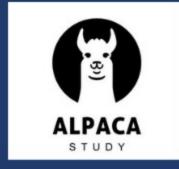


# **Exploring Facilitators and Barriers to Surgical Shared Decision Making in Underserved Communities:** A secondary qualitative analysis using the COM-B framework



Maria Eze, Christin Hoffmann, Sam Lawday, Rhiannon Macefield

# **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.

# More about the ALPACA study

#### 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.

if I was to fill this [SDM] survey out Results: These headline themes capture the most frequently observed patterns within each COM-B pre-surgery I would probably be a components — offering a snapshot of the most impactful findings from the data. bit wary of the fact that this team is

As far as email is concerned, I don't have any mailing address and most of the ladies I know, don't have any email addresses either.

# Capability

#### **Barriers:**

- Difficulty using technology.
- · Limited understanding of healthcare terms/lack of education.
- · Language limitations lead to communication problems and misunderstandings.

#### **Facilitators:**

 Supportive and patient interpreters.

# **Motivation**

#### **Barriers:**

- Negative past experiences.
- · Fear of 'rocking the boat' or being treated worst.
- Lack of trust in clinicians

#### **Facilitators:**

• Belief in improvement of SDM.

There's a lot of work to be done ... but I am hopeful that this will be the start of something. And there is, they have already proved that they can do it and they are doing it.

now going to do my surgery so I

probably wouldn't be that honest

# Opportunity **Barriers:**

- · Time constraints.
- Lack of guidance through the NHS system.

#### **Facilitators:**

- · Family involvement in the decision-making process.
- Community centres and support groups.

# My son helped me a lot. He always talked to doctors on My wife, my daughter in law, and my whole family were quite supportive.

#### **Conclusions:**

Interpreters sometimes

The random things

which are not even

related to treatment.

They just tell a whole

list without any clue.

We haven't got time. We

are rushing Doctors are

rushing nurses are

TUShing, everything.

- 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.