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Experience of Nurses Regarding Their Roles on Preparation of Patients Undergoing Medical Imaging At The State Hospital, Swakopmund, Erongo Region, Namibia

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Abstract: The purpose of this study was to explore and describe the experience of nurses regarding their roles in preparing patients undergoing medical imaging at state hospital, Swakopmund. The study adopted a qualitative, exploratory, descriptive, phenomenological, and contextual research designs. Purposive sampling method was adopted to select nurses who met inclusion criteria. The study used face-face interviews, data collected was audio recorded and transcribed verbatim. Data was analysed using the content analysis method and Tesch's 8 steps of analysing qualitative data. Three (3) themes emerged from the findings of the study namely: (i) participants experienced various interventions regarding the preparation of patients for medical imaging, (ii) experiences of lack of resources and trainings relevant for preparing patients for medical imaging, and (iii) participants experienced barriers during the preparation of patients for medical imaging. The study recommends provision of necessary equipment, adequate staff, in-service training, and the development of the radiology nurses as a specialisation program.

Keywords: Experiences, nurse, preparation, medical imaging, patient, state hospital

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INTRODUCTION

Medical imaging is the non-invasive methods aimed at looking inside the human body to diagnose or treat the person (El-Bendary *et al.*, 2015). It is a part of biological imaging and incorporates radiology, endoscope, thermograph, medical photography, and microscopy. Some of the imaging services being utilised are computed tomography (CT), general radiography, fluoroscopy, ultrasonography (US), mammography, magnetic resource imaging (MRI), Dual-energy X-ray absorptiometry (DEXA), nuclear medicine (NM) and catheterisation laboratory (Cath Lab) (Bwanga *et al.*, 2020). The types of medical imaging are significant for treatment and evaluation of several disorders including cancer, stroke, bleeding, and other diagnoses (Alghamdi *et al.*, 2022).

Medical imaging is beneficial to patients; however, they expose patients to some risks such as exposure to ionizing radiation, which increase the possibility of developing cancer later in life, allergy, toxicity and make some people feel claustrophobic (El-Bendary *et al.*, 2015). Thus, it is very crucial for the nurses to integrate nursing skills with that of imaging to ensure quality patient care (Bwanga *et al.*, 2020). The functions and competencies of nurses working with

diagnostic imaging are aimed at combating challenges faced by patients and providing holistic care pre, intra and post-procedure (Bwanga *et al.*, 2020). The care rendered by nurses are complex starting with ensuring patient safety, comforting and ethical care, balancing patient load and responding to emergencies (Makanjee *et al.*, 2014).

A study by Lundén *et al.* (2022) revealed various experiences regarding nurses' role on preparing patients undergoing medical imaging. Some nurses were deeply concerned about how to reassure patients before the procedure, thus, focused on creating a trusting atmosphere for the patients from admission. Alghamdi *et al.* (2022) indicated that nurses experienced lack of confidence due to inadequate experience in working with patients undergoing medical imaging procedures.

Regardless of the legal mandate of nurses to prepare a patient for operative, diagnostic, and therapeutic acts and the rendering of pre-operative care mandated by the Government Gazette (2014), some patients are observed to be transported from state hospital, Swakopmund for medical imaging without proper or no preparations done. Similarly, there seem to be no study conducted in Namibia regarding the experiences of nurses on their role on preparing patients

undergoing medical imaging. It is therefore against this background that this study was conducted to fill the gap by helping nurses understand their experiences regarding their role on preparations of patients undergoing medical imaging at state hospital, Swakopmund.

A study by Kim *et al.* (2019) on nurses' experiences of caring for patients with cervical cancer revealed lack of nursing training on the radiological procedures. Nurses experienced lack of confidence due to lack of experience on certain medical imaging procedures and lack of necessary information required for the procedure. In some part of the world, nurses working in general wards are the one preparing patients for medical imaging while in some countries there are radiology nurses (Bwanga *et al.*, 2020). The experiences of nurses when preparing patients for medical imaging is influenced by the length of period worked and the department they are working in (Acauan *et al.*, 2021; Bwanga *et al.*, 2020).

In Africa, Zambia is one of the countries with radiology nurses. Zambian radiology nurses are required to have degree in nursing and registered with General Nursing Council of Zambia (Bwanga *et al.*, 2020). In Namibia, some radiology departments have radiology nurses, however, in many cases nurses are expected to prepare patients for medical imaging from their wards. The scope of practice for a registered nurse in Namibia includes the role to 'prepare a patient for operative, diagnostic, and therapeutic acts and the rendering pre-operative, intra-operative and post-operative nursing intervention' (Government Gazette of the Republic of Namibia, 2014). There were however no studies found in Namibia and Swakopmund on the experiences of nurses regarding their role of preparing patients for medical imaging.

PROBLEM STATEMENT

Preparing the patient undergoing medical imaging has been a challenge to many nurses (Alghamdi *et al.*, 2022). As a registered nurse working at Swakopmund Hospital, the researcher had an interface with patients undergoing medical imaging on daily basis upon which she observed with concern that patients booked for medical imaging are being escorted to referral hospitals for the procedure with little or no proper preparations. Further, the researcher observed patients being escorted with no or little education on the medical imaging procedure to be done. Most patients expressed anxiety due to lack of counselling and reassurance by nurses before the procedure. Upon daily interactions with nurses responsible for preparing patients for medical imaging, some nurses expressed different experiences and challenges such as lack of adequate knowledge and experience on preparing patients for the procedures, non-adherence to instructions by patients and lack of time to reassure patients due to workload. Preparation of patients undergoing medical imaging contributes positively to the effectiveness of the procedure, however, lack of proper

patients' preparations may result into absconding due to fear and anxiety, or excess movement during the procedure which can hinder or delay the procedure which may delay the prognosis (Lunden & Lundgren, 2012). There is little to no literature on the experiences of nurses regarding their role in preparing patients undergoing medical imaging in Namibia. It is therefore against this background that the researcher thought to explore and describe the experience of nurses regarding their roles in preparation of patients undergoing medical imaging at state hospital, Swakopmund.

METHODS

The study employed a qualitative, exploratory, descriptive, phenomenological, and contextual research designs to explore and describe the experiences of nurses regarding their role on preparation of patient undergoing medical imaging at the state hospital, Swakopmund. A qualitative research approach was the most suitable to reveal the experiences of nurses regarding their role on preparations of patients undergoing medical imaging (Brink *et al.*, 2020). Using an exploratory research design, a deeper understanding on the topic was obtained by exploring various perspectives and identifying experiences of nurses regarding their role on preparation of patients undergoing medical imaging (Leavy, 2017). This study adopted the descriptive design to describe the experiences of nurses regarding their role on preparation of patients undergoing medical imaging at Swakopmund state Hospital (Nassaji, 2015). Phenomenological research design allowed the researcher to deeply explore the subjective experiences, thoughts, feelings, and perspectives of the nurses regarding their role when preparing patients undergoing medical imaging. This design enabled the researcher to uncover the essence of the nurse's experiences and gained insight into how they perceive and understand their roles in this context (Brink *et al.*, 2020). Contextual research design allowed the researcher to examine the experiences of nurses regarding preparing patients undergoing medical imaging within the environment of the state hospital, Swakopmund.

Population

The population of this study consisted of 35 registered nurses employed at the state hospital, Swakopmund.

Sampling and Sampling Method

Purposive sampling method was adopted to select study participants. As opined by Stephanie (2021), purposive sampling is when the researcher chooses a sample based on their knowledge about the study. The selection of the participants was based on the following inclusion criteria namely: (i) a participant should be a registered nurse working at the state hospital, Swakopmund, (ii) a participant should have more than six (6) months of working experience as a nurse.

Data Collection Method and Procedure

This study employed a face-to-face in-depth semi-structured interview. The researcher visited the state hospital, Swakopmund wards beforehand to identify participants and schedule the interviews based on the participants' suitable time. The interviews were conducted at Swakopmund state hospital to maintain the natural setting of the phenomena under study. The researcher prepared a quite separate room with a chair and table. A quite separate room was necessary to avoid disturbances and ensure smooth interviews. Interviews were conducted in English. The researcher reminded the participants of their rights and their informed consent. The researcher started the interviews with the main question: "what are your experiences regarding your role on preparation of patients undergoing medical imaging in the state hospital, Swakopmund?". The participants responses were followed by probing questions to obtain more information or clarity from participants responses. The researcher stopped conducting interviews when data saturated (Leavy, 2017). All the interviews were audio recorded and the expressions of the participant's interpretations were recorded in field notes.

Data Analysis

The collected data were analyzed using the content analysis method and Tesch's 8 steps of analysing qualitative data. The content analysis method was suitable to analyze the content of the information obtained from verbal responses of participants during interviews (Bertram & Christiansen, 2014). The eight steps engaged the researcher in a systematic process of analysing textual data (Creswell, 2022). After the coding step, the researcher identified three themes and eight subthemes.

Trustworthiness of the Data.

Trustworthiness in a qualitative study is a way to initiate trust or confidence in the findings of the research (Connelly, 2016). The following criteria were considered in ensuring trustworthy in this study, namely: credibility, transferability, dependability, confirmability, and authenticity (Stahl & King, 2020). To enhance credibility, the researcher engaged in peer debriefing, where the study supervisor who is an expert in the field review the study's design, data collection, and analysis processes (Brink *et al.*, 2020). In addition, the researcher used multiple data sources and data collection methods (i.e., field notes, and audio recordings) which allowed data triangulation. Comparing and contrasting information from different sources can increase the robustness of the findings and provide a more comprehensive understanding of the research topic.

The researcher ensured transferability by using dense description, which involved providing adequate details on the site, participants and methods or procedures used to collect data. This will enable other researchers to evaluate whether the results were applicable for other situations. The researcher also

disclosed the methods of data analysis with enough details to enable readers to be able to transfer the knowledge to a new context. Dependability on the other hand was achieved by examining the critical areas of research such as the problem statements, methodology, findings, interpretation, and recommendation the research committee of the University of Namibia. The study was also guided and audited on the day-to-day progress by the polymath supervisor allocated by the University of Namibia.

The findings of this study were audited by an experienced independent researcher to ensure that confirmability was achieved. Furthermore, this study used different sources, steps, and methods to ensure that data reflects the voice of participants and not the researcher's biases or experiences. The researcher ensured authenticity by making use of member checking. Data or results were returned to participants to check for accuracy and resonance with their experiences (Birt *et al.*, 2016). Member checking addresses the co-constructed nature of knowledge by providing participants with the opportunity to engage with as well as add to, interview and interpreted data, sometimes, after their interview.

Ethical Consideration

Prior to the data collection, ethical clearance certificate was granted from the University of Namibia (UNAM) with the reference number SoNEC/001/2023. Furthermore, another permission was obtained from the ministry of health and social services (Ref: 22/3/1/2) and the director of Erongo regional health directorate to conduct the study in the hospital. Another permission was also obtained from the hospital medical superintendent and the participants before commencing the interviews.

The researcher applied the principles of the Declaration of Helsinki of 1964, by adhering to the principle of respect for persons, principle of beneficence, and principle of justice (Peters, 2020). The principle of respect for a person was respected by ensuring that the informed consent is obtained, and participant's information is kept confidential (Friesen *et al.*, 2017). Participants were informed of their right to withdraw from the study at any time without prejudice. Informed consent was obtained from participants prior to data collection. Confidentiality was maintained in the study by coding responses instead of naming them with participants' names. The researcher ensured that no names of participants were mentioned during the interviews. The data collected was stored in encrypted files which were only accessible to the researcher and the supervisor.

The principle of beneficence refers to acts of helping and securing participant's well-being (Paton *et al.*, 2020). The interview questions were formulated free from bias and judgmental and pre-tested to exclude

psychological harm to the participants. The principle of justice refers to participant’s rights to fair selection and treatment (Brink *et al.*, 2020). Participants were selected based on inclusion criteria, and willingness to participate in the study. The researcher used honest and verifiable methods throughout the study and reported accurate data in respect to the procedures. The researcher avoided personal bias to influence scientific findings by transcribing and presenting data verbatim (Stahl & King, 2020).

DISCUSSION OF THE FINDINGS

This study aimed at exploring and describe the experience of nurses regarding their roles in preparing patients undergoing medical imaging at state hospital, Swakopmund. Eight face-face interviews were conducted with nurses working at the state hospital, Swakopmund. The findings of this study were in audio recorded format and transcribed to narrative verbatim by the researcher. Three themes and eight (8) sub-themes emerged from the findings of this study as illustrated in table 1.

Table 1 : Themes and Sub-Themes

Themes	Sub-themes
1.1 Participants experienced various interventions regarding the preparation of patients for medical imaging	1.1.1 Dealing with pain and discomforts 1.1.2 Creating a nurse-patient trust relationship 1.1.3 Preparing patients for unpredictable discomfort
1.2 Experiences of lack of resources and trainings relevant for preparing patients for medical imaging	1.2.1 Lack of resources 1.2.2 Shortage of staff 1.2.3 Lack of training for nurses
1.3 Participants experienced barriers during the preparation of patients for medical imaging	1.3.1 Difficult patients 1.3.2 Delayed procedures

Theme 1: Participants Experienced Various Interventions Regarding the Preparation of Patients for Medical Imaging.

The experiences of registered nurses during their role on preparation of patients undergoing medical imaging at the state hospital, Swakopmund comprised of various interventions. Interventions are more aligned with general fellow feeling, emotions caused by realisation that something bad happened to the other person or experiencing another’s emotions which is triggered by mild discomfort to serious suffering (Jeffrey, 2016). The following subthemes illustrates various interventions experienced by participants regarding the preparations of patients undergoing medical imaging.

Subtheme 1.1. Dealing With Pain and Discomforts

Pain is a physical and mental discomforts, while discomfort is a sensation out of the ordinary that can be ignored (Freshwater & Maslin-Prothero, 2012; Funabashi *et al.*, 2022). Most participants outlined that they have sympathy for their patients when raising pain and discomfort during preparation for medical imaging.

“My emphasis and concern are for those patients to get.... Especially those that are going for Chemotherapy to be prepared thoroughly, to undergo a pre counsel where they will be explained what is going to happen to them after. The side effects of Chemotherapy, what will going to happen to them...” [P4]

Pain and discomfort can arise from injuries, disease, or psychological discomforts due to the side effects and seriousness of the medical imaging. Many participants gave counselling and analgesics to overcome the challenges patients goes through before and during

medical imaging (Canadian Associations of Radiologists, n.d.). Sympathy takes a ‘self-orientated’ perspective which may arise from an egoistic motivation to help the other person to relieve one’s own distress (Jeffrey, 2016). Being sympathetic is the nurse’s ethical role and symbolizes the ethos of nursing (Hyde *et al.*, 2018; Paton *et al.*, 2020). Being sympathetic moves a nurse to care and help patient overcome their pain and discomfort (Paton *et al.*, 2020).

Subtheme 1.2: Creating A Nurse-Patient Trust Relationship.

Trust relationship has to do with confidence in and reliance upon others to act in accord with accepted social, ethical, and legal norms (Said, 2013). The pre-procedural nursing care begin with creating trust relationship with the patient and carers (Bwanga *et al.*, 2020). Most of the participants experienced sympathy towards patients by creating a trust relationship with them at the first sight.

“They have so many expectations from me as a nurse especially when you treat them well from the beginning. They come to you to explain to them exactly what’s going to happen to them, because maybe the doctor did not explain fully what’s going to happen or what’s expected of the patient” [P6]

Trust is considered the heart of nursing care and vital to the nurse-patient relationship. Trust in a nurse-patient relationship has been suggested to have a positive influence on the care results as well (Haavisto & Jarva, 2018). Many of the participants experienced the essence of nurse-patient trust. Patients turn to nurses for counselling, advice, and reassurance if nurses create a trusting relationship from admission. A

nurse should be sympathetic, calm, and kind to gain trust from patients (Paton *et al.*, 2020).

Subtheme 1.3: Preparing Patients for Unpredictable Discomfort.

Many psychological factors are known to influence pain perception, among them, intolerance of uncertainty may play a key modulating role in situations where uncertainty prevails (Bélanger *et al.*, 2017). Unpredictable discomfort has to do with is a sensation out of the ordinary which were not anticipated (Freshwater & Maslin-Prothero, 2012). Nurses reported to be sympathetic to the patients whether they will have discomfort after or during the procedure, thus, they offer counselling and suggest social workers to prepare patient to overcome any unpredictable discomfort.

“At the end of the day, you ll come back with the patient or you will find yourself with the patient who is depressed because they did not really understand, or their expectations were not met.” [P5]

“We need to talk to them, reassure them and try to explain within our scope of practice and the knowledge that we have so just to try to have them not be anxious and overcome all challenges on their way” [P7].

Unpredictable discomfort led to increased pain and discomfort. Counselling should be given to the patient undergoing any procedure to prepare them in overcome both, predictable and unpredictable pain, and discomfort (Cournane *et al.*, 2016).

Theme 2: Experiences Of Lack of Resources and Trainings Relevant for Preparing Patients for Medical Imaging

Participants experienced lack of resources and trainings relevant for preparing patients for medical imaging. Lack of resources and adequate knowledge can lead into poor quality care to the operation before pre-procedure (Bwanga *et al.*, 2020). The experiences of participants are discussed below.

Subtheme 2.1: Lack of resources

Resources are considered vital in the role of nurses regarding preparation of patients undergoing medical imaging procedure. The participant experienced attending to patients without resources required to prepare the patient for medical imaging. The participant is quoted as follows:

“We have limited resources I mean resources here; we only have Xray, and sonar and that sonar also is not much enough. It has some certain things that it shows it have some certain things that it does not show.” [P6]

Lack of resources led to postponement of procedures, delayed diagnosing, and treatment.

“.... can offer those services to patients around without them traveling to Windhoek which is far

from which at the end of the day also delays the treatment and delays the diagnosis.” [P8]

The availability of resources, particularly imaging equipment, is underscored as a critical factor in radiology nursing (Grossman 2018). The absence of necessary imaging tools can significantly impede the ability to provide timely and comprehensive services to patients. Participants indicated that critically ill patients are being transported to X-ray instead of a mobile X-ray to take patients imaging in the comfort of his or her critically ill-bed.

“I think if they have more mobile machines that they can come and do or perform X-rays at the department in casualty in particular instead of moving patients up and down and that we have limited resources is also challenging.” [P8]

Bwanga *et al.*, (2020) shed light on the broader issue of resource scarcity in healthcare. Although not directly related to medical imaging, the study emphasizes that resource availability is pivotal in any healthcare setting. Scarcity of resources can hamper the effectiveness of healthcare professionals, including their ability to adequately prepare patients for imaging procedures.

Subtheme 2.2: Shortage Of Nursing Staff

As a gap between the number of nurses required (demand) and the future number who are available to work (supply) (Biron & Oliver, 2019). Shortage of nurses will lead to burnout because available nurses must overwork and meet the demand of the patients (Machitidze, 2022). Some of the participants indicated that they experienced burnout. Nurses are overworking while tired which will result in burnout. Participants indicated that burnout affects their role in caring for the patients properly. This includes fulfilling their role in preparation for the patients undergoing medical imaging. The Participants are quoted saying.

“It doesn't matter we are tired due to shortage of nurses in our hospital, we must prepare them anyways.” [P4]

Furthermore, participants also indicated that shortage of nurses and radiologists limits the time of radiology department operation. Participants argue that if there were no lack of staff, patients could have been diagnosed and treated on time.

“Due to the shortage of the radiologists and nurses our department is not operating 24 hours, I advise that they employ more staffs so that atleast the department can work 24 hours to avoid this delay treatment or untreatment of patients.” [P8]

Makanjee *et al.*, (2014) qualitative study on nurses' involvement with diagnostic imaging in South Africa highlighted staffing challenges. They found

inadequate staffing levels hindered the efficiency of diagnostic imaging services, potentially affecting patient preparation and overall care quality.

Subtheme 2.3: Lack Of Training for Nurses

Even if many of the participants agree to have little knowledge from their nursing schools regarding medical imaging, they doubt their knowledge regarding specific medical imaging procedures. Nurses experienced procedures which were difficult to provide explanation and reassurance to patients. They further reported having difficulty answering questions from the patients.

"But we don't really have so much information regarding this. We don't get special trainings regarding this." [P3]

Many of the participants experienced difficulties regarding which investigations are required for specific patients when undergoing medical imaging. Participants had a task to prepare patients undergoing major medical imaging procedures such as MRI, CT scan and Oncology patients. However, they have never received any form of training or feedback on the patients they prepared to those departments to enhance their knowledge.

"They don't even give us feedback to tell us exactly what they expect of us as nurses as we are preparing our patients." [P5]

The findings indicated that there is a lack of specific training for nurses regarding the preparation of patients for medical imaging. A Participant is quoted below:

"We haven't received in-service training on how to prepare patients. We rely on our nursing course knowledge." [P8]

This finding aligns with the literature on the importance of training and professional development for the nursing team in imaging diagnosis. Acauan *et al.* (2021) emphasized the necessity of training for nurses involved in imaging diagnosis. The absence of specialized training can leave nurses ill-equipped to handle the unique aspects of preparing patients for medical imaging.

Theme 3: Participants Experienced Barriers During the Preparation of Patients for Medical Imaging.

Barrier an obstruction, obstacle, blocking agent that hinders operation or function (Freshwater & Maslin-Prothero, 2012). Participants indicated they experienced barriers during the preparation of patients for medical imaging. These barriers are difficult patients and delayed procedures.

Subtheme 3.1: Difficult Patients

Some of the participants experienced difficult patients. Difficult patients can hinder the role of nurses in preparing patients undergoing medical imaging

procedures. Participants experienced rude patients, however, did not respond to patients with rudeness. Participants appear to have an understanding that patients 'rudeness' can be an effect of pain or other dissatisfaction. To strengthen the finding, a participant is quoted as below.

"Patient can also be rude to you without any reason." [P1]

Some participants experienced patients who refused treatments for no reason. They argued some patients can agree to a procedure, transported long distance for a procedure and later decide to refuse unnecessary.

"Once you reach the Xray department the patient decides like no, I am not going in there, I am not going to do the Xray. I don't want to do it anymore." [P5]

Dealing with difficult patients is a recurring challenge in healthcare, particularly in the context of medical imaging. Alghamdi *et al.* (2022) emphasised the critical role nurses play in managing patient anxiety, especially before MRI scans which may influence patient behaviors – and deemed difficult.

Subtheme 3.2: Delayed Procedures

Delayed procedure is the permanence of the person waiting for the procedure after the procedure was prescribed or requested. The delay time is the interval between the moment in which the patient's procedure is requested and the moment in which the procedure is done (Andreia *et al.*, 2019). Participants have experienced the procedures being delayed. The delay is caused by lack of transport or postponement due to unknown causes. On the other hand, participants experienced the distance between Swakopmund and Windhoek to be long and delaying patients diagnosing and treatment. A patient who needs an urgent CT scan must be transported to Windhoek at the expense of the patient's pain and suffering.

".. The preparation that we have to take especially on those patients who are going as far as the hospitals or referrals like Windhoek this it's time consuming and it as well as delaying the treatment." [P6]

Furthermore, participants experienced challenges preparing the patients resulting from delayed procedures. Delayed procedure is likely to increase anxiety in the patients. Therefore, many of the participants experienced difficulties preparing for medical imaging when is delayed or postponed.

"At the end of the day also delays the treatment and delays the diagnosis then which also at the end of the day give the patient more anxiety of the outcome." [P1]

It's also challenging in in ways like we need to prepare the patients psychologically, physically, and spiritually.....So, you see it's like it's a

challenge to make those people to understand and to give them proper support at the end of the day.” [P6]

Palmer *et al.*, (2011) supports this sub-theme by emphasizing the importance of efficient workflow in diagnostic imaging. Delays in procedures can disrupt patient schedules and contribute to patient dissatisfaction. Timely access to imaging services is essential, particularly for patients with urgent healthcare needs. The issue of delayed procedures emerged prominently in the findings, with a specific focus on the X-ray department's limited operating hours. This observation underscores the need for efficient workflow management and timely patient care.

“Sometimes patients are being transported to Windhoek, they don't go with the family, so they feel isolated and the patients become inpatient especially when they have to wait for too long. [P8]

Grossman (2018) mentions the challenge of limited operating hours in radiology departments. This limitation can lead to difficulties in providing timely care, especially for patients requiring imaging services outside regular working hours. To address delayed procedures, healthcare facilities must consider extending their service hours, particularly for urgent cases.

CONCLUSIONS

The findings of this study identified various experiences from participants regarding their role when preparing patients undergoing medical imaging. Participants experienced various interventions, lack of resources and trainings and barriers during the preparation of patient undergoing medical imaging. This study recommended the management to provide necessary resources required and recruit enough staff to avoid delayed diagnosis and treatment. The study further recommends the nursing schools to consider a one-year specialized post graduate program in radiology nursing. Practicing nurses are recommended to consider specialisations in radiology nursing, workshops and to seek for counselling when undergoing burnout.

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Conflict of interest

The researchers declare that they have no conflict of interest

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