

Health Promotion: guidance and advice for the radiography workforce

Purpose

Health promotion is a difficult service to deliver effectively and there are pitfalls and challenges for the radiography workforce. The boundary between “nudging and nagging” the public into making better health care decisions is sometimes not so clear and all too often the messages in promoting better health come across to the public as being patronising and/or irrelevant. However, members of the imaging and radiotherapy workforces are often well placed to influence the choices made by their patients and users with regard to health and well-being and the Society and College of Radiographers (SCoR) publishes this guidance and advice to support the radiography workforce in this important role. The guidance aims to support and encourage radiographers, assistant practitioners, students and trainees, managers and educators in undertaking health promotion activities for the benefit of patients and other user groups. In particular, radiation protection is a vital role for the radiography workforce and this is an area of health promotion and protection in which radiographers undoubtedly have acknowledged expertise.

1. Introduction

- 1.1 Health promotion is fundamental to public health policy in the United Kingdom and healthcare professionals not only make a positive contribution to public health through their work¹ (DH 2001) but are also expected to include health promotion opportunities in their professional practice² (DH 2000).
- 1.2 The recent Health and Social Care Bill⁷ (DH 2011) from the Coalition Government creates the legislative framework for the NHS as set out in the white paper Equity and excellence: liberating the NHS⁸ (DH 2010) and Healthy lives, healthy people White paper: Our strategy for public health in England⁹ (DH 2010). Public health is high on the political agenda and the Bill provides the legislative foundation for the new Public Health Service. The new role of Director of Public Health and the responsibilities of local authorities will lead to a different public health and health promotion services in England.
- 1.3 A study by Holt³ (2009) provides a number of recommendations including the SCoR undertaking research into their members’ public health practice and considering the production of national guidance to support members in developing appropriate public health roles while ensuring safe continuing practice.
- 1.4 The Department of Health has identified that every member of NHS staff has the potential to raise awareness of the benefits of healthy living as part of the wider NHS responsibility to patients to improve health, not just provide healthcare for the sick⁴ (DH 2004). However, it is important to remember that health promotion does not focus exclusively on the individual or on lifestyle factors. There are many ways in which the radiography workforce can contribute to public health, bearing in mind that all healthcare professionals ‘*need to adopt a public health “mind set”, with greater appreciation of how their work can make a difference to health and wellbeing and of where more specialist support can be obtained locally*’¹ (DH 2001).
- 1.5 The document “High Quality Care for All: NHS Next Stage Review final report”⁵ (DH2008), focused on an NHS that prevents, as well as treats, illness. In addition, “The NHS Next Stage Review: Our vision for primary and community care”⁶ (2008) emphasises quality services focused around local needs. Here, Lord Darzi re-stated the need for

innovation and laid special emphasis on creating an NHS that helps people stay healthy including the commissioning of comprehensive well-being and prevention services.

2. Health Professionals and Health Promotion

- 2.1 Internationally, health services see the value of health professionals as being well positioned to link health improvement advice to routine clinical practice⁴ (DH 2004). This is by virtue of the health professional's scientific knowledge and clinical experience in a wide variety of settings, and their perceived trustworthiness¹⁰ (ICN 2008). Furthermore, training for health professionals includes confidentiality and objectivity which are important values when promoting and discussing personal health improvement.
- 2.2 Health professionals have a major responsibility to act as advocates for health at all levels in society, Advocacy can be seen to be primarily concerned with both promoting and protecting the interests of patients and service users. SCoR expects radiographers to recognise their responsibilities with regard to patient advocacy and to equip themselves with the knowledge and skills to be able to perform this function as and when appropriate¹¹ (SCoR 2008).
- 2.3 All NHS staff are potentially able to give appropriate advice on basic health and lifestyle issues promoting physical and mental wellbeing⁴ (DH 2004). One of the ten key roles for allied health professions is for them to play a central role in the promotion of health and well being¹² (DH 2003).
- 2.4 Health professionals need to consider the long-term benefits of encouraging patients to adopt healthy lifestyles even when advice on giving up smoking, exercising or changing diet is unwelcome and may initially make relationships difficult⁴ (DH 2004). A sensitive approach is of paramount importance and the potential to jeopardise the relationship must be recognised and addressed.

3. The Radiography Workforce and Health Promotion

- 3.1 While time pressures frequently exist and create a barrier, the radiography workforce can make a contribution in the areas of both health promotion and health education. Radiographers, as health professionals, have a responsibility to recognise health promotion opportunities which may arise during their clinical practice, yet radiographers have often taken the view that "*their job is solely concerned with the diagnosis or treatment of illness and that health promotion is therefore someone else's domain*"¹³ (Castle and Reeves 1998).
- 3.2 Research by Holt³ (2009) comparing the self-reported public health competencies and training needs of dieticians and radiographers found that a few radiographers indicated "...a lack of interest in this area, its irrelevance to the individual, or the consideration that this is a specialist area of practice rather than part of everyone's role, or reflected the concern that the organisational climate and cultural changes in the NHS would limit professional development in this area rather than allow it to flourish". Several other radiographers confirmed that while public health is part of their practice they have undertaken little training and few activities in this area. Clearly, if the radiography workforce is to engage in health promotion there is a requirement for a structured approach to training and information.

- 3.3 Significantly, the Quality Assurance Agency (QAA) subject benchmark for the award of a radiography degree identifies the requirement to be able to demonstrate how diagnostic radiographers can influence and support health promotion and health education in their client populations. Particularly important in this context is educating the general public about the risks and benefits of diagnostic imaging examinations so that patients and clients can make informed judgments about, and give informed consent for, their examinations¹⁴ (QAA 2001).
- 3.4 Subject benchmark for therapeutic radiography identified that the role of the therapeutic radiographer is changing and expanding rapidly and will include key roles in influencing and implementing health improvement programmes and responding to government health policy. Furthermore, the therapeutic radiographer is required to be able to demonstrate an understanding of the historical roots of health care in the UK and of current developments in the health service; promote healthy living and cancer awareness; and understand their role in the promotion of health and health education in relation to cancer prevention and treatment.
- 3.5 For many radiographers, achieving life style related behavioural change outcomes in patients is difficult as the time they spend with patients is often very limited. It has been recognised by nurses, who generally have a longer period of interaction with patients than radiographers, that changing a patient/client's behaviour is not easy, requiring concerted and systematic activities to ensure any measure of success¹⁵ (Whitehead and Russell 2004).
- 3.6 Nevertheless, there are areas where the radiography profession plays key roles in implementing health improvement programmes, including in breast screening, stroke services, obstetric ultrasound and cancer care services.
- 3.7 In addition, Castle and Reeves¹³ (1998) identified nine key areas of health promotion opportunities for radiographers in clinical practice: Radiation Protection; Health and Safety, Infection Control, Health Screening; Information Giving; Healthy Living; Communication Skills, Informed Consent and Patient Empowerment and Community Presentations.
- 3.8 The ever increasing emphasis on public health and health promotion and the expectation that all healthcare professionals have parts to play in promoting health and well being¹² (DH 2003) impact directly on the radiography workforce. Radiographers are expected to provide advice and guidance on health in an increasing number and range of practice settings including in primary care and independent practice. In so doing, they need to be sensitive to and supportive of the patients' individual needs.
- 3.9 Members of the radiography workforce need to seek evidence to guide, support and inform practice in health promotion activities by becoming sensitive, proactive and demonstrating competence which requires that the individual takes the lead rather than responding to pressures from within the organisation.
- 3.10 Health promotion activities carried out in their workplace need to be publicised, to ensure that good practice is shared and members of the radiography workforce should inspire others through acting as role models.
- 3.11 There is clearly a need for more research around health promotion. Radiography and radiographers should be encouraged to carry out and publish research in the field of health promotion.

3.12 A low level of health literacy and numeracy will impact on the ability of people to understand information and thus to make informed choices. It will also impact on the discussion of issues with radiographers and others and ultimately affect the ability to access healthcare services. Members of the radiography workforce should be aware of such potential problems and seek to understand ways in which their communication strategies, both verbal and written, are appropriately developed to address such issues. The health literacy group provides information on their website, see <http://www.healthliteracy.org.uk/>

4. The Radiography Workforce and Health Promotion: Examples of Practice

4.1 The waiting areas in both imaging and radiotherapy departments are ideal places for contact details for different services, and for posters and leaflets promoting healthy lifestyles. Carefully selected and displayed in an attractive way this simple idea may be the impetus the member of the public needs to engage in activities which would lead to better health and well being.

4.2 A major area for the radiography workforce in health promotion is educating the public on the risks and benefits of an examination or treatment involving ionising radiation so that patients and clients can make informed judgements about, and give consent for, their examinations.

4.3 Justification of the use of ionising radiation, optimisation of the procedure and minimisation of the radiation dose received by the patient are all part of health promotion and maintaining well being.

4.4 Children are particularly vulnerable and when imaging children, care must be taken to ensure that the examination protocols are appropriate for paediatric patients and that parents and carers are educated about the use of ionising radiation¹⁶ (SCoR 2009).

4.5 The USA has recently launched several campaigns to reduce radiation doses. The Image Gently <http://www.pedrad.org/associations/5364/ig/> campaign provides imaging staff working predominantly in non specialist childrens' hospitals with information and suggestions to decrease radiation to children. It provides, via its website, a library of helpful protocols that can be used to lower the dose. Recent additional developments are the Image Gently: *Step Lightly* campaign, related to paediatric interventional radiology, and Image Wisely which is concerned with radiation doses in the imaging of adults.

4.6 Health promotion opportunities for therapeutic radiographers are related to cancer, including prevention, treatment regimes and effects on lifestyle and well-being, and risk factors for cancer. As part of their established roles providing information, liaison and support, therapeutic radiographers provide sensitive health promotion advice to their patients in many differing roles. These include; consultant and advanced practitioners working in tumour site specific multidisciplinary teams, information specialist radiographers providing information services which may be based in acute service settings or in the community, and the Community Liaison Expert practitioner working across the boundaries between primary, secondary and tertiary care settings. Radiographer led clinics also provide opportunities for discussions to support patients through their treatment, the side effects they experience, and to offer advice about adopting healthy life styles and self management techniques once the treatment phase of their cancer pathway is completed, as part of the care required to assist cancer patients with returning to a 'normal' life after their cancer diagnosis. Information specialist radiographers may also take on expanded roles by providing information services in

non-health care settings through initiatives organised by organisations such as Macmillan Cancer Support. These services are aimed at encouraging the general public to seek advice on issues such as adopting healthy life styles, understanding the signs and symptoms of cancer, when to go to their GP and what questions to ask.

- 4.7 Answering cancer patients' questions on genetics can be a complex area which might be beyond the knowledge of the radiographer or may involve more time than is available. It may be necessary to encourage the patient to discuss the topic with their oncologist. Therapeutic radiographers responding to cancer patients' questions on genetics will find the learning module *Cancer and genetics: an up-to-date guide* useful. It is available from the British Medical Journal (BMJ) as an online learning course designed to give GPs, practice and community nurses, secondary care doctors and doctors in training, and other health professionals a basic understanding of cancer and genetics emphasising the importance of family history as a risk factor for cancer.

The module is useful for radiographers dealing with questions about genetics from patients with cancer. There is no charge for access to the course although a short registration form will need to be completed to enable access to the material. See:

<http://learning.bmj.com/learning/search-result.html?moduleId=10010136>

- 4.8 Many cancer advocacy network groups exist in the UK including groups for breast, pancreatic, bladder and bowel cancers. Members of the radiography workforce are encouraged to get involved in local and national networks where their expertise and skills will be valued. This would involve careful scheduling if the radiographer is to attend on a regular basis as the time commitment may be significant. See:

http://breakthrough.org.uk/get_involved/get_campaigning/

- 4.9 An example of the radiography workforce being opportunistic in promoting good health would be their response to a patient who, while attending for a chest x-ray, expresses the wish to stop smoking. For the patient, this might be the trigger they need to take action to stop smoking. The radiography workforce should have the skills and knowledge to recognise the opportunity they have to help the patient and to respond positively with good advice. There is plenty of support for those wishing to give up smoking and a good starting point is the NHS website: <http://smokefree.nhs.uk/>

- 4.10 Sonographers have a close interaction with the patient during an ultrasound examination and will recognise that they often have the opportunity to promote good health and well being. This may be particularly relevant during obstetric ultrasound examinations where the patient may, for example, ask about drinking alcohol during pregnancy. The sonographer has the opportunity here to provide information and support. The NHS Choices website provides accurate and accessible information:

<http://www.nhs.uk/Planners/pregnancyplanner/Pages/Healthinpregnancyhome.aspx>

- 4.11 Sonographers can link with physiotherapists in giving good advice to pregnant women as to how best to move from sitting or lying down without putting a strain on their backs. This can be very practical advice given at the time the woman lies down on, or gets up from, the ultrasound couch.

- 4.12 Sonographers may have the opportunity to draw the attention of male patients and their relatives to the availability of local screening services for Abdominal Aortic Aneurysm (AAA).

- 4.13 Other examples of possible health promotion opportunities for the sonographer may be healthy eating, weight loss and smoking. The sonographer should equip themselves with the knowledge to be able to direct the patient towards good and accurate sources of information and support.
- 4.14 The radiography workforce within the breast screening programme are well aware of the time constraints placed upon them and often work under pressure to deliver the screening service quickly. However, research involving those attending at breast screening clinics suggests that providing diet and exercise advice would be well received, not affect screening appointments and provide a pre-existing channel for the NHS to promote better health behaviours among almost one-third of the female population¹⁷ (Fisher B et al (2007)).

In addition, it was surmised that attendees may perceive such clinics as having credibility and relevance as a provider of wider health-promoting advice. This gives the screening workforce a considerable challenge. However, if they have the knowledge and skills it is possible to answer questions and give information in a timely fashion which would not compromise the service itself.

The waiting areas within breast screening clinics present an ideal and unique opportunity to provide extensive information about health related issues including written material, posters and information about local resources. An improvement in this area could make a significant contribution to health promotion without impacting on the primary role of the radiographer.

- 4.15 The use of mass communication and media technology in health promotion is growing. Opportunities exist for members of the radiography workforce to engage with others and to use their expert knowledge and clinical skills to provide relevant information.
- 4.16 Using local newspapers to promote local screening services has been shown to be effective and again members of the screening workforce could get involved to promote screening services and increase information about breast cancer and screening¹⁸ (Martinson and Hindman 2005). Other imaging screening services such as AAA and DEXA bone density scanning may derive some public health benefit from such usage.
- 4.17 In giving advice on promoting good health and well being, as with every other aspect of their work, members of the imaging and radiotherapy workforces must be trained and competent. They must know the limit of their competence and be prepared to refer the patient on to another health care professional or medical practitioner as appropriate.

5. Guidance for Service Managers

- 5.1 Health promotion is part of the role of the imaging and radiotherapy workforces and managers are in a position to raise awareness of their staff to public health priorities during new staff induction and continuing programmes.
- 5.2 Managers should encourage those members of staff who are particularly interested in public health to take a lead. Possible tasks would include developing links with the local public health department and the employing authority's health promotion team, promoting practice and keeping colleagues updated.

- 5.3 Service Managers may wish to oversee the development of a health promotion or health education strategy for the department which aligns with the employers' and the local public health priorities. Part of the process might be the identification of a role or roles which can be pursued by interested members of the radiography workforce. The development of specialists in health promotion within the department would create mentoring and CPD opportunities.
- 5.4 In roles where public health practice might be formally expected, service managers should ensure this is defined in job descriptions, included in performance review, and embedded within CPD programmes.

6. Guidance for Higher Education Institutions (HEI)

- 6.1 As radiography QAA benchmarks include the requirement for diagnostic radiographers to demonstrate how to influence and support health promotion and therapeutic radiographers to be involved in health promotion and palliative care, curricula need to be reviewed to establish the aims and the intended learning outcomes and competencies attached to this requirement.
- 6.2 It is apparent from BSc (Hons) Radiography programme specifications that there is a health promotion component in undergraduate curricula, however, this material needs to be integrated into practice in order to achieve the appropriate level of professional competence^{19,20,21} (Deakes and Hurst 2002; Miller et al 2001a, Miller et al 2001b).
- 6.3 HEIs encourage the development of specific undergraduate health promoting projects and, or assessments and ensure they are ethical, effective and efficiently delivered.
- 6.4 A curriculum for teaching health promotion may include the following broad topics:
- Models of health promotion
 - Ottawa Charter for Health Promotion 1986 and other key texts
 - Screening services
 - Methods, systems and target setting
 - UK health promotion bodies
- 6.5 It is incumbent on HEIs to equip practitioners with the necessary resources and skills to engage with other health promotion agencies in order to be in a position to provide advice and to engage in advocacy^{22,3} (Whitehead 2006; Holt 2009).
- 6.6 HEIs need to develop close working relationships with specialist health promotion staff and public health departments in order to match training and development provision to needs³ (Holt 2009).
- 6.7 HEIs need to help organisations with whom they are in partnership to be more health promotion aware e.g. in schools, university settings and hospitals.
- 6.8 HEIs should consider developing, or making available existing, post graduate modules on health promotion so that individual modules may be taken as CPD activities or as part of a relevant post graduate course.

- 6.9 HEIs should ensure that students on practice placements are able to see, and learn from, the existing workforce incorporating health-promoting activities into their practice.

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