



## Impacting Communication in Optometry: enhancing health-service experiences

Journal:	<i>European Journal of Marketing</i>
Manuscript ID	EJM-02-2022-0130.R2
Manuscript Type:	Original Article
Keywords:	customer experience, Communication, Health services, Customer services quality, Video

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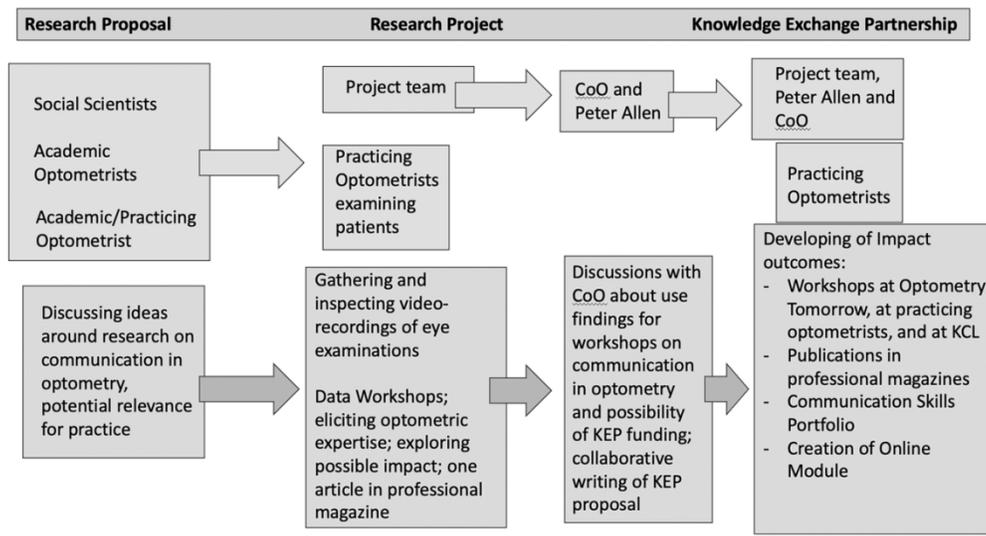


Figure 1: From the Research Proposal to the Knowledge Exchange Partnership

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Research Activities	Research Findings (Selection)	KEP: Scoping Exercise Activities	KEP: Scoping Exercise Findings (Selection)	KEP Outcomes
Gathering Video-recordings of communication in eye examinations	Framing of eye examination is achieved through minute examinations	Survey with Optometrists in the UK	<ul style="list-style-type: none"> <li>- Highlight lack of communication training</li> <li>- Note interest in further training in communication</li> </ul>	Development and Dissemination of Communication Skills Portfolio
Examining and analysing communication in eye examinations	When asked, patients do not reveal 'problems with their eyes and vision'	Focus Groups with Public Patient Involvement Group	<ul style="list-style-type: none"> <li>- Note issues and problems with communication experienced</li> </ul>	Publication of articles in professional magazines that address use of formulations in patient history interview
Publishing Research Findings	Patients treat parts of the eye examination as test of their abilities	Discussions with Practicing Optometrists	<ul style="list-style-type: none"> <li>- Note lack of communication training</li> <li>- Voice interest in exploring use of video-recordings as reflective tool</li> </ul>	Workshop at Optometry Tomorrow conference: discussing examples of effective and less effective communication Workshops with practicing optometry
Publication of one article in professional magazine	Patients sometimes are nervous about failing 'tests'			Publication of articles in professional magazines related to communication practices, eye contact, etc.
	Patients are sensitive to formulations used in questions and encouragements to participate in tests			Publication of articles in professional magazines that highlight sensitivity to patients' orientation to tests

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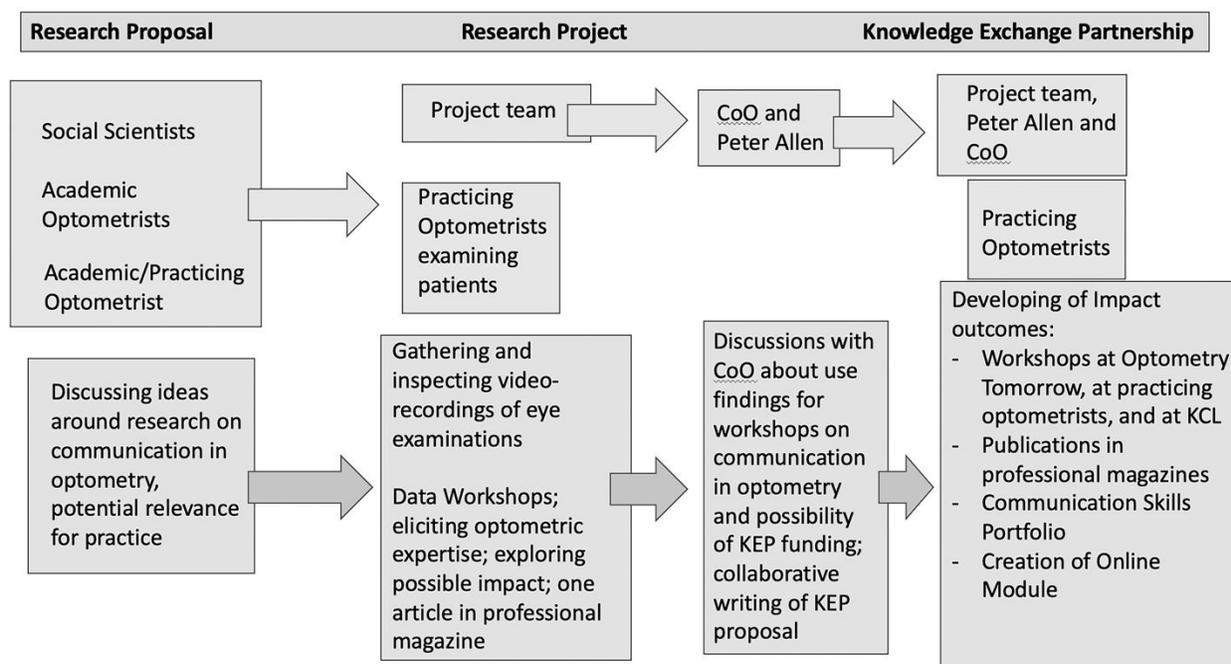
## Impacting Communication in Optometry: enhancing health-service experiences

### 1. Introduction

In optometry, communication is important for principally three reasons;- (1) optometrists have to elicit reports of the subjective experience of seeing to assess patients' sight (vom Lehn et al. 2013; Webb et al. 2013), (2) like in other health services the agenda of eye examinations is increasingly driven by contributions from patients (Keeling et al. 2021; McColl-Kennedy et al. 2017; Pagano 2016), and the value of eye examinations is co-produced in interaction between optometrist and patient, and (3) failures in communication between patients and optometrists can be the grounds for malpractice cases (Palmer 2022). Practicing optometrists are aware of the importance of communication in their work, and say that "[C]ommunication is at the heart of everything that we do no matter what discipline or specialty of optometry we go into" (Sarah Morgan in Powell 2018). Although the importance of communication for the practical work of optometrists has been recognized, little communication training is offered to optometrists at university and, until recently, there was hardly any research on communication in eye examinations.

Considering the importance of communication and the lack of research on and training in communication in optometry, we, a team comprised of social scientists and two academic optometrists, one of them with his own community practice, have undertaken a series of studies exploring communication and interaction in eye examinations. These studies formed part of an interdisciplinary ESRC-funded research project that aimed to find out about communication practice and techniques in optometry by inspecting video-recordings of naturally produced eye examinations. We subsequently used the findings from the research project to apply for a Knowledge Exchange Partnership (KEP) co-funded by the ESRC and the College of Optometrists (CoO) that was designed to develop teaching and training material for optometrists. Figure 1 summarises the relationship between the research project and the KEP.

Figure 1: From the Research Proposal to the Knowledge Exchange Partnership



## 2. Working with Stakeholders: Problem Generation

The research project was developed in close cooperation between social scientists and academic optometrists. The social scientists cooperated with the academic optometrists while ensuring the research agenda pursued social scientific rather than practical or technical questions. They collected and inspected the video data using social scientific methods and disseminated their findings in social science journals and books. The academic optometrists contributed to the design of the research project, helped with access to research sites, participated in data workshops where they discussed video data with the social scientists, collaborated on the preparation of publications and later aided the communication of the impact of the research findings to the optometric profession. By closely cooperating as a project team, we always pursued a social scientific research agenda concerned with communication in optometry while having an eye on the impact our findings from social scientific research might have on the practical work of optometrists.

When the team first assembled to explore a possible collaboration, the first author of this article initiated discussions about a possible joined research project with optometrists working at universities. At this point, the optometrists had undertaken “standardised patient research” that had shown *what* tests and examinations optometrists undertake when patients present particular

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3 symptoms (Shah, Edgar, and Evans 2007). When I approached the optometrists, in particular Bruce  
4 Evans (London Southbank University) and David Thomson (then at City University London) were  
5 excited about the proposal to study in detail *how* optometrists communicate and interact with  
6 patients during eye examinations because they recognised a lack of research in this area and a  
7 potential impact of such social-scientific research on optometric practice.  
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13 Together, the members of the research team identified issues and problems that we wanted to  
14 pursue with the research. For the problem identification we have drawn on the optometrists'  
15 experience as practitioners and the social scientists' previous research on doctor-patient  
16 interaction. For example, as a team we decided to investigate how optometrists conduct the patient  
17 history interview and how information from that interview is used to prefigure and structure the  
18 eye examination. We also decided to explore how optometrist and patient manage the exchange of  
19 glances during eye examinations, how optometrists employ a range of techniques and technologies  
20 such as charts, lenses and computer systems to arrive at objective measures of patients' subjective  
21 visual experience.  
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31 Save for the academic optometrists' contribution to the writing of the proposal, having received  
32 funding from the ESRC the success of the project also required the cooperation of practicing  
33 optometrists and of academics teaching and training optometrists at university. The academic  
34 optometrists used their excellent contacts and facilitated access to franchise owners and  
35 community optometrists across the UK as well as to university departments and their optometry  
36 clinics. The social scientists' cooperation with academic optometrists helped to persuade  
37 practicing optometrists to participate in the project. The optometrists often agreed to video-  
38 recordings in their practices saying that they are happy to help with research that will enhance the  
39 quality of the service provided by the profession. Thus, the social scientists could gather a large  
40 amount of video-recordings of communication and interaction in eye examinations that we have  
41 subjected to detailed sociological inspection.  
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51 The academic optometrists not only contributed to the preparation of the research proposal and  
52 helped with access to data collection sites, but they also were involved in the analysis of the data.  
53 As is common practice in the sociological analysis of video-data (Heath, Hindmarsh, and Luff  
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3 2010) we organised data workshops where we invited optometrists to discuss with us short  
4 fragments of recorded eye examinations. The optometrists participating in these workshops helped  
5 the social scientists to identify problems in the communication between optometrists and patients,  
6 to interpret phenomena, and to make sense of highly technical procedures.  
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11 A key contributing factor in the creation of impact was the participation of the College of  
12 Optometrists toward the end of the research project. The CoO added to discussions about the  
13 trajectory of our research and about how findings from the research might be turned into impactful  
14 material. In common with many professional bodies, the CoO has protocols and procedures to  
15 ensure that the learning materials and guidance it provides to members have been developed  
16 through a rigorous process and meets the institution's required criteria for quality. By involving  
17 the CoO in the project and by maintaining a strong working relationship with their research and  
18 education units the project team was able to achieve the outputs described below in section 5. Had  
19 the research team simply arrived at the CoO with fully formed 'evidence-based learning materials'  
20 and only involved them at the final dissemination stage, it might have been difficult or impossible  
21 to achieve the final positive outcomes noted in this article. The collaboration with the CoO was  
22 the basis for the subsequent development of the Knowledge Exchange Partnership (KEP) jointly  
23 funded by the ESRC and the CoO.  
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36 The inclusion of practicing optometrists and the CoO in the project may raise questions about the  
37 independence of the social scientific studies. From the start, we considered the inclusion of  
38 practicing optometrists and later the CoO as a particular strength of the project. The social  
39 scientists have benefited immensely from the expertise the optometrists have brought to the  
40 analysis of the video-data. Rather than the social scientific research being shaped by the interests  
41 of the optometrists, the analysis was enhanced by the optometrists' expertise.  
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### 48 **3. The Knowledge Exchange, (Co-)creation and Learning Process**

49 Our research that examined video-recordings of eye examinations has begun to reveal that the  
50 production of effective eye examinations requires optometrists to be sensitive to how patients  
51 orient and respond to the professional procedures, instructions, and questions. Minute changes in  
52 the phrasing of questions and encouragements to read from charts or attend to tests can have  
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3 substantial implications on the organization and duration of examinations, on the quality of the  
4 clinical outcomes, and on patients' satisfaction with the service provided by optometrists (vom  
5 Lehn et al. 2013; Webb et al. 2013). Thus, our research has added to the existing body of  
6 knowledge on communication in health service provision in general and in optometry in particular  
7 by showing that specific communication strategies can improve the efficiency and experience of  
8 eye examinations for both optometrists and patients.  
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15 Toward the end of the research project, we discussed possible next steps for the investigation of  
16 communication and interaction in eye examinations. The optometrists who had been co-applicants  
17 on the research proposal felt that in addition to further research, there was value in making our  
18 findings from the research thus far, accessible to practitioners. We, therefore, approached the CoO  
19 and asked if they were interested in cooperating on an ESRC-CoO co-funded Knowledge  
20 Exchange Partnership (KEP) with the aim to use our research findings to develop education and  
21 training material. They agreed and together, the research team and the CoO, successfully applied  
22 to the ESRC for such a partnership.  
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31 The KEP was comprised of three stages of information gathering and outcome production;-

- 32 1. Scoping Exercise
  - 33 2. Focus Group Discussions with Public Patient Involvement Group
  - 34 3. Development of Communication Skills Portfolio
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40 First, the KEP began with a "scoping exercise" to understand stakeholders' experience of  
41 communication in optometry. For the scoping exercise we asked the CoO to help us with access  
42 to practicing optometrists and patients. We assembled a list of optometrists to include in a survey  
43 designed to find out about practitioners' training in and their experience of communicating with  
44 patients. The list included contacts from the original research project and members of the CoO.  
45 Thus, we were able to include in our study optometrists from all parts of the UK. From the survey  
46 it transpired that particularly student optometrists wanted more communication skills training at  
47 university that provided them with knowledge and skills in soliciting information from patients,  
48 managing eye contact during consultations, delivering "good" and "bad" news from eye  
49 examinations, and giving advice to patients.  
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5 Second, alongside the survey with optometrists and students, we also conducted a small number  
6 of focus groups with patients who the CoO had helped to reach out to via their Public Patient  
7 Involvement Group. The focus groups provided us with information about patients' experience of  
8 communication in eye examinations. During the focus groups patients talked about issues and  
9 problems they had experienced in eye examinations. Patients mentioned, for example, that at times  
10 they have the impression that optometrists assess patients as they enter the examination room and  
11 that this initial judgement which has a bearing on how the examination is performed. They think  
12 that it is important for optometrists to communicate clearly with them and in ways that are sensitive  
13 to their conditions. Patients, therefore, suggested that optometrists use visual aids to explain to  
14 them the outcome of their eye examinations.  
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24 And third, we, the team of social scientists and optometrists, used the findings from the scoping  
25 exercise to develop teaching and training material on communication in optometry. The outcome  
26 of this work was a communication skills portfolio that we submitted to the CoO who disseminated  
27 it to its members via its learning management system (LMS) on their website. Throughout the  
28 process of developing the portfolio we interacted with practitioners by, for example, presenting  
29 different parts of the teaching material at professional conferences like Optometry Tomorrow, in  
30 the practices of optometrists (after work), and through lectures/tutorials at university departments.  
31 The sessions with practitioners and students took the shape of workshops during which we  
32 presented video-recordings from the original research project and facilitated attendees to identify  
33 issues in the communication between practitioner and patients and come up with solutions on how  
34 to improve these issues. In the workshops, we showed optometrists and students thematically  
35 selected fragments from the recordings and asked them to examine and comment on them. The  
36 purpose of the discussions was not to assess or judge the performance of individual optometrists,  
37 but rather to seek to break down and consider closely the actions and words used by the  
38 optometrists, and the responses these elicited from patients. Thus, the discussions remained  
39 positive, explored the origins of communication issues, and developed ideas on how to avoid  
40 problematic issues arising.  
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3 From our engagement with practicing optometrists and their reflections on video-recordings of eye  
4 examinations, we became sensitive to practical and professional constraints optometrists are  
5 confronted with on a day-to-day basis. We learned, for example, how the quality of the service  
6 experience in optometry is often impacted by work stress, time pressures, and particular responses  
7 of patients to the examination. By discussing video-clips from our data with optometrists at  
8 conferences and in workshops we could reveal to them 'more effective' and 'less effective'  
9 examples of communication, and how changes to communication practice can help alleviate some  
10 of the problems and issues that can cause work stress and exacerbate time pressure.  
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18 The sole aim of the KEP has been to develop and disseminate teaching and training material for  
19 optometrists, material that has been derived from our research project on communication in  
20 optometry. The scoping exercise and focus groups were undertaken to obtain additional  
21 information about issues with communication in eye examinations from optometrists and patients,  
22 without claiming to be "social-scientific". The findings from these information gathering exercises  
23 together with comments we received on our presentations and workshops sensitized us for  
24 optometrists' and patients' concerns when developing the teaching and training material. Resulting  
25 from these discussions has been various impact outcomes discussed in the final section of this  
26 article.  
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#### 36 **4. Impact Outcomes**

37 The principal aim of the KEP has been to use our observations and findings from the research  
38 project for the development of education and training material that may help optometrists to  
39 enhance their skills to communicate with patients. In our grant application to the ESRC-KEP we  
40 proposed;-  
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- 45 "1) to develop a communication skills portfolio, based on analytic findings, that will  
46 support optometric practitioners at various stages of their professional development;
- 47 2) to consolidate the programme into a communication skills portfolio for wider  
48 distribution;
- 49 3) to disseminate the overall package (the communication skills programme and  
50 portfolio) and its perspective on communication skills training across professional,  
51 policy and research networks."  
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3 The aims of the KEP were achieved through direct engagement with practicing optometrists at  
4 professional conferences, workshops, and by developing and publishing the Communication Skills  
5 Portfolio on the CoO's website. At the conferences and workshops, we discussed with participants  
6 the impact findings from our research might have on their practice. From these discussions it  
7 transpired,-  
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14 1. that for optometrists it is important to find out early in the eye examination about patients'  
15 problems with their eyes and vision. It, therefore, is critical that optometrist can elicit from  
16 patients information about their eyes and vision they can use to structure the content of the  
17 examination. As we had found in our research that patients are reticent to reveal "problems"  
18 with their eyes we suggested small changes in the phrasing of questions to enhance the  
19 likelihood that patients will reveal such problems. For example, our research suggests that  
20 when optometrists avoid the word "problem" in the communication with patients and  
21 instead use formulations like, "have you experienced any change in your vision?" or "do  
22 you have any concerns with your eyes and vision?", patients feel more comfortable to talk  
23 about issues they have with their eyes and vision early in the examination. These concrete  
24 changes to optometrists' communication behaviour allows them to connect better with how  
25 patients themselves think and talk about their eyes and visual experience;  
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- 34 2. that optometrists can ameliorate patients' anxiety or nervousness about vision assessments  
35 by using formulations in questions and encouragements to participate in tests that indicate  
36 getting answers wrong is not a personal failure. For example, our research suggests using  
37 encouragement to read from the distance vision letter chart, like "please try to read *any*  
38 letters from the chart in front", in particular for patients who display hesitation or  
39 nervousness in their reading from said chart. Such more open encouragements stipulate  
40 that it is unproblematic to be unable to read some or all of the letters from the chart and  
41 that making mistakes in the reading is okay; and  
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- 48 3. we also argued that in their day-to-day practice optometrists should use video-recordings  
49 of their own work as a tool to reflect on how they communicate with patients. Such active  
50 reflection on work practice can help optometrists to become more mindful when  
51 communicating with patients and acquiring a sensitivity to how different patients orient to  
52 the eye examination.  
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Table 1: Summary of Research Activities, Scoping Exercise, and KEP Activities

Research Activities	Research Findings (Selection)	KEP: Scoping Exercise and Focus Groups	KEP: Scoping Exercise Findings and Focus Groups (Selection)	KEP Outcomes
Gathering Video-recordings of communication in eye examinations	Framing of eye examination is achieved through minute	Survey with Optometrists in the UK	<ul style="list-style-type: none"> <li>- Highlight lack of communication training</li> <li>- Note interest in further training in communication</li> </ul>	Development and Dissemination of Communication Skills Portfolio
Examining and analysing communication in eye examinations	When asked, patients do not reveal 'problems with their eyes and vision'	Focus Groups with Public Patient Involvement Group	<ul style="list-style-type: none"> <li>- Note issues and problems with communication experienced</li> </ul>	Publication of articles in professional magazines that address use of formulations in patient history interview
Publishing Research Findings	Patients treat parts of the eye examination as test of their abilities	Discussions with Practicing Optometrists	<ul style="list-style-type: none"> <li>- Note lack of communication training</li> <li>- Voice interest in exploring use of video-recordings as reflective tool</li> </ul>	Workshop at Optometry Tomorrow conference: discussing examples of effective and less effective communication Workshops with practicing optometry
Publication of one article in professional magazine	Patients sometimes are nervous about failing 'tests'			Articles in professional magazines related to communication practices, eye contact, etc.
	Patients are sensitive to formulations used in questions and encouragements to participate in tests			Articles in professional magazines that highlight sensitivity to patients' orientation to tests

We discussed our research findings and their potential implications for optometrists with practicing optometrists at workshops that we organised, for example, at the annual conference Optometry Tomorrow, in seminar rooms at King's College London, and in optometrists' practices.

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3 We received enthusiastic responses by participants in the workshops who said “I have learnt more  
4 about communication this afternoon than I did during my training” and “we all found your  
5 presentation very useful and relevant to real life optometry”. A participant who manages a  
6 franchise outlet of a large chain of opticians said he “learned the importance that minute details of  
7 communication have for our patients’ experience and satisfaction”.

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13 Findings from the research have begun to influence teaching of optometry in the UK. Whilst it  
14 might be too burdensome to introduce additional communication-focused modules into optometry  
15 teaching at university, material related to communication in eye examinations can be introduced  
16 into university education and in Continuing Education & Training (CET) credit-bearing  
17 publications. One of the co-authors of this article, Peter Allen, who joined the team near the  
18 completion of the research project, and who teaches Optometry at Anglia Ruskin University in  
19 Cambridge said that learning about the research and the implications of detailed observations of  
20 communication in eye examinations on practice, has encouraged him to restructure and integrate  
21 communication skills training in his Clinical Optometry modules attended by 70 students each  
22 year.

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32 To enhance the education and training of practicing optometrists we also published short articles  
33 coupled with assessments through which practicing optometrists can acquire CET credits they  
34 need to enhance their careers. These articles were concerned with communication in optometry  
35 and particularly explored the importance of the design of questions in the patient history interview  
36 and in eye tests for patient satisfaction and the efficacy of the examination (Webb et al. 2014a;  
37 2014b; Webb and Allen 2015). More than 700 optometrists passed the exams associated with each  
38 of the articles prompting the editor of The Optician to encourage us to write further articles for the  
39 magazine.

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48 At the end of the KEP we submitted the “Communication Skills Development Portfolio for Eye  
49 Care Practitioners and Trainers” to the College of Optometrists. The portfolio is comprised of 4  
50 parts;-

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54 “1. The **Background Information** section explains our approach to understanding  
55 communication and the research findings that underpin the main content of this portfolio.  
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2. The **Guide to Communication** looks at the various stages, activities and challenging scenarios that occur in typical eye care consultations and considers different patterns of communication associated with them. It provides relevant practical advice and points for reflection to help practitioners maximise their communication with patients.
3. The **Skills Development section** provides exercises that build on the Guide to Communication. These exercises can be used by individuals, groups and trainers. They encourage practitioners to identify and reflect on communication behaviours and provide tools to maximise communication skills. They also set out how peer discussions and video-recordings can be used as methods for communication skills development – including in the conduct of CET peer reviews and discussions.
4. The **Resource Bank** lists sources of further information and support.”

The CoO published an article about our cooperation and the Communication Skills Portfolio on their website<sup>1</sup>. Over the subsequent years, we continued to discuss our cooperation and in 2018 decided that it would be worthwhile turning the original Communication Skills Portfolio into a formal teaching and training course. A consultant hired by the CoO created a credit bearing continuous education and training (CET) course titled “Eye Examinations: improve your skills” (C-70016). The course was made available to the CoO’s 16000 members via its online learning website (DOCET) where a wide range of other CET courses are published.<sup>2</sup> Nine months after its publication almost 600 practicing optometrists had enrolled and 223 had successfully completed the course. In their evaluation optometrists scored the course “outstanding”. Furthermore, they stated that the module had helped them to change how they conduct eye examinations. For example, one states that based on their learning “we have reorganised our furniture in the consultation room to ensure we always have eye contact with patients”. Several optometrists said in their comments after participating in the course that they will revise how they communicate with patients during history-taking and testing, that they will adapt “tests to patients’ needs, rather than using the same routine for most”, and “will structure my appointments better to meet the needs of the patient”. The Director of Research for the CoO and co-author of this paper, Michael Bowen, stated that “the learning material co-developed with King’s helps optometrists identify and understand how effective communication can improve the outcomes of a patient / clinician appointment. It assists them in understanding how relatively minor alterations to established habits

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<sup>1</sup> <https://bit.ly/3OJE1tG>

<sup>2</sup> CET is a statutory requirement for all fully qualified optometrists; it is a points-based scheme practitioners are required to participate in throughout their career to update their skills and knowledge.

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3 and patterns of communication within an optometrist appointment can lead to improved experience  
4 and better clinical outcomes”.

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8 We assessed the impact of the research project and KEP by the large number of practicing  
9 optometrists taking part in the credit-bearing material published as articles in professional  
10 magazines and made available as workshops and online course by the team and the CoO. Practicing  
11 optometrists’ positive evaluations of the teaching and training material as well as their continued  
12 interest in our research and its implications for practice also are evidence of the impact of our work  
13 on the optometric profession. Moreover, the CoO as well as practicing optometrists have  
14 encouraged us to continue our research. Members of the project team and the CoO now conduct a  
15 study exploring the diagnostic and closing phases of eye examinations. Closings are a critical phase  
16 of health care consultations, as they affect, for example, patients’ satisfaction with care, clients’  
17 adherence to treatment, and consequently, clients’ health outcomes. More specifically, our  
18 research focuses on how patients display resistance to optometrists’ treatment advice and how  
19 optometrists respond to such resistance and on communication strategies which may avoid “door  
20 handle remarks” (Smethurst 2022) by patients and optometrists that can extend the duration of eye  
21 examinations and badly affect patients’ experience of the health service. This research that is  
22 already underway will continue to pursue our interest in investigating communication in the  
23 delivery of health services and making an impact on communication in optometry.  
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38 Save for optometrists’ participation in the online course and the workshops as well as their interest  
39 in further research, we also can begin to see an impact on optometric work practice. The examples  
40 cited above, such as the rearrangement of practice furniture, the inclusion of communication  
41 training in university courses, and the recognition that structuring appointments in ways that are  
42 more efficient for patients, are evidence for such practical impact. More work to further enhance  
43 the impact of the project on teaching and training in optometry as well as on the practical work of  
44 optometrists also is ongoing.  
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## 51 **5. Ethics of Impact**

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53 The development of impact outcomes has raised queries about intellectual property rights as  
54 various institutions were involved in their production. We decided that the impact of the  
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3 Communication Skills Portfolio and later the Online Course would be biggest if published by the  
4 CoO. We addressed the queries related to the ownership of the intellectual property raised by the  
5 social-scientific institutions by arguing that although the impact outcomes were published by the  
6 CoO the social scientists could use them as impact case studies in the REF. Furthermore, in the  
7 proposal for the KEP that was co-funded by the CoO we stated that the Communication Skills  
8 Portfolio would be published on sites owned by the CoO to maximise its audience. As the CoO  
9 paid for the production of the Online Course no queries were raised about its ownership.  
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17 The research project and the KEP produced impact outcomes that influence the practical work of  
18 optometrists and their training. These impact outcomes were not anticipated when we conceived  
19 the research project, at least not to the extent in which they have developed over the past years.  
20 The social scientists' principal interest always was in discovering the methods and techniques  
21 optometrists deploy to determine or even measure what and how clearly their patients can see. As  
22 the research project progressed, we discussed our observations with optometrists who from the  
23 start had a keen interest in turning social-scientific findings into practical outcomes, including  
24 teaching and training material. Their enthusiasm to generate practical outcomes from the project  
25 only grew when we discussed with them video-recordings of interaction between optometrists and  
26 patients. Working in academia and being funded by the ESRC required us, however, to publish in  
27 social-scientific journals. We, therefore, had to balance our time-budget for the production of  
28 academic publications with the interest of the optometrists to produce impact outcomes.  
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39 Working as an interdisciplinary team comprised of social scientists and optometrists helped us  
40 address these issues related to the balancing of the time-budget. It allowed us to turn academic  
41 observations and findings into practice-relevant outcomes. This was achieved by involving the  
42 optometrists in the social-scientific analysis of video-recorded interaction in the examination  
43 room. The optometrists not only saw the relevance of the social-scientific observations for practice  
44 but also were able to help turn them into practical outcomes, such as publications in practitioner  
45 magazines and presentations at practitioner conferences, and later develop the KEP and respective  
46 impact outcomes. Although the inclusion of 'impact cases' in the recent REF indicates that  
47 academia is changing, focusing on bringing about impact outcomes poses time-investment  
48 dilemmas for social scientists who are often under pressure to publish. The possibility to publish  
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articles discussing the impact of research in international social-scientific journals like EJM adds a publication venue for impact studies that is recognised as career-relevant by social-scientific institutions. This new, impact section in EJM, therefore, helps balancing the time-budget constraints that thus far have held back social scientists from publishing impact outcomes.

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