Working conditions of employed optometrists: A Workforce Survey

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* This study is partly funded by Optometry Australia

Background

- 4 new optometry programs in Australia since 2010
- **1 in 3 practicing optometrists experience psychological distress** (Bentley et al. 2021)
- This study characterises current working conditions of Aus optometrists

Preliminary results

Participants were representative of Australian optometry:

505 respondents [Dec 2024 – Jan 2025]	
Age (mean ± SD)	36.4 ± 11.1 years
Gender identity	61% female
Work setting	61% corporate, 25% independent, 15% locum
Hours	67% full-time

Previous workforce surveys[#] are *not representative* of current workplace conditions:

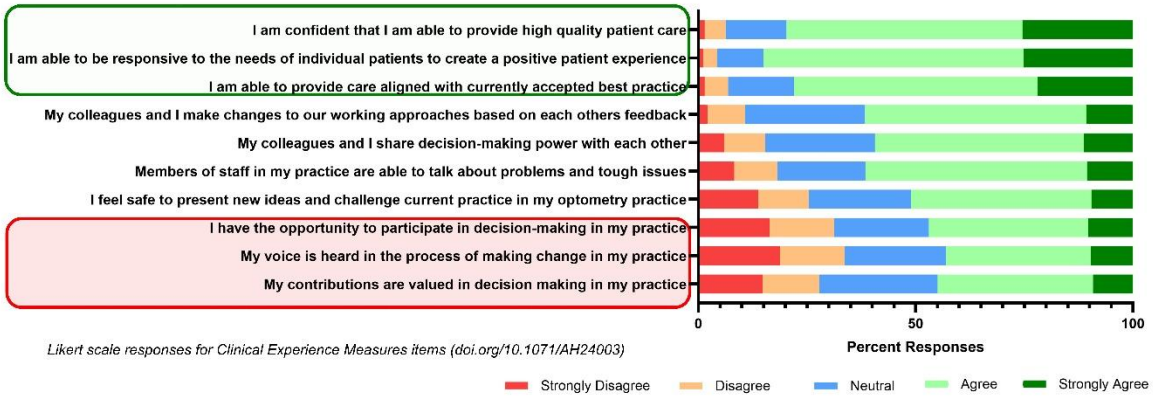
[#]Deloitte Access Economics Optometry Workforce Report 2018-2037, based on data by Horton et al. 2006

Variables	Previous results	Current results
Appointment time	Initial = 45mins Follow-up = 15mins	Initial = 30mins Follow-up = 20mins 4% allocated no follow-up time
Administration time	Above values inclusive of administration tasks	0mins 65% allocated *no* admin time
Appointments / wk	*Data not available*	57% see ≤ 60 (≈12/day) 11% see > 90

What motivates optometrists at work?

Providing quality eyecare

Autonomy to make clinical decisions



Likert scale responses for Clinical Experience Measures items (doi.org/10.1071/AH24003)

What demands and resources contribute to work satisfaction (or dissatisfaction)?

Resources: support from colleagues (90%), geographic location of practice (68%), active participation in ocular disease co-management (61%)

Demands: limited career options (77%), dissatisfied with income (75%), professional isolation (34%)

Summary and Next Steps...

1) There is significant moral distress among optometrists at work, e.g., KPI focus causing role conflicts.

Results suggest a need to redesign the optometry workplace.

2) WE NEED YOU to participate in online focus group discussions.

To better understand workplace experiences and how to improve them!

Thank you to all the optometrists who participated in our survey; we had an overwhelming response with over 500 participants, and we are very appreciative of the time you took in answering the questions. Here are some early results; comprehensive analysis and results will be submitted for publication in a peer-reviewed journal later this year.

Executive Summary

- 505 respondents: mean (± standard deviation) age 36 ± 11 years, 61% female, and 61% of optometrists worked in corporate practice.
- Appointment times: median (and interquartile range (IQR) appointment time for initial consultation 30 minutes (IQR 20-30 minutes). Median time allocated for follow up appointments 20 minutes (IQR 15-30 minutes). One in 25 optometrists are not allocated any time for follow up appointments, and these patients are seen between scheduled patients.
- Most optometrists not formally allocated any time for administrative task (median 0 minutes per week, IQR 0-30 minutes per week).
- Over 75% of optometrists agreed or strongly agreed that they were able to provide high quality patient care, aligned with current evidence-based practice and responsive to the individual needs of their patients.
- However, only 23% of optometrists agreed or strongly agreed that they had satisfactory career options and professional growth, 25% were satisfied with their current income, and 34% felt professional isolated.
- Thirty percent of participants provided additional comments for the final question. These related primarily to job demands such as fear of job losses due to the increasing number of optometry graduates, salary stagnation, the pressure of financially driven key performance indicators (KPIs), lack of clinical autonomy, and work overload.
- Approximately one in 10 optometrists commented on job resources which included the ability to practice full scope optometry, a positive team environment, value congruence, and person-job fit.
- These findings suggest that:
    - Optometrists continue to strive to provide the best possible patient care despite facing challenging situations and with limited professional autonomy.
    - For many respondents job demands far exceed job resources and urgent action needs to be taken to redesign workplaces.
- Next steps: undertake focus group discussions to explore more deeply the role job demands and job resources in optometry influence job satisfaction, so that we can better inform the profession of workplace characteristics that promote a positive working environment.

Background

Over the last 15 years some of the factors influencing optometry workforce conditions have changed including the establishment of four new optometry programmes in Australia, increased net migration to Australia, and reduction of Medicare subsidised comprehensive eye examinations from two-yearly to three-yearly.(Healy et al., 2015) A 2019 survey on the mental health and wellbeing of practicing optometrists in Australia found approximately one in three optometrists experienced moderate to severe psychological distress, depression and anxiety.(Bentley et al., 2021) The most common work-related issues identified were workload, retail pressures and career dissatisfaction. More recently, an analysis of publicly available registration data, found a significant number of early career optometrists are leaving the profession but due to the nature of the study the authors could not provide any insights into what motivates this decision.(Duffy et al., 2024)

Methods

The questions in our survey were designed around the Job Demands-Resources (JD-R) Model,(Taris & Schaufeli, 2015) a concept from organisational psychology that examines the interactions between demands (for example work overload, bureaucracy, psychical demands and mental tax) and resources (for example co-worker support, recognition, learning and development opportunities) which contribute to job satisfaction and engagement (Figure 1).(Demerouti et al., 2001) Jobs with high demands and/or low resources lead to stress, fatigue and burnout, while jobs with high resources and manageable demands are associated with increased engagement and higher productivity.

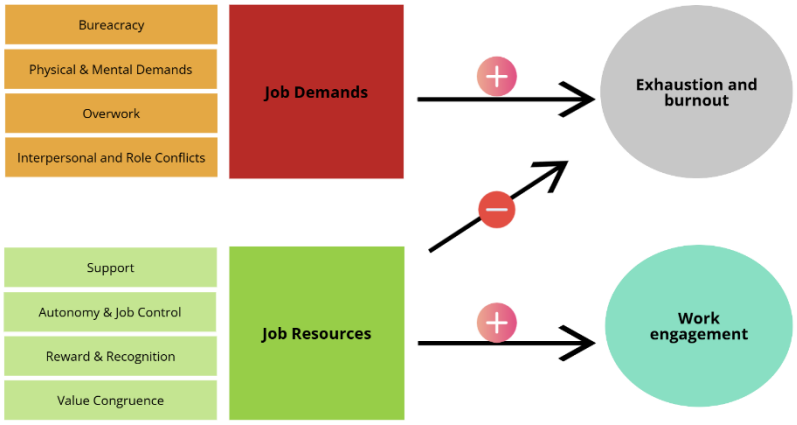


Figure 1: The Job Demands-Resources (JD-R) model introduced by Demerouti et al. (2001)

Results

Participant Characteristics

We had **505 responses** to the survey. The mean (± standard deviation) age of respondents was 36.4 ± 11.1 years and 61% were female. On average, participants began practicing in 2013 (± 11.00 years). Sixty-one percent of optometrists worked in a corporate setting, 25% in independent practice, 15% as a locum, with the remainder of optometrists working with an ophthalmologist, in a hospital, or in an academic or research setting (as respondents could select multiple responses this total is >100%). Most (67%) optometrists worked full time (at least 32.5 hours a week) and 55% planned to continue

working the same number of hours in the next 12 months. While none of the respondents were planning on retiring, **7% of respondents were considering leaving the profession within the next year**.

Appointment times

The median appointment time for a comprehensive eye examination (e.g. 10910 or 10911) was 30 minutes (interquartile range (IQR) 20-30 minutes). The time for follow-up appointments (e.g. 10918) was more variable with a median of 20 minutes and an IQR of 15-30 minutes. **Over 4% of optometrists, responded that they were not allocated any time for follow-up appointments, and these appointments were 'squeezed in' between other patients.** While most optometrists (57%) reported they see 60 patients or less per week (approximately 12 patients per day), 11% of patients reported having >90 eye examinations booked per week. Most optometrists noted that there was **no specific time allocated for administrative tasks** with a median administrative (clinical support time) allowance of 0 minutes (IQR 0-30 minutes) per week.

The data collected in our survey is significantly different from the last published data from Australia which reported average consultation times for a first patient visit (equivalent of 10910/10911) of 45 minutes, 15 minutes for a subsequent patient visit, and 60 minutes for a contact lens consultation.(Horton et al., 2006) These times were assumed to be inclusive of administrative tasks and have been used in previous optometry supply and demand modelling (for example, the Deloitte Access Economics' report Optometry Workforce Report: 2018-2037 (Writer, 2019)). Administrative load is recognised as a significant burden in other health care professions, particularly with the increasing hours spent in direct patient contact and the advent of large practices and electronic health records.(Woolhandler & Himmelstein, 2014) Administrative duties such as referral and report writing, inbox management, completing patient records, and ensuring appropriate Medicare billing require substantial optometry focus. Having insufficient time allocated to complete these tasks results in reduced career satisfaction, burnout, and less energy for providing patient care.

Optometry workplaces require redesign to allow sufficient time for non-patient facing activities and to providing appropriate scheduling for follow up visits for those patients requiring additional testing.

Clinical experience measures

Our survey also included two Likert scale response questions. The first asked participants to respond to a series of statements around the clinical experiences of employed optometrists and was based on a questionnaire developed in NSW to explore values-based health care.(Harrison et al., 2024) The first three questions asked optometrists about the quality of care they provide, and **>75% of participants agreed or strongly agreed that they continue to provide high quality eye health and vision care using the best evidence-based practice guidelines available (Figure 2)**.

The final three questions showed many optometrists feel disempowered to voice their opinions in the workplace and do not feel that they are able to take part in the decision-making process. This suggests that **many optometrists work in environments with low psychological safety** and a culture of fear, and interventions are required to collectively redesign services to address this. The final three questions showed many optometrists feel disempowered to voice their opinions in the workplace and do not feel that they are able to take part in the decision-making process. This suggests that **many optometrists work in environments with low psychological safety** and a culture of fear, and interventions are required to collectively redesign services to address this.

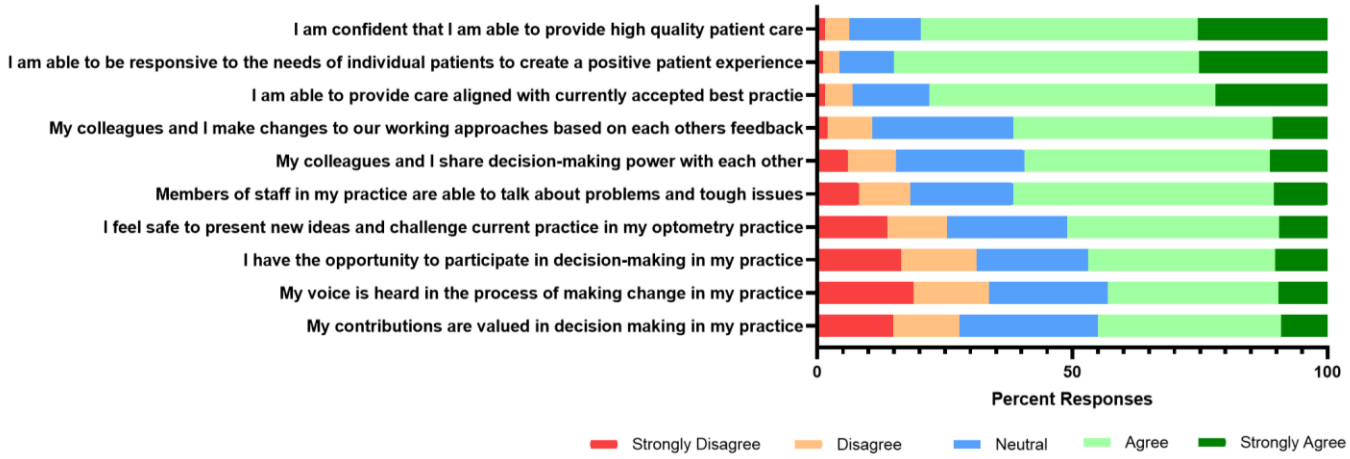


Figure 2: Likert scale responses for Clinical Experiences Measures (CEM-10) items. The first three items evaluate quality of care, items 4 and 5 interprofessional collaboration, items 6 and 7 clinician engagement and the final three items evaluate psychological safety.

Both pharmacy and nursing educators teach graded assertiveness techniques to prevent errors and enhance patient safety in healthcare.(Lee et al., 2023) Graded assertiveness supports open discussions and improved teamwork, and allows all team members to speak up to effectively address concerns, advocate for patients/clients, and promote a culture of safety and excellence. Graded assertiveness frameworks such as PACE (Probe, Alert, Challenge, Emergency) facilitate clear and respectful communication where power differentials exist, help prevent errors, and improve collaboration and could also be utilised in optometry practices to improve psychological safety.

Job demands and resources

The second Likert scale response (Figure 3) specifically focussed on factors identified as being important in understanding the JD-R Model in health care settings.(Schaufeli & Taris, 2014) Only 23% of optometrists agreed or strongly agreed that they had satisfactory career options and professional growth, 75% were dissatisfied with their current income, and 34% felt professional isolated. Nearly 90% of optometrists reported getting on well with their colleagues, and most (58%) felt their manager valued the work that they do. Over two-thirds (68%) of optometrists were happy with the geographical location of where they were employed, and 61% of optometrists reported being able to actively participate in co-management of ocular diseases.

Figure 3: Likert scale responses for questions related to Job Demands-Resources (JD-R) model factors.

Qualitative responses

The final question asked participants to provide any comments or additional insights that they wished to share and an incredible 30.1% of optometrists added comments. Most comments (77.2%) related to job demands, while comments on job resources accounted for 11.7% of responses, and the remaining 11.05% of comments did not directly related to either job demands or resources.

In terms of job demands the following were identified as significant (representative quote in italics):

- **Negative changes within the profession** (27.7% of quotes) particularly regarding the increasing number of optometry graduates entering the workforce and salary stagnation

> *Over time, I've worked hard to stay current, learning to interpret and apply new technologies in clinical practice, which has expanded my scope of responsibilities. Despite this added expertise, I am not appropriately compensated for these advancements, unlike other professions. In fact, my income has decreased, partly due to the oversupply of optometrists, leaving me in a position where I am effectively doing more for less.*

- **Bureaucracy** (19.2% of quotes) including micromanagement, KPI pressures, and lack of adequate Medicare funding

> *If I were to bring patients back for extra testing it would affect my KPIs and that would be frowned upon by managers.*

> *Practices using high volume bulk billing models have not helped optometry's cause, often diminishing patient confidence and trust in practitioners.*

- **Work overload** (10.9% of comments) including short appointment times and insufficient time allocation to complete administrative tasks.

> *...despite asking for administrative time to do letters I was denied. I brought up the health practitioners act and OA advice about 15 minute breaks and was told that I could take that if I finished early with a patient which never happens as my patients are mostly 70 plus*

> *Any appointments longer than 30 mins (even with appointment notes justifying reason) are often questioned by "higher ups" that don't work physically in store (sometimes with calls to the store to question)*

Conversely optometrists identified the following job resources as providing a positive outcome in the workplace (representative quote in italics):

- Value congruence

> *I find my work deeply meaningful and feel privileged that patients trust me with their eye and vision health needs.*

- Team atmosphere

> *I am fortunate to work in a great practice with very supportive, experienced colleagues and staff.*

- Use of skills (practising full scope optometry)

> *I work as a contractor for an Ophthalmologist in a regional area and have done for 11 years. The scope of practice means that I am managing either solely or collaboratively a broad range of pathology every workday in every patient I see. It is a fantastic role.*

- Person-job fit

> *I operate in a practice where patient care takes priority. Yes I am often very busy but there is always ample time to bring patients back for follow-up when required.*

Conclusions

1. **Optometrists continue to strive to provide the best possible patient care despite facing challenging situations and with limited professional autonomy.**

> *For a while there was direction from regional management to turn away red eyes or similar appointments which I explained is against an optometrist's duty of care if we have time to see them. I was appalled that this was even given as a direction.*

> *We've been on compulsory "customer journey trackers" for years which we need to fill out daily (without blocked off administrative time), listing every patient we've seen, whether they were pre-tested (supposed to be by retail team but often by ourselves), reason for visiting, etc.*

> *Staff are reluctant to voice opinions that may go against the plans of higher management, for fear of being perceived as negative. Micromanagement and favoritism are an issue.*

Optometrists are experiencing significant moral distress - a concept that has become increasingly important across many 'care' contexts, and occurs when a health care professional knows the correct course of action but is unable to pursue this due to institutional or organisational constraints.(Jameton, 1984) Typically a cluster of factors contribute to moral distress, including funding availability, time constraints, an imbalance between care demand and sufficient staffing, workplace culture, hierarchical relationships, and a clash of responsibility with lack of real authority.(Burston & Tuckett, 2013) It is important to note that **moral distress is <u>not</u> some sort of failing or personal weakness**, and interventions to address moral distress need to be collaborative and led at an organisational level. Factors that have been identified as strengthening moral resilience include mutual respect, collaborative decision-making, peer debriefing, and having a diverse leadership team who understands the unique roles and constraints of health care workers.(Fantus et al., 2024) Acknowledgement and education on moral distress, clinical ethics committees, and mental health initiatives that go above and beyond standard employee assistance programmes are all critical in helping manage moral distress.

2. **In many workplaces, respondents job demands far exceed resources and urgent action is needed to redesign workplaces to reduce burnout and negative outcomes for both optometrists and their patients.**

> *What I do find I struggle with is the mental tax that occurs when seeing a high volume of patients…The mental tax adds up throughout the week and I am usually exhausted at the end of the week.*

> *Not to mention the physical impacts: sore shoulder and back, no time to go to the toilet or get a water.*

The profession is overworked and underpaid and it is similar to being a robot, but a human one

Additionally, our data suggests that there is a significant need to redesign optometry workplaces. **To help prevent increased strain, burnout, reduced job performance, and the potential for negative patient outcomes,(Chua et al., 2024) a renewed focus on the full use of optometrists clinical skills and knowledge, opportunities for learning and development, and recognition of completed training and advanced practice should be encouraged.(Schaufeli, 2017)** Optometrists feel they have limited autonomy and insufficient job control, are unable to develop themselves professionally, and are not provided with appropriate renumeration nor constructive feedback that is aligned with their role as a primary eye health care provider. Most optometrists report that the only feedback they receive is on their ability to meet financially driven KPIs and many find this causes significant role conflict as a health care professional.

Where to from here?

The next stage in this research is to explore more deeply the role that both job demands and job resources in optometry influence job satisfaction, so that we can better inform the profession of workplace characteristics that promote a positive working environment.

Over the next couple of weeks, we will be inviting optometrists to participate in online focus group discussions to better understand some of your workplace experiences. During focus group discussion, which will be conducted on Microsoft Teams, participants will be encouraged to turn cameras off and to choose a pseudonym to protect their identity. All comments and responses from participants will be assigned an identification code and will not be able to be re-identified. Any personal information that could potentially identify participants will be removed before the results are published.

Thank you for your time reading this summary and to especially thank you to everyone who participated in the online survey.

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