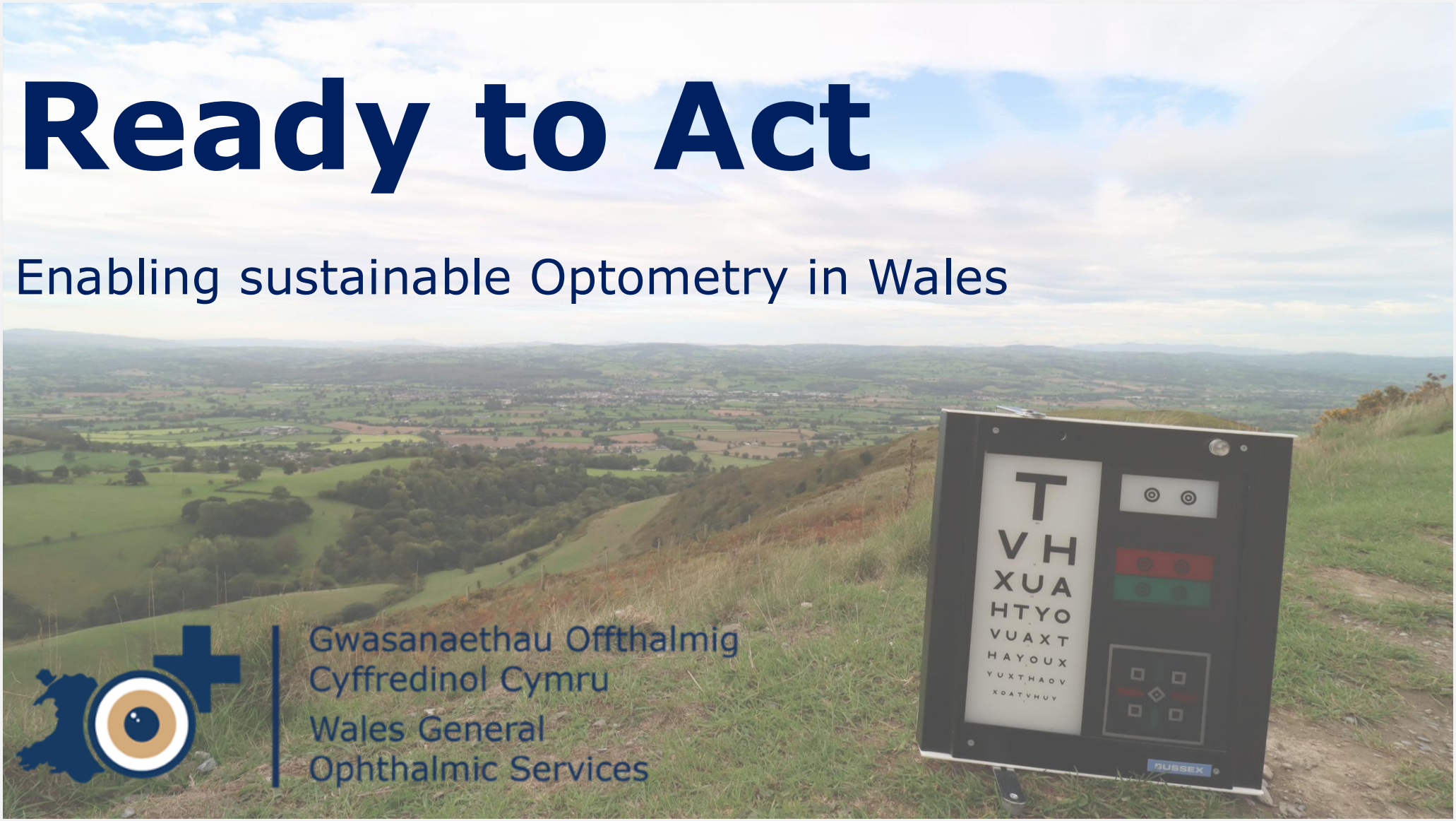
# Ready to Act

## Enabling sustainable Optometry in Wales




Gwasanaethau Offthalmig
Cyffredinol Cymru
Wales General
Ophthalmic Services

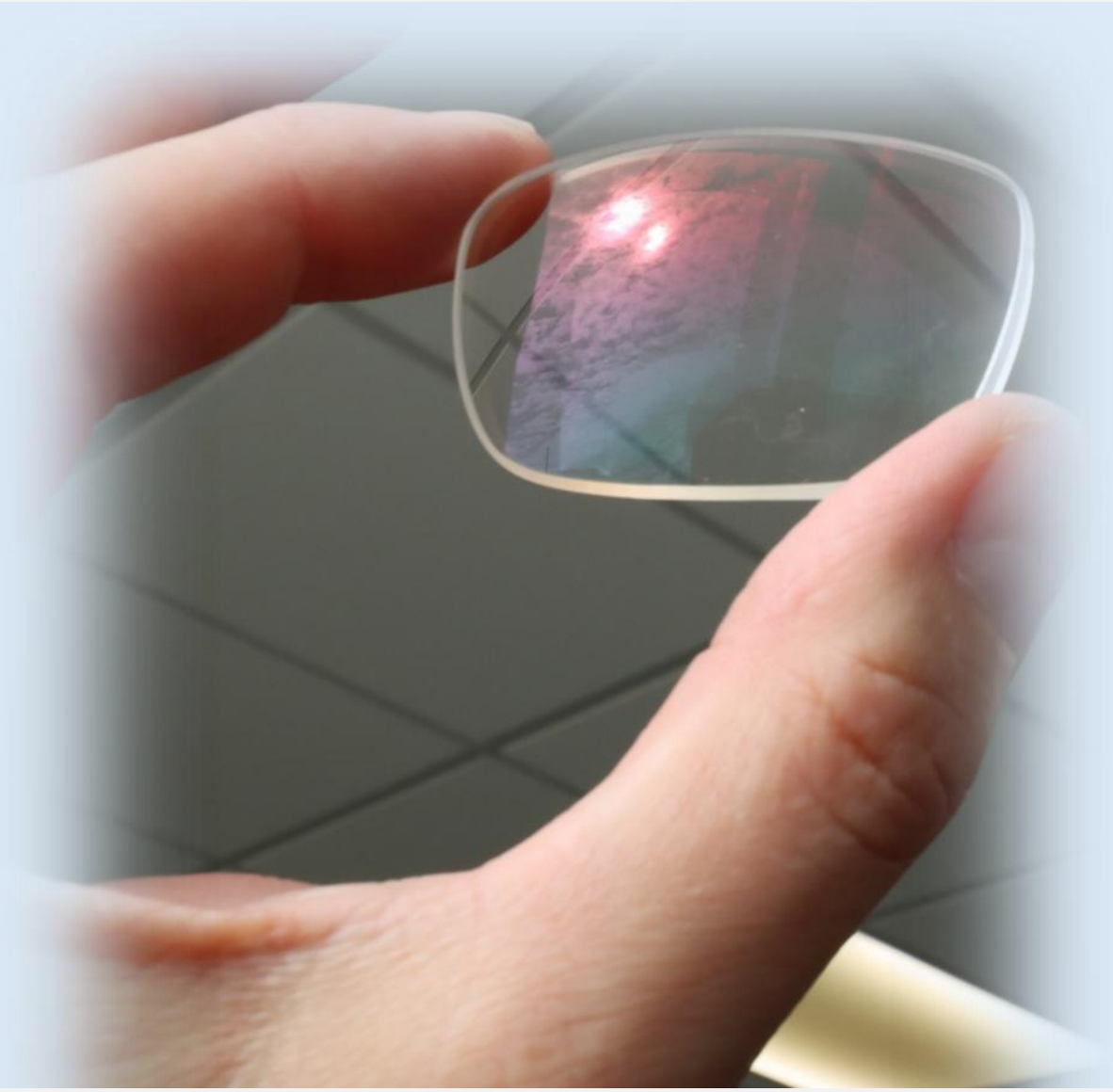
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# Overview:

- Foreword
- Executive Summary
- Key Findings
- Recommendations



# FOREWORD

Four years ago, in 2022, I wrote an article asking a simple question:

How does the optometry profession move up a gear to tackle the problem of climate change? [1]

At the time, environmental sustainability was becoming an increasingly prominent topic within healthcare, yet there was little evidence regarding how the profession viewed the challenge, where responsibility was perceived to lie, what barriers existed, or which approaches might be most effective in supporting meaningful change. The conversation had begun, but many of the most important questions remained unanswered.

This report is an attempt to answer some of those questions.

It represents the culmination of several years of research involving practitioners, exemplary practices and system leaders from across Wales. Their collective insights have helped build a richer understanding of the behaviours and influences that shape environmental sustainability within Optometry and have informed the development of a practical framework through which future action may be considered.

For me, however, this work has always been about something larger than environmental sustainability alone.

Throughout my career I have been interested in the purpose of healthcare and the responsibilities that accompany professional practice.  Clinical care is, and must remain, our primary concern.  Yet increasingly I have come to believe that healthcare also carries obligations beyond the immediate encounter between practitioner and patient. The health of future generations will be influenced not only by the conditions we treat today, but also by the environmental, social, cultural and economic conditions we leave behind. [2-5]

In Wales, we are fortunate to work within a legislative context that explicitly acknowledges this wider perspective. The Well-being of Future Generations (Wales) Act remains one of the most ambitious and distinctive pieces of legislation of its kind. [6] I am proud that Wales has chosen not to ignore difficult questions about the future, but instead to confront them openly. The Act recognises that wellbeing is multidimensional, encompassing environmental, social, cultural and economic factors, and that genuine progress requires consideration of all four.

It also reflects an honesty that I have always admired. There is no pretence that the challenges facing future generations will be simple to resolve. There is no assumption that good intentions alone will be sufficient. Rather, we must acknowledge that responsible stewardship requires difficult decisions, long-term thinking and a willingness to act despite uncertainty.

While undertaking this research, I frequently found myself reflecting upon a question explored by the philosopher Derek Parfit: what obligations do we owe to people who do not yet exist? [7]

Future generations cannot advocate for themselves. They cannot participate in consultations, contribute to policy discussions or express preferences regarding the world they will inherit. Yet many of the conditions that will shape their lives are being influenced by decisions made today. Questions of sustainability are therefore inseparable from questions of responsibility.

At the same time, I recognise that environmental sustainability cannot occupy the same place in everyone's professional life that it has occupied in mine.

Healthcare already demands a great deal of those who work within it. Time is limited. Resources are constrained. Professional responsibilities are numerous. Most practitioners do not have the capacity to become experts in environmental policy, behavioural science or systems change, nor should they be expected to.

This report is written with that reality in mind.

Its purpose is not to persuade readers to care more. Nor is it to encourage every individual to become a sustainability champion. Rather, its purpose is to help identify where effort may be most effectively directed; where influence is concentrated; and how limited time, energy and resources might be applied in ways that maximise positive impact.

I have often described myself as neither optimistic nor pessimistic about the future, but hopeful.

Optimism and pessimism are both, in different ways, predictions about what will happen. Hope is something different. Hope begins with an honest assessment of reality, recognises both strengths and limitations. Hope acknowledges challenges without becoming paralysed by them. Most importantly, hope combines understanding with a plan.

This report enables that plan; it enables sustainable Optometry in Wales.



Tim Morgan
WGOS National Clinical Lead

# EXECUTIVE SUMMARY

Environmental sustainability has become an increasingly important consideration within healthcare policy and service delivery. [8-12] Whilst expectations regarding sustainable practice continue to evolve, comparatively little attention has been directed towards understanding the factors that influence pro-environmental behaviours within professional groups, or the mechanisms through which sustainable practices may be encouraged, supported and sustained.

This report presents findings from the first national examination of pro-environmental behaviours within Optometry in Wales. Drawing upon evidence gathered from practitioners, exemplary practices and system-level stakeholders, the study explored behavioural determinants, intervention preferences, policy influences and perceptions of responsibility relating to environmental sustainability.

The findings indicate that environmental sustainability is widely regarded as a legitimate and relevant consideration within contemporary optometric practice. Participants generally demonstrated positive attitudes towards environmental issues and recognised that healthcare organisations possess responsibilities that extend beyond the delivery of immediate clinical outcomes. Sustainability was therefore not viewed solely as an external policy requirement but was frequently understood as being connected to wider questions regarding professional responsibility and the future role of healthcare.

The study also identified important distinctions between behavioural determinants. Whilst *awareness*, *views, capabilities* and *motivation* were generally favourable, *opportunity* emerged as a comparatively greater constraint upon behaviour. Participants frequently identified barriers associated with infrastructure, organisational systems, competing priorities, available resources and practical support. These findings suggest that the absence of sustainable behaviours should not necessarily be interpreted as an absence of motivation. Rather, behavioural outcomes appear to be shaped significantly by the opportunities available to individuals within their working environments.

Evidence relating to intervention design demonstrated a clear preference for supportive approaches. Across the study, *Education, Incentivisation, Training* and *Enablement* were consistently identified as the intervention functions most likely to facilitate meaningful and sustained behavioural change. Conversely, approaches characterised by coercion or restriction received substantially lower levels of support. The findings therefore suggest that future initiatives are likely to be most effective when focused upon capability-building, practical support and the creation of favourable conditions for action.

Analysis of contextual influences further highlighted the importance of system-level factors. *Legislative, regulatory, fiscal measures* and *service-delivery mechanisms* were found to exert considerable influence over the conditions within which professional behaviours occur. Consequently, responsibility for sustainable practice cannot be understood solely at the level of

the individual practitioner. Instead, sustainable practice emerges through interactions between individuals, organisations, professional cultures, service structures and policy frameworks.

Taken together, the findings support a systems-oriented interpretation of environmental sustainability within Optometry. Progress is unlikely to be achieved through individual commitment alone, however well-intentioned. Rather, meaningful and sustained change appears to depend upon alignment between professional values, organisational priorities, practical opportunities, supportive interventions and wider policy objectives.

The principal outcome of this programme of research is the development of the Linear Model of Behaviours and Contextual Influences. The model brings together behavioural determinants, intervention functions and policy categories within a single framework, providing a structured means through which future activity may be prioritised and coordinated.

The model should not be regarded as a solution in itself. Instead, it is intended as an enabling decision-support tool capable of informing action. Its value lies in helping stakeholders identify where influence resides, which barriers require attention, and where finite resources may be directed to achieve the greatest potential impact.

Viewed collectively, the findings suggest that the central challenge facing Wales' Optometry is not whether environmental sustainability should be pursued, but how effort may be organised and targeted most effectively in order to support meaningful progress. The purpose of this report is to contribute to that process.

This report is recommended to Eye Care Wales Committee for consideration of all stakeholders and actors within the eye care setting. There is a chance for all to input into creating positive change to enable greater adoption of pro-environmental behaviours in Optometry in Wales.

The following pages contain the Linear Model of Behaviours and Contextual Influences;

Findings; Recommendations, and Conclusions.

# THE LINEAR MODEL OF BEHAVIOURS AND CONTEXTUAL INFLUENCES

The principal output from this programme of research is the Linear Model of Behaviours and Contextual Influences.

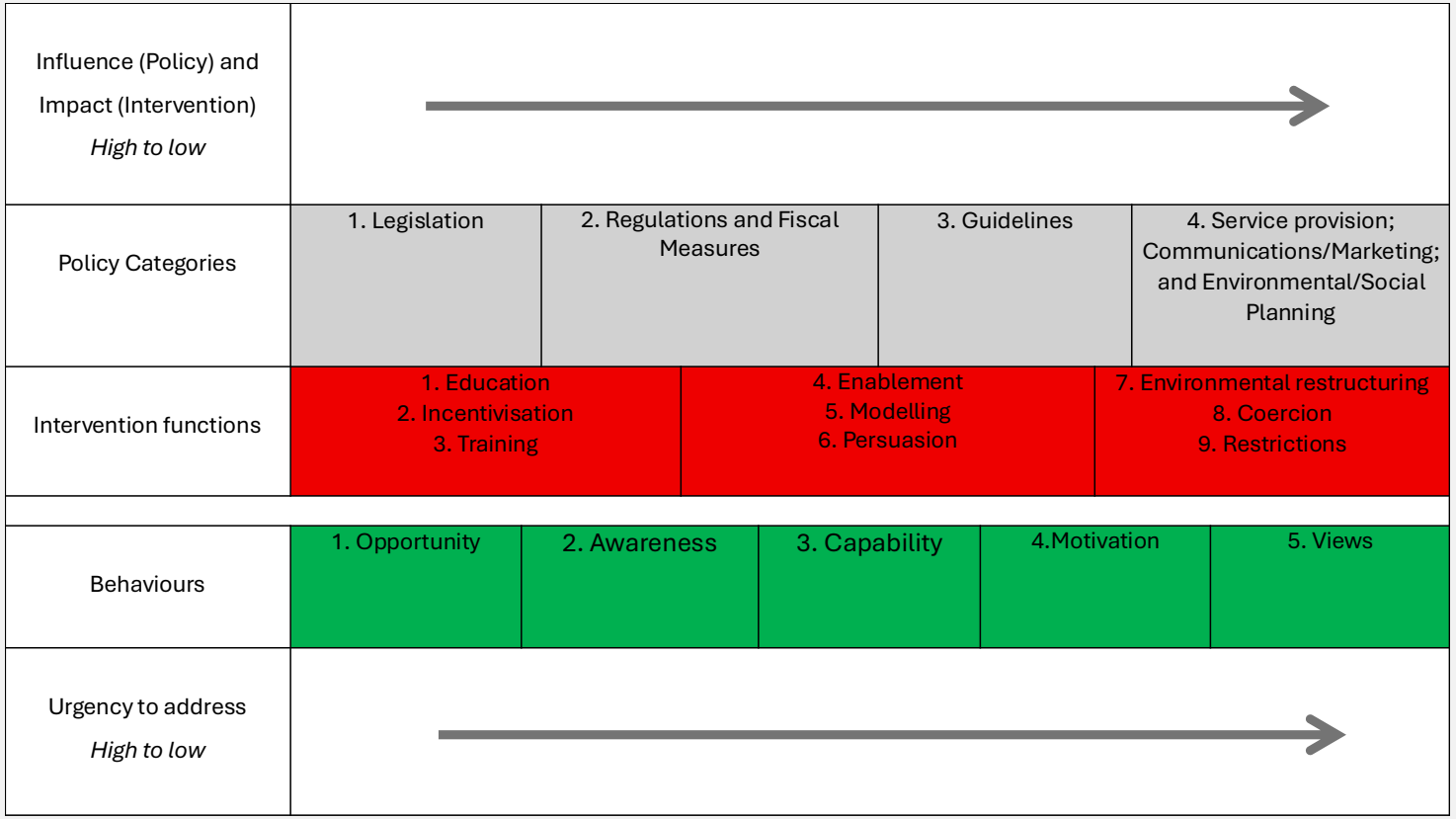
The model ranks behavioural determinants, intervention functions and policy categories into a single framework. In doing so, the model offers a structured means by which finite resources (of time, energy, and finance) can be directed to enable meaningful impact.

Specifically, the linear model helps answer three questions:

**Which actors possess the greatest ability to influence change? (Grey)**

**Which interventions are most likely to provide that support? (Red)**

**What behaviours requires support? (Green)**



# FINDINGS

## Finding 1

Environmental sustainability is recognised as a legitimate concern within the Optometry profession in Wales.

## Finding 2

The profession reports a substantial foundation of capability and motivation upon which further progress may be built.

## Finding 3

Opportunity appears to represent the most significant constraint upon pro-environmental behaviours.

## Finding 4

Awareness and understanding influence perceived responsibility and engagement.

## Finding 5

Supportive interventions are consistently preferred to punitive interventions.

## Finding 6

Education, Incentivisation, Training and Enablement appear most likely to facilitate adoption of sustainable behaviours.

## Finding 7

Agency to influence change, in the immediate term, sits with Welsh Government, NHS Wales, and Health Boards (via legislation, guidance, and fiscal measures).

## Finding 8

Agency to influence change, over the longer term, sits with every organisation and every individual.

## Finding 9

The Linear Model provides a practical framework through which effort may be prioritised and targeted.

# RECOMMENDATIONS

## Recommendation 1

Adopt the Linear Model as a practical framework for directing sustainability activity within Welsh Optometry.

## Recommendation 2

Prioritise interventions and system developments which enhance opportunity for pro-environmental behaviour.

## Recommendation 3

Expand education and training relating to environmental sustainability across the profession.

## Recommendation 4

Use incentives and supportive mechanisms to encourage participation and innovation.

## Recommendation 5

Actively seek to create a culture whereby pro-environmental behaviours are expected, giving mandate to the profession.

## Recommendation 6

Increase awareness of relevant legislation and policy commitments in Wales.

## Recommendation 7

Strengthen collaboration and feedback between practitioners, practices, Health Boards and policymakers.

## Recommendation 8

Recognise societal purpose as vital as clinical purpose via a professional pledge.

## Recommendation 9

Undertake a repeat assessment within three to five years to evaluate progress and refine future priorities.

# CONCLUSIONS

## Conclusion 1

Sustainability is viewed as legitimate

## Conclusion 2

Sustainability aligns with professional identity

## Conclusion 3

Clinical Purpose and Societal Purpose are complementary

## Conclusion 4

The foundations for progress already exist

## Conclusion 5

Influence is concentrated, responsibility is shared

## Conclusion 6

Awareness influences responsibility

## Conclusion 7

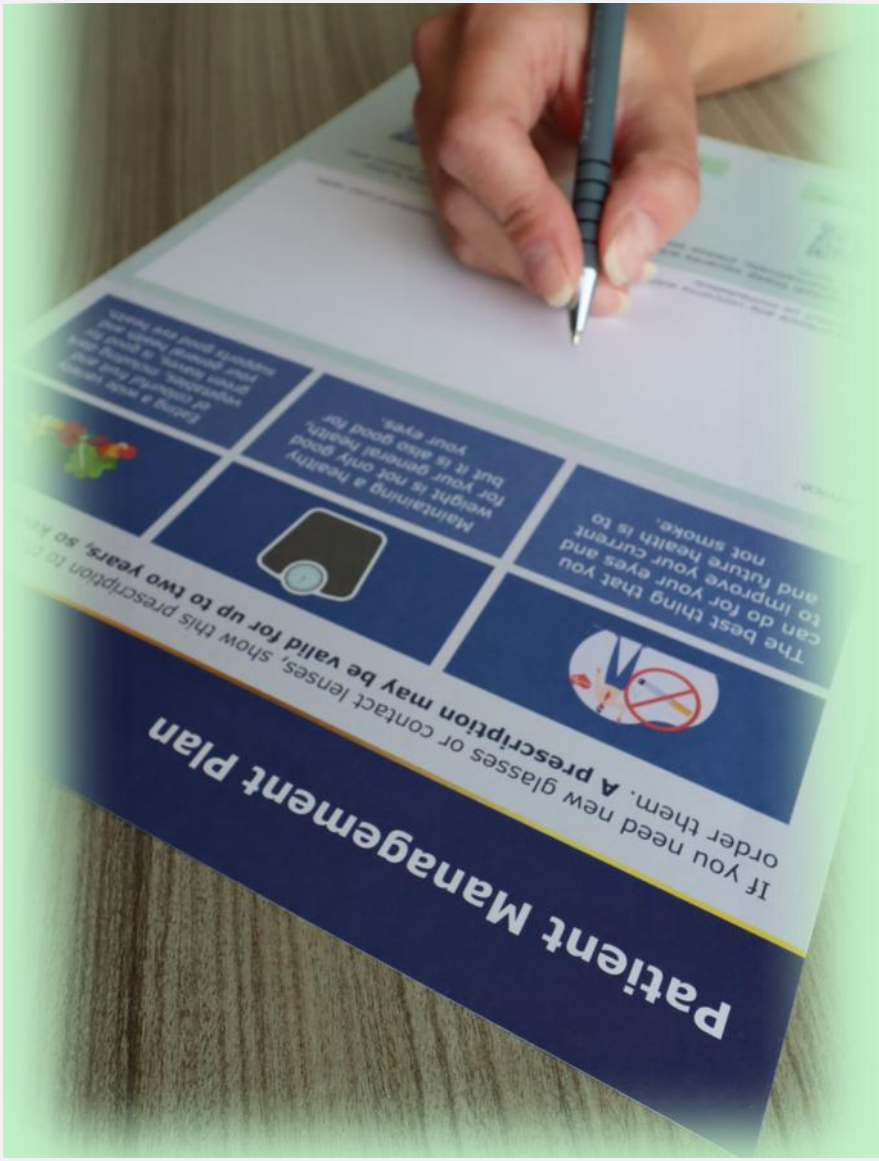
Opportunity constrains behaviour

## Conclusion 8

Support is more effective than coercion

## Conclusion 9

Systems matter




# Justification:

- Why Sustainability?
- Why Wales?
- Why Optometry?

# WHY SUSTAINABILITY?

Discussions regarding sustainability frequently begin and end with climate change. Whilst climate change undoubtedly represents one of the defining challenges of the twenty-first century, sustainability encompasses a considerably broader set of concerns.

**At its heart, sustainability concerns the extent to which present actions preserve the conditions necessary for wellbeing in the future.**

Questions concerning sustainability therefore extend beyond carbon emissions and environmental degradation to include social cohesion, economic resilience, community wellbeing, cultural continuity and equitable access to resources.

The Well-being of Future Generations (Wales) Act reflects this broader understanding through its recognition of four interconnected dimensions of wellbeing: environmental, social, economic and cultural. The significance of this framing is that it encourages decision makers to move beyond narrow or single-issue approaches and instead consider the systems within which health, wellbeing and prosperity emerge.

Healthcare has traditionally focused upon identifying illness and alleviating suffering. These remain fundamental responsibilities. However, modern understandings of health increasingly acknowledge that health outcomes are shaped not merely by healthcare services themselves but by the conditions in which people are born, grow, work and age.

**Consequently, sustainability may be viewed as an extension of preventive healthcare.**

Preventive healthcare seeks to reduce future illness through actions undertaken today. Sustainability seeks to protect the broader conditions upon which future wellbeing depends. Whilst their timelines differ, their underlying logic is remarkably similar.

An environmentally degraded future is not simply an environmental concern. It is a public health concern. It influences respiratory disease, cardiovascular disease, mental health, food security, social stability and inequalities. The distinction between health policy and environmental policy therefore becomes increasingly difficult to sustain.

This understanding has profound implications for healthcare professionals.

If healthcare seeks to improve wellbeing, and if environmental, social, economic and cultural systems influence wellbeing, it follows that healthcare cannot entirely separate itself from those broader considerations.

This study was undertaken against that backdrop.

It starts from the premise that sustainability is not an issue external to healthcare, but one that increasingly intersects with healthcare's purpose, values and responsibilities.

**The question therefore becomes not whether healthcare possesses responsibilities relating to sustainability, but rather what those responsibilities should be and how they may be discharged proportionately.**

# WHY WALES?

Wales provides a particularly important context within which to consider the relationship between healthcare and sustainability.

Few countries have embedded future generations so explicitly within their legislative framework.

The Well-being of Future Generations (Wales) Act represents a distinctive attempt to institutionalise long-term thinking within public policy. Rather than focusing exclusively upon short-term outcomes, the Act requires consideration of the impacts of decisions upon future generations.

The significance of this legislative approach extends beyond governance, rather it represents a philosophical position regarding responsibility.

Namely, that present generations possess obligations towards those who will inherit the consequences of contemporary decisions.




*Figure 1 Well-being of Future Generations (Wales) Act, 7 Goals*

**Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own**

-

This perspective aligns closely with The United Nation's definition of Sustainable Development within ethics, public policy and environmental philosophy concerning intergenerational justice and stewardship.

For healthcare professions, the implications are substantial. Healthcare has traditionally excelled at responding to immediate need, but the legislation invites healthcare organisations to broaden their field of vision and consider the longer-term determinants of wellbeing.

Importantly, the approach in Wales does not assume that such change is simple. One of the strengths of the legislation is its honesty: it openly acknowledges competing priorities, limited resources and the complexity of modern public services. Rather than offering simplistic solutions, it provides a framework through which difficult decisions can be approached and balanced over the longer term.

This study should therefore be understood not merely as an investigation into environmental behaviours within Optometry, but also as an exploration of how broader Welsh ambitions may be translated into professional practice.

The findings suggest considerable alignment between the aspirations of Welsh policy and the values expressed by practitioners.

However, the study also demonstrates that aspiration alone is insufficient. Meaningful progress requires practical mechanisms capable of translating ambition into action. For optometry in Wales, the challenge is therefore not simply one of intent, but of implementation. It is precisely this challenge of turning policy ambition into day-to-day practice that informed the development of the Linear Model of Behaviours and Contextual Influences.

# WHY OPTOMETRY?

For generations, healthcare professionals have entered their professions because they wished to help patients.

That motivation remains as important as ever.

Yet a sustainable future may require us to recognise that our actions influence people beyond those we encounter directly. They influence communities, systems and future generations.

Perhaps the ultimate implication of this report is not that Optometry requires a new purpose, but that our understanding of the people we serve may continue to expand.

We will always seek to help the patients we encounter in the consulting room. Beyond this immediacy, we may also come to recognise a responsibility to those we never meet; those who are separated from us by geography, or by time.

**We may also come to recognise a responsibility to those we never meet; those who are separated from us by geography, or by time.**

Optometry occupies a distinctive position within healthcare. It is a highly skilled clinical profession, embedded within communities, characterised by high levels of patient contact and increasingly recognised as an important component of primary care delivery.

Historically, the profession has been viewed principally through the lens of eye health. However, contemporary healthcare systems increasingly recognise that healthcare professions influence society in ways that extend beyond their immediate clinical remit. Optometry is no exception.

Every consultation, referral pathway, procurement decision, service model and organisational process exists within wider environmental, social and economic systems. The cumulative impact of these decisions may be substantial despite the relatively modest impact of any individual action.

# CLINICAL PURPOSE AND SOCIETAL PURPOSE

The profession already emphasises early intervention, risk reduction, patient education and long-term wellbeing. These principles align closely with wider concepts of sustainability and prevention. There is therefore a conceptual continuity between traditional clinical practice and contemporary sustainability objectives.

Throughout this research, a distinction emerged between what may be described as Clinical Purpose and Societal Purpose.

**Clinical Purpose refers to the immediate responsibilities of healthcare professionals to diagnose, manage and prevent disease. It concerns the care of today's patient.**

**Societal Purpose recognises that healthcare organisations and professionals also operate within wider social systems and may therefore possess responsibilities towards the conditions that support future wellbeing.**

These purposes should not be viewed as competing, rather, they may be understood as complementary.

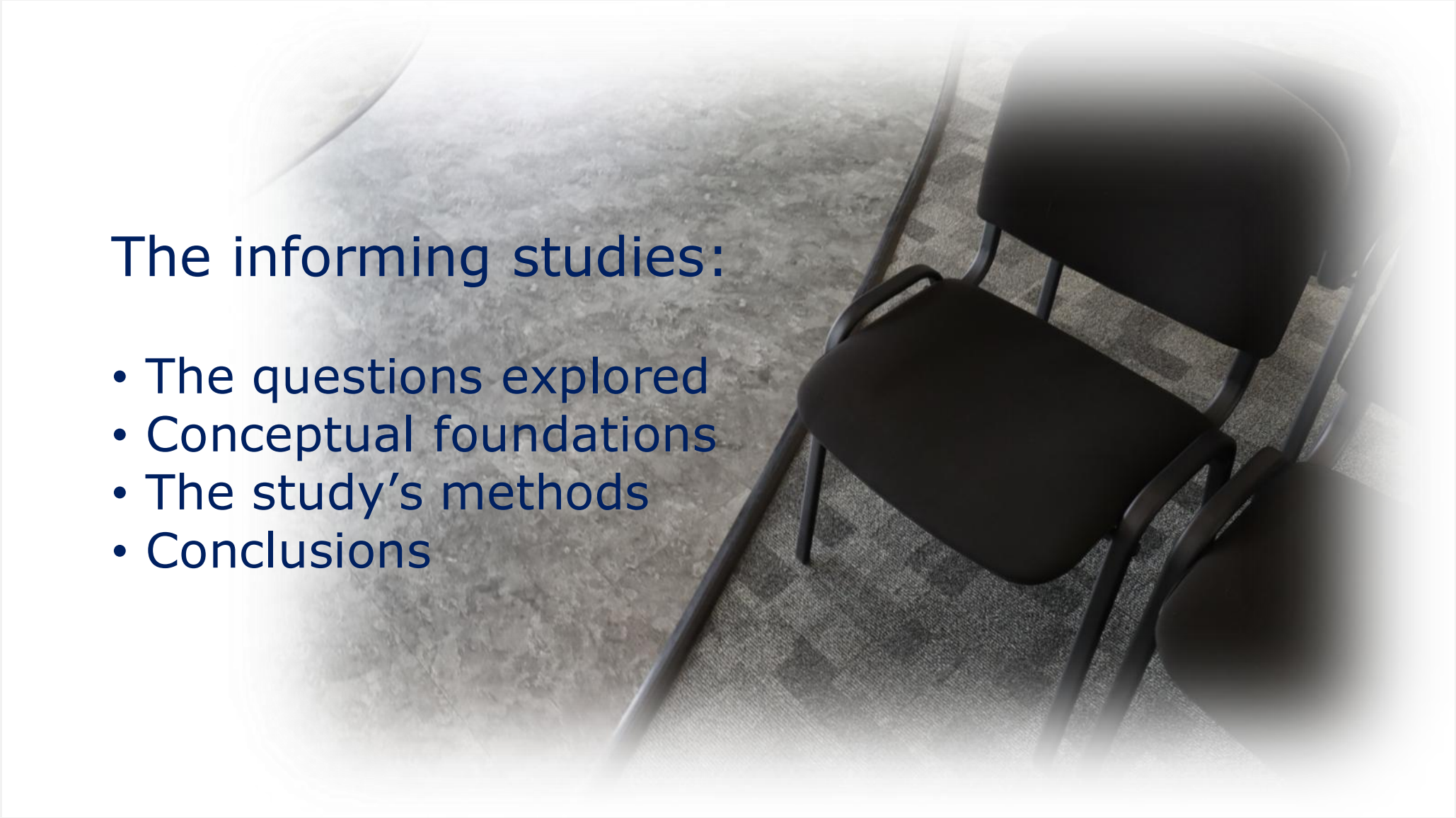
Good healthcare seeks to improve lives today, responsible healthcare also considers the conditions required for future wellbeing.

It shifts the conversation away from whether sustainability represents an additional responsibility and towards understanding how sustainability may be integrated within existing professional commitments.

The findings of this study suggest that many practitioners already intuitively recognise this relationship.

**Clinical Purpose and Societal Purpose are not competing obligations,**

**but complementary expressions of responsible healthcare.**



# The informing studies:

- The questions explored
- Conceptual foundations
- The study's methods
- Conclusions

# THE QUESTIONS EXPLORED

Whilst environmental sustainability has received increasing attention within healthcare, significant gaps remain.

Little was known regarding:

- Environmental views within the profession
- Determinants of behaviour
- Presence and impact of interventions
- Relative influence of policy mechanisms
- Relationships between practitioners and systems

This study sought to address those gaps through the development of an evidence-informed framework capable of supporting practical action.

# CONCEPTUAL FOUNDATIONS

In 2022, an article entitled *How Does the Optometry Profession Move Up a Gear to Tackle the Problem of Climate Change?* explored the growing relevance of environmental sustainability to Optometry and proposed that the profession had both an opportunity and a responsibility to contribute more actively to addressing environmental challenges. The article highlighted a series of unanswered questions. If sustainable practice was desirable, what prevented it from occurring? What forms of support would be most effective? Where should limited effort be directed? And who possessed the greatest ability to influence change?

These questions provided the starting point for this research.

Whilst environmental sustainability is a complex and multi-faceted challenge, behaviour change theory offers useful frameworks through which complexity can be understood. One of the most widely recognised and frequently applied frameworks within healthcare is the Behaviour Change Wheel (BCW). The BCW provides a systematic method for understanding behaviour, identifying determinants of action, and selecting interventions capable of facilitating change. At its

centre lies the COM-B model, which suggests that behaviour arises through interactions between Capability, Opportunity and Motivation.

The BCW has been applied extensively throughout healthcare because it acknowledges that behaviour is rarely determined by knowledge or motivation alone. Instead, it recognises that individual actions emerge from a combination of personal capabilities, environmental opportunities and motivational factors. The framework also identifies a range of intervention functions and policy categories that may be used to influence behaviour, thereby providing a structured approach to designing and evaluating interventions.

However, one of the challenges associated with the BCW is that its comprehensive nature can present difficulties for decision makers operating within environments characterised by finite resources, competing priorities and limited organisational capacity.

Healthcare organisations rarely have the time, funding or workforce to pursue all possible interventions simultaneously. Likewise, practitioners cannot be expected to devote unlimited attention to sustainability amidst numerous professional responsibilities. Whilst the BCW provides a valuable map of the territory, it does not necessarily identify where effort should be directed first.

This became a recurring theme throughout the study.

Participants consistently recognised the importance of environmental sustainability, yet they also highlighted the realities of modern healthcare practice. Time is limited. Resources are constrained. Competing priorities are unavoidable. Consequently, the challenge was not simply to identify interventions capable of supporting sustainable behaviour, but to determine which interventions were likely to achieve the greatest impact and where within the system they should be applied.

The study therefore sought to move beyond description and towards prioritisation.

Using evidence generated throughout the research, individual elements of the Behaviour Change Wheel were examined, ranked and connected. Behavioural determinants were considered alongside intervention functions and policy categories. Rather than viewing these elements as part of a circular framework, relationships between them were explored in order to better understand how influence flows through the system and where opportunities for action are most likely to emerge.

The result was the development of the Linear Model of Behaviours and Contextual Influences.

The Linear Model does not replace the Behaviour Change Wheel. Rather, it builds upon it. The model retains the theoretical foundations of the BCW whilst providing additional practical guidance regarding prioritisation. It seeks to identify which

behavioural determinants require greatest attention, which intervention functions are most likely to support them, and which policy mechanisms possess the greatest capacity to facilitate change.

In essence, the model represents an attempt to convert a comprehensive framework for understanding behaviour into a practical tool for decision making.

Its purpose is not to provide a single solution to environmental sustainability within Optometry. Nor does it suggest that all actors possess equal influence or responsibility. Instead, it offers a structured means through which limited resources, finite organisational capacity and competing priorities may be directed towards areas most likely to generate meaningful progress.

The central question posed in 2022 remains relevant today: how does the profession move up a gear?

The findings of this study suggest that progress is most likely to occur when effort is focused not everywhere at once, but where support is most needed, interventions are most effective, and influence is greatest. The Linear Model was developed to help answer precisely that question.

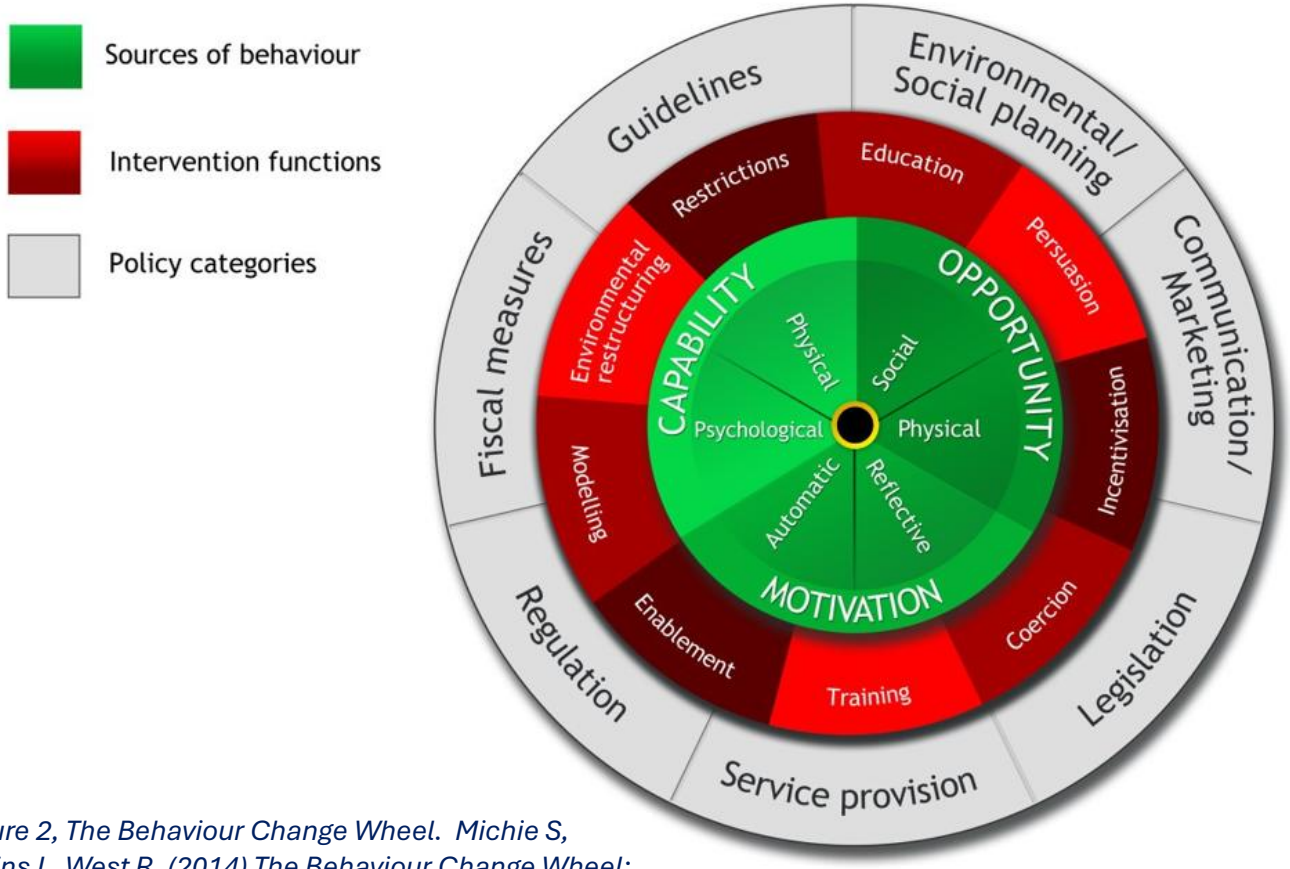
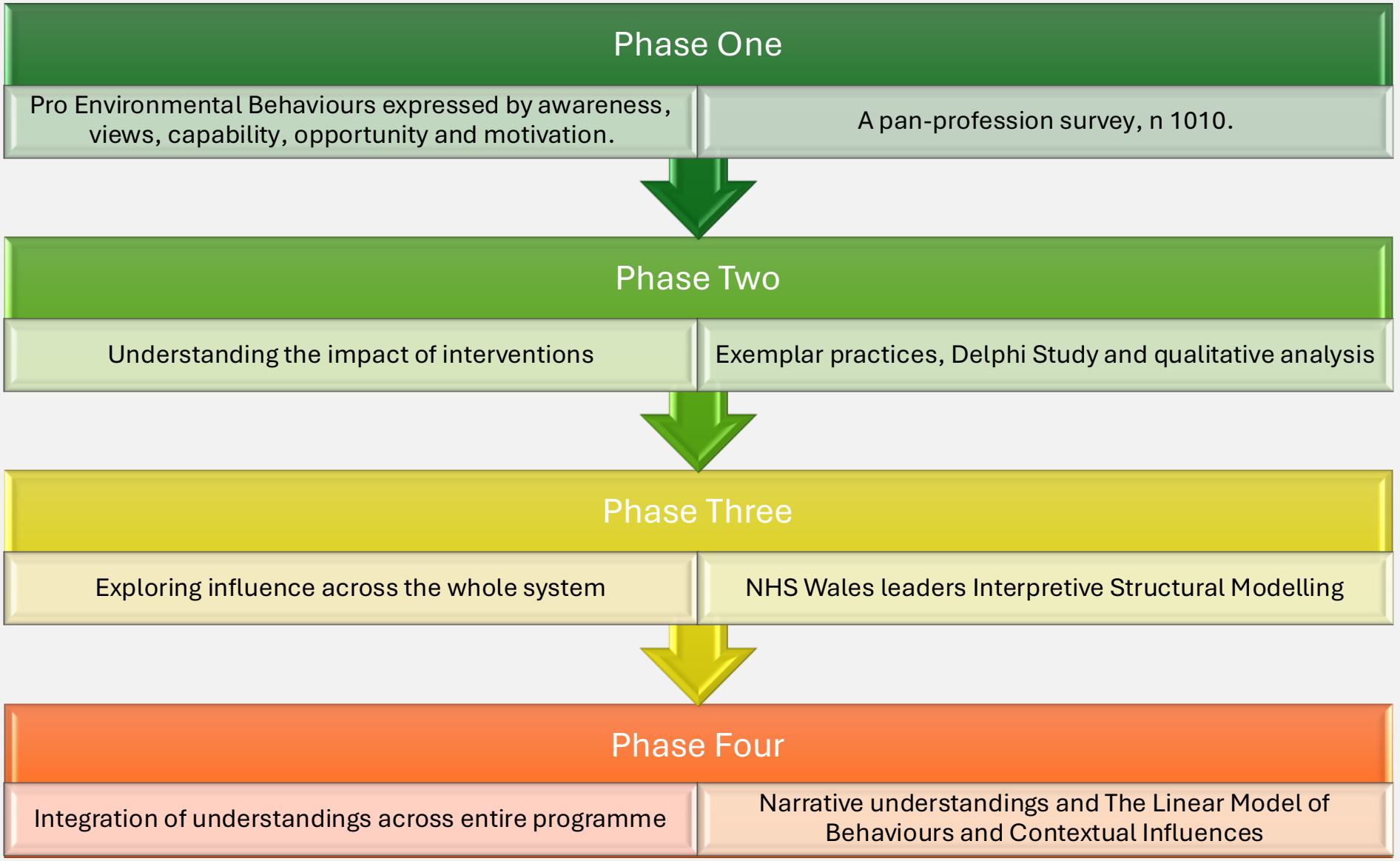



*Figure 2, The Behaviour Change Wheel. Michie S, Atkins L, West R. (2014) The Behaviour Change Wheel: A Guide to Designing Interventions*

# THE STUDY'S METHODS



# CONCLUSIONS

## Sustainability is viewed as legitimate

Participants generally regarded environmental sustainability as an appropriate area of consideration for healthcare.

This finding is significant because efforts to encourage sustainable practice often assume that resistance arises from disagreement regarding legitimacy. Within Wales' Optometry, such resistance appeared comparatively limited.

Instead, participants frequently demonstrated recognition that environmental sustainability possesses relevance to healthcare and acknowledged that professional responsibilities may extend beyond immediate clinical outcomes.

**Good healthcare seeks to improve lives today.**

**Responsible healthcare also considers the conditions required for future wellbeing.**

This does not imply universal agreement on every issue, nor does it suggest that sustainability should supersede other priorities. However, it does indicate the existence of a broadly favourable foundation upon which future progress may be built.

## Sustainability aligns with professional identity

The findings suggest that environmental sustainability is largely compatible with existing professional values and responsibilities. Participants rarely described sustainability as being in conflict with patient care, clinical standards or professional obligations. Instead, sustainability can be understood through familiar concepts such as prevention, stewardship, responsibility and long-term wellbeing.

This observation is important because sustainable practice is often presented as an additional responsibility imposed upon already busy healthcare professionals. The evidence from this study suggests a different interpretation. Rather than requiring

the profession to adopt an entirely new set of values, sustainability may be understood as an extension of values that already exist within healthcare practice.

The implication is that future efforts may be more successful when sustainability is framed as supporting professional purpose rather than competing with it. Sustainable practice is therefore less likely to emerge from obligation alone and more likely to emerge when practitioners recognise alignment between environmental objectives and their existing commitment to responsible care.

## Clinical Purpose and Societal Purpose are complementary

A recurring theme throughout this research concerned the relationship between immediate healthcare needs and longer-term societal wellbeing. Healthcare professionals are rightly focused upon diagnosing disease, relieving suffering and improving outcomes for the patients they serve. This may be described as the profession's Clinical Purpose.

The findings suggest growing recognition that healthcare exists within wider environmental, social, cultural and economic systems that influence health and wellbeing. Consideration of these broader conditions may therefore be understood as a Societal Purpose.

Importantly, these purposes should not be viewed as competing with one another. The evidence does not suggest that sustainability requires healthcare professionals to choose between patient care and wider societal responsibilities. Rather, it suggests that both arise from a common commitment to improving wellbeing.

Viewed in this way, sustainable practice becomes less a departure from healthcare's purpose and more a broader expression of it.

## The foundations for progress already exist

Whilst this study identified important barriers to sustainable practice, it also revealed substantial reasons for hope. Participants generally demonstrated positive attitudes towards environmental sustainability, recognised its relevance to healthcare, and expressed support for a range of practical interventions designed to facilitate change.

The findings suggest a consistent view across the profession, indicating that support need not be targeted according to demographic characteristics.

These findings are significant because they suggest that Welsh Optometry is not starting from a position of indifference or resistance. Many of the behavioural foundations necessary to support future progress already appear to be present. Motivation, values and legitimacy were generally stronger than opportunity, indicating that further gains may depend less upon persuasion and more upon support.

This does not imply that change will occur automatically. However, it does indicate that future efforts can build upon existing strengths rather than attempting to create them from the outset.

**Environmental sustainability was frequently viewed not as an additional responsibility, but as an extension of existing professional values.**

## Influence is concentrated, responsibility is shared

One of the clearest findings arising from the later stages of the research concerned the distinction between influence and responsibility. Whilst responsibility for sustainable practice was perceived to be shared across the profession and wider system, influence appeared to be unevenly distributed.

Certain individuals/organisations possess a greater capacity to shape the conditions within which behaviours occur. Legislative, regulatory, fiscal and service-level mechanisms were identified as particularly influential because of their ability to alter opportunity at scale. Changes to these systems may create effects that extend far beyond the actions of any individual practitioner or practice.

At the same time, the existence of concentrated influence does not remove responsibility from others. Meaningful progress remains dependent upon collaboration between practitioners, practices, professional bodies, commissioners and policymakers.

The challenge therefore sits not in identifying a single responsible individual/organisation, but in understanding how differing levels of influence may be aligned towards a common objective.

## Awareness influences responsibility

One of the more interesting findings concerned awareness.

Participants possessing greater awareness of environmental issues, policy developments and legislative frameworks were often more likely to recognise responsibilities relating to sustainability.

This observation suggests that awareness functions as more than simply knowledge acquisition.

Awareness appears to influence how individuals interpret their role, understand professional obligations and perceive opportunities for action.

Consequently, educational activity may fulfil multiple purposes simultaneously. It increases knowledge, but it may also strengthen engagement, support professional identity and improve understanding of why sustainability matters within healthcare contexts.

## Opportunity constrains behaviour

A particularly important finding relates to opportunity.

Much public discussion surrounding sustainability focuses implicitly or explicitly upon motivation. The assumption is often that individuals fail to act because they do not care sufficiently.

The findings of this study challenge such interpretations.

**The challenge is not the absence of motivation, but the presence of barriers that limit opportunity.**

Across multiple analyses, practitioners frequently demonstrated willingness and positive intentions. Nevertheless, environmental behaviours were often constrained by factors outside individual control.

These included organisational systems, infrastructure, resources, competing priorities, available time and broader service arrangements.

The implication is significant.

Where opportunity is limited, additional motivation alone may achieve relatively little. Under such circumstances, interventions directed towards system design may be more effective than attempts to further strengthen already positive attitudes.

## Support is more effective than coercion

Evidence from exemplary practices consistently reported interventions characterised by support, rather than compulsion, as the principal reasons for their success.

Education, Incentivisation, and Training consistently emerged as the most positively regarded approaches.

Several explanations may account for this finding.

**First, supportive interventions align with professional values relating to autonomy and continuous improvement.**

**Second, they acknowledge the complexity of environmental behaviour and recognise that barriers frequently exist beyond individual control.**

**Third, they facilitate learning and adaptation rather than simply enforcing compliance.**

The findings do not suggest that regulation lacks value.  Rather, they indicate that sustainable behavioural change is often more readily achieved when individuals feel supported, capable and empowered.

## Systems matter

A recurring theme throughout the study was the relationship between individual agency and systemic influence.

Practitioners undoubtedly possess the capacity to influence aspects of their own behaviour. However, the wider conditions within which those behaviours occur is frequently shaped by decisions taken elsewhere.

This observation has practical implications.

Responsibility for sustainability should not be assigned exclusively to practitioners, practices or policymakers. Instead, progress depends upon interaction between all three.

The challenge therefore becomes one of alignment.

Sustainable practice is most likely to emerge when professional values, organisational priorities and policy objectives work in the same direction.



# Implications:

- A framework for action
- Looking ahead
- Closing reflection

# A FRAMEWORK FOR ACTION

Evidence becomes most useful when it supports decision-making. The Linear Model of Behaviours and Contextual Influences was developed with precisely this objective in mind.

The model recognises that all sustainability initiatives must ultimately answer three questions.

**What requires support? What form should that support take? Who possesses the capacity to provide it?**

Viewed through this lens, sustainability becomes less a matter of aspiration and more a matter of design.

At the same time, meaningful progress cannot occur exclusively through top-down mechanisms.

Practitioners remain central to implementation. Practices remain central to innovation. Professional organisations remain central to leadership and advocacy. Environmental sustainability within Optometry is neither an individual challenge nor exclusively a policy challenge. It is a systems challenge, and systems challenges require systems thinking.

Furthermore, sustainability is not a static concept.

Technologies evolve, evidence develops, policy priorities change, and professional expectations shift.

Consequently, the value of the research will depend not simply upon publication but upon continued application, reflection and review. A reassessment within three to five years would provide an opportunity to evaluate progress, identify emerging challenges and determine whether interventions informed by the findings have been successful.

Such review would also reflect one of the central principles underpinning both sustainability and evidence-based practice: the recognition that improvement is an ongoing process rather than a final destination.

For Wales' Optometry, the challenge moving forward is therefore not merely to maintain interest in sustainability, but to continue translating understanding into action.

**The research suggests that many of the necessary foundations already exist. The task now is to build upon them thoughtfully, proportionately and effectively.**

# LOOKING AHEAD

## For practitioners,

it means focusing upon behaviours most amenable to support.

## For practices,

it means embedding sustainability within routine processes.

## For system leaders,

it means prioritising interventions within system design capable of improving opportunities.

## For policymakers,

it means recognising that legislative and regulatory mechanisms influence behaviours and set culture.

# CLOSING REFLECTIONS

This report began with a question regarding how Optometry might move up a gear in responding to environmental sustainability.

The research has not produced a single solution, nor was such an outcome ever likely.  Complex challenges rarely yield simple answers.

What it has produced is a clearer understanding of the landscape within which decisions must be made.

It has demonstrated that sustainable practice cannot be reduced to individual motivation alone. It has highlighted the importance of opportunity, the influence of systems, the value of supportive interventions and the necessity of shared responsibility.

Most importantly, it has provided a practical framework through which limited effort may be directed more effectively.

The significance of this contribution should not be measured solely by environmental outcomes.

Ultimately, the work concerns a broader question:  What does responsible healthcare look like in a society that seeks to consider the wellbeing of future generations alongside the needs of the present?

The answer will continue to evolve, and this report represents one contribution to that conversation.

For generations, healthcare professions have been motivated by a desire to help people.

Many practitioners describe their reason for entering the profession in similarly simple terms: to help patients.

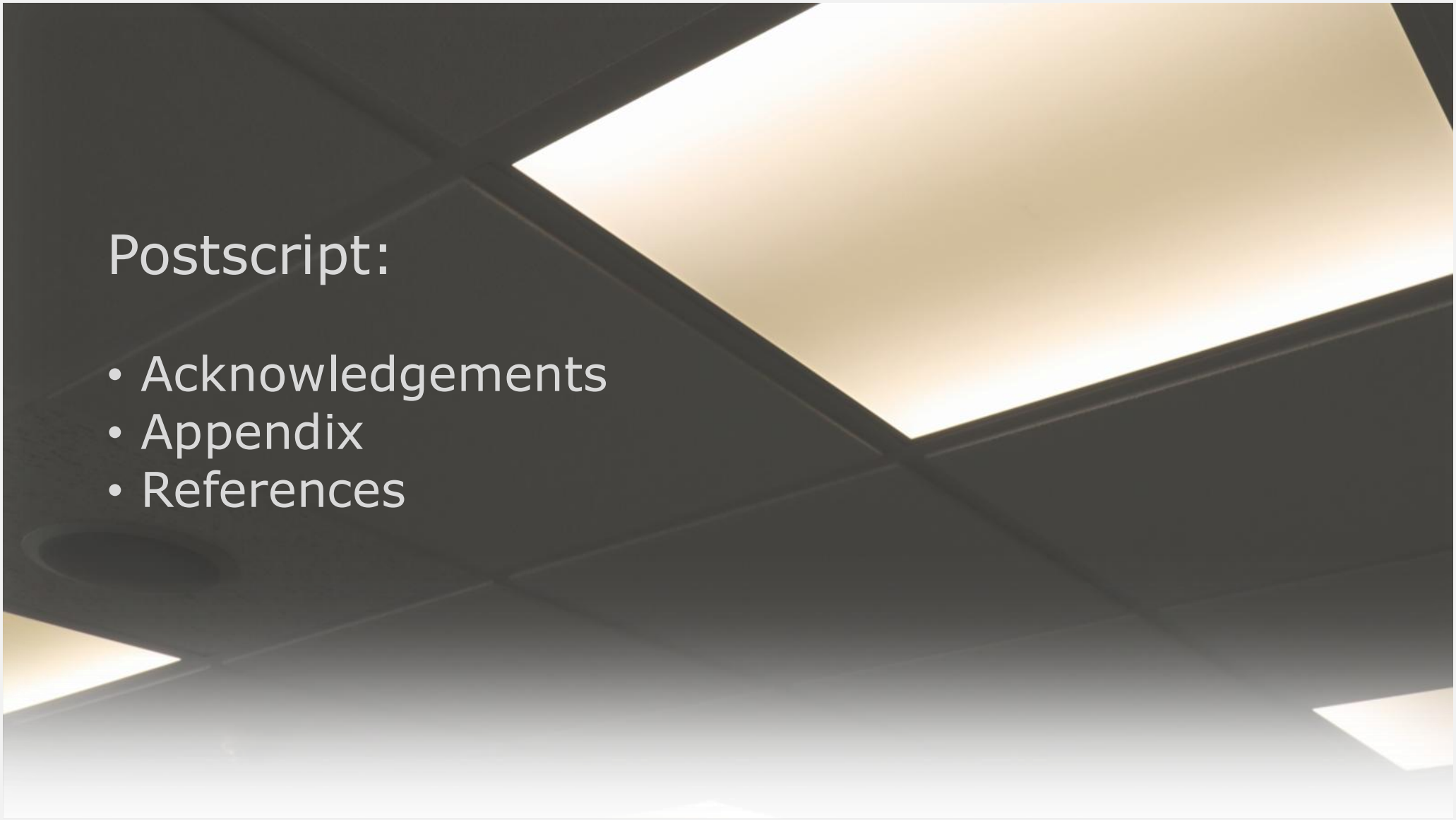
Whilst that aspiration remains as important as ever, healthcare now operates within a world increasingly conscious of the relationship between present actions and future consequences.

**If Optometry is to embrace both Clinical Purpose and Societal Purpose, the profession may come to understand its role more broadly than before.**

A future practitioner might still say that they entered the profession to *help people*… the difference may be that the definition and scope of the "people" has expanded.

It may come to include not only those we meet directly in our clinics and communities, but also those whose lives are affected by our actions despite being separated from us by geography or time.  The challenge for the profession is not to choose between these responsibilities, of immediate needs *or* long term conditions.  It is to recognise that both arise from the same impulse: a desire to leave people better than we found them.





## Postscript:

- Acknowledgements
- Appendix
- References

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The findings, conclusions and recommendations presented within this report remain the responsibility WGOS National Clinical Leads. Acknowledgements from Tim Morgan go to fellow leads Rebecca John and Mike George.

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# APPENDICES

## Behaviour Change Wheel elements with Optometry specific examples

| Wheel | Element | Definition | *Generic example* | A potential example in Optometry/WGOS |
|---|---|---|---|---|
| Policy categories | Environmental / Social planning | Designing and/or controlling the physical or social environment | *Using town planning* | The physical design of a practice, based on equipment required |
| | Communications / Marketing | Using print, electronic or broadcast media | *Conducting mass media campaigns* | WGOS Newsletters or Optometry Wales webinars |
| | Legislation | Making or changing laws | *Prohibiting sale or use* | UK Law and Welsh Government Regulations, The Regulations - NHS Wales |
| | Service provision | Delivering a service | *Establishing support services in workplaces, communities etc.* | WGOS 1-5 episodes of care |
| | Regulation | Establishing rules or principles of behaviour or practice | *Establishing voluntary agreements on advertising* | Health Board registration and governance, How to become registered to offer WGOS - NHS Wales |
| | Fiscal measures | Using the tax system to reduce or increase the financial cost | *Increasing duty or increasing anti-smuggling activities* | Remuneration for contractual obligations, services, and appliance provision |
| | Guidelines | Creating documents that recommend or mandate practice. This includes all changes to service provision | *Producing and disseminating treatment protocols* | Clinical guidance within manuals - WGOS Manuals - NHS Wales |
| | | | | |
| Intervention functions | Education | Increasing knowledge or understanding | *Providing information to promote healthy eating* | Pro-environmental behaviours undergraduate education, NHS Wales hosted resources, or CPD Events |
| | Persuasion | Using communication to induce positive or negative feelings or stimulate action | *Using imagery to motivate increases in physical activity* | Peer discussion |
| | Incentivisation | Creating an expectation of reward | *Using prize draws to induce attempts to stop smoking* | Recognition of good performance (awards), or financial support to make changes |
| | Coercion | Creating an expectation of punishment or cost | *Raising the financial cost to reduce excessive alcohol consumption* | Introduction of mandatory environmental performance reporting as part of Quality for Optometry submission to Health Board |
| | Training | Imparting skills | *Advanced driver training to increase safe driving* | Peer review sessions or practice-based coaching |

| Wheel | Element | Definition | *Generic example* | A potential example in Optometry/WGOS |
|---|---|---|---|---|
| | Enablement | Increasing means/reducing barriers to increase capability (beyond education and training) or opportunity (beyond environmental restructuring) | *Behavioural support for smoking cessation, medication for cognitive deficits, surgery to reduce obesity, prostheses to promote physical activity* | Introducing waste collection services to support changes to practice procedures |
| | Modelling | Providing an example for people to aspire to or imitate | *Using TV drama scenes involving safe-sex practices to increase condom use* | Showcasing the procedures of high achieving Practices and Practitioners |
| | Environmental restructuring | Changing the physical or social context | *Providing on-screen prompts for GPs to ask* | NHS Wales changes, such as enabling electronic submission of WGOS instead of relying on physical paperwork |
| | Restrictions | Using rules to reduce the opportunity to engage in the target behaviour (or to increase the target behaviour (or to increase the target behaviour by reducing the opportunity to engage in competing behaviours) | *Prohibiting sales of solvents to people under 18 to reduce use for intoxication* | Increasing restrictions on waste management or decreasing restrictions on single use items (tonometer heads, CL fitting sets) |
| | | | | |
| Sources of behaviour | Social opportunity | Opportunity afforded by interpersonal influences, social cues and cultural norms that influence the way that we think about things, e.g. the words and concepts that make up our language | *Being able to smoke in the house of someone who smokes but not in the middle of a boardroom meeting* | There is a culture, within the Practice, whereby pro-environmental behaviours are expected, encouraged, and reinforced |
| | Physical opportunity | Opportunity afforded by the environment involving time, resources, locations, cues, physical 'affordance' | *Being able to go running because one owns appropriate shoes* | Processes in practices are designed to be pro-environmentally impactful |
| | Reflective motivation | Reflective processes involving plans (self-conscious intentions) and evaluations (beliefs about what is good and bad) | *Intending to stop smoking* | Practitioners have an accepted professional obligation to adopt pro-environmental behaviours |
| | Automatic motivation | Automatic processes involving emotional reactions, desires (wants and needs), impulses, inhibitions, drive states and reflex responses | *Feeling anticipated pleasure at the prospect of eating a piece of chocolate cake* | Practitioners have a deeply held procedural memory acceptance of the importance of pro-environmental behaviours |
| | Psychological capability | Knowledge or psychological skills, strength or stamina to engage in the necessary mental processes | *Understanding the impact of CO2 on the environment* | Understanding how climate change affects the community served – general adaptation (extreme weather events) and also impacts on ocular health in short and long term |
| | Physical capability | Physical skill, strength or stamina | *Having the skill to take a blood sample* | Having the skills required to use low energy equipment |

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