Do sonographers have a professional identity?

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Published version

SEVENS, Trudy (2018). Do sonographers have a professional identity? Imaging and Therapy Practice.

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TIME FOR A CHANGE?

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rofessional identity can be defined as a person's perception of themselves as a professional and is based on values, beliefs, motives, experiences and attributes. It has been described as internal standards which regulate the professional's work[1]. The foundations for development of the professional identity are built early in life and are influenced by previous life experiences[2]. It is therefore, not surprising perhaps that authors claim that professional identity and personal identity (or self concept) are linked with the latter being a pre-requisite of the former[3,4,5].

Whilst there is much literature published on professional identity related to other health professions there has been very little published in relation to radiography and even less to sonography[6,7]. For

sonographers, this development of a professional 'self' through experiences and interactions with others, can therefore be explored by drawing on similarities from the literature in other health professions.

THE DEVELOPMENT OF PROFESSIONAL IDENTITY

It has been claimed that professional identity starts to develop prior to any formal training or education[2,4], and continues to further progress and advance through education. Several authors believed that the professional identity of individuals constantly changed throughout a professional's career as confidence and competence increased, and was often associated with further role extension[8-10]. It could be argued that sonographers from a radiographic background undergo this transition as

their professional identity shifts from seeing themselves as a radiographer to seeing themselves as a sonographer. A clear sense of their own professional identity has also been found to improve the cohesion of multidisciplinary team working, through increased awareness of the roles of different professional groups[9,11-13] which is essential for a quality patient experience.

The development of the identity of a professional is learnt from others in the same group or occupation[4,5,14] and was found to be more effective through observational learning[15]. This 'peripheral participation' in activities associated with the role during training and education, facilitated the progression from student to professional[16]. The development of professional identity is undoubtedly important for students progressing and feeling part of the professional team[17] in which each individual holds a different role identity. The level of importance, or salience of each role identity an individual holds, is validated by behaviours and interactions and can be aligned to identity and social identity theories[18,19].

SOCIAL IDENTITY AND IDENTITY THEORIES

Similarities can be drawn from both social identity and identity theories, in relation to the development of the 'self' despite them being separate entities[20]. The defining differences are in relation to the role of the individual within groups. In identity theories, the focus is on the role being unique, but integrated into group activity whilst seeing things from their own perspective; whereas in social identity theory there is more focus on the group with individuals identifying with each other and seeing themselves as similar with comparable views[20,21]. Depersonalisation of the individual is a fundamental transition as they become a group member.

SOCIAL IDENTITY THEORY

Group belongingness and intergroup behaviours have been described as key in social identity theory (SIT)[22]. The knowledge held that they belonged to the group with similar views and attributes, allowed group members to be labelled as 'in group' members[20]. In contrast, individuals who demonstrated differences were labelled as 'out group'.

A recent study highlighted how sonographers were perceived as holding similar attributes in relation to experience for example, or a certain skills set with positive biases towards group members[7]. One participant stated that they 'would employ a nurse…. or physio or a radiographer, or an OT or anybody with the right skills and experience……. but I wouldn't employ a new graduate.'

This self categorisation of holding the 'right skills', sharpens group boundaries[21] and facilitates the maintenance of established professional boundaries through gatekeeping[7]. Furthermore, this gatekeeping fostered an apparent lack of motivation for sonographers themselves to work as a group to achieve changes in sonography education and training, and instead individual gains (or group gains) were prioritised in an attempt to maintain control of the existing sonographer role[7]. Haslam[23] argued that motivation to work on behalf of the group, rather than for individual gains, is intertwined with identity[23], and the perceived lack of professional identity could therefore be a barrier to group working to explore new alternatives to those embedded in professional culture. This was evident in a recent study[7] where participants claimed sonographers were protecting their own roles and were resistant to change: 'I think certain people don't like change; they

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are trying to protect their own role' and 'I think, it's not going to happen unless attitudes change.'

IDENTITY THEORY

In identity theory (IT) the development of the self is a product of imposed labels or names from society, as a result of individuals' roles and expectations of each others' behaviours[24,25]. Individuals viewed themselves in terms of meanings attributed to them by a structured society[20,24-26] and there was increased effort to fulfil roles which held greater importance or salience[20]. For example, sonographers attributed the title of specialist sonographers were perceived to place greater emphasis on fulfilling these roles and expectations associated with them[7]. Identity salience (or importance) was also increased if occupying the role was important in a social relationship. In relation to sonography and the historical development of the profession, there has been a requirement for sonographers to prove their abilities to medical colleagues and therefore, greater emphasis and importance are placed on achieving the role in these social relationships.

PROFESSIONAL IDENTITY AND PERSONAL IDENTITY

Murphy[27] described the personal identity of radiographers as being their 'back stage' identity, which is evident when they are away from the public eye and reflects the inner personal self. In contrast, the professional identity, or 'front stage' identity, was described as the public facing self. These personal and public facing identities have also been described as micro and macro levels with the former (micro) being more individualised and incorporated qualifications and knowledge associated with the profession and the latter (macro), relating to the publics perception of the profession[28]. This therefore, has the potential for discourse in occupational groups where there is poor or confusing recognition of the role, as is the case in sonography[7]. Sevens[7] found that participants struggled with the concept of professional identity and a high proportion of them believed sonographers lacked it. There was a wide range of reasons for this, including the lack of recognition for sonographers from both the public and other healthcare professionals.

This is not unique to sonographers and comparisons can be made to health visitors and the associated difficulties when the role and boundaries are blurred[29]. Roles are further blurred when there is a wide range of professional groups performing ultrasound examinations for example, radiographers, nurses, midwives and physiotherapists. The situation is compounded for sonographers as the title 'sonographer' is not a protected title or a registrable profession. A high proportion of

the current sonography workforce are from a diagnostic radiography background[30,31] and there is heavy reliance on these sonographers to maintain registration in their first professional area as radiographers[32]. This ambiguity leads to confusion over professional identity and a lack of recognition for sonographers as a distinct occupational group[7]. This 'formal acknowledgment of an individual's professional status' is undoubtedly important and the lack of it, a disincentive[33] as the perceived value of the role is reduced with a weak professional identity[34].

THE MYTHOLOGY OF THE SONOGRAPHY PROFESSION

The apparent lack of recognition and subsequent lack of professional identity for sonographers are major concerns and could lead to allegations of sonography being a semi-profession, or even a myth. This occupational group has emerged through tradition and historical events[9,35]. A myth is also defined in these same terms as developing through tradition and historical events and is used to explain culture or a social phenomenon[36,37]. For sonography, it can be argued that there is a seeming reluctance to explore alternative options which are not embedded in sonography's professional culture or that have been developed through socialisation and participation in the role[7,14,38]. This can undoubtedly stifle professional growth[14] as sonographers strive to maintain existing professional boundaries and oppose proposed changes in their tradition, for example to new educational routes and the introduction of lower band sonographer roles[7,39].

Considering social identity and identity theories, sonography as a profession, can be perceived as a constructed reality from self categorisation and group membership. This creates an 'exaggerated or idealised conception'; the definition of a myth[36]. This exaggerated self concept aligns to the feeling of being special for sonographers and Sevens[7] found sonographers were perceived to relish this special status: 'it's quite nice to be special and needed, from a sort of psychological point of view. You could think well I'm going to be less special and needed if there are more people able to do what I do' and 'they've made us too special, all of us' and 'they always think they're something special.'

This compares to myths which are also typically associated with higher level beings that are considered 'special'. In mythology, the higher level being holding status is often not real and can be compared to the perceived and transient power sonographers currently hold[7] during this time of workforce deficits.

There is no published work, making this connection for sonography and only a very small number of publications relating to nursing which on the whole are dated. One article concluded that it was the responsibility of individual nurses to ask themselves whether they are a professional or a myth based on each person's own criteria[40]. This subjective assessment can therefore lead to a fluid professional identity, as individuals endeavour to secure their role within the wider occupational group[34]. Sonographers must also ask whether they are a professional or a myth and if the answer is they are professional, they must work collaboratively to dispel the myths and promote the specialist and advanced roles; something Meier[41] called for nurses to do. Sonography can no longer rely on achieving their advanced practice status through reporting alone, as evidenced in the disappointingly low numbers of sonographers achieving accreditation from The Society & College of Radiographers (SCoR). Sonographers must embrace the four pillars associated with advanced practice[42-44] to secure the future of this occupational group. Increased
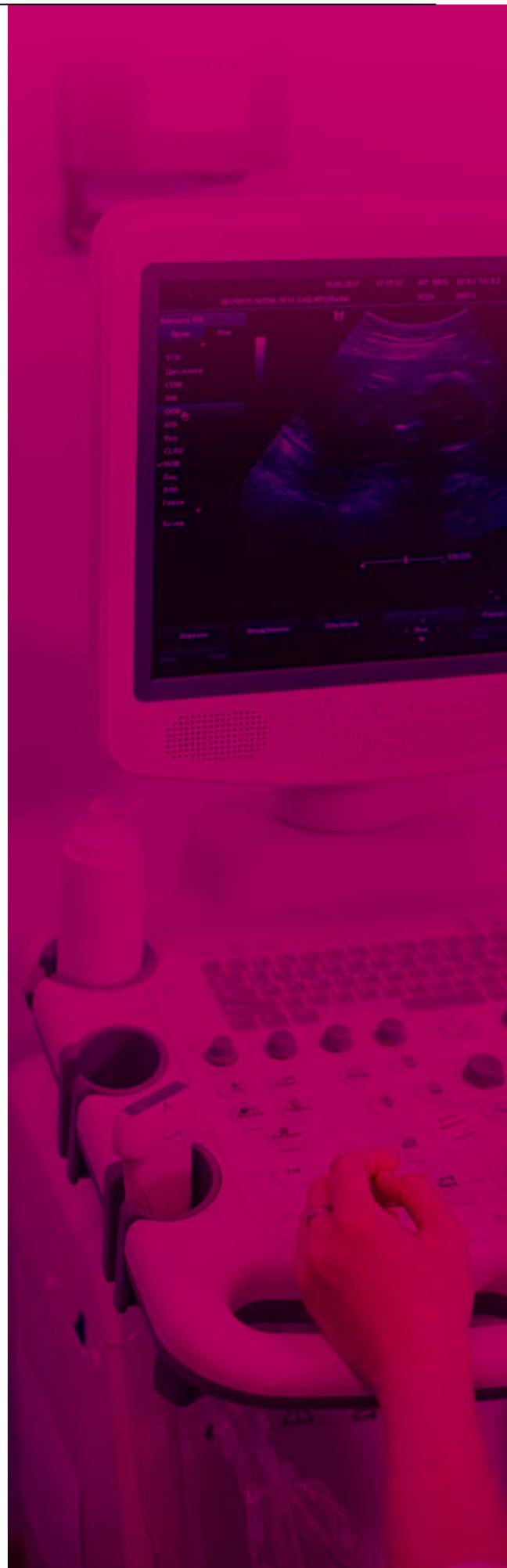
research and leadership activities would dispel myths around being a semi profession, and promote a clear professional identity for sonographers. To achieve this, it is suggested sonographers need to embrace the changes and be empowered to lead the way in achieving a reconfiguration of the workforce through new educational models and career pathways.

CONCLUSION

From reviewing the literature, it is suggested that sonographers have a weak professional identity, and there is a need to increase recognition for sonography from both the public and other health professionals. Sonography must be promoted as a distinct profession rather than a sub profession of radiography, and critical reflective practice must be embraced to establish a firm foundation for change. The complexities of the social world can no longer be used to avoid the exploration of new perspectives and challenges[45]. It is acknowledged there may be no straightforward 'right' answers and consideration must be given to the historical contexts, as established people in positional power posts have influence. Both of these may dominate over new alternatives[45]. Strong and clear leadership is essential to move sonography forward to facilitate a shift in culture and achieve professional identity for sonographers.

ABOUT THE AUTHOR

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http://www.sor.org//learning/library-publications/itp
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Endorsement by
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HOW TO USE THIS ARTICLE FOR CPD

- How would you define your own professional identity?
- Can you differentiate between your own personal and professional identities?
- How could sonographers strengthen their professional identity?
- Consider if there is a difference between professional identity and professionalism.
- What are the key aspects of a professional?
- What constitutes strong leadership?

QA Code: 26707E0F