Journal of Medical Radiation Sciences

Open Access

ORIGINAL ARTICLE

From the clinical to the managerial domain: the lived experience of role transition from radiographer to radiology manager in South-East Queensland

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Keywords
Management, phenomenology, radiology, role transition

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Funding Information
No funding information provided.

Received: 16 June 2015; Revised: 9 February 2016; Accepted: 12 February 2016

J Med Radiat Sci **63** (2016) 89–95

doi: 10.1002/jmrs.169

Abstract

Introduction: This study seeks to add to current literature a descriptive account of the lived experience of radiographers' transition to, and experiences of, management roles and identifies additional resources and support that are perceived as being beneficial for this transition. **Methods:** This study employed a descriptive phenomenological stance. Using purposive sampling, six South-East Queensland based private practice radiology managers, who had held their position for longer than 3 months, participated in audiotape recorded in-depth interviews exploring their transition to, and experiences of management in radiology. Thematic analysis was used to describe and make meaning of the data. **Results:** Overall, five central themes emerged through thematic analysis of the data. The results indicate that all participants' had an underlying drive to succeed during their role transition and highlight the importance of a comprehensive orientation by a mentor; the training and support to enable preparation for the role, especially in the area of people management skills and communication; the importance of access to networking opportunities and the importance of concise expectations from higher management. **Conclusion:** Role transition can be marred with uncertainty, however; key suggestions indicate the importance of having support mechanisms in place before, during and after transitioning to a managerial role.

Introduction

The role transition from a clinical radiographer to a radiology manager can be both rewarding and challenging. The development of health professionals as managers has been a major theme in the literature for some time, however, it has focussed mainly on hospital clinicians fulfilling a part-time management role as a clinical director[1–3] or for promoting and preparing nurses for management roles.[4–6] While hospital clinicans may revert back to fulltime clinical positions once their term is over[1] this may not be the case for radiographers, which may stay in a dual role.

Role transition is described as 'the process of changing one set of expected positional behaviours in a social system to another'.[7] Forbes and Prime[2] examined the changing roles and responsibilities of 25 radiography professionals based in a range of NHS settings in the United Kingdom (UK) who had moved into full-time management roles within their local National Health Service Trust (NHST). Using the domain theory,[3] Forbes and Prime proposed a new domain of 'clinical manager' that 'straddles the two worlds of the service domain and the managerial domain'.[2] In the Australian healthcare system, a hybrid clinician manager has also been described: a person who is managing professional colleagues and other staff part time while remaining in clinical practice.[1,8] This requires professionals to wear and balance two hats, regarding both roles as equal, even though the individual may not be nearly as qualified to wear the managerial 'hat'.[9]

Atyeo et al. looked into the managerial skills considered important for new radiographers in Australia and found an expectation that new graduates possess some managerial skills, however, there was a polarisation of views as to whether these are taught at undergraduate

or postgraduate levels.[10] Strong themes have emerged from qualitative-based research, which have concluded that many health professionals in management roles have not been properly prepared with management training.[4–6,9,11] This oversight can impede organisational planning,[1] create low job satisfaction and high staff turnover.[1,5,11]

A qualitative study investigating the managerial life and experiences of a group of service leaders in one region of New Zealand found that nurses were promoted to management by default, with significant roles and budgets, without clarity of purpose or with little or no management training.[12] It is not possible due to a lack of information to determine whether radiology managers in Forbes and Prime's study had been prepared for the role or whether this line of questioning was brought to the interview.[2] In addition, the literature cited poor support,[13] an absence of performance objectives and guidance from their superiors,[14–16] lack of mentoring[13,16,17] and networking opportunities[18] as problematic for new managers.

Currently, there appears to be a gap in knowledge regarding radiology managers' experiences of role transition from a clinical practice role to a dual managerial and clinical role. This study sought to described the lived experience of radiographers transitioning to management to offer a deep understanding of that process and how they can be supported during that change process.

Methods

This qualitative study has used a descriptive phenomenological approach influenced by Husserl.[19] Phenomenology seeks to describe or interpret a central meaning of an experience shared by individuals,[20] which adhered to the aim of the research. In-depth interviews were conducted with six radiology managers. Using a semistructured interview guide based on a critical literature review, the interviews were conducted face-to-face and were fully audiotaped and transcribed verbatim. Gentle probing was used to deepen the narrative and iterative interviewing was used to build on the range of topics covered as the interviews progressed.

Purposive sampling was used to identify participants who were considered typical of the population under inquiry. Radiology managers in southeast Queensland who had had a managerial placement for at least 3 months and held a dual managerial and clinical role were invited to participate. Four men and two women accepted the invitation: these were not known to the researcher and all described carrying out technical/clinical duties for at least 60–90% of their time. Five managers were based in a hospital setting and one was situated in an outpatient clinic.

Models of trustworthiness were used to ensure the integrity of the data.[21] Interview questions explored the participants' demographic data, radiography experience and their experience of role transition; including support they received, support they'd liked to have received and individual training or opportunities they would have found helpful during transition. The interviews were transcribed by the researcher, who at the time was a radiographer and Master of Health Science student, and each participant was sent their transcribed interview and asked to comment on its accuracy prior to being analysed. A systematic analysis of the data collected was undertaken using Hycner's[22] guidelines. These guidelines employ methods of Husserlian phenomenology, staying true to the description of the lived experience. Bracketing was used to reduce the risk of researcher bias affecting the data[22] and an audit trail of field notes increased the degree of dependability on the analysis of the data. The researcher's supervisor was consulted during the interview process and asked to overview the coding process to offer confirmability and further reduce the risk of researcher bias affecting the emergent themes.

Ethical approval (2012-1055) was given for the study by UREC (Unitec Research Ethics Committee), Auckland, New Zealand, where the principal investigator was a student.

Results

The participants had a varying range of dual management experience with all but one having previous experience in a prior dual management role (Table 1).

From the transcribed interviews, ninety-four clusters of relevant meanings reflected the lived experiences described by the radiology managers. Five central themes were then determined to express the essence of these clusters. A model that reflects the main themes was developed to provide a visual reference overview (Fig. 1).

Table 1. Participants' dual management experience and the number of dual role transitions undertaken in their career.

Participant	Years of management experience	Number of dual role transitions
1	8	2
2	15	2
3	4	2
4	14	2
5	2.5	1
6	27	4

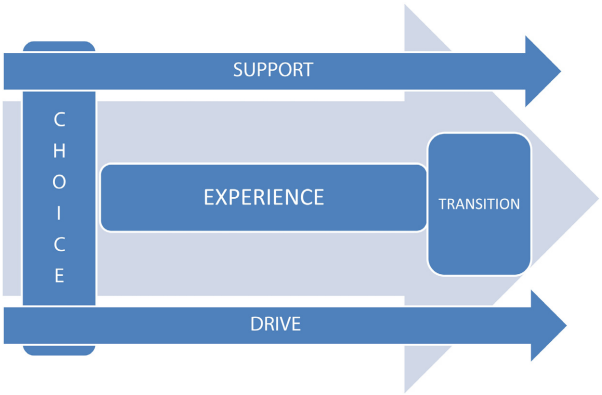

Figure 1. Model of central themes related to role transition.

Discussion

Choice

All the participants in this study have experienced informal pathways of recruitment into a dual role management position during their career as seen in Table 2. This aligns with Spehar et al.[15] who studied clinicians' movement into managerial positions in Norwegian hospitals and found that many of the initial and subsequent entries into management were through informal ways of recruitment, often by persuasion from the current manager.

Support during role transition

Self-support

Coping mechanisms were utilised by all the participants in order to adapt and manage the challenge of role transition. Perseverance, optimism and initiative were employed in order to cope with stressful situations that were perceived to be due to a lack of support and expectations from their employers. In addition, all the participants felt they had been left to themselves and had learnt management 'on the fly'. While learning the managerial position through 'trial and error' was mentioned in this study, three participants used their initiative and drive to seek collegial advice and support through networking opportunities such as management meetings and company retreats. Various studies have also identified the adoption of coping mechanisms when experiencing role transition[2] such as developing networks within their organisation to provide the support they needed,[15] or as a reaction to a job that caused ongoing emotional stress.[9]

Learning from example

How participants were managing others was influenced by how they were previously managed. Two participants recalled instances of being informally mentored, where they '*learned from example*', as a model to manage. In particular one participant described that informal mentoring over 4 years while working as a staff radiographer has strongly influenced his management style. Previous studies have suggested the importance of a formal mentor or coach in role transition.[8,14–16]

Social and organisational support

Few studies have directly identified social support from colleagues as a positive factor assisting health professionals in their role transition. Boucher's[13] study of four Australian healthcare managers transitioning from a clinical to managerial position found new managers required a lot of support during role transition. This study found that positive feedback was helpful in reinforcing team spirit and acceptance in the new role. One participant felt encouraged by early feedback from the partners of the company that the department was

Table 2. How each participant moved into a dual management role during their career.

Participant	Formally applied and interviewed	Encouraged to apply for a role, then interviewed	Asked to temporarily fill a role, then interviewed	Asked to temporarily fill a role. Continued role without an interview	Offered a vacant position. No interview for the role. 'By default'
1[1]	x				x
2[1]				x	x
3[1]	x				x
4[1]		xx			
5				x	
6[1]	xx		x		x

[1]Participant has experienced more than one transition into a dual management role.

running well. All the participants described receiving positive feedback from former peers and encouragement from family, which was considered critical in their role transition. Alternately, all the participants expressed two areas that they perceived to inhibit their role transition. One of these issues was external to them and therefore outside of their control. Five participants encountered resistance from at least one member of their own staff. The reasons for the resistance from former peers included being overlooked for the position or viewing the new appointee as inexperienced. Two participants felt challenged by their staff or higher management to prove their abilities before staff would accept them as their manager. Poor organisational support during preparation and transition into a new management role are also reflected by Plakhotnik et al.[14]

Lack of managerial expectations

All the participants experienced a lack of managerial expectations, which ranged from having no orientation or job description, even if requested, to being provided with a minimal job description and vague feedback from higher management. This supports what has already been reported by Boucher[13] who found one manager resigned after 4 months in a managerial position due to a lack of support and contrasting expectations from higher management. This parallels with one participant who recalled accepting a former management role but was moved sideways after a 6-month probation period. He attempted to ascertain the role expectations but was given a vague response:

> *When I came into the role, one of the things I said to them is, "What's your expectation of me"? And they go, "Well, we just want you to make sure the practice runs well", which is quite a broad thing that encompasses quite a lot of things (Participant 6, L.45–48).*

This participant felt the reason his time in this role did not last was because the expectations that he was adhering to, to run the practice, did not align with what management thought they wanted. Interestingly it was not the participant's first management role.

All the participants entered into their new role without taking part in a structured induction or orientation, which they reflected would have assisted them during their role transition. Current literature reveals that this is not only restricted to radiology managers.[1,2,16] In the absence of an orientation, all the radiology managers spoke of requesting a job description. Where a job description was provided, it was perceived to be deficient of the detail required to manage autonomously. This meant they were constantly checking with administration as to what they were and were not allowed to do. Several participants wanted a guidebook or list of guidelines to help them understand their management role. Spehar et al.[15] also found the need for a book with the 'right answers'. It is not known if any of the participants have written a standard operating procedure for their current role, as this line of questioning was not asked.

Role ambiguity

As a result of a perceived lack of organisational support, five participants expressed a real concern with role ambiguity. Role ambiguity refers to the lack of clarity about a role or the task demands at work.[23] Radiology managers have previously identified problems such as readiness for the role and a lack of awareness of what the role involved.[2] Various studies had similar results with role ambiguity in relation to the non-clinical component of their work[16] and of the difficultly establishing role clarity.[2] Bond[23] et al states that induction training, managerial support and giving potential employees a job preview can reduce role ambiguity by clarifying the expectations and demands of a role.

Experience of changing role

Role conflict impacts role identity

Role conflict within role transition includes a shift from being measured on individual performance to being held accountable for the performance of the team.[24] One participant expressed that '*managing is stressful*', not the responsibility, however, but having to be '*the fall guy when things go wrong, even if it's not my fault*'. This feeling was described by Belker et al[25] who explained new managers frequently struggle with being held responsible for the mistakes of others. Different internal tensions were conveyed by each participant. For one participant, the tension was manifest in a fear of being perceived by former peers to be avoiding technical work as he still considered himself a radiographer:

> *I know that some of that paperwork can be quite arduous and boring and takes a long time to do and I'm conscious of not looking like I'm dodging work, . . .//. . . the technical work because technically, I'm still a radiographer. I just happen to be the radiographer in charge, or the chief radiographer (Participant 4, L.44 - 45).*

This was reflected by Forbes and Prime[2] who found tension is created between the role of radiographer and manager as the radiography managers could never get away from their radiography roots. There is also evidence in the literature that clinicians fulfilling a management

role were concerned that the time commitment spent accomplishing administrative tasks would intrude on their professional duties.[11,18]

Two participants had a clear idea about their professional identity with one strongly identifying with being primarily a radiographer, in contrast to the other who identified as a manager even though they both performed clinical duties at least 60% of the time. However, as with previous studies[2,18] the clinical background was reinforced again and again; they were clinicians first and managers second. They viewed themselves as leaders responsible for upholding the technical competency of the practice and felt responsible to those below them that they not only lead by example but also provide opportunities to learn how to lead. In addition, role conflict was exacerbated when discussing the paradoxical feelings felt in relation to balancing business efficiency versus patient care and expectations from management versus former peers:

> *. . .//. . . Within myself I struggled with the balance between business efficiency versus patient care, something I guess as a personal thing I've learnt to balance and understand both sides (Participant 3, L.25–29).*

A dual role requires the individual to navigate between a conflicting set of clinical and managerial objectives, however, a lack of management education and skill, time pressures and personality factors could prevent the divergent objectives from being achieved.[1] One participant felt an internal struggle when dealing with expectations from former peers who were also friends and having to weigh up certain situations from two views: that of a radiographer and that of a manager:

> *. . . it's a fine line to walk sometimes . . .//. . . there are times where part of you is going, "OK, I suppose as a friend and a colleague I should be trying to accommodate" but then the other half of you is going, as a manager you've kind of gotta [sic] just bite the bullet and say, "This is the way it's got to happen" (Participant 5, L.35–38).*

Manning and Neville[18] also reported this role conflict as, 'communicating with old friends in new ways'. One participant felt a subtle change in the way former peers related to him, even though he felt he had not changed, he felt the relationship dynamic had. Similarly, the literature documents that some former peers may feel they have transitioned to 'becoming the enemy'[18] or their career change is seen as 'going over to the dark side'.[11]

Drive to transition

The role transition experience varied from one participant whose transition was gradual and easy, to another whose experience was stressful and marred with uncertainty. All the participants were met with several challenges related to role ambiguity and conflict. Nevertheless, they managed the transition by exploiting the support they did or didn't receive to ignite an underlying central drive. Warr[26] found social support can help employees manage emotions more effectively and provide motivation to persist against challenges at work. It cannot be determined from this study whether this underlying drive changes their experience or leads to a better transition, as it was not explored further. However, it does identify that the six participants displayed resilience and expressed the view that failure was not an option.

Limitations

A limitation of the study is that the small purposive sample is solely managers in the private sector. Time constraints meant the public sector could not be sampled. In addition, the researcher conducted the interviews and analysed the responses. While the researchers' assumptions were bracketed, this combined with the fact that the researcher is a practising imaging professional, could have introduced some bias. While these results are not intended to be generalisable to the wider population, transferability is relevant to those who may wish to apply the findings to their own situation.

Conclusion

The experiences of six South-East Queensland radiology managers who had transitioned from a clinical role to a dual clinical and managerial role has identified that all the participants felt very strongly that the level of support did not meet their needs and expectations. A lack of, or poorly defined job descriptions, meant some participants did not feel they could manage autonomously in their role, which caused role ambiguity and conflict. However, despite a challenging environment, the underlying drive these participants displayed enabled them to succeed through transition and beyond and without which, this study suggests that they may not have continued in the role over time. To ease the role transition process, it is suggested that organisational planning and additional support would have reduced the stress for these participants.

The results suggest that the participants had different ideas of the support they would have found beneficial. These include having access to a formal transition process such as an orientation, being mentored, being provided with clear job descriptions that detail managerial expectations, opportunities to network with other managers, basic management training and specific people

management skills training were all identified as valuable tools for understanding a shift in a new role identity. This reflects that organisations potentially need to assess their own staff to identify what training needs are required.

By describing the role transition experiences of radiology managers, the results have provided an insight that can inform other radiology professionals seeking to move into management roles. This study contributes to the emerging body of literature on role transition by health professionals and also seeks to prompt dialogue in the radiography community to continue further research. It also identifies a need to improve the support mechanisms for staff transitioning to a managerial role.

Conflict of Interest

The authors declare no conflict of interest.

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