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Ethical commitments of radiographers in a teaching hospital in West Africa: patients' perspective

Botwe BO MSc | Anim-Sampong S PhD | Obeng-Nkansah J BSc | Ampofo OR BSc

Department of Radiography, School of Biomedical & Allied Health Sciences, College of Health Sciences, University of Ghana.

Abstract

Background: During clinical practice, health professionals abide by codes of conduct and ethics to ensure that patients are treated well ethically. Unethical practices create less positive encounters, make patients become less adherent to practitioners' procedures and interventions, and also have medico-legal implications.

Aim: The aim of this study was to investigate ethical commitments demonstrated by radiographers, based upon patients' perspective, in order to highlight the importance of sound ethical practice.

Method: A cross-sectional survey with a 25 item closed-ended questionnaire was used for soliciting responses for this study. Eighty-five patients (n=85) who received imaging services in the working units of the radiology departments at the time of the study (March - May, 2014) participated in the study. Descriptive statistics were used to generate the findings.

Results: Female respondents (n=46; 54%) were the majority in the study. Eighty-two (96.5%) of respondents felt they were treated with respect by radiographers during their examinations. All of the respondents acknowledged that radiographers protected their privacy and did not abuse the privileged relationship that existed between them. The radiographers were also found to be caring (79%), courteous (75%), and highly professional (86%) in their work activities. However, eight (9.4%) of the respondents indicated that some radiographers were rude.

Conclusion: Good ethical commitments to patients were demonstrated by radiographers in the study site. However, a few were found to have demonstrated poor ethical commitments. Sensitising radiographers on their ethical responsibilities and views of patients about the care rendered periodically is pivotal to effective health care.

Keywords

Ethics; code of conduct; patient care.

Introduction

Health professionals are expected, as per the requirements of their professional duties, to handle situations in their practice concerning patients in a manner that is acceptable and within certain established standards. Health professionals at all times are expected to conduct themselves in a manner that will maintain the trust and confidence of the public.^[1] This requires that health professionals should ensure their patients are physically and emotionally supported while effective care is being given.

For this reason, there are codes of conduct and ethical measures for health professionals to follow to ensure that the needed ethical considerations to patients are fulfilled.^[2] Codes of conduct and ethics are particularly essential to enforce the moral principles that guide the behaviour and practice of health professionals.^[1, 2] Basically these operational protocols are provided to ensure patients are treated with respect and compassion regardless of, for example, their gender, race, religion, cul-

ture, social status, physical appearance, and health problems. There are basic ethical principles that require adherence by all. Globally, it is the general duty of health professionals to respect the autonomy of patients and not to harm them.^[3] Other duties include acting in the best interest of patients, to preserve confidentiality and privacy and to treat them with honesty and equality.^[3-5]

With respect to the Ghana health service code of ethics, all health professionals are responsible for respecting the rights of patients, and safeguarding patient confidence. Additionally, they are required to provide the best service for patients, while minimising risk and, avoiding discrimination against patients on the basis of political affiliation, occupation, disability, culture, and ethnicity, and nature of illness. Health professionals also have to respect the privacy and confidentiality of patients and avoid disclosure of information to people without a patient's consent, except where it is required by law.^[6] Moreover, it is the expectation of the Ghana health service that health professionals ex-

plain medical issues to patients to enable them to make decisions concerning their care, management, protection of interest and dignity. They are further required to avoid abusing the existing privileged patient relationship and to also acknowledge all patients' right to information about their conditions and alternative healthcare.^[6] This is to ensure that in all healthcare activities, the dignity and interest of all patients are paramount. Also, this code is necessary because unethical practices create less positive encounters and have medico-legal implications.

However, anecdotal evidence suggests a degree of public outcry against the quality of healthcare delivery, particularly with regards to the behavior and attitudes of some health professionals towards patients and their relatives. It is the opinion of the authors that some of these complaints against health professionals relate to, but are not limited to delays in attending to clients, lack of respect, lack of compassion, poor human relations, unwillingness to answer clients questions and failure to seek patients' consent before carrying out

certain procedure. It is also suggested that illiterate patients are the major victims,^[5] especially in developing countries where many patients do not know their rights.

There is very limited literature of radiographers' commitment based on patient perceptions. The aim of this study was to investigate the ethical commitments demonstrated by radiographers, based upon patients' perspectives, in order to highlight the importance of sound ethical practice.

Method

A cross-sectional survey, using convenience sampling, was employed. Convenience sampling is the selection of a sample of participants from a population based on how convenient and readily available that group of participants is.^[7] In terms of this study it enabled patients' opinions on the ethical commitments of radiographers to be determined. There were seven functional imaging units at the study site: fluoroscopy unit 1 (for barium studies and special procedures); fluoroscopy unit 2 (for hysterosalpingography, intravenous urography, retrograde urethrogram and micturating urethrogram studies); the accident and emergency (A & E) centre; the computed tomography (CT) unit; the polyclinic X-ray unit, the general radiography X-ray unit; and the chest clinic X-ray unit.

Patients who presented for imaging examinations, and who could respond to questionnaire, were included in the study. Such patients met the inclusion criterion. Paediatric patients, and patients who could not participate, due to their health status, were excluded. The sample population was n=115. A day was set for each unit and the patients available were invited to take part in the study after their radiological examinations. Patients were then administered questionnaires and assisted with an explanation in their preferred languages without the awareness of radiography staff. The study was conducted between March and May, 2014.

The questionnaire was developed using the code of conduct and ethics of the Ghana health service. Content validity was assessed by two radiographers from the University of Ghana to ensure that the study tool captured all the items in the code of conduct and ethics document. The tool was also piloted with five patients; minor changes were then made. The 25 item, closed-ended questionnaire included both demographic and ethics

variables. The demographic questions covered gender, age and educational background. The ethics section included variables such as respect, discrimination, unnecessary delaying of patients, consent, abuse of professional relationships, abuse of privacy, equality, unwillingness to answer patients' questions and rudeness. Other areas focused on patients' awareness of the requested examination, explanation of procedures and side effects, unnecessary exposure to risk, and whether radiographers demand or accept unauthorised payments, for example. Patients' general views on radiographers in terms of competence, dedication, honesty, co-operation, care, courtesy and professionalism, were also addressed in the questionnaire. Data were entered using Microsoft Excel for analysis. Descriptive statistics were used to generate the findings.

Ethical consideration

Ethical clearance and permission to conduct the study was obtained from the hospital management. Patients were requested to sign consent forms to authenticate their acceptance to participate in this study. They were informed that their participation was voluntary and that they could withdraw at any time. In addition, they were assured of anonymity and confidentiality of all their personal information.

Results

A total of 115 patients met inclusion criteria, but only 85 patients consented to participation, yielding a response rate of 74%. The age, gender and educational background of the respondents are shown

in Table 1 and Figure 1. Although 31 of the respondents (36.5%) knew exactly the kind of test they would be undergoing before arriving at the radiology department, the majority (n=54, 63.5%) did not have any prior knowledge of their radiodiagnostic tests or procedures. Eighty-two (96.5%) of the respondents revealed that they were treated with respect upon arriving at the radiology units, while three (3.5%) indicated otherwise. Eighty (94%) confirmed that their accompanying relatives were treated with equal respect. Seventy-nine (93%) indicated they were treated well. Six respondents (7%) indicated that they were not treated well.

Fifty-seven (67%) of the respondents indicated consent was sought before the commencement of their examinations, whereas 28 (33%) indicated their consent was not obtained. All respondents felt that their privacy was protected by radiographers throughout their examinations. They also indicated that radiographers did not abuse the privileged relationship that existed between them and the radiography practitioners. Nine (11%) thought the staff were unwilling to answer all their questions.

Generally, prompt attendance to patients, coupled with an explanation of examination procedures, enhances patient confidence in health professionals and also serves as an index of good medical or clinical care. Delays in attending to patients, without providing them with reasons and an explanation of the diagnostic procedures, increase the anxiety of patients awaiting radiodiagnostic examinations in

Table 1. Age and gender distribution.

AGE (yrs.)	NUMBER	PERCENT
≤ 20	4	4.71
21 - 30	22	25.88
31 - 40	14	16.47
41 - 50	18	21.18
51 - 60	9	10.59
61 - 70	10	11.76
≥ 70	8	9.41
Total (n)	85	100
GENDER		
Female	46	54.0
Male	39	46.0
Total (n)	85	100.0

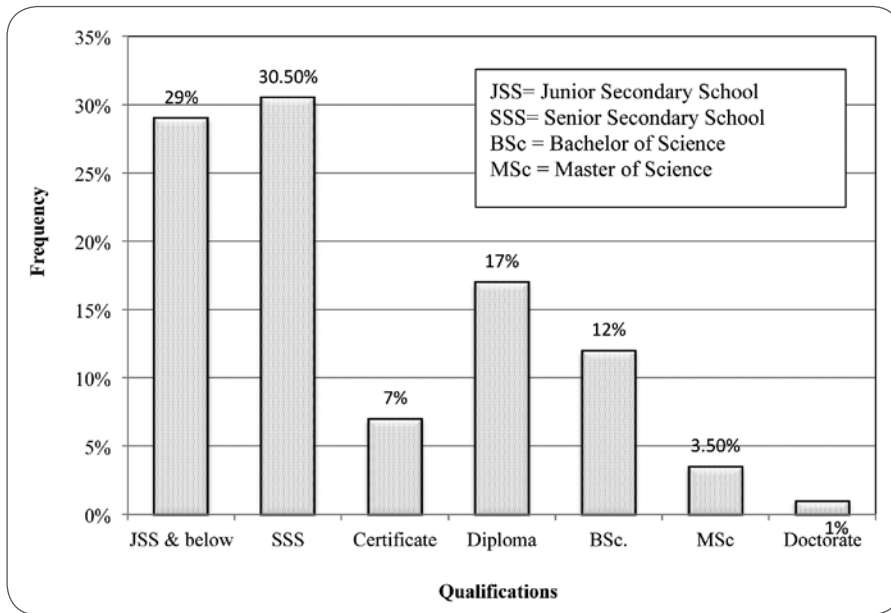


Figure 1. Educational levels of the respondents.

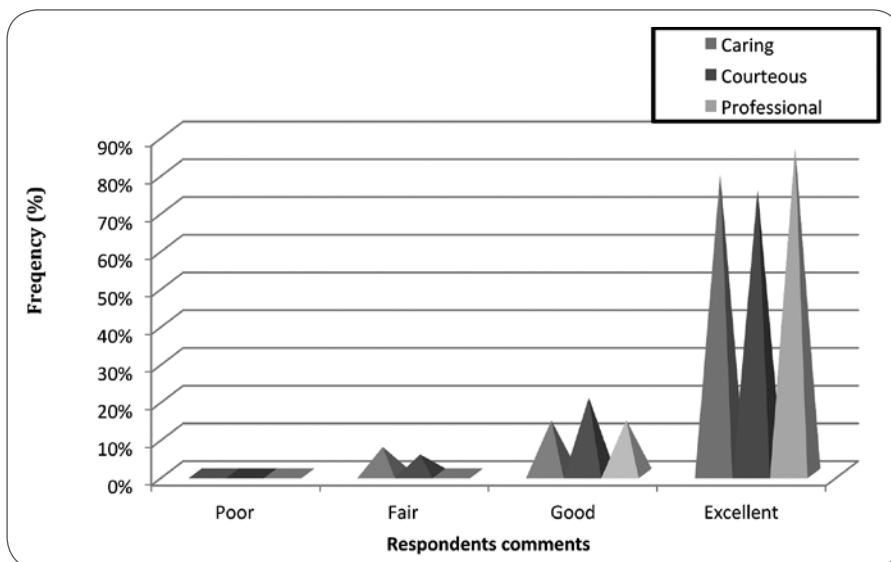


Figure 2. Patients' perspectives on radiographers in terms of care, courtesy, and professionalism.

hospitals. In this study, 32% (n=27) said they were subjected to delays for their radiological examinations without proffered reasons. In terms of explanation of procedures, sixty-one (72%) of the respondents confirmed that they did receive pre-procedure explanations. Sixty-four respondents (75%) claimed that they were not informed of the side effects of their respective examination by the radiographers; the remainder however replied in the affirmative. As per the code of conduct and ethics provided by the Ghana health service, discrimination, in the provision of healthcare, on the basis of gender, race, age, religion and other factors, is forbidden. The vast majority of respondents (96.5%) confirmed that they personally were not subjected to discrimination by

radiographers; seventy-nine (93%) confirmed that their accompanying relatives received similar treatment. Eight (9.4%) were of the opinion that some radiography staff were rude. All confirmed that radiographers did not demand nor accept unauthorised fees or favours from them or their relatives. In addition, all of them indicated that the radiographers that attended to them were competent, dedicated, honest and co-operative. In addition the majority of the respondents acknowledged that radiographers were caring, courteous and professional (Figure 2).

Discussion

For purposes of effective healthcare service delivery, it is imperative that ap-

proaches to health care services are not solely health-professional-centered. Such approaches must be aligned with patients' views on medical investigations or administered treatments in order to address their concerns. It has been suggested that radiographers who approach patients with only a clinical understanding may appear insensitive and unsupportive.^[8] It could be argued that a response rate of 74% (n=85), from varying age groups (Table 1) and educational levels (Figure 1), in terms of the aim and objectives of this study, is indicative that patients are eager to register their feelings about the care received during radiographic examinations. Such opportunities should be encouraged in clinical environments.

The majority of the respondents for this study were literate (Figure 1), which indicates they probably understand their basic rights as patients. The high response rate recorded for age group 21-50 years, and the female gender (Table 1), indicates high morbidity and hospital attendance rates among such demographics. The age category of 21-50 years is the working force of the nation; they are therefore exposed to several occupational hazards. The Ghanaian population is dominated by the female gender and this could have contributed to the gender disparity in this study.

It was determined that radiographers are honest, competent, dedicated and co-operative. Most of them were found to be caring, courteous and highly professional in their work activities (Figure 2). However, some patients indicated they experienced non-compliance of some aspects of professional ethics.

The main finding of the study suggests that almost all radiographers treat patients and their relatives with respect and without discrimination and do not advertently expose them to unnecessary risk during their stay at the radiology department. This is very encouraging because the desire for respect and dignity has been identified as vital among human needs and as such should not change when a person falls ill; it should rather grow stronger for a patient to find a reason to live.^[9] In others words should health professionals discriminate and show no respect to patients this leads to less positive encounters and worsens patients' conditions. This is because patients become less adherent to their recommended management or interventions.^[10, 11]

Patient consent is paramount to good healthcare. Nonetheless, some radiographers were found to be less compliant. A third of the respondents (33%) indicated that their consent was not sought prior to an imaging procedure. It is often suggested that staff disregard seeking consents for x-ray examinations because of a heavy workload. However, this is very worrying because patients have a fundamental legal and ethical right to determine what happens to their own bodies, unless they are incapacitated. Valid consent to treatment is therefore central to all forms of healthcare. It is usually not necessary to document a patient's consent to routine and low risk procedures, such as a general radiographic examinations, verbal consent, but it is essential to obtain implied consent.^[12] Staff should also take cognisance that seeking consent is also a matter of common courtesy between health professionals and patients.

Ethically, patients must be informed in advanced by radiographers of what a procedure entails. This study revealed that 63.5% of the respondents did not know what type of radiodiagnostic examination would be performed on them. Explanation of the procedure, and its side effects, prior, during and after an examination, should enable patients to make informed decisions. They would then be empowered to cooperate during the procedures. It is of concern that only 72% of the respondents were provided with information to make informed decisions. The explanation of a procedure should be done using simple explanations in a language that patients understand. Other researchers have indicated that when determining why patients fail to follow instructions, a factor frequently encountered is the assumption that patients have understood the procedure while this might not be the case.^[10,11] Patients should be asked to

explain, in their own words, their understanding of instructions. This should provide a complete picture of how well they understand the information.

Usually general radiographic examinations are not booked but done on 'a walk in and queue' basis in most Ghanaian hospitals. This practice creates long delays for patients. However, unnecessary patient delay without valid or obvious reasons, as reported by 27 respondents (32%), is unethical and increases their levels of anxiety. Restructuring the workflow and regular patients-staff communication should be the way forward.

The use of hospital jargon, and not fully understanding what is in store for them causes anxiety thus many patients then wish to ask questions. This is their right and it cannot be undermined. This was not evident in the study, as 11.6% of the respondents indicated that radiographers were unwilling to answer all their questions. Although it is clear that not every kind of information can be given to patients at a particular point in time, it is the ethical duty of radiography staff to attend to them and not to ignore them totally. Showing empathy and being sensitive to patient needs in a constructive manner is very important to care.^[8,12] This results in positive patient satisfaction.

Eight (7.0%) respondents found some staff to be rude. Rudeness is unethical and has no place in healthcare practices. Human attitudes are revealed by verbal and non-verbal behaviors and so, by expressions of voice tones, body language, gestures, and choice of words, patients are informed of health professionals' attitudes. The need for radiographers to take cognisance of their actions is therefore imperative. At times health professionals can be assertive, but their actions should not be perceived as aggression. In circumstances

involving stress and frustration, rudeness to patients can be avoided by lowering voices and speaking slowly and clearly when the situation is very emotional.^[11,12]

The findings of this study showed that radiographers do not accept or demand unauthorised fees or favour from patients and their relatives. They also do not abuse the privileged relationship that exists between them and their patients. This observation is contrary to the anecdotal evidence that suggested otherwise.

There was a response rate of 85 out of 115. A higher response rate may have changed the results.

Conclusion

The results of this study revealed that the radiographers at the study site are ethically committed to patients and largely fulfill their ethical responsibilities towards their patients during practice. They were seen by patients as being honest, competent, dedicated, co-operative, caring, courteous and highly professional in their work activities. However, there is the need for all radiographers to ensure compliance with their codes of conduct and ethics at all times since evidence of some ethical commitment lapses were reported. Periodic sensitisation of radiographers about their ethical responsibilities, and patients' views about care provided by radiographers, is pivotal to effective health care.

Contributions by authors

BO Botwe designed the study, performed the statistical analysis, wrote the protocol, and worked on writing the paper. S Anim-Sampong, J Obeng-Nkansah J and RO Ampofo helped to design the work, acquired and interpreted data, revised it for important intellectual content, and contributed to writing the paper.

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