionals actively listen to their patients. Caring for patients requires active listening, demonstrating empathy, and treating patients with respect and dignity. Patient care needs, fears, concerns and frustrations may be addressed through listening.^[8] Communication allows trust and mutual understanding in the healthcare process, thus promoting care and addressing the needs of patients and caregivers.^[8]

Communication in radiography should be a two-way process between a patient and radiographer. Communication should be interactive between a patient and radiographer. ^[16] This type of interaction helps to create a positive experience for a patient. Patients feel as if they are treated with dignity and respect, making them more willing to comply with the imaging requirements and return for imaging studies in the future.^[16]

In radiography, using a tool such as the acronym AIDET may be helpful: AIDET aims to enhance communication with patients, thus decreasing anxiety.^[17] A means acknowledge (greet the patient by his/her name and acknowledge their concerns), Introduce (introduce yourself to the patient and tell them your name and your role in their care), Duration (indicate the expected waiting time for the procedure), Explanation (tell the patient what they can expect and describe the procedure to them), and Thank you (thank the patient for their communication and cooperation.^[17]

Communication between a patient and a radiographer during a radiographic examination should involve explanation of the procedure to get the patient to cooperate, allay their fears, and reduce their anxiety. This type of patient-centred communication creates a positive experience for patients and enhances their willingness to cooperate throughout the imaging procedure.

CONCLUSION

Patient care in radiography comprises professionalism, knowledge of radiographic positioning, use of technology, demonstrating compassion and providing quality care. Patients access radiology services with emotional needs and radiographers should learn how to be compassionate and caring. Radiographers may incorporate different strategies to address patients' needs from an affective perspective. These strategies are interconnected and include self-awareness, emotional intelligence, empathy and communication. These qualities may help radiographers to recognise their patients' needs throughout the imaging process and enhance patient care.

DISCLAIMER

The views and opinions expressed in the article are those of the author and do not necessarily reflect the views of the publisher and editorial board.

REFERENCES

- Jones L. Seven aspects of patient care in radiography: why is it crucial. 2023. [cited 2024 August 1]. Available from: https:// theradiologictechnologist.com/patient-care-inradiography.
- Donnelly F, McLiesh P, Bessell SA. Using 360° video to enable affective learning in nursing education. J Nurs Educ. 2020; 59(7): 409-412. doi:10.3928/01484834-20200617-11. PMID: 32598013.
- 3. Itri JN. Patient-centred radiology. RadioGraphics. 2015; 35(6): 1835-46. doi:10.1148/rg.2015150110.
- 4. Wilson LO. The three domains of learning. 2024. [cited 2024 August 1]. Available from https://thesecondprinciples.com.
- Donlan P. Developing affective domain learning in health professions education. J Allied Health. 2018; 47(4): 289-95. PMID: 30508841.
- Stephens M, Ormandy P. Extending conceptual understanding: how education influences affective domain development. J Interprof Care. 2018; 32(3): 348-57.
- Hanlon N. Professional caring in affective services: the ambivalence of emotional nurture in practice. Eur J Soc Work. 2021; 26(3): 441-53. doi:10.1080/13691457.2021.1997925.
- Kwane A, Petrucka PM. A literature-based study of patient-centred care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. BMC Nurs. 2021; 20: 158. doi:10.1186/s12912-021-00684-2.
- Bleiker J, Knapp KM, Hopkins S, Johnston G. Compassionate care in radiography recruitment, education and training: A post-Francis Report review of the current literature and patient perspectives. Radiography. 2016; 22(3): 257-62. doi:10.1016/j.radi.2015.12.008.
- American Association of Colleges of Nursing (AACN). Self-Awareness. [cited 2024 August 3]. Available from https:// www.aacnnursing.org/5b-tool-kit/themes/self-awareness.

- 11. Sobo BM, Vachon ML. Care of professional caregivers. Supportive Oncology. 2011: 575-89. doi:10.1016/B978-1-4377-1015-1.00056-4.
- Brown L. 14 behaviours that reveal someone's true level of emotional intelligence. The Expert Editor. [cited 2024 July 26]. Available from https://experteditor.com.au.
- Patel S, Pelletier-Bui A, Smith S, Roberts MB, Kilgamon H, Trzeciak S, Roberts BW. Curricula for empathy and compassion training in medical education: A systematic review. PLoS One. 2019; 14(8): e0221412. doi:10.1371/journal.pone.0221412.
- 14. Sharbatdaran A, Omer AA. Teaching empathy and emotional intelligence. Acad Radiol. 2023; 30(11): 2793-5.

- Billstein LE, Bobbins JB, Awan OA. Teaching emotional intelligence: how much do we care about it? RadioGraphics. 2021; 41(3): E68-E70. doi:10.1148/rg.2021200050.
- Munro L. Patient-centered communication. In: Bortz J., Ramlaul A., Munro L. (eds) CT colonography for radiographers. A guide to performance and image interpretation. Geneva: Springer, 2016; p. 9-16. doi:10.1007/978-3-319-29379-0_2.
- AIDET patient communication. StuderGroup. [cited 2024 August 10]. Available from https://www.studergroup.com/aidet.