

A qualitative study on the effect of a decision aid on knowledge and decision conflict of patients with visually significant cataracts

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ABSTRACT

Background: Cataract is the leading cause of blindness worldwide. Surgery remains the only effective treatment consistently demonstrating excellent post-operative visual outcomes as well as immense increment in the quality of life of the patient. However, only 48.9% of adult patients with cataracts in Ghana choose surgery citing lack of knowledge and fear of surgery as major reasons. This study contributes evidence that decision aids in primary eye care settings can assist patients in making informed decisions about cataract surgery.

Objective: To investigate the effect of a decision-making aid on the quality of decision-making of patients in Korle Bu Teaching Hospital requiring cataract surgery

Methods: 120 patients with cataracts reporting to the Korle Bu Eye Clinic were recruited and randomly assigned to receive either a decision-making aid containing quantitative information on all the possible outcomes of cataract surgery or a control booklet containing general knowledge

about cataracts with no information about cataract surgery. The primary outcome measured was the effect of the decision-making aid on the knowledge of cataract and cataract surgery assessed using an internally generated questionnaire. A score greater than 6/12 (50%) was deemed as adequate knowledge. The secondary outcome was the decision conflict experience by the participants assessed using the Decision Conflict Scale developed by O'Connor(1993).

Results: Compared to the control group, the participants in the intervention group scored higher across all sections of the questionnaire (2.92 vs 2.7, $p = 0.042$ in section 1; 2.62 vs 1.77, $p < 0.001$ in section 2; 1.87 vs 1.55, $p = 0.03$ in section 3). The average total score was higher in the intervention group than in the control (36.7% difference; $p < 0.001$). Participants in the intervention group also demonstrated lower decision conflict scores than those in the control group (13.00 vs 37.17; $p < 0.001$).

Conclusion: The use of a decision aid significantly increased knowledge of cataract and cataract surgery and reduced decision conflict among patients with visually significant cataracts. This study contributes high-quality evidence on the effectiveness of a decision aid among patients with cataracts in Ghana. Integrating decision aids into primary eye care settings will empower patients, reduce barriers to essential cataract surgery and enhance overall visual health outcomes.

