

Exploring Facilitators and Barriers to Surgical Shared Decision Making in Underserved Communities: A secondary qualitative analysis using the COM-B framework

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Background:

- Shared Decision Making (SDM) is a collaborative process between patients and clinicians to make health decisions together.
- In surgery, SDM enhances satisfaction, outcomes, and patient autonomy.
- Underserved communities often face barriers to SDM—such as language, low health literacy, and healthcare mistrust—creating inequities and a gap in understanding what supports or hinders SDM in these groups.

Aim:

To explore what helps (facilitators) or hinders (barriers) SDM in surgery among underserved groups through a COM-B (Capability, Opportunity, Motivation - Behaviour analysis).

Methods:

1. Data Familiarisation:

Reviewed the full set of community interview transcripts (n=30) from the ALPACA study to understand the scope and content of the data.

2. Deductive Thematic Analysis:

Identified themes within the COM-B framework, using deductive coding to organise data under Capability, Opportunity, and Motivation.

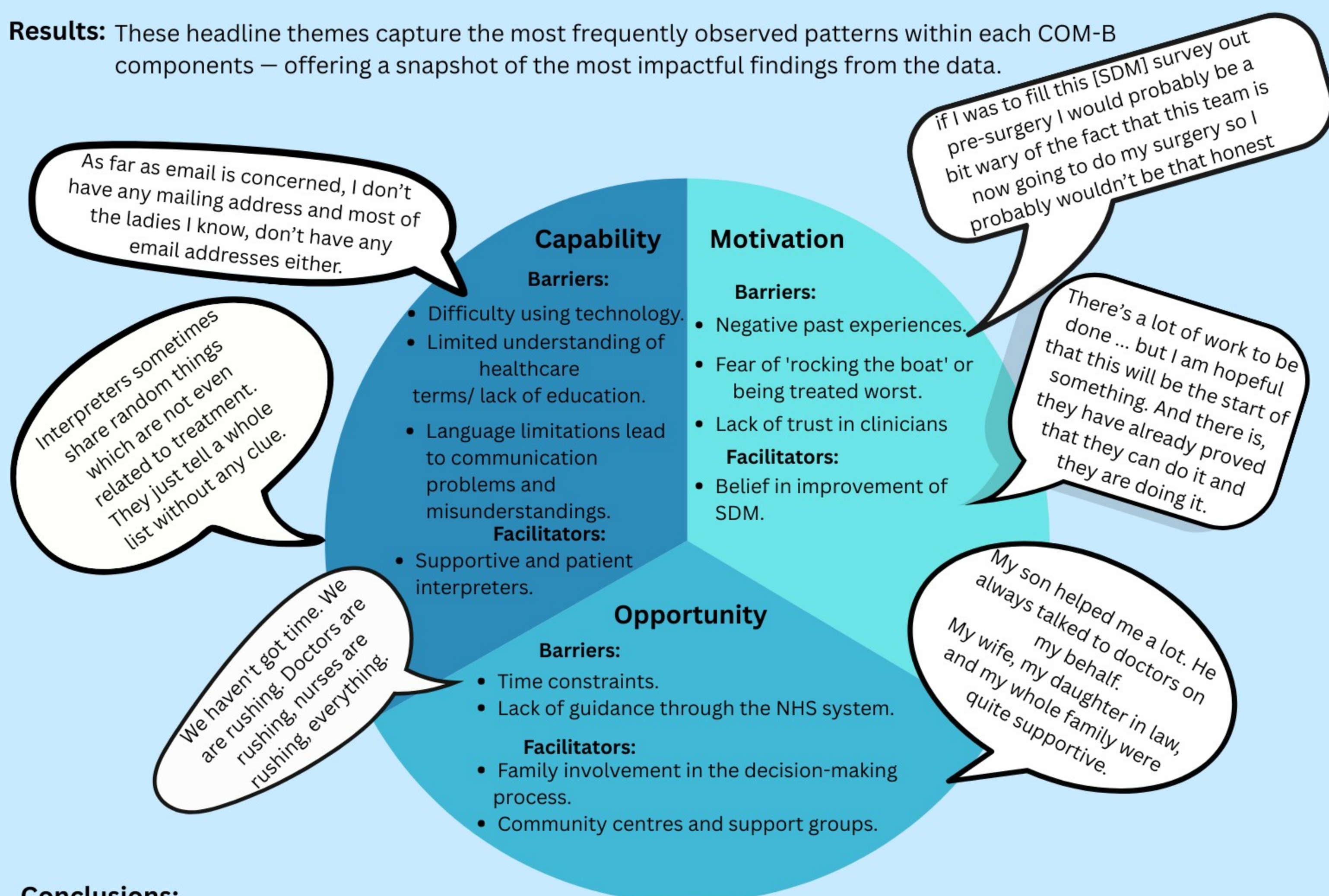
3. Code Refinement and Interpretation:

Refined and grouped the initial codes to identify key barriers and facilitators shared decision making among underserved communities.

[More about the ALPACA study](#)



Results: These headline themes capture the most frequently observed patterns within each COM-B components – offering a snapshot of the most impactful findings from the data.



Conclusions:

- Challenges are interlinked; e.g. language barriers affect confidence, trust, and engagement.
- Informal supports (family, community groups) play a critical role in enabling SDM.
- Improving SDM requires culturally sensitive, trust-building strategies.

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