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Research Article

Multiprovider and Patient Perspectives on Conveying Diagnostic Imaging Investigation Results in a South African Public Health Care System

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ABSTRACT

Introduction: This study explored interaction processes in conveying messages about the results of diagnostic imaging investigations in a public hospital complex in South Africa from the perspective of health care providers and patients.

Methods: The study was part of a qualitative inquiry into the interaction and communication processes relating to diagnostic imaging investigations in the public health care system. Data collection included individual interviews with 24 patients and 62 health care providers (ie, medical practitioners, specialists, radiologists, registrars, radiographers, and nurses). In addition, 12 focus group interviews were conducted with health care providers. The transcribed data were coded and analysed to identify categories and themes.

Results: Three main themes emerged from the study. The first theme deals with the medical territory, specifically who should interpret and convey the diagnostic results to the patient. The second theme highlights the role of radiographers and nurses in communicating parts of the diagnostic results. The last theme focuses on patient experience, interpretation, and comprehension in the provider-patient communication process.

Conclusions: The findings provide a multidimensional view about the disclosure of imaging results to patients by medical and nonmedical health care providers. Further research is needed on the role of nonmedical providers in the context of ethical and moral obligation toward patients and the professional restrictions inherent in their scope of practice.

RESUMÉ

But : Cette étude explore les processus d'interaction dans la transmission des messages concernant les résultats des examens d'imagerie diagnostique dans un complexe hospitalier public d'Afrique du Sud, du point de vue des fournisseurs de soins de santé et de celui des patients.

Méthodologie : L'étude s'inscrivait dans le cadre d'une enquête qualitative sur processus d'interaction et de communication concernant les résultats des examens d'imagerie diagnostique dans le système de santé public. La collecte de données s'est faite par des entrevues auprès de 24 patients et de 62 professionnels de la santé (médecins, spécialistes, radiologistes, registraires, radiographes et infirmières). De plus, 12 entrevues sous forme de groupes de discussion ont été réalisées avec des professionnels de la santé. Les données transcrites ont été codées et analysées afin de définir des catégories et des thèmes.

Constats : Trois thèmes principaux ont émergé de l'étude. Le premier porte sur le territoire médical, à savoir qui doit interpréter et transmettre le message concernant les résultats diagnostiques au patient. Le deuxième thème met en lumière le rôle des radiographes et des infirmières dans la communication d'une partie des résultats diagnostiques. Le dernier thème met l'accent sur l'expérience du patient, l'interprétation et la compréhension dans le processus de communication entre les professionnels de la santé et les patients.

Conclusion : Les constats de l'étude fournissent une perspective multidimensionnelle sur la divulgation des résultats d'imagerie aux patients par les médecins et les professionnels de la santé autres que les médecins. D'autres recherches seront nécessaires sur le rôle des professionnels autres que les médecins dans le contexte des obligations éthiques et modales à l'endroit des patients et sur les restrictions inhérentes à leur champ d'exercice.

Keywords: Communication; diagnostic imaging; health personnel; health services needs and demand; South Africa

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Introduction

In the diagnostic imaging context, the written radiologic report is the main medium of communication to patients and medical practitioners [1–3]. However, Bazzocchi [3] contends “that written communication cannot be considered sufficient and that verbal communication will become increasingly central to the development of the modern radiologist” (p. 340). Equally important is the collective responsibility of the radiologist and the referring clinician for the eventual diagnosis [4]. The shift to shared responsibility for communicating results so that findings are not lost “in ether” (p. 854) [4] is controversial [5] because of arguments related to the organization of work and ethical, medicolegal, and training implications [3, 6, 7]. Mathers et al [8] call for the use of modern communication methods in a “multi-professional, multi-departmental approach to provide timely effective standardised and seamless results giving service for all” (p. 162). Similarly, Smith and Gunderman [9] pose the question whether radiology department personnel (ie, radiologists, nurses, radiographers, and administrative staff) should provide diagnostic imaging study results to patients or their families. Other scholars focus on the negative communication impact of outsourcing communication responsibilities to parties outside the medical profession, which could be a potential source of error and misunderstanding [10].

The roles of radiographers, often referred to as radiologic technologists [11], have significantly changed and diversified in response to advances in radiographic technology, skill shortages, and changes in health systems. Generally, radiographers are not allowed to discuss the results of imaging investigations with patients, which often leads to added anxiety for patients [8]. In contrast, nurses are allowed to disclose positive results to patients on instruction by medical practitioners when a clinical action is required, such as notifying the patient to make a return consultation appointment [12]. Despite the ideal placement of radiographers and nurses to communicate and sometimes interpret the results of an investigation, the issue of their respective competencies and skills to perform these tasks still needs to be adequately addressed [8].

From a patient perspective, the timeliness for giving and receiving results is important [3, 5, 7]. Of equal importance are health professionals’ expectations of who should normally communicate the results to the patient and what the patient’s preference in terms of where, when, and by whom the results should be conveyed. Studies by Mathers et al [8] and Pahade et al [13] found that patients preferred to be immediately informed of the diagnostic imaging examination results by the radiologist instead of the referring clinician. However, Berlin [14] cautions that the decision to immediately communicate results to the patient should be made on a case by case basis.

Health professionals in the public health sector in South Africa are also confronted with similar issues regarding who should communicate what kind of diagnostic imaging results to patients. A patient who presents at a public health care

facility will be referred to the radiology department for necessary investigations. Upon completion of the diagnostic imaging procedure, the radiologist is required to write a radiologic report and return the findings to the referring medical practitioner or specialist, who will then communicate the results to the patient [15]. How long it takes for each patient to receive the results from the medical provider depends on the workload of the radiologist and access to the picture archiving and communication system or a teleradiology system.

The aim of our study was to explore the interaction processes in conveying the results of diagnostic imaging investigations from a multiprovider and patient perspective in a public hospital complex in South Africa, and to understand to what extent this represents the “seamless results” proposed by Mathers et al [8]. This study is one of the first to focus not only on one particular point of contact between the patient and a health care provider, but also on the interactions and communication in the natural setting between patients and providers and between different providers in the continuum of patient care that includes diagnostic imaging investigations, from admission to discharge.

Methods

This study entailed a qualitative research inquiry using a constructivist approach to explore processes and interactions between multiple health care professionals and patients referred for diagnostic imaging investigations in a multilevel public health care setting that included a district and an academic hospital. Patients admitted to this hospital complex are mainly from poorer communities. Most do not have medical insurance or their insurance is depleted. Their first language is any one of the 11 official South African languages or a language spoken in other southern, eastern, or central African countries. Most have a basic ability to understand English.

Permission for conducting the study was obtained from the Research Ethics Committee of the Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa. All participants were ensured of confidentiality and gave written informed consent before being included.

The study consisted of two main phases. Phase 1 entailed following (“shadowing”) a convenience sample of 24 patients throughout their hospital encounter. Data collection activities included the following:

- Semistructured individual patient interviews conducted on three occasions: at the point of entry, after the imaging investigation, and at the point of discharge from hospital or admission for in-hospital treatment
- Observations of patient-provider and provider-provider interactions at all points of contact by means of observation checklists with closed and open-ended items
- Collection of radiologic reports and review of medical files
- Individual interviews with 62 health care providers responsible for treating the patient participants (Table 1)

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