

## Visual illusions? Beliefs and behaviours of presbyope clients in optometric practice

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### Abstract

Many clients in optometry practice have reported that they do not receive sufficient information from practitioners to make informed purchasing decisions for corrective spectacles. The aim of this study was to identify participants' attitudes and beliefs towards visiting an optician and purchasing spectacles, to compare clients' and practitioners' perceptions of purchasing decisions, and to examine clients' preferences for information and decision making. One hundred and fifty-eight presbyopes completed a questionnaire to examine attitudes and behaviours regarding visiting an optician. Thirty-four practitioners completed a questionnaire examining the purchasing recommendations they make to clients, and their perceptions of clients' purchasing decisions and information needs. Participants reported positive attitudes towards visiting an optician but required more information about their eyesight and about purchasing options. A discrepancy was found between client and practitioner perceptions of purchasing decisions and of involvement in the decision making process. Practitioners overestimated the importance of price to clients and underestimated the importance of their own recommendations on purchasing decisions. The findings of this study could be used to guide practitioners in their provision of information to clients.

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### 1. Introduction

Client-centred (patient-centred) medicine is increasingly advocated as best practice within the healthcare environment [1]. This framework stresses the importance of both client and practitioner input for a successful consultation, and recognises that individual clients have different requirements with respect to the desired outcome of the consultation; the amount of information required from the practitioner; and the amount of client input to treatment decision making, (i.e. whether they prefer the practitioner to recommend a course of action, or whether they prefer to reach their own decisions). Client-centred medicine therefore requires the practitioner to identify the participation and information needs of individual clients and to provide information appropriate to these needs.

Desire for clear information and its role in the patient-practitioner consultation have been demonstrated previously in the general healthcare environment (e.g. [2,3]). The op-

tometric environment combines both healthcare (optometric examination and lens prescription) and consumer (spectacle and contact lens purchasing) behaviours. In this situation both the clarity of vision obtained from spectacles and their aesthetic characteristics need to be considered. Clients in optometry practice have reported a preference for greater involvement in the choice of spectacle lenses but believe that they do not receive adequate information to make informed decisions [4].

A client-centred framework [1] would recommend identifying client information needs and decision-making preferences regarding both spectacle frame and lens type, but as yet, there has been little systematic research on the different information and decision-making requirements of clients in the optometric environment.

A model that can provide a useful evidence-based framework for examining health behaviours, such as visiting the optician and purchasing spectacles, is the theory of planned behaviour [5]. This approach provides a framework in which to examine beliefs relating to potential health behaviours across a large range of clinical populations. The theory states that the intention to perform certain behaviours is determined by three types of beliefs. First the theory outlines behavioural

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beliefs, which are beliefs about the likely outcome(s) of a particular behaviour. These beliefs, together with the value the individual places on the outcome(s), form their *attitude* towards that behaviour. Second, the theory outlines normative beliefs, which relate to the individual's beliefs about the expectations of key individuals such as their partner, friends or family. These beliefs, combined with the individual's motivation to comply with the wishes of these key individuals, form their *subjective norm*. Third, the theory takes into account a person's beliefs regarding factors that make it easier or more difficult to perform that behaviour. These beliefs, combined with a judgement of how important each factor is, gives rise to their *perceived behavioural control*.

For example, the theory predicts that an individual's intention to attend for regular eye examinations would be predicted by: their attitude towards having an eye examination (e.g. eye examinations help maintain the health of my eyesight, and it is important for me to maintain healthy eyesight); their subjective norm (e.g. my family expects me to have regular eye examinations, and I want to please my family); and perceived behavioural control (e.g. I have to drive to the practice and there is plenty of parking available). Conversely, beliefs that eye examinations are too expensive, that few people have their eyes tested regularly and that the practice has inconvenient opening times would decrease the likelihood that an individual would attend for regular eye examinations.

Presbyope clients represent a large proportion of the optometric population. Presbyopia is a normal age-related change in vision that results in difficulty focussing on near objects. It onsets around the age of 45 and can appear to cause rapid deterioration in the ability to read small-sized print. Lens choice is of particular importance for presbyope clients as single-vision, bifocal and varifocal lens options can all be considered. In addition to differences in refractive properties, these lenses also differ in appearance, price, and ease of adaptation. The costs and benefits of different lenses should therefore be explained to each client.

The aim of this study was three-fold. First, to explore the attitudes and beliefs of presbyope clients towards visiting an optician and purchasing spectacles, and to this end we have used the theory of planned behaviour as a theoretical framework. Second, to compare clients' and practitioners' perceptions of the most important factors underlying clients' purchasing decisions. Third, to examine clients' preferences for their role in decision making, the information they require from their practitioner, and the information that practitioners provide.

## 2. Method

### 2.1. Presbyope questionnaire

A questionnaire was developed for the purpose of this study. Questionnaire items were developed from the the-

ory of planned behaviour [5] and from semi-structured interviews conducted with a purposive sample of presbyopes. The questionnaire was piloted with 10 presbyope clients. The questionnaire was understood by all participants and there were no items that needed to be eliminated on the grounds of poor comprehensibility or unsuitability. The final questionnaire contained 61 items. All questions comprised a statement and required an answer on a six-point Likert scale (from "disagree strongly" to "agree strongly").

Attitudes and beliefs towards visiting the optician and purchasing spectacles were assessed by questions such as, "It is important that I get my eyes checked regularly"; "I feel anxious when I visit the optician"; "It is important that my glasses look fashionable"; "My friends and family want me to buy high-quality glasses"; "It is important that I buy glasses that my friends and family like" and "It is difficult for me to visit the opticians".

Decision-making roles and information requirements were examined by asking participants about previous purchasing experiences. For example: "When I choose new glasses I follow my optician's advice", "When I choose new glasses I get as much information as possible about the different choices available" and "I would like more information about my eyesight".

Information was obtained on demographics and current lens type. An open question probed factors important when making purchasing decisions, "Please tell us what are the most important things you look for when you are buying a new pair of glasses". Responses to this open question were grouped according to themes.

### 2.2. Practitioner questionnaire

A questionnaire was developed to examine practitioners' perceptions of shared decision-making in lens choice and whether information was tailored to reflect individual client needs. The questionnaire comprised a mix of 20 open and closed questions examining information obtained from clients (e.g. their visual concerns, hobbies and activities and their preferences for frames and lenses); factors influencing purchasing recommendations; provision of information to clients and the tailoring of information for individual clients; and client involvement in choice of spectacle lenses.

### 2.3. Participants

Participants were recruited from 14 practices, selected randomly from a national database of UK optometry practices. Practices were sent fifteen questionnaires and asked to distribute them to consecutive presbyope clients. One hundred and fifty-eight clients returned completed questionnaires (response rate 75%); 37% of these were male and 63% female. The mean age of participants was 57 years and they had worn spectacles for a mean duration of 23 years. All participants wore spectacles following their most recent consultation; 32% reported wearing single-vision (reading)

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