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TITLE Barriers and Enablers to Implementing Evidence-Based Practice in High-Risk Foot Services: A Behaviour Change Theory Analysis

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ABSTRACT (maximum 450 words. Please use the following or similar headings: Background/Methods/Results/Conclusions)
Background:

Despite the existence of robust international and local clinical guidelines for the prevention and management of diabetes-related foot complications—developed by the International Working Group on the Diabetic Foot (IWGDF) and adapted for the Australian context by Diabetes Feet Australia—a persistent evidence – practice gap remains. This gap highlights the disconnect between what is known to be effective and what is consistently delivered in clinical practice. Traditionally, the responsibility for implementing evidence-based practice (EBP) is placed on individual clinicians, yet this overlooks the complex system-level and behavioural factors that influence care delivery. Implementation science offers structured approaches to understanding and addressing these challenges, and behaviour change frameworks—such as the Theoretical Domains Framework (TDF)—provide a lens to examine the individual and contextual determinants that affect clinicians' behaviours.

Methods:

This qualitative study explored the barriers and enablers to implementing EBP among podiatrists working in high-risk foot services within NSW Health. A deductive analysis guided by the TDF was used to examine data collected through semi-structured interviews. Participants were sampled using purposive and snowball sampling, from a range of metropolitan and regional services to ensure diverse perspectives. Interviews were transcribed and analysed thematically, with findings mapped against the 14 TDF domains to identify key behavioural influences.

Results:

Sixteen podiatrists participated in the study, representing both metropolitan and regional NSW Health services. One additional participant was unable to attend due to workload constraints. Three TDF domains were most consistently influential across settings. The domain Environmental Context and Resources was commonly reported as a barrier, with participants citing challenges such as limited staffing, insufficient clinical time, and inadequate access to appropriate equipment or wound care products. In contrast, Social Influences and Social/Professional Role and Identity emerged as strong enablers. Podiatrists expressed a high level of professional confidence, a strong sense of responsibility to deliver best-practice care, and the importance of supportive peer and interdisciplinary networks. Notably, the way these domains manifested varied between metropolitan and regional settings. In regional areas, additional barriers were identified, including patient resistance to treatment recommendations and limited awareness or engagement with EBP among other healthcare professionals.

Conclusions:

This study sheds light on the multifaceted nature of implementing EBP in podiatry and high-risk foot services. While structural and resource constraints remain significant barriers, strong social support systems and professional identity provide critical enabling factors. These findings underscore the need for tailored implementation strategies that are sensitive to local context and leverage existing strengths within the workforce. Addressing both behavioural and systemic drivers will be essential to closing the evidence – practice gap and improving outcomes for people at risk of diabetes-related foot complications.