

LAB SCIENTIST 1

Participant Information	
Interview Start Time: 9:20 AM	Health Facility Name: Mwananyamala Regional Referral Hospital
Interview Date: 24/05/2022	Age: 34
Job Title: Laboratory Scientist	Gender: Female
Years of Experience: 9 years	Highest Level of Education: Bachelor's Degree
Participant Number: 1	Interviewer Name: Catherine Lwenge
	Interview End Time: 9:52 AM

I: Interviewer

P: Participant

I: My name is Catherine Lwenge and we are students from MUHAS conducting research on laboratory activities. We are speaking with laboratory staff, specifically medical laboratory practitioners. This research is conducted according to the necessary standards and ethics. The main aim of this research is to assess how laboratory health practitioners adhere to these standards. Welcome for an introduction.

P: I am a Laboratory WIT Coordinator (Work Improvement Team) and also a lab scientist. Additionally, I am the Head of the TV and Records section and coordinate COVID-19 testing. However, my primary role is as a laboratory scientist performing all laboratory-related tasks.

I: How long have you been working in this facility?

P: I was employed in 2013.

I: Did you start working here and remain in this facility the entire time?

P: Yes, I started working here and I am still here.

I: What is your education level?

P: I am a laboratory scientist.

I: Within the laboratory science field, there are diploma holders, bachelor's degrees, and master's levels, correct?

P: Yes, a laboratory scientist must have a degree. Those with diplomas are called laboratory technologists.

I: Have you received any training on professional ethics in your work? What kind of training do you get to perform your duties here?

P: Ethics training in terms of customer care?

I: Yes.

P: Of course, we received customer care training last month. Trainers from Muhimbili came and provided training to all hospital staff.

I: Are you familiar with ISO 15189:2012?

P: Yes.

I: Can you explain what you understand about ISO 15189:2012?

P: We haven't had specific training on ISO 15189:2012, but we receive on-the-job training, and since our lab is accredited, we follow ISO standards extensively. Many activities in our lab adhere to ISO guidelines.

I: Could you give an example of an activity you perform under ISO guidelines?

P: First, we use quality indicators because being ISO-compliant requires every lab to use these indicators for self-assessment. We have five quality indicators: Turnaround Time (TAT), customer satisfaction (measured through client surveys), equipment downtime tracking, critical values handling, and machine maintenance.

I: Good. How frequently do you receive this training on professional ethics?

P: We mainly receive on-the-job training, but recently external trainers have started conducting sessions.

I: How many sessions have you had so far?

P: There was one training held in Morogoro. Some hospital staff (not from the lab) attended. Since it was found valuable, a program was organized to invite external trainers to provide the same training for all hospital staff.

I: Was this this year or last year?

P: This year.

I: Which month, if you recall?

P: February.

I: How do you apply the knowledge you gained from this training?

P: The knowledge is applied directly in our work. For example, Training on customer care focused on how to attend a client because we don't refer clients as patients. In addition to that, we were also taught how to explain to the client what kind of specimen is required and the turnaround time.

I: Besides improved customer satisfaction, are there other ways you apply the knowledge you gained from the training?

P: Both ISO training and customer care training have improved our workflow. The training helps to improve workers' performance. It also improves quality improvement indicators because you know what needs to be done at what time. Even turnaround time and quality improvement indicators are doing well.

I: Thank you. What do you understand about laboratory errors?

P: That's a broad question because there are technical errors and operational errors...

I: Please explain both.

P: Laboratory errors vary. The primary goal of the lab is to provide accurate test results to our clients, who are primarily nurses and doctors. Incorrect lab results can lead to wrong diagnoses and incorrect treatment. Some errors occur due to staff lacking awareness of specific procedures. When such errors happen, we record them in an occurrence book.

I: How would you describe the issue of inappropriate language used by staff?

P: It has significantly reduced, mainly because of the customer satisfaction surveys we provide to clients. We review feedback, identify concerns, and address them promptly. This has helped reduce such issues.

I: In your experience, how prevalent is corruption in your institution?

P: Corruption has decreased significantly due to several factors. First, internal awareness campaigns and reminders have helped. Moreover, our leadership ensures that all staff receive their entitled pay on time. By doing so, employees are less inclined to seek bribes.

I: What about discrimination in client services?

P: Discrimination has also decreased. Since everyone receives fair service, even known individuals must follow the proper process. This has fostered trust in our services.

I: You mentioned earlier about common errors in the lab. What common mistakes do you often observe?

P: Common mistakes involve network system issues. Since switching to a new system, network downtime has sometimes caused delays in accessing test results. This can inconvenience clients. However, we recognize that the new system is better, and once everyone is familiar with it, the issues will reduce.

I: How do you ensure you follow professional ethics in your daily work?

P: Our lab has set guidelines that we follow daily. For example, maintaining quality controls, using PPEs, and following maintenance schedules are all guided by posted reminders in the lab. These visual cues help us stay on track.

I: How do you ensure that clients consent to procedures?

P: Clients are informed of each step during sample collection. Our phlebotomists confirm the client's identity and explain the procedure before proceeding. Most clients are very cooperative.

I: What do you do with leftover samples?

P: Samples are either stored or discarded based on retention protocols. Samples are stored in case additional testing is required or for verification purposes. Those that are not needed are disposed of according to waste management guidelines.

I: How do you engage with clients both professionally and socially?

P: I interact with clients only when I have to meet with them. Most of the time, those working at a phlebotomy meet with many clients, so they interact with them primarily by welcoming them, getting the samples, comforting them and telling them to wait for the results.

Mmmmmh Socially, engaging with clients outside the hospital can be challenging, especially with relatives who may assume you have influence over everything in the hospital. However, improved hospital services have reduced such pressures significantly.

I: Thank you very much for your time and responses.

P: You are welcome.

LABORATORY SCIENTIST 5

Participant Information	
Interview Start Time: 08:15 AM	Health Facility Name: Mwananyamala Regional Referral Hospital
Interview Date: 25/05/2022	Age: 26
Job Title: Laboratory Scientist	Gender: Female
Years of Experience: 8 Months	Highest Level of Education: Bachelor's Degree
Participant Number: 5	Interviewer Name: Catherine Lwenge
	Interview End Time: : 08:43AM

I: Interviewer

P: Participant

I: Hello, my name is Catherine Lwenge. I am a student from MUHAS, and we are conducting research related to the activities that you perform here in the laboratory. The main objective of this research is to assess how laboratory personnel carry out their work following established guidelines and ethical standards. I would like to take this opportunity to welcome you to introduce yourself, so we can know who you are, your role, your education level, and your age. Welcome.

P: I am a laboratory scientist with a bachelor's degree. Here, I work in the TB and leprosy department.

I: And your age?

P: Twenty-six years of age.

I: Great. Now, I will ask you some general questions. I believe you are ready to participate?

P: Yes, I am ready.

I: Good. Now, I would like to know how long you have been in this institution. When did you start working here?

P: I started working here last year.

I: Did you start here directly or from another place?

P: Here directly. You mentioned this institution. I started here in October last year.

I: Have you received any ethics training regarding your duties?

P: Training... maybe on-the-job training but not formal classroom-based training.

I: What type of training have you received while on the job?

P: Training on personal safety, waste disposal, and waste segregation. Additionally, I received some department-specific training.

I: Are you familiar with ISO 15189:2012, the international organization standard? Have you received training on this?

P: Yes, I have.

I: What areas did that training cover?

P: It covered both technical and management aspects.

I: How often do such training sessions occur in your department? For example, on-the-job training or when your colleagues attend external training?

P: Training on waste management is conducted when there are new employees or interns.

I: What about other training sessions where people travel or trainers visit you?

P: Those are more frequent; sometimes twice a month.

I: Does your laboratory have a structured schedule for training every three or six months?

P: No, we don't have such a schedule. Training often occurs when there are projects with funding for training. For example, the last training we attended focused on antimicrobial resistance.

I: How do the knowledge and skills you have gained influence your daily work?

P: The training helps. Sometimes we already know certain procedures, but training serves as a reminder. For example, IPC (Infection Prevention and Control) procedures, waste segregation, contamination prevention, and handwashing are things we practice daily.

I: What does IPC stand for?

P: Infection Prevention Control.

I: Okay. What do you understand about laboratory misconducts? Are there common misconducts that happen unknowingly?

P: Mistakes do happen. Some may directly affect the client, while others may not. Examples include mislabeling samples, contamination, or processing low-quality samples that has hematological test (FBP), cross match and chemistry tests like creatinine or urea so the samples have to be recollected. Other misconducts You are not supposed to enter the laboratory with open shoes or without wearing a coat, but sometimes a person enters with open shoes and without a laboratory coat knowingly.

I: Are there any other types of errors?

P: No, just those.

I: What about the use of inappropriate language with clients? How do you address that?

P: We were trained in customer care for about a month, so we have improved our communication with clients. For instance, if a client comes for results and they are delayed, we now know how to explain the situation in a calm and professional way.

I: Can you give an example of inappropriate language that could be used?

P: For instance, if a client comes back for their results but their sample was not processed because the machine failed, you can't just say, "We don't have your sample" or "Your test was not done." This could frustrate the client. It's better to explain politely and clearly.

I: What about bribery issues? How common is it here?

P: (Laughs) ... I don't see it happening here anymore. Posters are everywhere warning people not to offer or accept bribes. Also, TB services are free, so there's no reason to ask clients for money.

I: How about discrimination issues?

P: Discrimination? No, I don't think that's an issue here. At reception, the system assigns patients based on their priority; those with insurance often get faster service. But there's no intentional discrimination.

I: What common errors occur in your laboratory work?

P: One common mistake involves inpatient samples. For instance, a doctor may order multiple tests like a full blood picture and a chemistry panel, but the sample may only be sufficient for one test. If that happens, the patient may need to provide another sample.

I: How do you ensure you follow proper guidelines and standards in your work?

P: Each morning, I disinfect my workstation and check pending samples from the previous day. I ensure samples are properly disposed of according to their risk level — high-risk samples go into red bins, while non-infectious samples go into black bins. We also follow SOPs (Standard Operating Procedures), which are either posted on benches or available in written manuals.

I: How do you ensure all clients are treated fairly?

P: Each patient is processed according to the type of test they need. For example, urine tests are quicker than chemistry tests, so clients may perceive unfairness when they see others finishing earlier, even if they arrived later.

So, you welcome her by mentioning her name to ensure that she is the one, and tell her that now I will take a blood sample, or we will test you for typhoid. I will also take your urine sample and see her reaction so you can proceed with other procedures.

I: What steps do you take to ensure client satisfaction?

P: When a client arrives, I tell her I will take a blood sample for this and that test. So, a client is aware of what is happening, so he is ready to cooperate and allow you to proceed with other procedures, this helps manage their expectations.

I: How do you maintain client confidentiality?

P: We use a digital system. Clients present a receipt, and we access their information on the system. Results are sent directly to their doctor, ensuring privacy.

I: Is there anything you would like to add?

P: I believe clients should also be educated about the process. Many misunderstandings arise from a lack of information. For instance, some clients don't understand that certain tests take longer than others. Educating them could reduce complaints.

I: Thank you very much for your time and responses.

P: You're welcome.

LABORATORY SCIENTIST 8

Participant Information	
Interview Start Time: 10:54 AM	Health Facility Name: Mwananyamala Regional Referral Hospital
Interview Date: 25/05/2022	Age: 27
Job Title: Laboratory Scientist	Gender: Male
Years of Experience: 2 Years	Highest Level of Education: Bachelor's Degree
Participant Number: 8	Interviewer Name: Catherine Lwenge
	Interview End Time: 11:27AM

I: Interviewer

P: Participant

I: My name is Catherine Lwenge, and I am here with my colleague, Nicholas. We are students from Muhimbili, and we are here to conduct research with laboratory staff. The purpose of our research is to assess how laboratory workers follow ethics in their work. We would like to welcome you, and we will use a little bit of your time. Feel free to introduce yourself; we would like to know your name, your job title, education level, and your age, if you don't mind. Welcome.

P: I am a laboratory scientist with a bachelor's degree. I am 27 years old, and I work in the clinical chemistry section.

I: How long have you been working here?

P: I finished university in 2018, and after that, I did my internship here until 2019. After completing the internship, I went back home where life was tough. I had to come back and ask for a job to keep my experience from fading, as you know, if you stay home without work, your experience can fade. I started working here in 2020, and I have been here since then.

I: So you were fully employed here?

P: Yes, I am employed on a contract basis.

I: Have you received any training regarding the ethics of the work you are doing?

P: Yes, I have received training.

I: Could you tell us what type of training it is?

P: It's mostly customer service training, which focuses on how to serve the customer. Here, we don't refer to patients, we call them clients. The training covers things like explaining what they have been prescribed, which sample to take, and how long the test will take.

I: Have you been trained on ISO 15189 of 2012? ISO is the International Organization for Standardization. Have you received any training regarding this standard?

P: I think ISO falls under the quality management system. We deal with it every day in terms of sample management and quality control, and we follow those processes. We live by it every day.

I: So, have you ever received specific training for it?

P: There are trainings, but they are not frequent. Sometimes, you have to go beyond the training and read books on your own, because there are limited spaces for training.

I: Have you had the chance to attend any of these trainings?

P: Yes, I've attended a few.

I: How often do these trainings occur? Are they weekly, monthly, or yearly?

P: It depends. However, as per the guidelines, they should happen after a certain period, but some trainings are resource-intensive and can be a challenge due to limited funds.

I: How do you apply the knowledge or training you've received, whether it's training at work or external training?

P: I apply it by using the knowledge to guide others in the laboratory. Since I am not always at work, I sometimes guide others who are on shift, especially if they are new or less experienced. For example, if a sample needs to be processed urgently, I will guide them on the proper steps.

I: Apart from your colleagues and clients, do you think these trainings are helpful in your work?

P: Yes, they are helpful. Some clients come in simply to inquire about their tests, and we use the knowledge we have to explain to them in a simple way so that they understand.

I: What do you understand about laboratory misconducts? These are misconducts that can occur unintentionally, or people might make mistakes unknowingly.

P: Most errors happen when someone forgets something or doesn't know how to do something. For instance, errors often occur with samples coming from the wards because, at times, not all shifts are equally staffed. So, when a client brings samples, they might just leave them without ensuring the quality is checked. This can result in a communication breakdown, where the person

receiving the sample doesn't verify its adequacy before passing it on to the next shift. If things were followed properly, these errors could be avoided.

I: How is the language used when interacting with clients? Do you ever use unfriendly language?

P: I don't think we have a major issue here, but sometimes, a client may come in with an attitude, and the staff may also be tired. In such cases, the situation can become difficult. However, we are trained to listen first, lower our posture, and then explain things to the client calmly. If they continue to be difficult, it can escalate, but we try to resolve things calmly.

I: What about bribery? Have you ever encountered bribery in your work environment?

P: As of now, I don't think that's an issue. Everything goes through the proper system. If a client hasn't paid, they won't be seen, and if you take the test results, you know where to send them. It's not something that happens often, and if it does, it's a rare occurrence.

I: How about discrimination? Do you observe any signs of discrimination, whether it's between workers or between workers and clients?

P: From my experience, there is no discrimination. We treat everyone equally. Whether someone comes from a different educational background or whatever their background is, we work together as a team. If someone makes a mistake, we guide them without discriminating. For clients, we prioritize those who need immediate attention, like the elderly or pregnant women, but otherwise, there's no discrimination.

I: What are the common misconducts that occur in the laboratory? We've discussed mistakes, but what are the everyday common misconducts?

P: Common misconducts occur when someone forgets a procedure or doesn't follow it precisely. For example, in phlebotomy, if a sample isn't collected on time, or if the person doing it isn't familiar with the process, errors can occur. These are mistakes that can be corrected with reminders.

I: Do you think there are any violations of rights, such as samples being processed out of order? How do you ensure fairness in the laboratory?

P: You may find a person who has come for FBP, and a urine test wait longer than the one with malaria and Hb sample. So, the person who has come for FBP will complain about why his sample is taking too long, and he was supposed to be informed about the turnaround time before. Another person will complain why my sample is taking longer, while this person has taken a

shorter time than mine, probably, he has given something.

I: How do you interpret test results to patients? Do you explain the results to them?

P: Fortunately, we don't interpret the results. Once the results are ready, they are recorded and handed over to the doctor, who explains them to the patient. Our job is to process the samples and provide the results, but we don't interpret them ourselves.

I: How do you ensure that you follow ethical guidelines and procedures in your laboratory work?

P: For example, in the chemistry lab, the first thing I do when I arrive is to follow the procedures. If it's my workstation, I make sure it is sanitized. I check the samples, ensuring they were received on time and are properly organized. Before starting any machine, I ensure it is clean and undergoes maintenance. After that, I run controls, and then I begin processing the samples.

I: Are there any specific laboratory laws or rules you must follow, and what happens if you don't follow them?

P: Yes, there are rules, and they must be followed. If you don't follow the procedures, you can contaminate the samples. For instance, if you don't wear gloves or a lab coat, it could be dangerous for you. We handle all samples as if they are infectious, even if we know they are not. By following procedures, we ensure that we produce quality results that are beneficial for the client and ourselves.

I: How do you ensure that your client agrees to the procedure you are going to perform on them?

P: Before taking the sample, I check the form to see what test is being requested. I then explain to the client which sample will be taken and where it will be taken from. I ensure they understand and that they are okay with it.

I: Have you ever had a situation where a client refused to provide a sample?

P: Maybe if it's a kid, kids tend to refuse, but an adult refusing to give a sample while they are already at the hospital, then they need help, they need more than advice. You cannot hold an adult to take a sample. A kid can refuse, and you can take the sample by a little force. The guardian must consent, but they are there with their kids. Unwilling adults will be told to wait until others have attended to them, and then they will be given some advice.

I: What happens to residual samples after you finish processing them?

P: Leftover samples are kept in a fridge for three days, and after that, they are discarded. They are placed in a special area designated for disposal, especially if they are blood samples. Special

trained staff take them to an incinerator for disposal.

I: Are any of the samples kept for future use or sold?

P: No, we do not sell the samples. Some samples may be kept for control purposes or further analysis, but that's only for testing, not for commercial use.

I: How do you interact with clients?

P: We are trained on how to welcome clients, introduce ourselves, have a smiley face and be happy so that even if the patient is critically ill, they can still see you in a normal state.

I: Thank you so much for your time and insights. It's been very informative. We appreciate your help.

LABORATORY TECHNOLOGIST 6

Participant Information	
Interview Start Time: 08:47AM	Health Facility Name: Mwananyamala Regional Referral Hospital
Interview Date: 25/05/2022	Age: 28
Job Title: Laboratory Technologist	Gender: Male
Years of Experience: 6 months	Highest Level of Education: Diploma
Participant Number: 6	Interviewer Name: Catherine Lwenge
	Interview End Time: 09:09AM

I: Interviewer

P: Participant

I: My name is Catherine Lwenge, and we are conducting research related to laboratory activities. We are particularly examining the guidelines and procedures you follow when providing services. The main goal is to assess how laboratory personnel conduct their activities in accordance with professional ethics, regulations, and guidelines. So, we would like to know you better; please introduce yourself by stating your name, position, age, and education level, and describe your role here. Welcome.

P: I am a laboratory technologist, and I am 28 years old. My education level is a Diploma.

I: And when did you start working here?

P: Last year, on November 1st.

I: Did you begin working at this hospital directly, or did you transfer from another facility?

P: I was transferred here.

I: And how long have you been here now?

P: Here! Hmm... about six months now.

I: Regarding training or various workshops you've attended, have you ever received any training related to ethics?

P: What do you mean by ethics?

I: Work ethics in your profession.

P: You mean specific training for ethics?

I: Yes.

P: No.

I: What types of training have you received?

P: Since arriving here, I attended IPC training, which is Infection Prevention and Control. That's what I have received.

I: Since you arrived, how often are training sessions conducted?

P: Usually, quality officers attend training often, and usually they share with us every week on Tuesday.

I: Where do you usually go for these training sessions?

P: For example, those involved with COVID-19 often go to different regions to train on sample collection. They travel to various regions. There's also an influenza (bird flu) project where some staff members travel for training. Quality officers also visit health facilities for assessments, so they travel frequently.

I: Are you familiar with ISO?

P: ISO?

I: Yes, the International Organization for Standardization, ISO 15189:2012.

P: I've heard of it, but I haven't looked into it to understand what it involves.

I: What understanding do you have regarding laboratory errors?

P: There are errors caused by environmental conditions, others from poor techniques on our part, and some from the clients themselves. So, I'm not sure which type of error you mean.

I: For instance, the use of inappropriate language; can you comment on that?

P: Regarding inappropriate language, I haven't seen much of that here. Although sometimes patients come in demanding things to be done their way rather than following our procedures. When you try to explain, they may feel like you're being difficult. But I haven't seen anyone deliberately acting unprofessionally; sometimes it's just misunderstandings.

I: What about issues of corruption?

P: Personally, I have never seen any corruption. Before I arrived here, I used to hear about many scandals. However, when I came here, I realized things had changed. I was informed that there had been management changes, and those issues no longer exist. Honestly, I haven't witnessed any corruption.

I: What about discrimination among staff or towards clients?

P: I haven't observed discrimination either.

I: How do you apply the knowledge you've gained through formal education and on-the-job training in your daily work?

P: If I'm trained about something, then I must practice it. For example, when I was trained about IPC, I went to my supervisor and told him that I was trained on this, and then I asked him to put me in a department where I can practice what I learned for at least a month to share the experience with others. So, when I learn something, I practice it too.

I: Regarding common Misconducts, what type of misconducts are most frequent here?

P: Common misconducts often occur during evening and night shifts when fewer staff are present. For example, a nurse might bring samples to reception when no one is available there. The nurse may leave the samples without proper documentation or checks. Later, when we find the samples, they may no longer meet required standards. This is one of the minor operational mistakes caused by staff shortages.

I: How do you handle test result interpretation?

P: Interpreting results is not our responsibility. We conduct the tests, then inform clients to visit their doctor for result interpretation. Even though we may know if the results are good or bad, it's not our role to explain them to patients.

I: What about situations where clients are denied their rights?

P: Sometimes clients miss out on their rights due to staff negligence. For instance, a client may need a specific service at a particular time but end up waiting for hours without justification. This happens occasionally.

I: How do you ensure ethical conduct in your laboratory work?

P: I follow guidelines as required. Besides my routine work, I also manage the store. I fulfill my duties according to regulations.

I: How do you ensure compliance with laboratory procedures?

P: Fortunately, every department has its procedures displayed on the wall. So, you follow those guidelines accordingly.

I: What about laboratory regulations?

P: Yes, there are regulations, but as the saying goes, "The rule maker is often the rule breaker." Rules exist, but sometimes they are broken.

I: For example, what rules must you follow at your workplace?

P: For instance, certain areas require you to wear a lab coat and closed shoes. Yet sometimes staff may enter without these, even though they know it's against the rules.

I: How do you ensure client consent before conducting any tests?

P: When a client arrives, I explain what tests will be done and when the results will be ready. If the results are completed earlier than expected, I update the client. This approach helps maintain client satisfaction.

I: What do you do with residual specimen after completing the tests?

P: Samples have specific retention periods. Depending on the sample type, they are stored for a certain time and then incinerated. Some samples are kept for training purposes if they are rare or useful for teaching interns and field students.

I: How do you interact with clients?

P: First, clients are our friends because they left their home and come here for my service. After arriving, I welcome him and tell him you have come for this and that. We have a good relationship, though some of them are not polite.

I: How do you ensure client confidentiality?

P: Confidentiality is strictly maintained through our electronic system. Results are sent directly to the doctor through this system.

I: Any final thoughts or comments?

P: I would suggest that any weaknesses you identify should be reported to the appropriate authorities for improvement, rather than just fulfilling your research duties.

I: Thank you very much.

P: You are welcome.

LAB TECHNOLOGIST 13

Participant Information	
Interview Start Time: 11:57AM	Health Facility Name: Magomeni Hospital
Interview Date: 06/06/2022	Age: 32
Job Title: Laboratory Technologist	Gender: Female
Years of Experience: 6 months	Highest Level of Education: Diploma
Participant Number: 13	Interviewer Name: Catherine Lwenge
	Interview End Time: 12:22 PM

I: Interviewer

P: Participant

I: My name is Catherine Lwenge, a student from the health and science university that you know as Muhimbili (MUHAS). I am here conducting research to gather information from laboratory workers. In my research, I aim to assess how laboratory workers follow ethical standards while performing Laboratory activities. I will need your cooperation, and the interview will not take long; it should take about 20 to 30 minutes. The information you provide will help in achieving the goals of the research I am conducting.

P: Okay.

I: Here is a form here where I ask for your consent to interview you. I am not sure if you consent to the interview or not...

P: Sure, no problem.

I: Thank you. We can start now. Please introduce yourself, your name, and your position.

P: Okay, I am a second-class laboratory technologist, and I work here at the Magomeni Health Center in Kinondoni District, Dar es Salaam.

I: How old are you?

P: I am 32 years old.

I: How long have you been working at this health facility?

P: I have been here for six months, but I have been employed for seven years.

I: So you have been here for six months.

P: Mmh.

I: But in total, in terms of employment...

P: Because I transferred here last year, I have seven years of experience.

I: Where did you start?

P: I started in Kigamboni at Vijibweni Hospital.

I: Welcome.

P: Thank you.

I: You've already answered the question about your level of education. Have you ever received any training related to ethics?

P: While working?

I: Yes.

P: No, maybe when I was in school.

I: So, you have not received any ethics training here at Magomeni?

P: Since I moved here last year, I haven't received any ethics training in the six months I have been here. Perhaps my colleagues who were here before me have received such training.

I: Have you ever heard of training on ISO 15189:2012?

P: No, I have never heard of it.

I: So, you have never received any training related to ethics, even in the seven years of your employment?

P: No.

I: So, in these six months you've been here, there has been no training at all, except for the ethics-related training?

P: No, I haven't attended any training since I arrived here.

I: But there has been training available since you arrived, you just didn't get the chance to attend?

P: Yes, I haven't had the opportunity, others go, but not me.

I: What do you understand by the term "laboratory misconducts"?

P: To my understanding, it means doing something contrary to the required procedures in the laboratory. If you go against the rules and guidelines, it means you've made a mistake.

I: For example?

P: For example, if you don't communicate well with the patient or respond rudely, or when

taking samples, because we know that our work requires accurate results, starting from the sample collection. If I make a mistake, for instance, by using the wrong tube for a sample, it will give inaccurate results, so that's a mistake according to the procedures.

I: What about corruption?

P: I haven't encountered that issue here.

I: Okay. Discrimination?

P: Discrimination?

I: Yes.

P: What kind of discrimination?

I: Discrimination in terms of not treating everyone equally.

P: Here, we don't discriminate, but we prioritize some patients. For example, if an elderly person comes, they get priority; it's not because of discrimination, but because they are elderly.

Similarly, pregnant women and mothers with children are given priority.

I: What do you think are common misconducts that occur in the laboratory?

P: In terms of performance?

I: In terms of work performance.

P: Frequent errors? Mmh, that's a bit tricky. Perhaps you could clarify, maybe I haven't understood you well, are you asking what kind of mistakes we make?

I: Did you understand the previous question?

P: Ah, for example... the misconducts isn't that we actually do that.

I: Yes, and that's why I didn't take answers from there. So, moving on to this second question, what are the common misconducts that occur regularly in your work here in the laboratory? One thing that can happen is that patients end up waiting for a long time, and they complain about delayed results. But we try our best; the challenge is that we are understaffed, so this leads to patients waiting longer.

P: There are no misconducts, but there are challenges. Patients wait too long and complain that the results are delayed. We try our best, but our challenge is that we are few, and this causes the delays. For instance, when we perform tests, the results are supposed to come out within 20 minutes, but because of the high number of patients, it's not always possible.

I: What about the interpretation of results?

P: The interpretation of results is usually done by the doctor.

I: You don't interpret them?

P: No, we don't. After conducting the test, we give the results to the doctor, who interprets them. We just report whether it's positive or negative after performing the test.

I: So you don't give any verbal explanation?

P: No, we don't explain to the patient verbally.

I: Can you tell me how you personally ensure you work ethically in your role?

P: Ethically?

I: Yes, how do you ensure you work ethically in your profession?

P: I adhere to guidelines and rules at the workplace. If a client arrives, I attend to her accordingly, take the required sample and conduct a test, and then issue the results without making the client feel bad.

I: And what about wearing PPE (personal protective equipment)?

P: We wear PPE when necessary. We wear gloves when working, lab coats, and sometimes we wear other protective gear depending on the situation.

I: So you follow all the necessary guidelines?

P: Yes.

I: How do you ensure the patient agrees with the procedure you want to perform?

P: When a patient arrives, I explain to them what the doctor has requested, and I tell them that I need to take a sample, whether it's blood or urine. I make sure they understand and agree before I proceed with the sample collection.

I: Has there ever been a situation where a patient refused to cooperate?

P: Yes, it has happened. One patient refused to give a blood sample, saying, "No, I don't want blood drawn from my vein." Some patients refuse.

I: How do you handle that?

P: It's their choice, so we try to explain that the doctor recommended this test for their health, but if they still refuse, we respect their decision and do not force them.

I: If they refuse, do you report it to the doctor, or just let it go?

P: We report it to the doctor, usually, because it's rare. We inform the doctor that the patient refused the test.

I: Do you handle the residue samples in any particular way?

P: It depends on the sample type because not all are retained. For instance, we take a small

amount of urine, and the remaining will be thrown away. The same applies to stool. But other samples are retained for further investigation, for instance, the full blood picture, we retain them for two to three days, and then we throw them away.

I: You don't store samples indefinitely?

P: No, only positive and negative control samples are stored in the fridge for a specific period. Other samples are discarded once their storage period is over.

I: How do you ensure patient information remains confidential?

P: Confidentiality is maintained because even the test results are not shared with anyone other than the patient, not even their relatives, unless the patient gives consent.

I: So you don't interpret results directly to the patient?

P: For certain tests, like HIV, we explain the results to the patient with counseling. But for other tests, the doctor interprets the results.

I: How do you maintain confidentiality for results like these?

P: We write the results in the patient's card and send it to the doctor for interpretation. We also use a secure system to ensure confidentiality.

I: What system do you use?

P: We use the GoTHOMIS system.

I: Do you receive training on this system?

P: Yes, I was trained on it when I arrived here.

I: How do you ensure security of the patient's results and other sensitive information?

P: We ensure confidentiality by restricting access to the lab information. Only authorized personnel have access to it.

I: How exactly?

P: Everyone is fulfilling his/her duty, if a cleaning person enters the room is not supposed to touch any documents. She will clean it, and we (technical persons) can access the documents. Even a nurse is not supposed to touch any book, and in addition to that, a non-authorized person is not allowed to enter the room. The person responsible for cleaning has a specific time for entering and leaving the room, and just every time she wants.

I: So, access is strictly controlled?

P: Yes, only those who are authorized to handle the data can access it.

I: Is there anything else you want to mention about your work?

P: Nothing else.

I: Thank you for your time and cooperation!

P: You're welcome!