

Research Article

A challenging work environment: The lived experiences of Eswatini diagnostic radiographers in the public health sector

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ABSTRACT

Background: Diagnostic radiographers play a vital role in healthcare so it is important for senior management to understand radiographer's duties and work experiences. There has been a number of studies conducted on the experiences of radiographers in other countries like the United Kingdom and South Africa. From these studies a number of work place challenges were identified. In the Eswatini healthcare context, there has been no research conducted on the daily experiences of diagnostic radiographers working in Eswatini. The country's leadership aims to attain its Vision 2022 which focusses on the attainment of the millennium development goals. This vision affects all health-care professions so for it to be successful, it is imperative to understand what it means to be a diagnostic radiographer working in the country of Eswatini. This paper aims to address this gap in literature.

Aim: The aim of this paper is to explore and describe the lived experiences of Eswatini diagnostic radiographers working in the public health sector.

Methods: A qualitative, exploratory, descriptive and phenomenological design was utilised. Participants were purposively sampled within the public health sector. Diagnostic radiographers participated voluntarily and willingly consented to participate in focus group interviews ($n = 18$).

Results: A challenging work environment emerged as a principal theme from the participants narratives with 6 sub-themes namely: Lack of resources and consumables, Shortage of radiographers, Absence of radiologists, Lack of proper radiation monitoring and safety, Poor remuneration, Stagnant professional growth.

Conclusions: The findings of this study provided new insights into what Eswatini radiographers are experiencing in the public health sector. It is evident that there are a number of challenges which need to be addressed by the Eswatini management in order to successfully implement Vision 2022. Based on this study, there is the potential for a future study on the development of a professional identity for radiographers in Eswatini.

RÉSUMÉ

Contexte: L'étendue du travail d'un radiographe exige l'exécution indépendante de procédures de diagnostic très complexes, une formation théorique et clinique approfondie et la capacité d'utiliser diverses modalités d'imagerie. Le manque de radiologues dans la plupart des pays africains a mis à rude épreuve le rôle du radiographe et a conduit à l'élargissement du champ professionnel. C'est pour cette raison que les chercheurs ont cherché à comprendre ce que signifie être un radiographe de diagnostic travaillant dans le pays d'Eswatini. Quatre thèmes principaux ont émergé des données, mais cet article ne présentera qu'un seul de ces thèmes, à savoir un environnement de travail difficile.

But: Le but de cet article est de décrire les défis auxquels sont confrontés les radiographes de diagnostic travaillant dans le secteur de la santé publique d'Eswatini.

Méthodologie: Une conception qualitative, exploratoire, descriptive et phénoménologique a été utilisée. Les participants ont été sélectionnés à dessein dans le secteur de la santé publique. Les radiographes di-

Contributors: All authors contributed to the conception or design of the work, the acquisition, analysis, or interpretation of the data. All authors were involved in drafting and commenting on the paper and have approved the final version.

Funding: This study did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Competing interests: All authors declare no conflict of interest.

Ethical approval: Permission to undertake the study was granted from the Cape Peninsula University of Technology, Faculty of Health and Wellness Sciences Research Ethics Committee, CPUT/HW-REC 2020/H14, and Eswatini Human Health Research Review Board SHR270/2020.

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agnostiques ont participé volontairement et ont consenti à participer à des entretiens de groupe (n=18).

Résultats: L'environnement de travail difficile est apparu comme un thème clé dans les récits des participants, avec 6 catégories de sou-

tien : le manque de ressources et de consommables, la pénurie de radiographes, l'absence de radiologues, le manque de contrôle et de sécurité des radiations, la faible rémunération et la stagnation de la croissance professionnelle.

Keywords: Eswatini public health sector; Radiography; Diagnostic radiographers; Lived experiences; Resource-limited country; Quality imaging services

Introduction

Radiography is a healthcare profession that is driven by advanced technology and science [1]. Radiographers use this technology and science to produce optimal images of the body. Globally, to practice as a diagnostic radiographer, one has to be registered with the Health Professions Council (HPC) of that particular country upon successfully completing an HPC-approved radiography training programme at either undergraduate or post-graduate level [2].

In the Eswatini healthcare context, Vision 2022 has been developed by the country's leadership focussing on the attainment of the millennium development goals. This includes the attainment of the United Nations sustainable development goals by the government sector and the rest of the country's entities. It is coined Vision 2022, meaning ambition towards the attainment of a first-world status by the year 2022 [3]. Universally, first-world means that laws are in place, there is a high standard of living and there is uninhibited accessibility to modern resources and infrastructure [4]. It is in this regard that the Ministry of Health is striving to adopt and implement the International Organization for Standardization (ISO) 9001 standard to improve the quality of health care services delivery. However, in order for this standard to be implemented it is important for the Ministry of Health to have a fair understanding of all the departments that will be affected by these changes and how they operate within the country. It is therefore important to understand the role diagnostic radiographers play in the Eswatini healthcare system.

The public sector healthcare system of Eswatini comprises of government owned healthcare facilities and mission healthcare facilities. It has twelve (12) government owned radiography departments and three (3) mission (semi-autonomous facilities supported by government and missionaries) hospitals with radiography departments. All these departments are equipped to provide diagnostic and sonography imaging services; there are no radiation therapy and nuclear medicine services in the country. The number of radiographers per facility ranges from 2 radiographers in health centres (level 3 facilities), 3- radiographers in regional health facilities (level 2 facilities), 2- radiographers in one of the specialised hospitals (T.B. hospital) and 6- radiographers at the only national referral hospital (level 1 facility) [3]. One of the authors can share that, there is no proper or well documented organizational structure for the radiographers. Radiographers report to the most senior radiographer and or medical officers at healthcare facility level. Additionally, the career

progression for radiographers is only two levels, which is the entry level, then one progresses to the senior level depending on the availability of positions which are also not aligned to the number of years served but created arbitrarily. Furthermore, in Eswatini, there is no specific regulatory body for allied health professions which creates a challenging work environment as per the author's knowledge. On top of this challenge, the country does not have a regulatory body nor a delegated radiation protection officer to perform activities relevant to radiation protection.

A study conducted in Gauteng, South Africa, on lived experiences of radiographers concluded that radiographers are devoted to patient attention and value close interpersonal connections in their work surroundings [5]. However, literature also alludes to radiographers experiencing professional stagnation and feelings of being under compensated [5-7]. Remuneration, working conditions, professional support and career development have been identified as major contributing factors on a radiographers work experience [5,7]. The volume and complexity of work within radiography, is gradually increasing yet the number of radiographers is not growing sufficiently to meet this increasing demand [8]. This then results in an increased workload for radiographers which can affect the work experience negatively. Radiographers experience some degree of stress and burnout caused mostly by the workload [5-7,9,10]. Another challenge within the radiography field as recognised by Thompson and Henwood [11] who studied the lived experiences of radiographers transitioning from clinical practice to managerial roles in Australia, is the lack of or poorly defined job descriptions. This causes role ambiguity and renders them unable to manage autonomously in their role [11]. It is evident that radiographers' experiences and challenges are different, based on their specific contexts. Therefore, this study aimed to explore and describe the lived experiences of diagnostic radiographers working in the public health sector in the country of Eswatini.

Methods

Study design and setting

The study was conducted in the public health sector of Eswatini, which is a low resource country offering limited diagnostic radiography and ultrasound services. There are no radiation therapy and nuclear medicine services in the country. A qualitative, exploratory and descriptive research methodol-

Table 1
Focus group participants' demographics.

Group no:	No. of participants	Gender	Duration of interview in minutes	Work experience in years
1	6	3 males 3 females	63:01	1 – 18 years
2	5	4 males 1 female	34:34	2 – 18 years
3	3	0 males 3 females	28:31	10 – 20 years
4	4	3 males 1 female	50:18	2- 25+ years

ogy in a phenomenological design was employed to explore and describe lived experiences of diagnostic radiographers working in the public sector of Eswatini. The researcher sought to understand, explore and describe the lived experiences of diagnostic radiographers working in the public health sector of Eswatini through focus group interviews. The use of focus groups also gave participants the opportunity to share their experiences with others [12,13].

Participants and sampling

The study population included diagnostic radiographers working in the public health sector in Eswatini. Purposive sampling was employed to allow only radiographers with formal qualifications in diagnostic radiography and more than one year experience working as diagnostic radiographers in the Eswatini public health sector to be included in this study. Purposive sampling also ensured representation of diagnostic radiographers across the whole country and all levels of healthcare services delivery in the public sector with radiography services [12,13]. There were thirty one (31) radiographers (including four (4) sonographers) working in the public sector when this study was conducted. Only 20 of these radiographers were eligible for participation in the study based on the inclusion criteria.

Inclusion criteria

All practising diagnostic radiographers with a formal diagnostic radiography qualification, working in the public health sector of Eswatini, were invited in their personal capacity to participate in the study.

Of the 20 radiographers, 18 consented by an affirmative response ($n = 18$). The participants had differing years of work experience ranging from a year (1) to above twenty (20) years and all hold a Bachelor's Degree in Radiography. Four focus group interviews with three to six participants per group were conducted. The demographic distribution and number of years of experience of participants in each group is demonstrated in Table 1.

Exclusion criteria

All recently employed diagnostic radiographers (of less than a year) were excluded from the study. These were on contract/temporary employment and have just recently joined the

public sector when the study was undertaken. All sonographers in the public sector were also excluded in the study even though they were qualified in diagnostic radiography and occasionally practise diagnostic radiography. Due to the qualitative nature of the study, we aimed to focus and understand a single population within a specific context. The sonographers might have different experiences based on the context of a sonography environment.

Data collection

This study was conducted during the COVID-19 pandemic. The Eswatini stipulated COVID-19 regulations during the time of the interviews were adhered to; that is, social distancing of at least one metre between individuals and not more than 20 persons in a closed area [14]. Data collection took place face to face, in a neutral environment (a boardroom). Participants were provided with an information letter prior to the interviews to explain the purpose of the study. As illustrated in Table 1, interviews lasted between 28 min to an hour and were all audio recorded. Interaction between participants was easy as most of them were familiar with each other either through studying together or working together.

One main question was posed to the participants:

What does it feel like to be a radiographer working in the public sector of Eswatini?

Interviewing techniques such as probing, paraphrasing and confirmation were used to ensure a true understanding of the participants' experiences. The researcher also applied bracketing. Bracketing was used to abridge the possibility of the researcher's preconceptions affecting the data [11–13,15].

Field notes were taken to increase the degree of validity (triangulation of data) [12,13]. The first three group interviews had similar stories and the last group interview demonstrated that data saturation had been reached. All interviews were recorded using a digital voice recorder, and were transcribed verbatim following each interview by an independent transcriber.

Data analysis

Data was thematically analysed using the method described by Holloway and Wheeler through the application of induc-

tive and deductive reasoning [11,12,16]. “Thematic analysis method is preferred by novice qualitative researchers because of its flexibility in terms of the research question, procedures of data collection, sample size and composition, and styles to meaning generation.” [12] As the first step of thematic analysis, the researcher listened to the audio-recordings and read entire transcripts for correctness. To gain the meaning of the data, the researcher read the transcripts and listened to the audio recordings several times. The researcher went through this process for all transcripts and audio recordings from the four focus group interviews.

Other steps of thematic analysis included coding and categorising, construction of themes and finally, unfolding the phenomenon in question [12,17,18]. Through the repeated reading of transcripts and field notes, the researcher identified important codes and collected a series of brief quotes which served as a representation of participants’ thoughts concerning the phenomena under study. The researcher created summaries of the participants’ stories by breaking the data down line by line and identifying relevant words or phrases which were sorted into groups [13]. Subsequent to this process, the researcher combined similar concepts to generate a category. The developed themes and categories were agreed upon by all researchers. The findings reflected a challenging work environment for diagnostic radiographers.

Ethical considerations

Permission to undertake the study was granted from the Cape Peninsula University of Technology, Faculty of Health and Wellness Sciences Research Ethics Committee, CPUT/HW-REC 2020/H14, and Eswatini Human Health Research Review Board SHR270/2020. All participants were invited in their personal capacity, outside of their working hours. The four fundamental ethical principles: beneficence, non-maleficence, justice and autonomy were adhered to [12,13,16,19]. Participants voluntarily participated in the study. Participants gave informed consent for participation and audio recordings prior to each interview. Participants were informed of their right to withdraw from participation at any time; however, data collected until the time of withdrawal would be retained by the researcher since no names were used during the focus group interviews. There were no direct benefits nor any harm to the participants. Anonymity in this study was achieved by using codes, e.g., FG2I3, for the participants. Confidentiality cannot be guaranteed during focus group discussions; however, all participants were encouraged to keep all discussions from the interview as private and confidential.

Trustworthiness

To ensure reliability of the study, the four principles of trustworthiness – credibility, dependability, transferability and confirmability – were ensured [12,14,20,21,22].

Credibility was ensured by triangulation of data, reflexivity through descriptive and reflective field notes, and member

checking through paraphrasing during the data collection process. A detailed description of the methods section, research setting and data population ensured transferability of this study. In this study, summaries and verbatim quotes are provided in the discussion section to ensure dependability. Additionally, in-depth description of the research setting and data population is presented. The aim is to help readers follow the path and to demonstrate how the conclusions were reached. Confirmability that findings emerged from the data, was accomplished through audio recordings of group interviews and writing of extensive field notes.

Findings

From the analysis of the data a major theme on a “challenging work environment” was developed with five supporting themes describing the lived experiences of diagnostic radiographers working in the public health sector in Eswatini. In this theme the participants shared stories of a challenging environment due; 1) to a lack of radiography resources and consumables, 2) Human Resources (shortage of radiographers and absence of radiologists, 3) lack of effective radiation monitoring and safety for both staff and patients, 4) they also felt that the remuneration for the work performed was crucial and finally, 5) the participants thought that the radiography profession in the country was burdened with stagnation. Table 2. Below depicts the challenging work environment theme and the supporting themes from the data set. Each of these themes are considered below.

The research findings are presented and discussed according to the data obtained from in-depth focus group interviews and reflective notes taken. Verbatim quotes are provided to support the development of themes.

Theme 1: resources and consumables

The participants of this study reported lack of resources and consumables as one of the challenges they face. They expressed that limited imaging resources in the form of different imaging modalities in the public sector limit the radiographers’ role in the delivery of healthcare services. The following excerpts from the participant’s demonstrate this challenge.

“And also, what I noted was that we have a lot of out-of-stock issues that we’re dealing with in the department. You find that there are shortages of films, shortage of materials that we are using protective wear is not up to date.” (FG 2 I1).

“Then another thing is the issue of limited resources in practice. I will concur with the previous speaker. We don’t have resources. Our hospitals don’t have CT scans, and our hospitals don’t have fluoroscopy. We use conventional radiography for fluoroscopy. So that’s limitations we have in the country.” (FG 3 I3).

Theme 2: human resources (Radiographers and radiologists)

The participants shared feelings of being overworked due to the shortage of radiographers. This accelerates occupational stress and burnout. They shared feelings of exhaustion due to

Table 2
Theme and supporting themes.

Major Theme	Supporting themes
1. Challenging work environment	1.1. Resources and consumables 1.2. Human Resources (shortage of radiographers and absence of radiologists) 1.3. Lack of proper radiation monitoring and safety 1.4. Poor remuneration 1.5. Stagnant professional growth

them being overwhelmed by the number of patients to be attended to and working extended shifts. The shortage of radiographers was well articulated in the following verbatim quotes:

“What I have experienced about working in our public sector is that you interact with people, different people, you find that where you are you services a large population and sometimes because of the workload and the shortage of staff, sometimes develop occupational stress and burnout because of the workload....” (FG 3 I3)

“Yes, as I’ve mentioned, I work long hours so I think if maybe we can have more radiographers, and then the 2nd point which I’ve mentioned, okay, I work long hour’s secondary to the shortage of radiographers which is....” (FG1 I1).

Mmm!! I think our department is one of the busiest in the country and for me it’s been exhausting being a radiographer because I feel like we see a huge number of patients in our department....” (FG1 I4).

According to the participants, the absence of a radiologist results in unacceptable radiology requisition forms. Absence of a radiologist for the radiographers meant there is no one to screen x-ray requisition forms for justification of requested examinations. Additionally, radiographic images are sent back to the referring physicians without reports. The following verbatim quotes extracted from participant stories reveal the experiences related to the absence of radiologists.

“Okay, my working experience as a Radiographer in the Kingdom, I have realised that as Radiographers we work on our own. We run this, we literally run these departments on our own. Almost all hospitals in the country, they don’t have a Radiologist....And none of those examinations are reported on. The images, they just go to the requesting doctor unreported” (FG 2 I4).

“I don’t know how to put it, when you mentioned the request forms, being requested by nurses and whoever, it has got to do with a radiologist.....Because it is written on the request form who is supposed to request it.” (FG4 I4)

Theme 3: radiation monitoring and safety

Participants were concerned about the amount of occupational radiation exposure they have received over the duration of their employment without radiation monitoring dosimeters. Nonetheless, diagnostic radiographers are aware of the need for proper radiation monitoring and safety practices.

“The first challenge is the radiation protection control. That one is a major issue because we don’t have dosimeters at all. Most of the time, we don’t use them. So, we don’t know how to monitor. We don’t know how radiation is monitored because there is nothing to check whether we are being exposed or not. That is a major challenge that we are having in the country.” (FG2 I2)

“And also, secondly, I think I have got a challenge. Since I was hired, there are no dosimeters here in this, I can say, in this country, there are a few hospitals whereby I can find the radiographer having a dosimeter which is a huge challenge just because we are working here in a radiation area. So, it’s a big challenge to work there without a dosimeter. So you don’t know how much dose you have received in that particular month. So, I think we have to maybe have that too...So there is a gap in the radiation safety”. (FG4 I2)

Theme 4: remuneration

Participants expressed that poor salaries in the public sector are a significant demotivating factor. The effect of this challenge on the radiographers was even observed by the researcher through the participants’ facial expressions and gestures. The following excerpts contain participants’ exact words expressing the remuneration challenge.

“Yes, during my experience as a radiographer in the kingdom of Eswatini public services. First of all, working as a radiographer you work long hours, and the remuneration is very low.” (FG1 I1)

“The remuneration. It’s very! very! poor.” (FG3 I2).

“The other thing radiographers in the country, in public... Yes, in the public sector, they are demotivated, we are demotivated. The salaries are meagre.” (FG2 I5).

Theme 5: professional growth

Finally, diagnostic radiographers elucidated that there is no career progression within the public sector. They articulated that the radiography profession is stalled by stagnation.

“Well, what I can say is that since I arrived as a Radiographer, one of the key things that I’ve noted was that we have no structure. In the cadre as Radiographers, we have no structure; there was no sense of progression, in terms of when you come into the cadre, where you’re going to be after ten years, or you wish to be after 30 years. You’re in the same position you are. It might be the same position you will leave when you retire, so that was

not encouraging for any development or further studying in our cadre.” (FG2 I1)

“Okay... There’s no career development in radiography. And for almost 20 years, we have been requesting a lot of things to improve this profession, but we haven’t received anything.” (FG1 I3)

Discussion

The study utilised a qualitative phenomenological approach in the form of focus group interviews to provide an in-depth understanding of lived experiences of Eswatini diagnostic radiographers working in the public health sector. From the analysis of the data five core themes were developed and discussed.

Theme 1: resources and consumables

Participants shared feelings of concern and frustration over the lack of resources within their work environments. Many conveyed stories of not having adequate radiology equipment, and consumables including x-ray films in their respective hospitals. The need to have a consistent supply of x-ray films is vital to the daily operations of imaging departments and reliable services from radiographers [9,23,24]. In low-middle income settings, investment in imaging is often not given priority in healthcare planning, [23] for example, expensive and sophisticated imaging equipment is not adapted for use in low-middle income settings [23,24]. The shortage of daily consumables makes it unlikely that the sustainable development goals, including the Vision 2022 concept envisioned by the government of Eswatini, will be achieved. However, acceptance and adoption of PACS has been considered a logical strategy to mitigate the challenges faced by imaging departments and hospitals through shortage of hard copy films [25]. PACS has proven to be cost-effective through its multiple advantages of simultaneous access to medical images from distant clinical settings, rapid image examination and archiving, particularly in developing countries [23,24,25,26]. The need to embrace advancement in technology and communication by radiology departments through installing a PACS and DICOM system is evident through this study and to reduce spread of infection through handling of films in this era of COVID-19.

Theme 2: human resources (radiographers and radiologists)

Participants expressed that they have to work long hours due to the limited number of radiographers in the various hospital imaging departments. Human resources play a significant role in the delivery of efficient and effective radiographic services [1,8]. A diagnostic radiographer is a key member of the healthcare team. The shortage of radiographers resulted in work overload, stress and burnout to the radiographers [5–7,10,26]. Radiographers work longer shifts due to the shortage of staff [5,7,10]. Prolonged working hours have raised concerns of health and safety during the COVID-19 pandemic as well

as increasing the risk of respiratory disease for radiographers [24,27].

The absence of radiologists in the radiography departments was another challenge which the radiographers experienced on a day-to-day basis. Radiographic image reporting forms part of the responsibilities of a radiologist. In some countries the scope of practice of a radiographer has evolved to include report writing but only if the radiographer has a formal qualification in image reporting or pattern recognition [9,23,28]. An advanced practitioner’s role has been developed in the United Kingdom which incorporates the provision of clinical reports by appropriately trained radiographers [28,29]. The shortage of radiologists in some countries leads to unreported radiographs [7,9,28]. A lack of accurate radiologic interpretation is common in most African countries, including Eswatini, which does not have a single radiologist in the public service sector. Even though radiographers learn pattern recognition as part of their training, a radiologist report contributes much information on the treatment algorithm for physicians [30,31]. Notably, even in more developed countries, radiologists shortage is prevalent.

Teleradiology has been proven to develop broad imaging systems based on network between the different levels of care, which will contribute to compensation for the lack of radiologists [7,23,32]. Participants of this study indicated that they are using a computed radiography system, therefore, teleradiology can be explored in this setting.

Theme 3: radiation monitoring and safety

The lack of monitoring devices poses a critical challenge to the radiographers during practise. Studies show that radiographers are aware of the need for personnel monitoring when working with radiation emitting equipment [9,33,34]. This awareness was also displayed by the participants of this study. Radiation monitoring of imaging personnel is crucial to ensure that staff dose limits are not exceeded [33,35]. Monitoring of radiation workers is an essential factor for assessing occupational exposures to the diagnostic radiographers [9,32,33]. Literature supports that radiation safety at the workplace can be accomplished if there is optimization of occupational exposures and establishment of a radiation protection programme within facilities [33]. Radiographers in Eswatini suggested education and training of users and referrers as imperatives for improving radiation safety in the radiography departments. This can be achieved through strict adoption and adherence to all international regulations pertaining to the monitoring of radiation doses to workers by the country at large.

Theme 4: remuneration

Remuneration is an essential element for any human motivational factor for certain performances and every individual seeks to be compensated fairly. Maslow’s hierarchy of needs places employment and social welfare on the second level of needs, therefore, radiographers need to be well remunerated in order to fulfil self-actualisation. Low pay can exacerbate low

motivation, morale and retention of the radiographers [6,26]. Inadequate remuneration has been identified as a major contributing factor which negatively impacts overall job satisfaction of radiographers in both clinical and academic sectors [5,6,26,36]. Poor remuneration means demotivation of the radiographers which could result in poor performance and diminished job satisfaction. The participants of this study shared similar feelings as those illustrated in literature.

Theme 5: professional growth

Stagnant professional growth means a lack of prospects for promotion to a higher level during one's career. Stagnation for these radiographers means they remain in the same position after several years of employment.

A lack of opportunity for professional career development has been confirmed by a number of studies amongst radiographers, and the effect this can have on their level of job satisfaction [5,6,26]. Career progression is the most important aspect of every healthcare worker [28]. A successful career makes a person proud and happy, whilst failure in one's career impacts self-esteem and often results to unhappiness [28]. Improving the morale in the existing workforce is a critical success factor for the employer to consider in delivering high-quality services and care [26,28,36].

While the participants expressed feelings of professional stagnation, it is also important to keep in mind that role extension within Eswatini is dependent on the scope of practice of radiographers. The findings of this study clearly demonstrate that there is a need to develop guidelines and standard operating procedures for the radiography profession in Eswatini to mitigate the challenges reported by the participants and to motivate radiographers so that they remain within the public sector.

Limitations

The focus of this study was confined to diagnostic radiographers working in the public health sector of Eswatini. However, it can be extended to sonographers working in the same environment to determine whether the resultant themes would be consistent with the findings of this research.

Recommendations

The following recommendations are based on the findings of the study.

- The assignment of one radiographer to serve as a Radiation Protection Officer (RPO) for the radiology departments is therefore proposed for countries without regulatory bodies or organisations regulating the use of radiation in medical professions. There are a few imaging departments (twelve – 12 to be precisely) in the public sector, the role of RPO would include knowledge of applicable regulations and to oversee the application of applicable international requirements established in reg-

ulating radiation sources. The individual should know core information on protection and safety as related to the field of radiography practice.

- The results should act as a basis for evidence based decision making for policy formulators when considering the radiography cadre or radiology departments with regards to radiation protection and safety, education/training of health professionals on radiation protection, development of a strategic research agenda for radiation protection and radiation safety culture in healthcare.
- For the government to deliver on its statutory mandate, there is a need to strengthen human and material resource in terms of quantity and quality.
- The emergent results of this study can be fragmented and explored for future research projects, especially for the evidence-based transformation of the radiography profession in developing countries to improve clinical practice amongst radiographers and inform government officials on areas that require attention and most importantly the development and implementation of a professional career structure to increase job satisfaction.

Conclusion

This paper describes the challenging work environment through lived experiences faced by diagnostic radiographers in the public health sector of Eswatini. These findings provided new insights into what radiographers are experiencing in the public health sector. Notably, the scarcity of radiologists globally is one detrimental factor that is hindering proper radiology service delivery. Additionally, management support and access to resources are important. Challenges in the work environment may also present opportunities for changing engrossed patterns of working, leadership behaviour, and motivation for junior radiographers. By creating a proper functional organisational / career structure, these challenges could be addressed by an individual who understands radiography better. Appropriate management and leadership of the radiographers are critical for well-coordinated and integrated care. This study identified the potential for a future research project which could be on the professional identity of radiographers in Eswatini. Poor radiation protection and radiation safety culture in healthcare calls for education/training of health professionals on the importance of radiation protection.

Acknowledgements

We wish to thank the Cape Peninsula University of Technology, Faculty of Health and Wellness Sciences Research Ethics Committee, CPUT/HW-REC 2020/H14, and Eswatini Human Health Research Review Board SHR270/2020 for granting us Permission to undertake this study. We are grateful to all of the radiographers for giving their time to participate in the study.

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