



“So You Are Running Between”—A Qualitative Study of Nurses’ Involvement With Diagnostic Imaging in South Africa

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ABSTRACT: Nurses caring for patients in radiology departments are a relatively recent phenomenon. Only a few fragmented studies appear in the literature on the interprofessional nursing domain in these departments. This article attempts to give a more holistic picture of nurses’ experiences of patient care related to diagnostic imaging and interprofessional interactions and relations with radiographers and radiologists. Focus groups were held, among others, with nurses at a district hospital and an adjacent academic hospital in South Africa. Participants were questioned about their experiences regarding referrals for diagnostic imaging, their professional roles, views on the roles of other professions, multidisciplinary interaction, and radiation awareness. Three main themes emerged, namely (1) patient care and communication include the subthemes of “being there” for patients and communicating with them; (2) scope of professional practice is divided into activities around the request form, preparation for diagnostic imaging, and further education needs; (3) interprofessional interactions relate to hierarchical and power relations and interprofessional communication and conflict. The study illustrates the collaborative and mediating roles of nurses at various points in the health system, from referral of patients for diagnostic imaging investigations to discharge from the health care facility. More studies are needed on interprofessional relations among radiographers, radiologists, and nurses, and nurses’ ability to make appropriate judgments with regard to the completion and interpretation of request forms and preparing patients for specialized investigations. (*J Radiol Nurs* 2014;33:105-115.)

KEYWORDS: Nursing care; Nurse-patient relations; Hospital radiology department; Nurse-radiographer relations; Nurse-radiologist relations.

INTRODUCTION

Nurses caring for patients in radiology departments are a relatively recent phenomenon that started in the 1970s with the proliferation of multimodality, cutting-

edge imaging technologies. The functions and competencies of nurses working in diagnostic imaging are multifaceted, such as ensuring patient safety, comfort and ethical care, balancing patient load, and responding to emergencies (Brown, 2012; Goodhart & Page, 2007). One of the challenges is the ability to adapt from having stable nursing care plans and routines to the frequency of changing plans when a patient is switched between modalities (Glicksman, 2008). The role of radiology nurses also entails patient education, training of radiographers, setting standards, and participating in quality-assurance activities (Goodhart & Page, 2007; CNET & RNCB, 2010).

The division of roles, responsibilities, and scope of professional practice between radiographers and nurses working in radiology has developed differently in different countries. In some countries, for example,

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Saudi Arabia and Guatemala, formal radiography education and training were in the past offered to nurses as an add-on in the absence of radiography professionals. However, after the need for qualified graduate radiographers had been identified, academic radiography education and training were introduced (Alaamer, 2012; Cowling, 2008). In countries like Sweden, there is a formal Bachelor of Science degree in diagnostic radiology for nurses (Lundén, Lundgren & Lepp, 2012). In some countries, bone densitometry is physically and organizationally not included under the umbrella of imaging services and is often run autonomously by nurse practitioners, with varying degrees of radiographer involvement (Field & Snaith, 2013). In South Africa, no formal radiology nursing programs are currently offered.

According to the Nursing Council of New Zealand (2009), “[n]urse practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills.” As this category of specialized nursing in the radiology field is not formalized in the South African health professions education system, the term “nurse practitioner” is used to refer to nurses with this type of expertise in other countries.

Mørk, Aanestad, Hanseth, and Grisot (2008) refer to the everyday need for nursing and radiology to cooperate in sharing tasks to come to a common outcome of the quality of service expected, without compromising care. Goodhart and Page (2007) see the goal to be providing optimal imaging data with minimum discomfort to the patient. In this respect, nurses' collaboration with the radiology team that includes radiologists and radiographers is important.

According to Chow et al. (2013), imaging plays an integral role in disease diagnosis and patient treatment. Quality patient care depends on clinical findings used to justify a referral for a diagnostic investigation and on accurate interpretation of images. These activities traditionally belonged to the medical domain. As nurses' skills and knowledge in requesting examinations and interpreting images vary, it is essential to standardize competencies to be achieved by means of education and regular audit of outcomes.

There has been a debate regarding the role of formal education vs. experiential learning among nurses and nurse practitioners in acquiring skills and knowledge in plain X-ray requests and image interpretation (Coleman & Piper, 2009; Summers, 2005). Chow et al. (2013) emphasize the essence of including imaging in both formal undergraduate and postgraduate nursing education programs. This could further improve performance in this role extension for nurses as a result of the development of different imaging modalities in diagnostic investigation.

Nurses are in an ideal position to provide patients with a holistic experience by bridging gaps identified between the biomedical and technological worlds of radiology on the one hand, and the psychosocial world of the patients on the other. According to Brown (2012), nurses can help patients to understand the imaging procedures or intervene on the patients' behalf. In addition, nurses need to interact and create partnerships with a variety of health care providers involved in imaging procedures and the follow up of patients.

Despite nurses having become an integral part of radiology departments worldwide and nurses being the bridges between general care services and radiography and radiology services, only a few fragmented studies appear in the literature on the interprofessional nursing domain in radiology departments. No study could be found on the relationships and interactions among nurses, radiographers, and radiologists. The aim of this article is to report on nurses' experiences of patient care and interprofessional interactions and relations with radiographers and radiologists. This study was part of a larger qualitative inquiry into processes and interactions between health care providers and patients referred for diagnostic imaging investigations in a hospital complex that included a district and an academic, tertiary hospital. The Research Ethics Committee of the Faculty of Health Sciences of the University of Pretoria approved this study.

METHODS

The larger study entailed 24 case studies of “shadowing” patients from admission to the casualty or outpatient department up to discharge from the district hospital or referral to the adjacent academic hospital. In this process, the patients were interviewed, consultations and diagnostic imaging investigations were observed, and individual interviews were held with health professionals, including three nurses (indicated as “Nurse, Patient #” in the direct quotations).

In addition, focus group interviews were held with nurses and radiographers from both hospitals and with radiology registrars (residents) from the academic hospital. Table 1 contains a summary of the different ranks of participating professionals. Four focus groups were held with nurses. Two groups were from the district hospital where no nurses are designated to the X-ray department (indicated as “Nurse, DH”). One group from the academic hospital consisted of ward nurses (indicated as “Ward nurse, AH”), whereas the other group of professional nurses was permanently dedicated to the radiology department (indicated as “Nurse, Radiology, AH”). Participants were questioned about their experiences regarding referrals for diagnostic imaging, their professional roles, views on the roles of other

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