

Synopsis Submitted to



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by

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Synopsis for Dissertation

Title – Barriers in Rural Outreach Eye Camps – Sankara Eye Foundation

Introduction

Cataract continues to be one of the leading causes of avoidable blindness in rural India. To address this, rural outreach eye care camps are organized by institutions like Sankara Eye Hospital to identify patients in need of surgery and offer them cost-free treatment, transport, and care. Despite these efforts, a notable proportion of patients identified for cataract surgery do not proceed with the recommended treatment. This research seeks to explore the psychological, social, economic, and logistical barriers that cause patients to be unwilling to undergo surgery, even when it is accessible and free of cost.

Research Questions

1. What are the major psychological and socio-cultural factors preventing rural patients from undergoing cataract surgery?

Objectives

1. To assess the psychological, socio-cultural, and economic barriers that contribute to unwillingness among patients at rural outreach eye camps.
2. To provide evidence-based recommendations for improving patient counseling, education, and support mechanisms.

Hypothesis

Null Hypothesis (H_0): There is no significant association between patient-related factors and their unwillingness to undergo surgery in rural outreach camps.

Alternative Hypothesis (H_1): Patient-related factors significantly influence their unwillingness to undergo surgery in rural outreach camps.

MATERIAL AND METHODS:

STUDY DESIGN: A **cross-sectional, mixed-method** study combining quantitative responses with qualitative interviews to assess underlying barriers.

SETTING: Rural outreach eye camps conducted by Sankara Eye Hospital, Coimbatore, across various rural and semi-urban areas in Tamil Nadu.

STUDY POPULATION:

1. **Inclusion Criteria:** Patients screened and selected for cataract surgery at outreach camps but who were unwilling to proceed with treatment.
2. **Exclusion Criteria:** Patients who were medically unfit or ineligible for surgery.

DURATION OF STUDY:

- The study will be conducted over a period of 3 months.

SAMPLE SIZE:

1. n=**48 unwilling patients** during the study period.
2. Focus on the subset of patients who declined surgery despite being eligible and counseled.

SAMPLING TECHNIQUE:

- Purposive sampling for patient participation based on location and demographics and in-depth qualitative interviews

STUDY TOOLS:

- Structured questionnaire.

DATA COLLECTION PROCEDURE:

- Responses from selected but unwilling patients at camp sites.

OPERATIONAL DEFINITIONS:

- **Unwilling Patients:** Individuals who decline surgery after being diagnosed and offered free surgical intervention.
- **Barriers:** Any psychological, economic, cultural, social factors that influence a patient's decision to refuse treatment.

DATA ANALYSIS PLAN:

1. **Quantitative:** Descriptive statistics to identify frequency and patterns of different refusal reasons.
2. **Qualitative:** Thematic analysis to explore patient motivations and challenges behind refusal.

ETHICAL CONSIDERATIONS:

1. Informed consent will be obtained from all participants.
2. Data confidentiality and patient anonymity will be maintained.
3. Institutional ethical clearance will be sought before data collection.

IMPLICATIONS OF RESEARCH:

The study aims to provide actionable insights for improving **patient willingness** at outreach camps. The findings will assist Sankara Eye Hospital in developing more effective **counseling strategies and support mechanisms** to reduce dropouts and enhance surgical coverage among rural populations.

References

1. Murthy G, Raman U. **Perspectives on primary eye care.** *Indian J Community Med.* 2009;34(1):1-10.
2. Rao GN. **Human resources for primary eye care in India.** *Indian J Ophthalmol.* 2018;66(7):916-920.

3. Sudhan A, Pandey A, Pandey S, Srivastava P, Pandey KP, Jain VK. **Effectiveness of primary eye care in reducing preventable blindness in rural India.** *Community Eye Health J.* 2017;30(99):S15-S18.
4. Verma R, Khanna P, Mariyam N. **The national program for control of blindness in India.** *Indian J Community Med.* 2012;37(4):198-202.
5. Thulasiraj RD, Rahmathullah R, Ravilla TD. **Telemedicine in rural eye care: Implementation and challenges.** *Bull World Health Organ.* 2018;96(10):693-700.
6. Bastawrous A, Giardini ME, Bolster NM, et al. **The impact of mobile health (mHealth) techn**