What are the Barriers and Enablers to Evidence-based Diabetic Eyecare in Australia?

Rajendra Gyawali, Melinda Toomey, Lisa Keay, Fiona Stapleton, Isabelle Jalbert
School of Optometry and Vision Science, University of New South Wales

OBJECTIVE

To explore the barriers and enablers to evidence-based diabetic eyecare delivery by Australian optometrists

METHODS

Qualitative study design (Focus group discussion)

Sampling

Convenience sampling of Australian optometrists through Optometry Australia email lists

Participants

4 focus group sessions → 15 participants (to date)
Age: 28-70 years
Male: Female = 2:3
Various practice characteristics (independent, franchise, corporate, hospital and academic)
Experience: 80% with ≥16 years of experience

Data Collection

Tool: semi-structured topic guide based on the TDF3
Questions on perceived barriers and enablers to 4 poorly met needs to be understood
Various practice characteristics (independent, franchise, corporate, hospital and academic)
Experience: 80% with ≥16 years of experience

Data Analysis

Thematic analysis using the TDF4 and COM-B model4
Two independent coders coded the participant responses into different TDF domains using the NVivo® qualitative analysis software
Conflict resolution and consensus reached through discussion

Table 1: Key barriers and enablers and patient quotes grouped in the pertinent TDF domains and COM-B components. Related indicator is presented next to participant quote in [1].

<table>
<thead>
<tr>
<th>Participant quotes</th>
<th>Barrier</th>
<th>TDF domains</th>
<th>COM-B</th>
</tr>
</thead>
<tbody>
<tr>
<td>“... maybe they [optometrists] don’t have that understanding there”</td>
<td>[Blood glucose control]</td>
<td>Lack of awareness</td>
<td>Education</td>
</tr>
<tr>
<td>“…I don’t think it’s emphasised in their courses so much”</td>
<td>[Duration of diabetes]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“The problem with diabetes is do they’re really skilled at it”</td>
<td>[Examination of iris]</td>
<td>Memory</td>
<td></td>
</tr>
<tr>
<td>“We’re making a decision, not in a short time period, in a short time, much more complicated decisions about management and what actually happens with a patient…”</td>
<td></td>
<td>Decision making</td>
<td></td>
</tr>
<tr>
<td>“... the time pressure that’s just on a lot of corporates these days to get 16-minute appointments, you just can’t physically have the time to do all this stuff”</td>
<td>[Examination of retina]</td>
<td>Limited time</td>
<td></td>
</tr>
<tr>
<td>“... the challenge is actually do that in the time, now, when those other core processes, to make money out of glasses, not eye care and health care…”</td>
<td>Environmental context and resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“... unless there’s little bits down, where you can just tick, tick, tick and this doesn’t take you long, you’re not going to put up all this stuff”</td>
<td>Resources/technology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“... if your mentor don’t record that, then you’re not going to record it right”</td>
<td>Social environments/ influences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“... we are very astute clinicians in what we do. So, we, just spend time with a patient and nobody can sit in, and I could be saying anything and doing anything”</td>
<td>Social influences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“... I think a lot of optometrists care that, you’re under the care of an ophthalmologist, as their ref”</td>
<td>Social professional role and identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“... and you’re not really a doctor, you know. And then you’re really hit the medical areas. You’re not really a doctor, you know. And then you’ve really hit the medical areas”</td>
<td>Perceived role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“... One of the things is that I think with risk factors is the lack of perceived importance in diabetes”</td>
<td>Lack of perceived importance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“... so we don’t bother to write anything down about it”</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RESULTS

What are the Barriers and Enablers to Evidence-based Diabetic Eyecare?

<table>
<thead>
<tr>
<th>Key domains relevant to appropriate diabetic eyecare are</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Environmental context, social influences, knowledge/skills, memory, attention and decision process, social/professional role and identity, beliefs about consequences and intention.</td>
</tr>
<tr>
<td>• Key enablers include</td>
</tr>
<tr>
<td>• Environmental context, knowledge/skills, reinforcement, intention, beliefs about consequences, social influence and behavioural regulation.</td>
</tr>
</tbody>
</table>

The identified barriers and enablers were related to all components of COM-B model (capabilities, opportunity and motivation).

While several participants commented on environmental resources as barrier (e.g. short consultation time), many of them also stressed that action planning (goal, efficient time management [skill] and self-monitoring [behavioural regulation]) could help address this issue.

Lack of knowledge, limited time, poor access to evidence, organisational constraints, lack of resources, social influences and motivation have been reported as barriers to evidence-based optometry practice.9

Participants also suggested the following interventions which could improve diabetic eyecare

• Peer review
• Mandatory continued education
• Practice aids
• Practice audit and feedback
• Improved electronic record system/kit boxes

Considering the barriers and enablers, a theory based intervention2 will now be developed to improve the practitioner behaviour in diabetic eyecare

Behaviour Change Wheel (BCW) → a potential theoretical model to design the intervention
BCW outlines nine possible intervention functions recommended for specific components from COM-B system.

CONCLUSION

Optometrists’ internal motivation and capabilities as well as external social/environmental opportunities influence appropriate diabetic eyecare delivery

Future intervention to improve appropriateness of diabetic eyecare delivery should target the identified barriers through a systematic and theory-based approach.

REFERENCES

1. Sunny RC, CHe Sep 2019
2. Cappellini HD et al., Implement Sci 2017
3. Sung E. et al., Implement Sci 2017
5. acrylics.com.au

REPORTING

COREQ [Consolidated criteria for Reporting Qualitative research] Checklist is used to guide the reporting of this study

CONTACT

Rajendra Gyawali
Contact: rajendra.gyawali@unsw.edu.au