

SHORT PAPER SESSION H2

H2.1 Why Do Some Newly Qualified Radiographers Thrive While Others Struggle? A Local Study of Early Career Transition into Plain Film Practice

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Background

The transition from student to independent practitioner represents a critical phase for radiographers. Whilst some integrate successfully, others struggle with clinical demands and workplace expectations. Understanding the factors differentiating these experiences is essential for developing effective workforce support plans and improving retention (HCPC, 2023). This study considers the factors that play a role in a successful early-career transition.

Method

A Training Needs Assessment questionnaire was distributed to newly qualified general radiographers to identify learning and support needs (Chan, 2010). The study cohort consisted of 10 early-career radiographers. Data were analysed using descriptive and thematic approaches to identify factors influencing transition, with a focus on clinical confidence, supervision, and workplace integration (Braun and Clarke, 2006).

Results

Most respondents reported a positive transition, attributing success to strong mentorship, approachable senior colleagues, and broad clinical exposure. Thriving radiographers described rapid team integration and growing confidence. Key challenges included workload intensity, complex clinical decision-making, and pathology recognition. Notably, a successful transition was hardly correlated with time in post. Radiographers who thrived, even with only 3-6 months of experience, consistently cited the quality of structured mentoring, a helpful and supportive departmental culture, and inclusive leadership as essential elements.

Conclusion

Early career success among newly qualified radiographers is more closely linked to the quality of the support environment than to the duration of employment. Departmental culture, systematically structured mentorship, and meaningful clinical exposure are essential. Employing evidence-based support frameworks targeting these areas may reduce transition disparities, improve performance, and workforce retention in plain film practice.

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp. 77–101.

<https://doi.org/10.1191/1478088706qp063oa>.

Chan, J.F. (2010) *Designing and developing training programs*. New York: Oxford University Press.

HCPC (2023). Principles for preceptorship. Available at: <https://www.hcpcuk.org/resources/information/principles-for-preceptorship/>.

[Accessed on 02 February 2026].

H2.2 From procedure to personal impact; are we really ready for when things go wrong? A personal reflective case study navigating iatrogenic complications

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Background

Adverse events during procedures are an inevitable reality with many papers detailing the frequency and outcomes for surgeons, yet impact on radiographers proceduralists is under-explored. This case study reflects on the experience of a radiographer involved in a diagnostic biopsy that resulted in a significant and unexpected adverse outcome for the patient.

Purpose

The study will describe how the clinical procedure was technically appropriate, but the aftermath challenged both professional confidence and emotional resilience. It will touch on the event but more crucially, it reflects on the personal aftermath experienced known as Second Victim Syndrome (Wu, 2000) : self-doubt, psychological distress, questioning the ability to cope with new responsibility and highlighting personal vulnerability. The mechanisms used for reflection are discussed and how this experience reshaped approaches to clinical and personal risk.

Summary

As more extended roles emerge, this narrative will importantly explore the system challenges in supporting radiographers, who are proceduralists, through adverse outcomes. By sharing this personal journey, the case aims to encourage dialogue around reflective practice and the potential for this new and under-reported area of staff development. The case underscores the importance of psychologically safe environments where radiographers can learn not only from their successes, but from their mistakes, and that their training needs to incorporate how to process adverse outcomes. It lays the foundation for qualitative PhD research, which aims to address the knowledge gap in this area and safeguard the sustainability and mental health of the future workforce through creating bespoke SVS support interventions.

Wu, A.W. (2000) Medical error: the second victim. The doctor who makes the mistake needs help too. *BMJ*. 320(7237), 726–7.

H2.3 Behind the Screens: Burnout and Compassion Fatigue in the UK Sonography Workforce

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Introduction

Sonographers work in high-pressure clinical environments that increase their risk of burnout and compassion fatigue (CF). Although UK evidence continues to grow, uncertainty remains around the organisational and workplace factors that shape the severity of these outcomes. This study investigates the prevalence of burnout and CF among UK sonographers and examines their associations with demographic characteristics, workload, organisational support, and workplace factors.

Methods

This study employed a cross-sectional quantitative design, data collected from 176 practising UK sonographers through online survey. The ProQOL scale and demographic questions were utilised to collect data, which were analysed descriptively. Chi-square analyses were also performed, using collapsed categories, to examine associations between participant characteristics and burnout/CF severity.

Results

The majority (98.9%) of sonographers experienced some level of burnout or CF, with 26.1% reporting severe symptoms. Few participants perceived available support as adequate amid burnouts. Employer support and region of practice showed the strongest associations with burnout severity ($p < 0.001$), while age, gender, weekly working hours, and overtime were not independently associated. Despite high burnout levels, respondents continued to report strong empathic engagement with patients.

Conclusion

Burnout and CF are prevalent among the sonography workforce in the UK, largely driven by organisational pressures rather than individual factors. Coordinated policy action is required to protect sonographers' wellbeing and sustainability.

Implications for practice

Findings highlight the need for organisation led interventions, including improved access to psychological support services, realistic workload management, protected recovery time, strengthening of peer support and preceptorship frameworks to promote staff wellbeing and career development.

Bakker, A.B. and Demerouti, E. (2017) 'Job demands resources theory taking stock and looking forward', *Journal of Occupational Health Psychology*, 22(3), pp. 273–285. <https://doi.org/10.1037/ocp0000056>

Carr, R. and White, H. (2023) 'Exploring sonographer emotional wellbeing NHS sonographers experience of the restorative function of professional supervision', *Ultrasound*, 31(2), pp. 147–154.

Cohen, C., Childs, J. and Maranna, S. (2021) 'Behind closed doors are sonographers coping', *Sonography*, 8(4), pp. 144–154.

De Hert, S. (2020) 'Burnout in healthcare workers prevalence impact and preventative strategies', *Local and Regional Anesthesia*, 13, pp. 171–183. <https://doi.org/10.2147/LRA.S240564>

Demerouti, E. and Bakker, A.B. (2023) 'Job demands resources theory in times of crises', *Organizational Psychology Review*, 13(3), pp. 209–236.

Florin Lazăr, G. et al. (2022) 'The ProQOL 20 a restructured version of the professional quality of life scale', *Current Psychology*, 42(17), pp. 14724–14735. <https://doi.org/10.1007/s12144-022-02755-2>

Hall, C. et al. (2024) 'Sonographer wellbeing in Australia perceptions of job demands and resources', *Sonography*, 11(3), pp. 231–242.

Maslach, C. and Leiter, M.P. (2016) 'Understanding the burnout experience', *World Psychiatry*, 15(2), pp. 103–111.

Skelton, E. et al. (2023) 'UK obstetric sonographers experiences of the COVID 19 pandemic', *Ultrasound*, 31(1), pp. 12–22.

Tran, M. (2023) 'Incidence and cause of occupational burnout syndrome among sonographers', *Journal of Diagnostic Medical Sonography*, 40(3), pp. 233–239. <https://doi.org/10.1177/87564793231213364>.

H2.4 A Cross-Sectional Survey of the Bullying and Harassment Experiences Among Radiographers Practising in the United Kingdom

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Background

Workplace bullying and harassment (WB&H) are persistent psychosocial hazards in healthcare 1, associated with psychological harm, higher staff turnover, and compromised patient safety. Although extensively studied in nursing 2 and medicine 3, profession-specific UK evidence for radiographers and sonographers remains limited.

Methods

Ethical approval was obtained (HRS-2025-YHAIR). A cross-sectional online survey was conducted with 385 HCPC-registered radiographers working in the United Kingdom. The survey, hosted on the JISC platform, included both quantitative measures and open-ended questions. Quantitative components involved the Negative Acts Questionnaire-Revised (NAQ-R), psychological strain indicators adapted from the General Health Questionnaire (GHQ-12), and items assessing the impact of patient safety climate. Descriptive and inferential statistics were conducted on SPSS 27, while free-text responses were analysed thematically and integrated with the quantitative results for convergent analysis.

Results

Among the 385 participants, 58.2% (n=224) had experienced WB&H in their role, and 67.5% (n=260) had witnessed others being bullied and harassed in the past six months. Senior colleagues (23.5%; n=150), peers (22.1%; n=141), and line managers (19.2%; n=122) were the major contributors to WB&H. Respondents perceived most common negative acts to include belittling colleagues' work (40%; n=152), spreading gossip and rumours about colleagues (39%; n=150), and withholding information that affects staff job performance (38%; n=147). NAQ-R scores predicted poorer safety impact ($p<0.001$) and increased strain ($p<0.001$).

Conclusion

Although ongoing analysis of the collected data continues, the findings already indicate that WB&H is prevalent in UK radiography. This presents systemic risks to safety culture, operational efficiency, workforce sustainability, and patient safety.

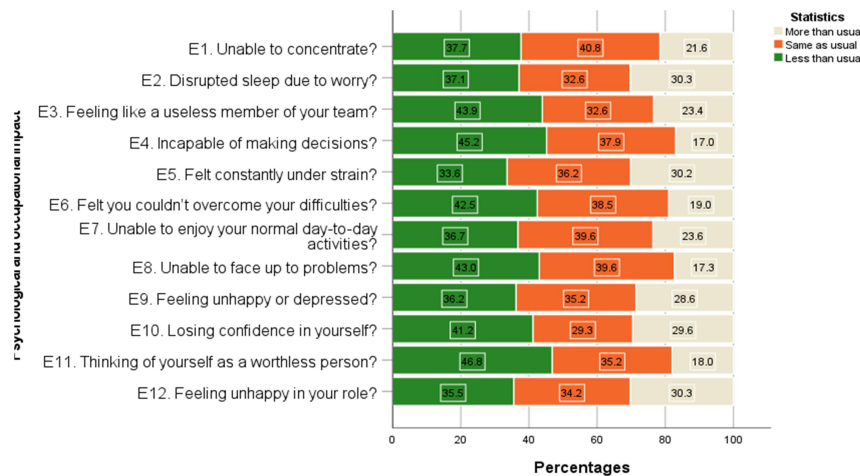


Figure 1: Psychological and occupational outcomes of workplace bullying and harassment

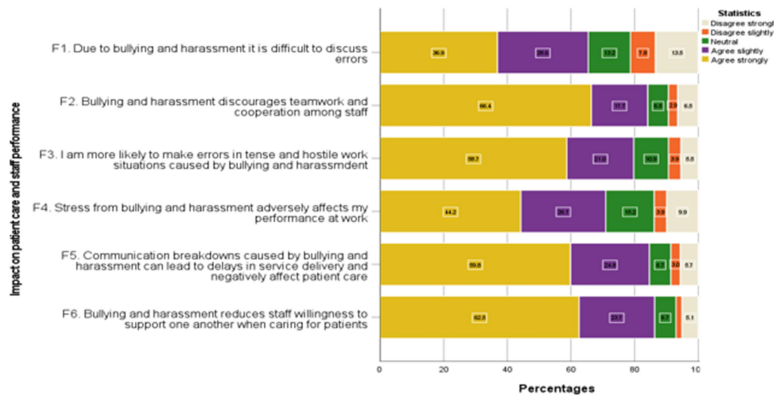


Figure 2: Patient safety climate among radiographers of workplace bullying and harassment

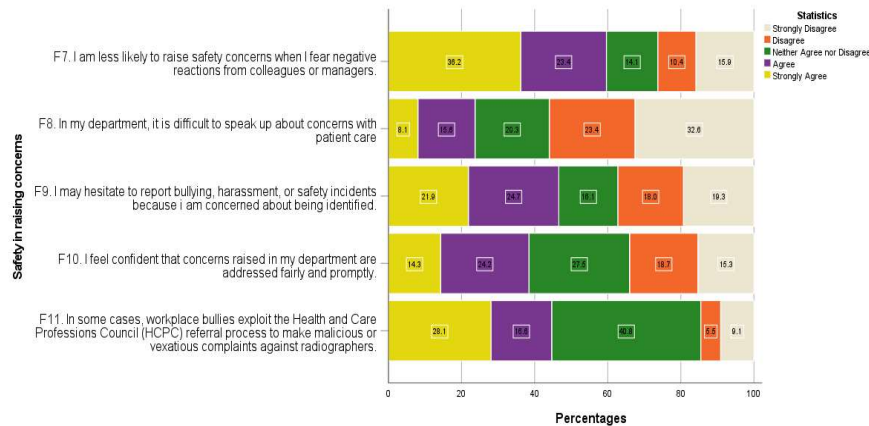


Figure 3: Speak up culture and the professional impact of workplace bullying and harassment

1. Çifçi, S. (2024). Mobbing in Health Care. 61–75. <https://doi.org/10.69860/nobel.9786053358817.6>
2. Vijayakumar, G., & Rajagopal, S. (2023). Workplace bullying among nurses: A systematic review. Multidisciplinary Reviews. <https://doi.org/10.31893/multirev.2024019>
3. Rosenstein, A. H. (2024). Addressing and Managing Disruptive Physician Behaviours. 10–12. <https://doi.org/10.1093/med/9780197655979.003.0002>

H2.5 Moral distress among radiologists in a low-resource setting: frequency and root causes

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Background

Moral distress is being increasingly recognized as a prevalent phenomenon among radiologists (Hanneman et al., 2025). Its effects range from burnout to professional attrition (Dzeng et al., 2016), highlighting the importance of addressing them for staff retention (Siewert and Ayyala, 2025). A recent study done in USA (Dave et al., 2023) found this phenomenon highly prevalent among radiologists. This study aimed to assess its frequency and root causes among radiologists in a low-resource country.

Method

This national survey was conducted using an online questionnaire incorporating the validated Moral Distress Scale for Health Care Professionals (Epstein et al., 2019). The respondents rated 27 scenarios in terms of frequency and severity. Moral Distress Score was calculated for each respondent and compared across different subgroups and Moral Distress Index for each scenario, to identify the leading causes.

Results

The mean moral distress score of the 300 respondents was 129.28 ± 77.16 . Female radiologists experienced significantly higher moral distress ($p = 0.028$). 10% of respondents reported leaving a job due to moral distress, and another 40.3 % had considered this; their scores were significantly higher ($p < 0.001$). Systemic factors were the leading cause ($p < 0.001$), with lack of resources, lack of administrative support, and unsafe workload rated as top sources.

Conclusion

Radiologists across the country experienced moral distress, which was higher among females. Almost 60% respondents left or thought of leaving a job due to moral distress, with systemic factors as the leading cause.

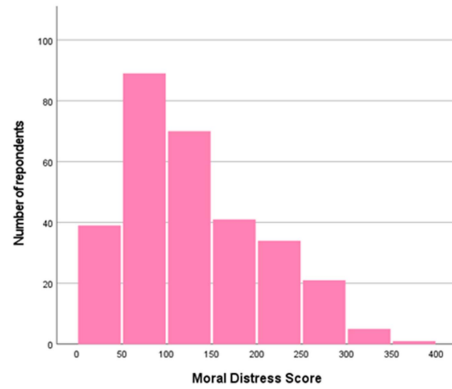


Figure 1: Distribution of moral distress score across respondents

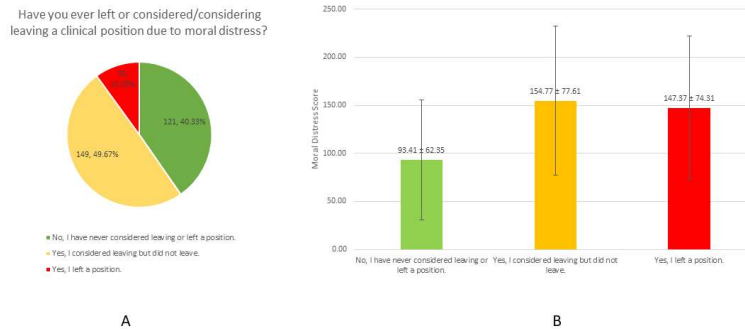


Figure 2: A shows the number of respondents and their percentage in each of the categories of consideration of leaving a job and B shows the mean and standard deviation of their Moral Distress Scores

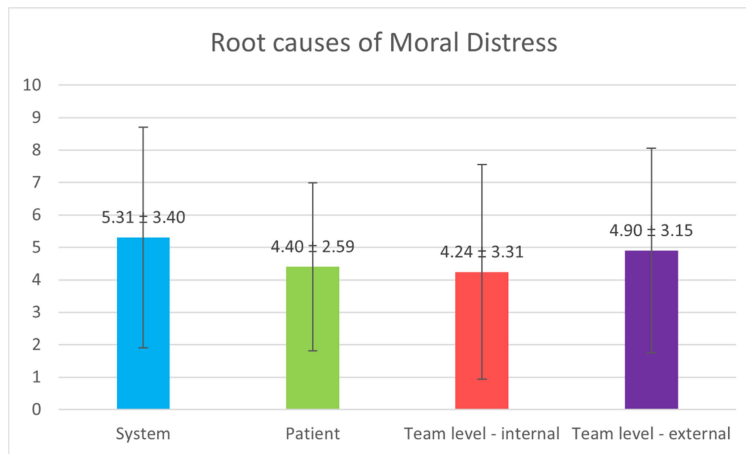


Figure 3: Moral Distress Index according to the root causes

1. Dave, P., Brook, O.R., Brook, A., Sarwar, A. and Siewert, B.(2023). Moral distress in radiology: frequency, root causes, and countermeasures—results of a national survey. *American Journal of Roentgenology*, 221(2), pp.249-257.
2. Dzeng, E., Colaizzi, A., Roland, M., Levine, D., Kelly, M.P., Barclay, S. and Smith, T.J. (2016). Moral distress amongst American physician trainees regarding futile treatments at the end of life: a qualitative study. *Journal of general internal medicine*, 31(1), pp.93-99.
3. Epstein, E.G., Whitehead, P.B., Prompahakul, C., Thacker, L.R. and Hamric, A.B. (2019). Enhancing understanding of moral distress: the measure of moral distress for health care professionals. *AJOB empirical bioethics*, 10(2), pp.113-124.
4. Hanneman, K. and Makary, M.S. (2025). Tackling Moral Distress in Radiology: Root Causes and Systemic Solutions. *Radiology*, 315(2), p.e250273.
5. Siewert, B. and Ayyala, R. (2025). Moral Distress, Moral Injury, and Burnout in Radiology Practice. *Radiology*, 315(2), p.e241174.