

Readership Survey 2011

Summary report

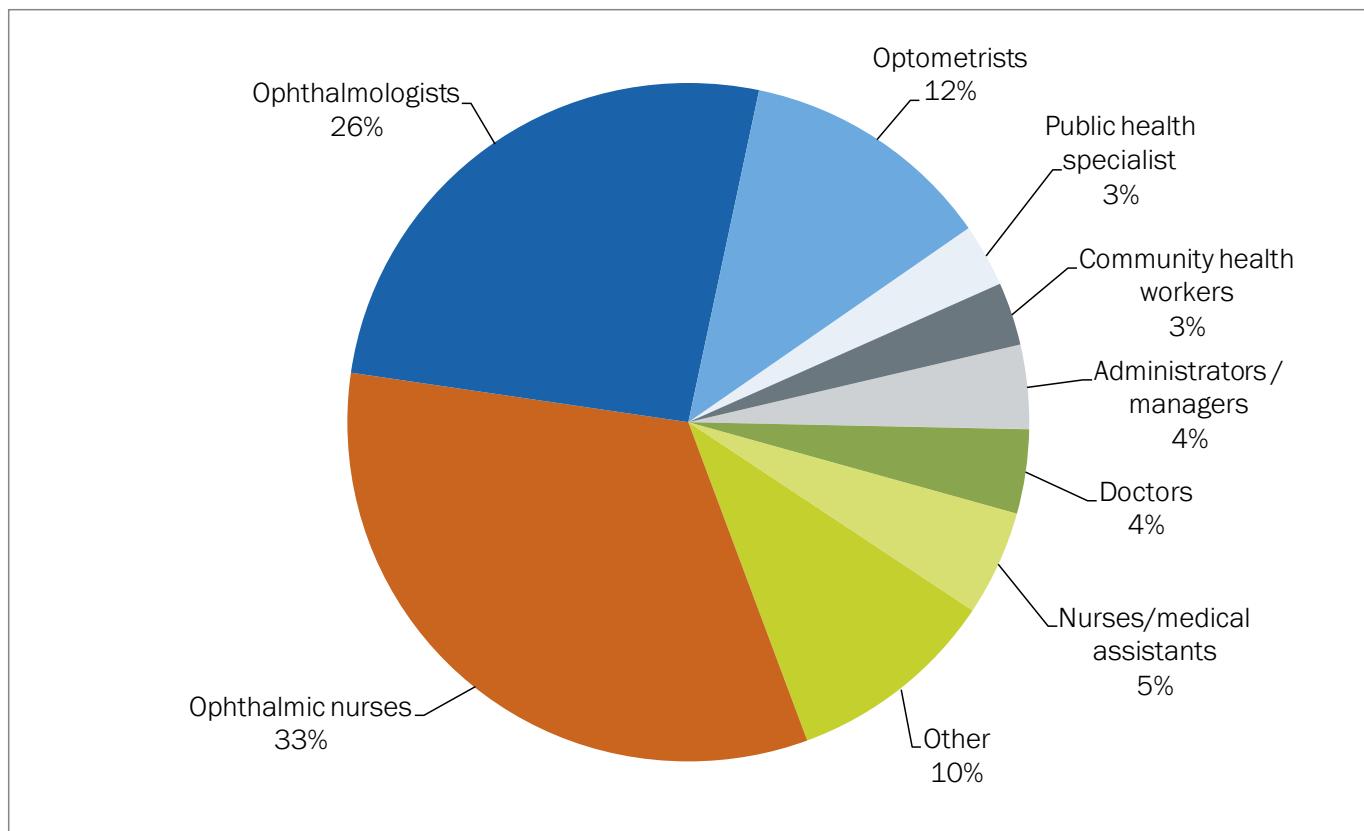
Who are our readers?

Although the CEHJ is aimed at a wide range of readers, it is important for us to reach those who have **least** access to other resources: mid-level personnel, people working in primary and secondary eye care settings, people working in rural or semi-rural areas, and people working in the government and the NGO sectors. The people who responded to our survey represent the above categories in large numbers, with the largest proportion being from Africa, where we know the need is greatest.

- A total of 1,418/26746 responses were received (5.3% response rate). 59% were from Africa and 32% from Southeast Asia; the remaining 9% were spread across the other regions.
- Half of respondents worked in small towns, villages or rural areas; the other half worked in cities or capital cities.
- Most respondents worked for government (62%); followed by the private sector (26%) and NGOs/INGOs (19%).
- Nearly 40% of respondents worked at primary level; 34% at secondary level, and 21% at tertiary level.
- The biggest professional group represented among respondents were ophthalmic nurses (33%), followed by ophthalmologists (26%) and optometrists (12%). Nurses, doctors, and administrators were close to 5% each. Many other professions were represented, including pharmacists, researchers, and technicians.
- The vast majority of respondents (89%) worked directly with patients and these respondents had, on average, contact with 60-79 patients per week.

- More than half of respondents had a wider range of responsibilities than those described by their profession. Around 60% reported that teaching/training, community development/outreach, health promotion, and patient counseling were among their work responsibilities; 40% reported being responsible for programme planning and management, and 22% were also responsible for hospital administration and management. In addition to their main job, 14% were also policy makers.

Our readers



Encouragingly, increasing numbers of respondents reported having access to computers and the internet. However, internet access remains slow and expensive, and nearly half of those with internet access also said that they would prefer not to access the journal online. Nearly all readers reported owning a mobile phone.

- 60% of respondents reported having limited or no access to a library or resource centre, 57% reported having access to the internet whenever they needed it and 65% provided an email address. However, only 37% preferred to complete the survey online, despite the cost involved in posting the paper copy of the survey.

- Of those who said they had access to the internet, nearly half (46%) said they would **not** read the journal online, citing the following reasons: too slow/time-consuming (34%), too expensive (28%), don't know how (26%) and don't want to/don't need to (14%).
- An astonishing 98.5% of readers had mobile phones. Of those, 24% reported using their phones to access the internet and emails.
- 64% reported having access to a computer whenever needed and 79% of those who received the annual journal CD found it useful or very useful.
- At least 50% of respondents would have been interested in attending management or clinical courses in the past year but were unable to do so because courses were too expensive or too far away, because no suitable course was available, or because their manager did not support them. They are likely to have been particularly reliant on the journal for their management and clinical training.

What was the impact of the Journal?

The CEHJ exists in order to make a difference in the practice of eye care workers, and thereby improve the eye care and health outcomes of people throughout the developing world. According to respondents, we are succeeding in this regard.

- The respondents pass their copy on to an average of just over 10 other readers, so the journal reaches a potential readership of 267,460.
- 89% of respondents worked directly with patients and each respondent had, on average, contact with 60-79 patients per week
- 90% of respondents agreed that the journal had improved and/or supported their work, and 80% said that something they read in the journal had led them to change their clinical practice or management of patients.

In addition:

- 80% agreed that the journal had motivated them to reach out to the community, 75% that it had changed the way they conducted health education,

and 70% agreed that it had changed the way they talked to patients, that it had stimulated them to talk to non-eye care colleagues, and that it had motivated them to stay in eye care.

- 90% of respondents said they used the journal, or the information in it, to teach or train others, including eye care workers, other health workers, patients, and students/trainees
- Respondents said the journal was useful because it updated their knowledge (87%), kept them in touch with what was happening elsewhere (82%), helped them to refresh what they learnt in training (75%), to apply their knowledge in practice (73%) and to explain eye conditions to patients (67%). It also showed them ways to reach out to their community (69%) and built confidence in their work (60%).
- 98% said the language (English or French) used in the journal was ‘Easy for me to understand’

How has the Journal improved knowledge?

Respondents described how the Journal helped to update and refresh their clinical and management training. This seemed particularly important to those respondents with limited access to (any) other sources of information, and those who found that the reviews, summaries and guidelines contained in the Journal helped to bring together a host of up-to-date information on current knowledge and best practice provided by trustworthy and acknowledged experts.

Counselling has improved. Training of other staff has improved. Skills have improved. Patient care improved. I am now in touch with the World (Ophthalmic Nurse/Assistant, Africa; ID 1625181520)

The experiences [described in the Journal] inspire us to improve our clinical practice and avoid resorting to our usual habits. It's a sort of continuous professional development. (Ophthalmic Nurse/Assistant, Africa; ID 1425594058)

My management of patients has improved a lot since it [the Journal] is the main source of reference in my workplace (Ophthalmic Nurse/Assistant, Africa; ID 1366555321)

Latest approach of management available through the Journal, some of which is not easily found anywhere else. That gives most optimum results (Medically Trained Doctor, Southeast Asia; ID 1617376453)

How has the Journal empowered readers?

Respondents wrote of how the Journal had changed the way they viewed patients, the community and non-specialist colleagues, and had encouraged them to recognize the importance and potential benefits of engaging more holistically with these groups and advocating on their behalf. These attitudinal effects were described as important triggers for changing, diversifying and/or refocusing practice, and were facilitated by what some respondents described as the motivation or courage the Journal gave them to try new things or adopt alternative approaches to their existing practice. In this sense it was notable that some respondents described how the Journal had helped them change their attitudes regarding what non-specialist healthcare workers might do alongside or in the absence of eye care clinicians, and how this had emboldened these non-specialists to contribute to the delivery of eyecare services.

I'm now patient-centred – I treat them as if I am treating myself – cross checking the information in the Journal with what I know and depending on the patient's condition (Nurse/Medical Assistant, Africa; ID 1594434373)

To think of the patient as a person not as a pair of eyes or specific eye complaint (Optometrist/Refractionist, Eastern Mediterranean; ID 1339189273)

I have a more global vision: I see a patient rather than an ailing organ (Ophthalmic Nurse/Assistant, Southeast Asia; ID 1485536174)

My practice has improved and gives me a great sense of fulfilment (Ophthalmologist, Southeast Asia; ID 1631826028)

I used to treat diseases from my point of view, but now I also think about patients' point of view, like economic conditions, belief systems, rituals, stigmas and others, as these things are discussed in this Journal (Ophthalmologist, Southeast Asia; ID 1621828898)

I am talking less and listening more to the patients about their complaints in my primary eye and vision care practice. So that I'm getting particular ideas about patients. So that diagnosis is becoming easy. All these main points I've learnt from the Journal (Ophthalmic Nurse/Assistant, Southeast Asia; ID 1612286430)

My clinical practice has greatly improved, my diagnoses are more correct. I relate better to my patients and I now feel more concerned about their needs (Optometrist/Refractionist, Africa; ID 1340202812)

I did not know that other health workers could help a lot in discussing health care especially if there are no ophthalmologists around (Ophthalmologist, Africa; ID 1470752937)

Patient experience has put me to be in patients' shoes and treat them with more love than ever. I have the urge to do more and cover more serving. Shortcuts are out of my way now (Ophthalmic Nurse/Assistant, Africa; ID 1572260266)

As I work for Govt single handedly conducting school eye screening programme covering 10,000 students, it needs a lot of courage and service mind to give better result. Community Eye Health Journal motivating me to do better treating minor eye ailments and knowing the correct management. Gives me lots of confidence through the Community Eye Health Journal (Ophthalmic Nurse/Assistant, Southeast Asia; ID 1579833699)

How the Journal changed practice – some examples:

Respondents described how articles within the Journal had enabled them to perform or improve specific clinical and management techniques, some of these for the very first time. The examples tended to draw on practical topics covered in some detail by recent issues of the Journal (such as: the maintenance and repair of instruments, stock-keeping, history-taking, counseling, health education and patient record systems) while others overlapped with more generic changes in approach (to patients, the community, or colleagues – including those beyond eyecare) as evident in the attitudinal theme (above).

Aligning the rings (semi circles) properly on the applanation tonometer is a skill, and can never forget that I learnt from the Journal (Ophthalmic Nurse/Assistant, Africa; ID 1628985552)

*Suture-less cataract – mostly learned from article in one of the journals
(Ophthalmologist, Africa; ID 1468226674)*

I was able to do my first bilamellar tarsal rotation based on watching the enclosed CD (Ophthalmologist, Africa; ID 1460158966)

The hurried nature or way I take or conduct my case history was drastically changed. Through the help of this Journal I now know that patient problems are half solved through good case history (Optometrist/Refractionist, Africa; ID 1594782089)

The Journal contains articles explained by very experienced professionals, so after going through their well observed experiences, I always try to be in their shoes. I need not experiment myself. Their experiences are self-explanatory (Ophthalmic Nurse/Assistant, Southeast Asia; ID 5, 2; 1626261405)

The Journal as a tool for teaching others:

91% of respondents said they used the information in the journal to teach or train others. This is more than twice the proportion of respondents to the 2005 survey (41%). Respondents said they used the journal to train students (61%), other health workers (58%), and eye care workers (55%). 48% said they used the journal to teach patients about their eye condition.

The most popular way respondents used the information in the journal was showing articles to others and discussing them (58%) – this emphasises the importance of having a printed copy to hand. 32% of respondents photocopied articles and 19% translated or adapted articles by hand. 32% used the journal to make presentations such as PowerPoint presentations; we may assume that they used the electronic materials available on the journal CDs, or the journal website, to do so.

The photographs in the journal were often mentioned as a useful teaching tool for both individuals and groups; and one respondent requested bigger photographs ‘that would be visible to a group’.

Articles, figures, photographs and diagrams in the journal were not simply useful devices for explaining key principles to patients, colleagues, trainees and the community, but were also considered to be definitive - drawing on the expertise of

eminent authors making them powerful evidence for persuading patients, colleagues and communities to change their practice.

Here is what respondents wrote:

The photos in the Journal make it easier to explain things (Ophthalmic Nurse/Assistant, Africa; ID)

We show CD to the villagers, so they are aware of the diseases affecting them and how to prevent the diseases around them (Ophthalmic Nurse/Assistant, Africa; ID 1587186286)

Now I show charts and photos to my patients in the eye check-up camps in rural areas of Punjab (Ophthalmologist, Southeast Asia; 1619796727)

The community has some quick reactions as to when they had least problems. They are much educated using materials or pictures in the magazines (Community Health Worker, Africa; ID 1633321213)

It has helped in making diagnosis promptly and counselling patients appropriately. Chart used especially in the red eye and eye injuries editions help to educate patients well (Ophthalmologist, Africa; ID 1624894714)

I used to give health education to patients/community with no backups but since I had journals I use them as examples. My work is now much easier as if one doesn't understand I show articles (Ophthalmic Nurse/Assistant, Africa; 1319043194)

Makes my work/explanations/illustrations to patients much easier. For many patients/people believe in you so much especially when it is also published (Ophthalmic Nurse/Assistant, Africa; ID 1308570362)

I think this is a very helpful to my Eye care activities, with an authenticated figure or picture (Ophthalmic Nurse/Assistant, Southeast Asia; ID 1366553279)

What did readers like most about the journal?

Respondents greatly appreciated the fact that the journal was produced and distributed free of charge, and offered a regular and reliable source of information and advice for those where other materials were unavailable or in short supply.

Likewise, many respondents commented favorably on the way in which the Journal focused on practical solutions to the problems faced by eye care services in isolated and resource-poor environments – solutions based on simple yet effective community-based techniques explained in a straightforward way by established experts, alongside case studies and examples from colleagues facing similar challenges elsewhere. Indeed, some respondents felt that the journal was unique in providing such comprehensive coverage of the issues facing eye care practitioners in low-income countries, and in so doing creating a sense of common purpose and a global community of practice amongst all of those working to improve eye care, be they specialists or generalists, senior or junior.

The content of the Journal was widely felt to successfully address both the breadth and depth of information required to improve and update the quality and consistency of eye care practice. As before, respondents greatly valued the way in which the Journal's content updated their knowledge and many equated this with formal continuing professional development over and above the popular CPD "Test Yourself" section introduced in 2010. Particular value was attributed to guidance based around real-life examples from experts and colleagues working in similar situations, using simple, affordable and technologically appropriate approaches presented using accessible language and helpful illustrations.

Respondents greatly enjoyed the format of the Journal, and in particular the way in which each of the recent issues addressed a separate topic built around a common structure and layout with regular sections and columns focusing on specific aspects of the topic.

It speaks to me directly. I feel at home reading the journal because I feel endeared to the writers. I can easily empathise with them because we work in almost the same harsh environment where health and health workers are not appreciated like they ought to, by the relevant agencies but they still to do their bit to liberate their people. (Optometrist/Refractionist, Africa; ID 1608992404)

I feel the whole world is talking the same ophthalmic language through the journal, share knowledge and new researches done. (Optometrist/Refractionist, Americas; ID 1389188081)

It is kind of a workshop since I read ideas and experience of other eye workers from other parts of the world (Ophthalmic Nurse/Assistant, Africa; ID 1584658601)

It is easily understandable, gives lots of information about ophthalmology. The articles written by various personalities from various countries gives new ideas. Simply I like it and love the journal. (Ophthalmic Nurse/Assistant, Southeast Asia; ID 1579833699)

I like its simplistic approach, clear presentation of articles - down to earth! (Ophthalmic Nurse/Assistant, Africa; ID 1630482982)

It is very practicable and says it point blank (Ophthalmologist, Africa; ID 1630415103)

Provides almost all the information we need in primary eye care (Ophthalmic Nurse/Assistant, Africa; ID 1574665947)

Thank you so much about it, about the Community Eye Health Journal what I like most is clinical practical ophthalmic procedures (Ophthalmologist, Africa; ID 1592667636)

Regularity in sending issues and covering issues of all types, helpful to lowest health worker (Medically Trained Doctor, Southeast Asia; ID 1626196653)

The only journal I know of which caters to the need of public health personnel other than ophthalmic professionals/specialists (Other, Southeast Asia; ID 1627953783)

The concern for all the eye workers. There is no segregation of information. (Medically Trained Doctor, Africa; ID 1625183474)

The Community Eye Health Journal is very like to me as a mirror in primary eye care service. (Ophthalmic Nurse/Assistant, Southeast Asia; ID 1619805959)

We can think beyond our clinics (Ophthalmologist, Southeast Asia; ID 1612748621)

A focus on primary-level eye care:

492 of the respondents (38%) reported that they worked at primary or community level, with the largest professional groups being ophthalmic nursesassistants

(34%), optometrists (18%), general medical personnel (15%) and ophthalmologists (14%); 7% were community health workers. 72% worked in rural areas or small towns.

Of those at primary/community level, 452 (92%) said that they worked with patients in a clinical capacity. 90% of them (405) said something they read in the journal had led them to change their clinical practice or management of patients. The majority (90%) went on to give examples of improvements in: diagnosis; treatment; referral; counselling; and encouraging patients to continue with treatment or take up referrals.

Of the respondents at primary/community level, 83% agreed that the CEHJ had motivated them to reach out to the community, 77% that it changed the way they talked to patients, and 75% that it had encouraged them to talk to non-eye care colleagues.

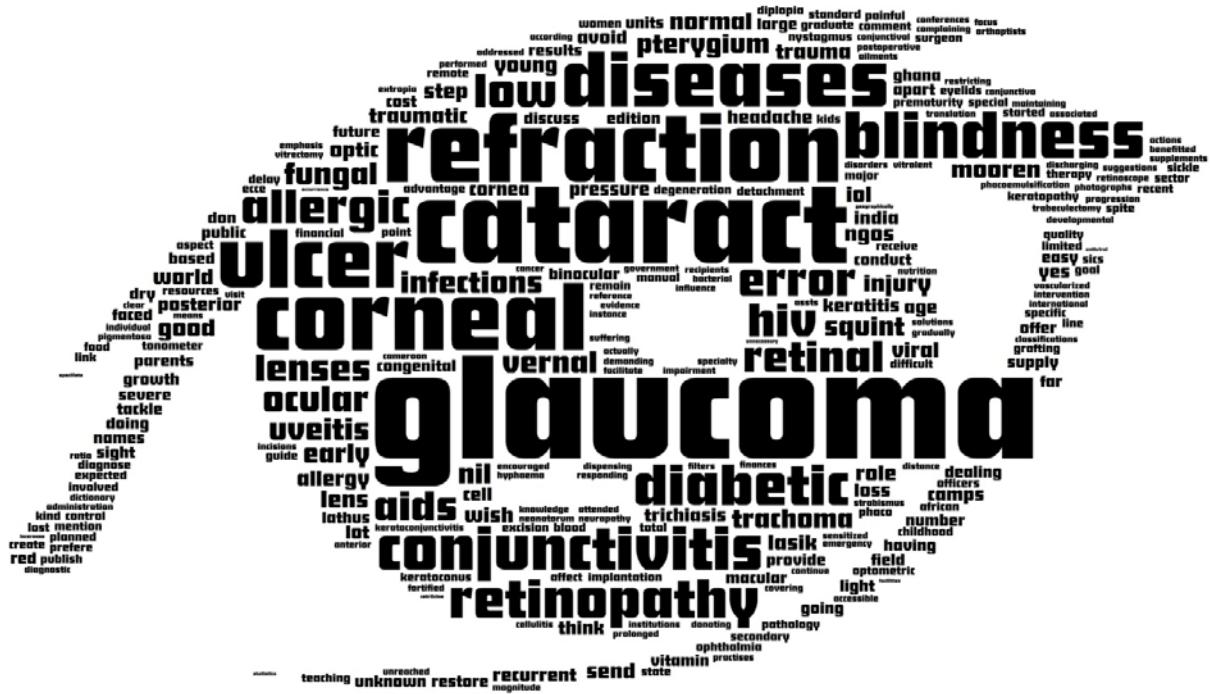
Recently, the WHO AFRO Region's experts group meeting in Nairobi in April 2012 has recognised "*the role the Journal of Community Eye Health has played in disseminating eye health information to health workers at primary level in Africa and its potential as an outlet for relevant research.*" It has recommended that "*means of increasing access to this resource should be explored and supported.*"

What readers want from the Journal

Readers made many suggestions regarding which eye diseases we should cover in future editions of the journal. These can be best summarised in graphic form, as below. These suggestions will form the basis of future editorial meeting discussions.

Although the majority of readers were happy with the format of the journal, including the use of themes for each issue, there were a significant number requests for regular features in most issues, such as case studies/field experience, practical procedures, and practical guidelines. Since the survey was distributed, these have indeed started to appear in the journal on a more regular basis.

Question 21: Are there any questions you have about... [diseases]?



In conclusion

Respondents remained overwhelmingly positive about the journal, saying that it enhanced their knowledge, motivation, and practice. They confirmed that the journal is a powerful educational tool and suggested many topics for future issues. The survey has confirmed that there is an ongoing need for the journal, particularly in paper format, and additionally in electronic and mobile-friendly forms as well.

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