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Abstract (poster session)

The barriers and facilitators to optimal antimicrobial prescribing: a qualitative study

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Objectives: Successful interventions to optimise antimicrobial prescribing (AP) need to be underpinned by research investigating the barriers and facilitators to optimal APB. Published studies on interventions to optimise APB often omit or fail to report on the application of theory and primary research to inform intervention development and design. We report here on a qualitative study to identify 1) attitudes and perspectives of healthcare professionals (HP), including doctors, pharmacists and nurses on AP; 2) key barriers and facilitators to APB; and 3) key determinants of APB. **Methods:** A random sample of 39 HP (19 nurses, 10 doctors and 10 pharmacists) working in three hospital sites of a large University Hospital Trust in the UK were interviewed. Data was extracted and coded using a framework approach using inductive and deductive approaches. In depth analysis of the coded transcripts was conducted to identify emerging themes based on the initial objectives of the research. **Results:** The analysis identified 4 key determinants of APB: 1) influence of peers and seniors; 2) delineation of responsibility in AP; 3) influence of local and organisational culture on APB; and 4) experience and expertise as barriers and facilitators to optimal APB. APB was influenced by prescriber attitudes towards policy, evidence base, and more importantly by consultants and senior doctors. Junior staff expressed difficulty in questioning ‘out-of-policy’ practices of their senior colleagues due to perceived social hierarchy or their own self-efficacy in being able to question APB. The barriers and facilitators to optimal APB identified by HPs differed by profession, specialty and their perceived position in organisational hierarchy. This study demonstrates a need to clarify HP involvement in antimicrobial stewardship e.g. empowering nurses, pharmacists and doctors to champion antimicrobial stewardship. **Conclusion:** The influence of senior physicians as role models and the experience and expertise of individual HP’s need to be acknowledged as key determinants of APB. Based on this research we recommend that APB interventions will benefit from targeting the prevailing cultural attitudes and behaviours, however we caution that social dynamics may differ by culture and specialty. Interventions targeting APB must be multimodal and include audience segmentation, and role definition for HCPs in antimicrobial stewardship.