

PEER REVIEWED ORIGINAL ARTICLE

## The attitudes of radiographers towards patients in government hospitals in Bloemfontein

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### Abstract

Clinical radiography integrates scientific knowledge and technical skills with effective patient interaction to provide quality patient care and useful diagnostic information. Radiographers therefore should remain sensitive to the physical and emotional needs of patients through good communication, patient care skills and professional conduct [1]. The ethical duties of radiographers include treating patients with respect and dignity and maintaining patient privacy and confidentiality at all times [2]. Although radiography students receive training in professional conduct, which includes communication skills and the handling of patients whilst maintaining a positive attitude, there is no evidence available that patients are treated with the necessary respect and dignity by radiographers. The purpose of the study was to investigate the attitudes of radiographers towards their patients in diagnostic radiology departments.

A quantitative research study was conducted at two government hospitals in Bloemfontein, namely the radiology departments of the National District Hospital and Pelonomi Regional Hospital. Data collection took place by means of questionnaires that were distributed to 90 randomly selected patients directly after they had undergone radiographic examinations. Data analysis indicated how patients perceived the attitudes of radiographers and revealed the areas patients regarded valuable when being treated by radiographers. The overall conclusion drawn from the research is that the radiographers, who participated in the study, do treat patients with respect and dignity. Limitations of the study were identified and recommendations to enhance practice were made.

### Keywords

professional conduct, respect, dignity

### Introduction

Radiographers are professionals who have specific responsibilities towards their patients and co-workers. In their daily work they are confronted by a variety of patients and problems that need to be handled in an ethical manner. The code of conduct for radiographers provides guidelines and a framework for professional behaviour expected for the profession [3]. This code is divided into:

- Professional relationships and responsibilities.
- Professional integrity.
- Professional standards.
- Relationships and responsibilities to patients.

Professional relationships and responsibilities outline that trust forms the basis of the relationship between a radiographer and a patient. Consequently it is expected from radiographers to behave in a manner that justifies public trust and confidence in order to uphold the profession and serve both public and private interests [3]. In addition to professional integrity, compliance to legislation is also imperative. In accordance with the Bill of Rights patients should not be discriminated against based on their gender, nationality/ethnicity, age, disability, religion, economic/social status or health status [4].

The code of conduct makes provision for professional standards radiographers must adhere to. Radiographers have to ensure a safe working environment for the benefit of staff, patients and visitors. They are legally accountable for their professional actions and for any negligence regarding a patient's care [3]. According to Gunn and Jackson [5] a patient's physical and psychological needs must be taken care of and abuse of

patients must be avoided at all times. The ethical duties of radiographers as set out in the Radiography Standards of Practice by the American Society of Radiologic Technologists (ASRT) [6], supplement the code of conduct for radiographers in South Africa. It prescribes that radiographers' that personal prejudices should not affect professional relationships and that they should not abuse the power entrusted to them.

The Health Professions Council of South Africa (HPCSA) has embarked on a project to bring together ethical and professional guidelines for health care practitioners [7]. These include a radiographer's responsibility to keep confidential any information obtained through professional interaction between radiographer and patient. Furthermore, it emphasises that a patient should not be subjected to unnecessary physical pain or distress. If a proposed radiographic will be or may be uncomfortable or painful then the patient must be informed and informed consent must be obtained prior to the commencement of the examination. During interaction with patients, the radiographer needs to be constantly aware of the Patients' Rights Charter, which addresses certain rights every patient has concerning his/her health care. The following are relevant to this study [8]:

- To be treated by a named health care provider;
- The right to confidentiality and privacy;
- The right for one to make an informed decision.

The Patients' Rights Charter also states that "every patient has the right to a positive disposition displayed by health care providers that demonstrate courtesy, human dignity, patience, empathy and tolerance" [8], which reinforces the ethical code of radiographers.

Good verbal and interpersonal communication forms the basis of sound relationships when having to deal with patients on a professional level. According to Ehrlich, McCloskey and Daly [9] communication is conveying information accurately, to express one self clearly and interchange information with others. Radiographers need to elicit confidence from their patients by providing accurate explanations and instructions at the appropriate time and at a level that the patients can understand [1].

Although it is assumed that radiographers conform to all the rules and regulations prescribed for their profession and communicate effectively it is postulated that they are not always aware of how patients perceive their attitudes. Attitude is described as a state of mind, an opinion or a feeling, often revealed by kinesic expression, tone of voice or other non-verbal signs [9]. Connor mentions that there are key issues that sabotage employee performance and productivity, which include arrogance, ignorance, inconsistent communication patterns and clouded perceptions [10]. It is only when radiographers are attentive to their behaviour that quality patient care can be provided and useful diagnostic information obtained.

Although research has been conducted on the attitudes of radiographers towards their patients, no research could be found on whether radiographers are seen by patients to behave in a professional and ethical manner. This study aimed to investigate the perceptions that patients have on the attitudes of radiographers towards them in diagnostic radiology environments. The paper presents the methodology of this investigation, the results of the study and discusses the general perceptions and expectations that patients have regarding the attitudes of radiographers where they received their examinations. Recommendations regarding good professional and ethical practices are provided.

**Ethical considerations**

Permission to conduct the study and publish the results was obtained from the respective chief radiographers at the National District Hospital Complex and Pelonomi Regional Hospital. No approval was obtained from the ethics board as no patient data was requested or made available. Patients had the right to refuse completing the questionnaires. Patients willingly completed the questionnaires and were not coerced into doing so. No identification of patients was required, which ensured anonymity.

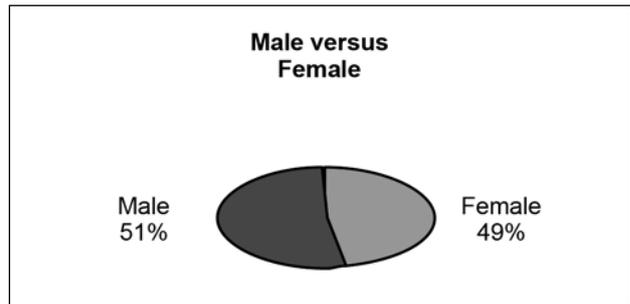


Figure 1: Gender of the patients

**Methodology**

A non-experimental, quantitative research design was used. Surveys are used to identify trends in attitudes, opinions, behaviours or characteristics of the population. Based on this information a questionnaire was deemed the most appropriate method for data collection [11]. The questionnaires consisted of twenty-three questions. The majority of questions were of the closed type. The questions were formulated after consulting patient service delivery questionnaires and radiographers about the routine procedures they use for every patient [10]. All the questions allowed for either a yes or no option. Only a few open-ended questions were included to gain information on the patients' specific opinions and preferences. According to Leung [12], questionnaires need to be pre-tested, meaning a pilot exercise should be carried out. The research questionnaire was piloted prior to data collection. Ten patients at the National District Hospital in Bloemfontein participated in the pilot study and they were requested to provide feedback on the clarity of the questions in the questionnaire. The researcher also consulted five radiographers for feedback on the relevance of the content of the questionnaire and the questionnaire was then finalized [13].

The population consisted of patients who were referred from wards, clinics and casualty departments of the National District Hospital and Pelonomi Regional Hospital in Bloemfontein for routine radiographic examinations. A sample of 45 patients per hospital completed the questionnaire, resulting in a total of 90 patients participating in the

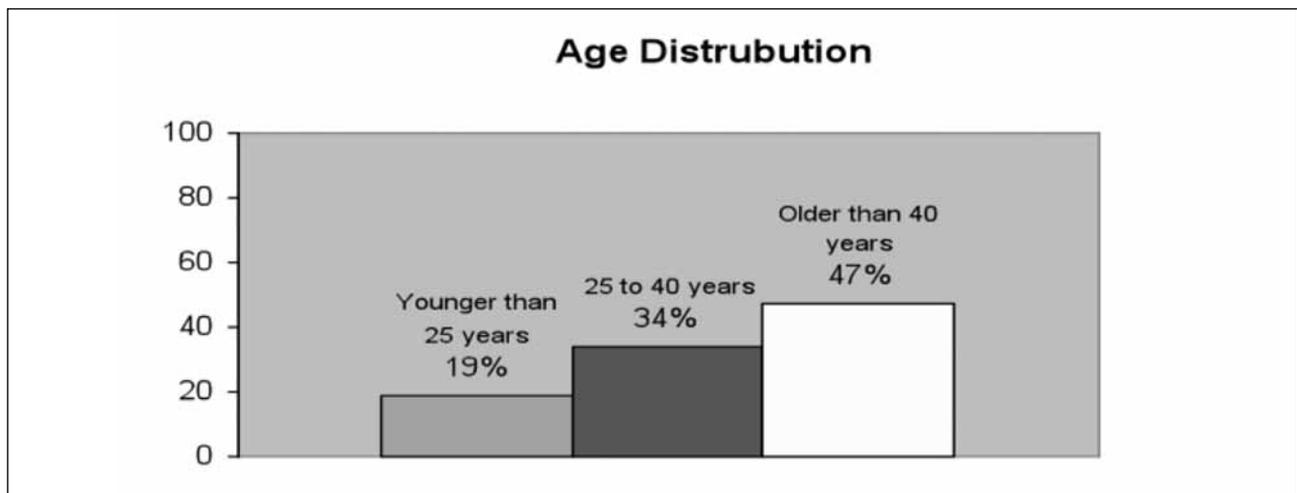


Figure 2: Age distribution of the patients

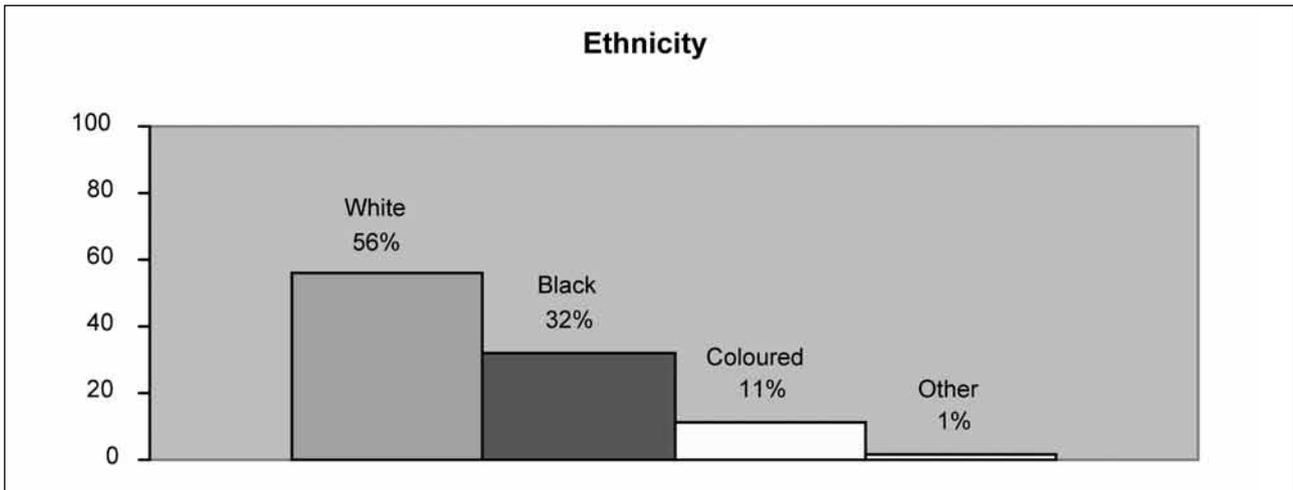


Figure 3: Ethnicity of the patients

investigation. Patients were selected randomly, regardless of their age, race or gender. Figure 1 indicates the demographics of the sample.

The study sample of 90 patients is represented by 51% male and 49% female patients as indicated in Figure 1.

Figure 2 indicates the ages of the participants. The randomly selected sample consisted of 19% of patients who were younger than 25 years, 34% were between the ages of 25 and 40, and 47% were older than 40 years.

White patients represented 56%, black patients 32%, coloured patients 11% and other races 1% of the total of 90 patients included in the study (see Figure 3).

The demographics display the gender, age and ethnicity of the sample under investigation. Figure 1 indicates an acceptable representation of male (49%) and female (51%) patients. The age group older than 40 years (see Figure 2) represented 47% of the patients in the study group. The age group 25 to 40 years represented 34% of the patients with the youngest group only 19%.

**Limitations of the study**

Patients who could not read or write as well as patients who were not literate in English were not able to complete the questionnaire and could therefore not be included in the research. In addition, a few radiographers were consulted on the content of the questionnaire prior to the study, which could have led to biased findings of the study.

**Data collection and analysis**

The questionnaires were available in the respective departments for a period of three weeks: 16 July 2007 to 5 August 2007. This time frame was selected to ensure the rotation of personnel in the different departments. Patients were asked by the receptionist after completion of their examinations to answer the questionnaire. All of the participating patients were asked to provide feedback on the way they were treated by the relevant radiographer who performed the examination and the attitude of the radiographer. In addition the participants were prompted to indicate how they would like to be treated in order to feel respected. The participants personally placed their completed questionnaires in sealed containers. These were collected by the researcher.

Microsoft Office software was used to calculate and present the results. In addition to calculating percentages, tables and graphs were used in analysing the research data and drawing conclusions. Final conclusions were drawn to determine the attitudes of radiographers in government hospitals in Bloemfontein. Analysis of the data includes the following categories: demographics, results of the closed questions and results of the open ended questions. The results of the open-ended-question regarding the patients' expectations from radiographers treating them were recorded and categorised according to similar responses received.

**Results**

The findings from the questionnaires are presented in the following set of tables. Table 1 displays the results of the questions which were answered by either a yes or no option. Table 2 reflects the results of the open ended questions where patients had the opportunity to name their expectations on what would make them feel that they are treated with respect and dignity. The findings of the open ended questions are discussed according to the results displayed in Table 1.

The majority (96%) of patients were greeted in a friendly manner by the radiographers, however, 32% of the patients did not even know the radiographer's name. According to the National Patients Rights Charter, patients have a right to be treated by a named health care provider [2], even if it is provided by means of wearing a name tag. Only 12% of radiographers did not maintain good eye contact with patients. A radiographer should always behave in a manner to justify the public trust and confidence and act with courtesy and one of the ways to accomplish this is by making good eye contact [2]. Although it was evident that a small percentage (8%) of patient details were not checked, the biggest concern was the 47% of patients that were not asked to sign the x-ray request form for consent and correctness of information. The National Patients Rights Charter makes provision that patients need to give informed consent for any procedure or examination [2].

Ninety-one percent (91%) of the patients experienced satisfactory communication between themselves and the radiographer who performed their respective examinations. Only 13% (12 of 90) patients were not told what was expected from them and what the examination entailed. When patients do not receive clear instructions this can lead to radiographs being

**Table 1: Results of closed questions**

	YES	NO
Patients greeted in a friendly manner by the radiographer	96 %	4 %
Patients that received an introduction from radiographer	68 %	32 %
Patients that experienced good eye contact with the radiographer	88 %	12 %
Patient information controlled by the radiographer	92 %	8 %
Consent signed for the examination	53 %	47 %
Patients given clear instructions on preparation and during positioning	87 %	13 %
Patients who received at least one repeat projection	53 %	47 %
Patients that experienced good communication with the radiographer	91 %	9 %
Patients whose questions were answered by the radiographer	92 %	8 %
Patients who experienced sufficient support from radiographers	98 %	2 %
Patients treated with respect by the radiographer	93 %	7 %
Patients that experienced rude, unfriendly treatment from the radiographer	8 %	92 %
Patients' privacy valued	88 %	12 %
Empathy shown to patients	86 %	14 %
Overall satisfaction with attitude of radiographer(s)	82 %	18 %

repeated resulting in patients being exposed to radiation unnecessarily. More than half of the study population (53%) received one or more repeated projection and 12% were not given an explanation for the need for the repeat. It should be borne in mind that repeated projections could be the result of factors such as poor positioning skills and the wrong selection of exposure factors.

Ninety-two percent (92%) of radiographers (92%) answered the patients' questions in a suitable manner. Eight percent (8%) of the patients perceived the radiographer's reactions as rude and unfriendly. It is suggested that this issue needs further investigation to determine if the 8% refers to a certain department, certain individuals or all radiographers. Although the results show that some radiographers were perceived as rude and unfriendly, the majority of patients (98%) agreed that radiographers supported them sufficiently.

Some of the patients' privacy (12%) was invaded during the examination due to unfamiliar people entering the room during the examination. It is essential to remember that patients have a right to privacy and confidentiality at all times as stipulated by the National Patients Rights Charter [2].

**Table 2: Results of the open questions**

<b>Expectations of patients:</b>
to be treated with kindness
friendliness
patience
support from radiographers if needed
fast and effective service
respect

Empathy, a skill regarded as essential in the health care environment, was shown to 86% of the patients [9]. In addition, 93% of the patients indicated that they felt respected by the radiographer. The aforementioned reveals that patients were treated with respect and dignity.

The majority of patients perceived the treatment they received in the radiology departments of the two government hospitals as friendly and satisfactory as 82% of patients were satisfied with how they were treated by radiographers in the specific radiology departments. They indicated that they would like to be treated with friendliness and kindness in order to feel that they are being treated with respect (see Table 2). The fact that radiographers form part of the healthcare team and must deliver an efficient service was mentioned as one of the expectations from the study. In order to accomplish this, radiographers need to be sensitive to patients' needs and satisfaction. The value of patience was obtained from the open ended questions; it would have been interesting to know if the responses regarding patience were linked to a certain age group. Further research could investigate differences in response trends linked to age, race and gender. In addition since the research had certain limitations these could have led to variations in the results of the study since some patients were excluded as mentioned above and some radiographers were unaware of the study being conducted.

**Recommendations**

Although the results show that 82% of the patients in this research study were overall satisfied at the time of the study with how they were treated by radiographers in the radiology departments of the Pelonomi and National District Hospitals in Bloemfontein, a few recommendations could be made from the results of this study.

The results reveal that 47% of the patients did not sign a consent form for the examination. It is emphasized that radiographers must take notice of the medico-legal implications it can lead to. Furthermore, more than 50% of the patients of the study group received at least one repeat projection. The reasons for the repeats do not form part of this study, but needs to be investigated further. Possible reasons could include poor communication, which could lead to improper positioning, movement or instructions not executed. Radiographers need to remind themselves of the importance of radiation protection by employing their communication skills, for one, to prevent repeat projections.

It is further recommended that radiographers must on a regular basis be made aware of the Patients Rights Charter where several issues can be highlighted such as being treated by a named health care provider [8]. It is good practice for all health care practitioners to wear a name tag. In

addition radiographers must be reminded about their ethical duties and the code of conduct for radiographers that they must adhere to. Lastly, radiographers must be advised to practice good communication skills, portray good manners and display a positive disposition towards patients.

### Conclusion

Radiographers are responsible for the well-being of their patients whilst in their care. The patients in this study identified communication, kindness, patience, friendliness, and fast and effective service as necessary in order to feel treated with respect and dignity. The study therefore forms the basis for the constant reminding of radiographers of their ethical duties and treatment towards their patients, as well as their adherence to the code of conduct for radiographers.

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## HEALTH PROFESSIONS ACT, 1974 (ACT NO. 56 OF 1974)

### REGULATIONS RELATING TO FINES WHICH MAY BE IMPOSED BY A COMMITTEE OF ENQUIRY AGAINST PRACTITIONERS FOUND GUILTY OF IMPROPER OR DISGRACEFUL CONDUCT UNDER THE HEALTH PROFESSIONS ACT, 1974

The Minister of Health has, in terms of section 61(1) (j) read with section 42(1) (d) of the Health Professions Act, 1974 (Act No. 56 of 1974), made the regulations in the schedule.

#### SCHEDULE

##### Definitions

1. In these regulations any word or expression to which a meaning has been assigned in the Act, shall have that meaning, unless the context otherwise indicates –

“the Act” means the Health Professions Act, 1974 (Act No. 56 of 1974) as amended;

“committee of enquiry” means a preliminary committee of enquiry or a professional conduct committee;

“rules” means the Ethical rules of conduct for practitioners registered under the Act.

##### Fines which may be imposed by a committee of enquiry

2. A committee of enquiry may impose a fine equal to or falling within the range of the minimum and maximum fines stipulated for each category of unprofessional conduct indicated below, against a registered person or a person who is legally required to be registered and who has been found guilty of unprofessional conduct after an inquiry held by such committee of enquiry under Chapter IV of the Act.

... continued →

CATEGORY OF IMPROPER OR DISGRACEFUL CONDUCT	MINIMUM FINE	MAXIMUM FINE
(1) Improper or disgraceful conduct relating to:		
(a) advertising	R2 500.00	R10 000.00
(b) communication	R3 000.00	R15 000.00
(c) supersession	R1 000.00	R8 000.00
(d) itinerant practice	R2 500.00	R10 000.00
(e) certificates and reports	R2 000.00	R10 000.00
(f) reputation of colleagues	R1 000.00	R8 000.00
(g) fees and commission	R5 000.00	R8 000.00
(2) Overcharging patients in fees	R5 000.00	R15 000.00
(3) Practicing beyond the scope of own profession and/or employing unregistered person	R5 000.00	R15 000.00
(4) Withholding emergency services	R5 000.00	R15 000.00
(5) Overservicing	R20 000.00	Amount claimed for over-servicing + 5% of such amount or R20 000 which ever is greater
(6) Exposing patients to danger or harm	R5 000.00	R20 000.00
(7) Providing insufficient care to a patient	R5 000.00	R15 000.00
(8) Providing treatment to patient without patient's or next-of-kin's consent	R2 000.00	R10 000.00
(9) Sharing consulting rooms with a person or entity not registered in terms of the Act.	R5 000.00	R15 000.00
(10) Allowance by a practitioner to be exploited	R5 000.00	R10 000.00
(11) Incompetence	R10 000.00	R50 000.00
(12) Negligence	R20 000.00	R70 000.00
(13) Fraud	R20 000.00	R70 000.00
(14) Giving or receiving perverse incentives or kickbacks	R20 000.00	Amount of incentive + 5% of such amount or R20 000 which ever is greater
(15) Unprofessional conduct emanating from criminal conviction	R10 000.00	R50 000.00
(16) Issuing of improper prescription	R5 000.00	R20 000.00
(17) Engaging in unacceptable relationship	R20 000.00	R50 000.00
(18) Contravention of rule 23 of the rules	R5 000.00	R15 000.00
(19) Engaging in undesirable business practices or models	R10 000.00	R30 000.00
(20) Divulging confidential information about a patient.	R10 000.00	R30 000.00
(21) Defeating or obstructing ends of justice	R2 500.00	R10 000.00
(22) Defeating or obstructing the Health Professions Council in the performance of its duties.	R2 500.00	R10 000.00

**(Signed)****MINISTER OF HEALTH****DATE: 24/4/2010**

DEPARTMENT OF LABOUR