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Enablers and barriers to the implementation of a co-designed gambling screening tool

What this research is about

Gambling screening in primary care settings can be useful. Screening can provide opportunities to discuss gambling, identify those who are at risk of problem gambling, and improve the outcomes of treatment. However, because current models for assessing gambling harm in Australia depend on self-disclosure to health care providers, these models may not be adequate. For example, culturally and linguistically diverse (CALD) community members may be less likely to discuss gambling harm with health care providers.

This study was part of a larger project based in the Fairfield local government area in urban New South Wales, Australia. This area is culturally diverse and economically disadvantaged. The larger project aimed to co-design, implement, and evaluate a gambling screening model. The model was developed for CALD communities. It was implemented by general practitioners (GPs) and community workers for 13 weeks in 2020. The purpose of this study was to examine factors that enabled or hindered the implementation of this gambling screening model from the perspectives of heath care providers.

What the researchers did

The researchers recruited 12 GPs and community workers who administered the screening model in 2020. Three people withdrew from the study. The researchers conducted eight interviews with the other nine participants, including two GPs and seven community workers from five local organizations.

What the researchers found

The researchers identified enablers (i.e., structural, process, and staffing factors) and barriers (i.e., process, social, and structural factors) to implementation.

What you need to know

This study was part of a larger project based in urban New South Wales, Australia. The larger project aimed to co-design, implement, and evaluate a gambling screening model. The purpose of this study was to understand health care providers' perspectives on the implementation of this gambling screening model. The researchers interviewed nine general practitioners and community workers who implemented the screening model in 2020. They identified factors that acted as enablers and barriers to the implementation of the model. Enablers included structural factors (e.g., alignment of the screening model with current services), process (e.g., ease of use), and staffing (e.g., staff empowerment and improved knowledge). Barriers included process (e.g., unclear referral process), social (e.g., complexity of gambling harm), and structural (e.g., absence of long-term funding) factors.

Enablers to implementation

(1) Structural: Participants discussed how screening for gambling harm aligned with their current services and activities. Participants also mentioned how the questions about gambling harm aligned with, and could be embedded into, their standard protocols. They felt that it would help them better engage with clients about gambling issues. Participants discussed how the adaptation of the screening questions into an online format increased accessibility.

(2) Process: The online format of the screening questions made it easier for the GPs and community workers to access and use. Participants noted that the process of completing the screening questionnaire was easy because it was short. They also liked the training module and resource kit provided at the start of this pilot project. They found the kit to be user-friendly and helped communicating with clients.

(3) Staffing: Participants felt that the screening model empowered staff and increased their knowledge. The screening model helped GPs and community workers start conversations with clients about gambling issues.

Barriers to implementation

(1) Process: Participants felt that the referral process of the screening model was unclear. It is important to consider the target audiences and update the materials as needed. Participants felt that it was difficult to have meaningful discussions with clients because the screening was short. Also, they found it hard to remember to screen all clients. Some participants worked with children who were affected by others' gambling or who gambled themselves. They felt that the screening model was limited as it was designed for adults (aged 18+).

(2) Social: Implementation of the screening model was hindered as some clients did not see their gambling behaviour as harmful or did not realize that their actions were gambling. Participants also talked about how they sometimes needed to prioritize other pressing issues (e.g., domestic violence and homelessness) rather than gambling-related concerns.

(3) Structural: A barrier to implementation was the absence of long-term funding for gambling screening. Another barrier was the uncertainty around the continuation and scaling up of the intervention.

How you can use this research

This study underlines the importance of continued implementation of gambling-related screening. It can inform health care providers and community workers.

About the researchers

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