ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE AMONG FRONTLINE STAFF IN OPTOMETRY PRACTICE ON VISUAL AID (SPECTACLES AND CONTACT LENSES) AND LENS ENHANCEMENT

By

Aviwe Notshweleka

204007290

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Supervisor: Dr M E Hoque

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Declaration

I, **Aviwe Notshweleka,** declare that,

This dissertation is the result of my work/investigation, except where otherwise stated.

This work has not previous been accepted in substance for any degree and is not concurrently submitted in candidature for any degree.

This dissertation does not contain other person's writing, data, pictures, graphs, tables or other information unless specifically acknowledged and the source being detailed in the dissertation and in the references section.

Signature………..

Date:

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ABSTRACT

Optometry private practice in South Africa is a very competitive industry with little differentiation in the service and product offerings being offered. In this service driven industry, the quality of customer service offered by the frontline staff is a key differentiation that gives the service provider a competitive edge over other competitors offering the same service. This knowledge and attitude is often displayed by the confidence, empathy and product/service knowledge. Hence, due to the customer engaging role of frontline staff at Specsavers, it is necessary to assess their knowledge and attitude and subsequent applicability of these attributes on the job.

The objective of this study was to evaluate the Knowledge, Attitude and Practices of the frontline staff at Specsavers practices within KwaZulu-Natal and Eastern Cape provinces. This was sought for in order to compare the findings of this study with the results of other relative studies and further proffer solutions that can be contextualised to the South African environment.

The study adopted a quantitative approach and utilised a questionnaire for the collection of required data for the study. The questionnaire was critically constructed to assess Knowledge, Attitude and Practices of frontline staff at Specsavers. Frontliners from KwaZulu-Natal and Eastern Cape were included in the study. The sample size was 150 and 102 people completed the questionnaire. The study was analysed using the SPSS version 25.

Upon data collection, the descriptive analysis found that the frontline staff at Specsavers have good aggregate Knowledge about optometry products and services. The second objective also made a similar observation as it was found that over half of the frontline staffers exhibited a positive attitude. This pattern was further explicated in the observed practices of the frontline staffers as majority of the frontline staff displayed good practice in their professional engagement and interactions with clients as assessed using the questionnaire. Regardless, the questionnaire evidently highlighted areas of deficiencies in the KAP of the frontline staff.

Furthermore, inferential statistical tests conducted via One-way ANOVA and Independent t-test showed that there was a significant relationship among the KAP variables. Also, while the multiple regression models found no socio demographic variable to be statistically significant, it was evident that both Knowledge and Attitude have statistical significance in determining practice behaviour of frontline staff at Specsavers.

Hence, the study concludes that Knowledge and Attitude of frontline staff at Spec savers are key determinate of their practice performance in professional engagements and interactions with clients. This study further recommends improvements to be made via trainings and staff developmental programs.

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CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 Introduction

Customer service is a collective responsibility of every staff member within an organisation (Korschun et al., 2014). However, this responsibility is the core job function of the frontline staff of the organisation, as they are often the first contact between the customer (existing and prospective) and the organisation (Schepers et al., 2016). This responsibility is critical, as much as first impressions always go a long way to determine brand perception and positioning in the minds of customers. Hence, a good customer service does not only lead to a once-off patronage, but could be the conception of a brand loyalty through customer engagement, which is a key influence in word-of-mouth marketing (So et al., 2016).

While a good customer service is premised on providing the customer with specific product/service offerings that satisfies a customer's needs, it is nearly impossible to effectively achieve this without the proper knowledge and attitude that promote the necessary practices in line with the organisational vision and mission statements (Rothaermel, 2015). this is further complicated by the continuous role conflicts that often arise in the service performance of frontline employees, due to engagement with diverse customer demands whilst striving for excellence in organisational objectives (Nayab, 2011; Schepers et al., 2016).This has further amplified the improvement of frontline employees and advocacy for their inputs in decisional processes that affect the organisation's innovative paradigms (Schepers et al., 2016).

In the service industry, the quality of customer service offered by the frontline staff is a key differentiation that gives the service provider a competitive edge over other competitors offering same service. This is evident in the confidence and impeccable knowledge and attitude of service agents (frontline staff) representing the service provider (organisation) (Rawson et al., 2013).

This is same with private health care service providers in South Africa, particularly the optometry service providers. The profession of optometry falls under the discipline of health sciences. Optometry is a healthcare profession which involves

examining the eyes and applicable visual systems for defects or abnormalities as well as the diagnosis and management of eye disease.

Traditionally, the field of optometry began with the primary focus of correcting refractive error through the use of spectacles. Modern day optometry, however has evolved through time so that the educational curriculum additionally includes intensive medical training in diagnosis and management of ocular disease.

Optometry is a regulated profession in the healthcare sector, its scope of practice may differ depending on the country where is being practiced. South African optometry is highly dominated by private practice with only 5 percent of optometrist working for government (Maake, 2014). The private practice is comprised of independent practice, group practice and franchises. This result in many people seeking eye care to go to private practice. In South Africa, optometry is regulated by the Health Professions Council of South Africa (HPCSA).

The HPCSA defines optometrist as a primary healthcare practitioner of the eye and the visual system who provides comprehensive eye and visual care, which include refraction and dispensing, detection/diagnosis and management of disease in the eye, and the rehabilitation of conditions of the eye. An optometric business consists of two parts the service part which is a clinical part performed by the optometrist but also the handling of patients by frontline staff and the product part which is a pair of spectacles, contact lenses and sunglasses where an optometrist relies partly on its frontline staff to push the sales for example selling a branded frame instead of a generic frame.

In order for the business to succeed it needs to hire well, develop their staff, reward them fairly and create opportunities to promote and retain staff. The employees need to know their roles for them to contribute effectively to the organization strategic goals and objectives. Knowledge and attitude is everything in the world of business, before you can sell your product you need to understand it, its functions and the problems it is solving, and you also need to believe in it.

1.2 The Research Problem Statement

Optometry private practice in South Africa is a very competitive industry with little differentiation in the service offerings being offered. This is driven by the current status of South Africa as the leading economic power in the African continent. This position has duly positioned South Africa on the global space, making her a home for

diverse nationals from different walks of life. The subtle effect of this is further evident in the expectation of quality service at par with globally recognised standards.

Hence, having frontline staff with required knowledge, service skills, attitude and who are motivated can create a competitive advantage for a particular practice. The lack of right knowledge and right attitude by frontline staff is likely to lead to poor service, unsatisfied customers and an increase in customer complaints. The optometry practice does not only have an optometrist but also has other staff members that is frontline staff who act as sales people.

While some optometry practices struggle to retain customers and get a lot of complaints relating to the conduct of frontline staff, in other instances, customers consult and ask for their prescription to go and make a purchase elsewhere and this could be as a result of frontline lack of product knowledge, motivation, attitude and selling skills to convince a customer to make a purchase. This could have a negative impact in the long-term survival and sustainability of the business.

1.3 The Rationale for the Study

This study sought to determine the degree to which knowledge and attitude impacts performance and practices of frontline staff in Specsavers. Knowledge and attitude are very important for frontline staff as it empowers them to engage shoppers effectively and, in the process, assist them to make a purchase that will suite them. The general belief is that buying decisions are largely influenced by diverse factors. Principal amongst this is the knowledge and attitude of the seller, which is often displayed by the confidence, empathy and product/service knowledge. Hence, due to the customer engaging role of frontline staff in Specsavers, it is necessary to assess their knowledge and attitude and the subsequent applicability of these attributes on the job.

1. 4 The Objectives of the Study

The purpose of this study is to succinctly understand the knowledge and attitude of frontline staff at Specsavers that influences their practice performance in visual aid recommendations. This proffers insights as to what is necessary to improve their performance and also assist in developing effective training programmes. Hence, the objectives of this study are summarised below:

1. To determine if frontline staff at Specsavers possess sufficient knowledge on visual aid.
2. To determine the attitude of frontline staff at Specsavers towards visual aid.
3. To determine the impact of knowledge and attitude of frontline staff at Specsavers on their practices towards visual aid.

1.5 The Research Questions

In order to achieve the aforementioned objectives, the researcher sought answers to the following corresponding questions:

1. Do frontline staff at Specsavers possess sufficient knowledge about visual aid?
2. What is the attitude (positive or negative) of frontline staff at Specsavers towards visual aid?
3. How does the knowledge and attitude of frontline staff at Specsavers affect their practices towards visual aid?

1.6 The Significance of the Study

This study is primarily relevant to healthcare service providers, especially service providers in the optometry practice profession. By understanding how knowledge and attitude of frontline staff impacts customer service practices, the findings and recommendations of this study is also applicable to customer service within the service industry in general.

Furthermore, this study further contributes to the existing body of knowledge and academic research on customer service; impact of knowledge and attitude of frontline staff practices; as well as the optometry practice profession in general.

1.7 The Methodology and Scope of the Study

The research paradigm for this study is based on a post positivist research approach. This approach is suitable for a quantitative research which requires a survey research design that seeks to empirically establish dynamic behaviours that may challenge the status quo. Post positivist has to do with theory verification, reductionism, determination and empirical observation and measurement. Quantitative research is an approach for testing objective theories by examining the relationship among variables (Creswell, JW.2014).

Furthermore, a survey design provides a quantitative or numeric description of trends, attitude, or opinions of population by studying a sample of that population (Creswell, JW.2014). The data was collected via questionnaires which prove to be most efficient when conducting research survey that involves a large group of respondents.

The survey questionnaire was critically constructed using predetermined answers. The survey design is the preferred method of collecting data for this study as it allows a quicker turnaround time for data collection. The collected data was further captured and coded using the Microsoft Excel application before being exported to the SPSS tool for both descriptive and inferential statistical analysis. Whilst the researcher used the measures of central tendencies and dispersion for analysing the data descriptively, the researcher adopted the Analysis of variance and multiple regression analysis inferentially.

The population for this study involves Specsavers practices in both Kwazulu-Natal and Eastern Cape provinces that are functional as franchise optometry practices as at 2017. This is the scope of the study. Furthermore, the researcher adopted a single-stage sampling procedure for the selection of a representative sample from the target population. This sampling technique was preferred for this study, as the researcher has a first-hand access to the respondents within the population and can easily sample administer the questionnaires directly. The computed sample size for the study was 133, based on a population of 204 frontline staffers. With randomization, a representative sample from a population provides the ability to generalize to a population (Creswell, JW.2014).

1.8 The Structure of the Thesis

Chapter 1 - Overview of the study: This chapter introduced the research topic by providing; a background to the study, statement of the problem, rationale for the study, the objectives that study sought to achieve, the research questions, the significance of the study the methodology and scope of the study, are highlighted and discussed in this chapter.

Chapter 2 - Literature review: This chapter considered all relevant articles and literatures that are necessary within the context of the study to answer the research questions highlighted in the chapter one of the study.

Chapter 3 – Research Methodology: This chapter provides a framework upon which the research objectives and questions were attempted for empirical answers. The framework covers the data collection procedures, analysis as well as a justification for the choice of the methods adopted for the study.

Chapter 4 - Data Analysis, Interpretation of results and Discussion of findings: This chapter presents the analysis of the survey responses, the interpretation of the results and subsequent discussion of findings vis-à-vis relative studies.

Chapter 5 – Conclusion and Recommendations: This chapter succinctly draws the conclusion of the study and make recommendations based on critical empirical findings of the study which contributes to the body of knowledge in optometry, customer service and service industry in general.

1.9 Conclusion

In this chapter, the researcher has extensively provided an overview of the study, by providing a background to the study, defined and formulated the problem statement which has necessitated the rationale for the study. Upon this, the obvious critical research questions have been highlighted and the necessary research objective have been set for this study. Also, significance of this study was evaluated and a research methodology for the success of the study have been carefully crafted having defined the scope of the study.

The subsequent chapter will extensively review all necessary and relevant literatures for the study

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The optometry profession is such that has evolved over the years with advances in technology. While the global outlook of optometry business seems feasible, there has been increasing competition amongst optometry practices within the South African context. Due to deregulations and policies that have relaxed entry barriers into this sector globally, there have been rise in diverse business forms of optometry practices. Amongst these business forms are franchises, buying groups, Independent standalone businesses, and corporations. Hence, this has spurred practices (existing and prospective) to establish sustainable customer relationships as a prerequisite for a sustainable competitive advantage and business survival.

The establishment of sustainable customer relationship is vastly dependent on maximising every customer engagement, in a positive and value adding way that builds the customer's confidence in every interaction and purchase decision. While every customer engagement in the optometry practice is a reinforcement of the customer's confidence, the frontline staff are mainly entrusted with the responsibility of being the first line of engagement with customers who seek guidance to access diverse optometry services. Hence, it is expected that they display professional knowledge, attitude and practice behaviour about optometry product and service offerings to establish sustainable relationships in every customer engagements.

2.2 Visual Aid and Lens Enhancement

In a recent study done across four African countries including South Africa, it was made evident that visual aids were the second most purchased/provided assistive technology. Whilst walking mobility aids remains the most commonly bought or provided assistive technology at a 46.3%, the visual aids assistive technology stands at a close margin of 42.6% (Visagie et al., 2017). Visual aids have been proven to be relevant across all age groups for the correction of low vision and vision impairments such as refractive errors (RE) (Durr et al., 2014; Charman, 2014).

According to the World Health Organisation report, uncorrected refractive error largely remains the leading cause of visual impairment amongst children. While this

report further revealed that about 19 million children and adolescents between the ages of 5-15 years are currently visually impaired, 67% of the visual impairment cases are as a result of uncorrected refractive error (Ma et al., 2016; Juggernath and Knight, 2015). This concern has been further explicated by several studies that have reported the dire need of visual enhancements amongst children due to environmental factors such as rigorous schooling system and increased used of digital devices amongst children (Ma et al., 2016). While some visually Impaired school children have diverse reasons for non-compliance in wearing spectacles (Gogate et al., 2013), studies have shown improved academic performance amongst school children that comply to the habit of wearing spectacle (Gogate et al., 2013; Glewwe et al., 2016).

Amongst young adults, studies have shown high myopia prevalence rates among young adults (Morgan, 2016; Kang et al., 2017). This trend has raised a global concern for increased pathological myopia, as this is one of the leading causes of preventable blindness (Kang et al., 2017), Whilst traditional knowledge has advocated for increased outdoor activity as a rule of thumb for reducing myopia risk factor , a recent study found that myopia in young adults is inversely related to ocular sun exposure (McKnight et al., 2014).This further supports the advocation for mandatory programs to regularly monitor vision acuity of young adults and nudge them towards more clinical methods (Morgan, 2016).

Furthermore, Presbyopia is a prevalent eye condition that is common to working adults in their 40s age category. In a baseline multi-country study that was conducted amongst participants above the age of 35, it was found that the vulnerability of correctable Near Vision Impairment (NVI) progressed with age from 35 years to 60 years. The study concluded that the prevalence of NVI is most common amongst individuals within the working age category. Whilst the rates of correction seem low, the study recommended for strategies targeting workplace environment would be needful to ameliorate this menace (He et al., 2014).

2.2.1 The Vision 2020- The Right to Sight

The World Health Organisation (WHO) global statistics for 2017 estimated that there are about 180 million people that are visually impaired in the world. While this is a sum total for visual impairment across all age groups, about 45 million individuals of this total figure are considered to be blind (Kaphle et al., 2015; WHO, 2017). Whilst

82% of this sub category comprises of individuals who are above 50 years of age, studies have shown that 80% of blindness are more often than nought caused by preventable factors (WHO, 2017).

Cataract has been highlighted as the leading cause of blindness in the world, while other popular causes often include: glaucoma, trachoma and childhood blindness. Howbeit, with the advances in technology, these conditions are very much preventable or controllable. Hence, the term Avoidable blindness has been found more suitable by the WHO to caption this global endemic (WHO, 2017).

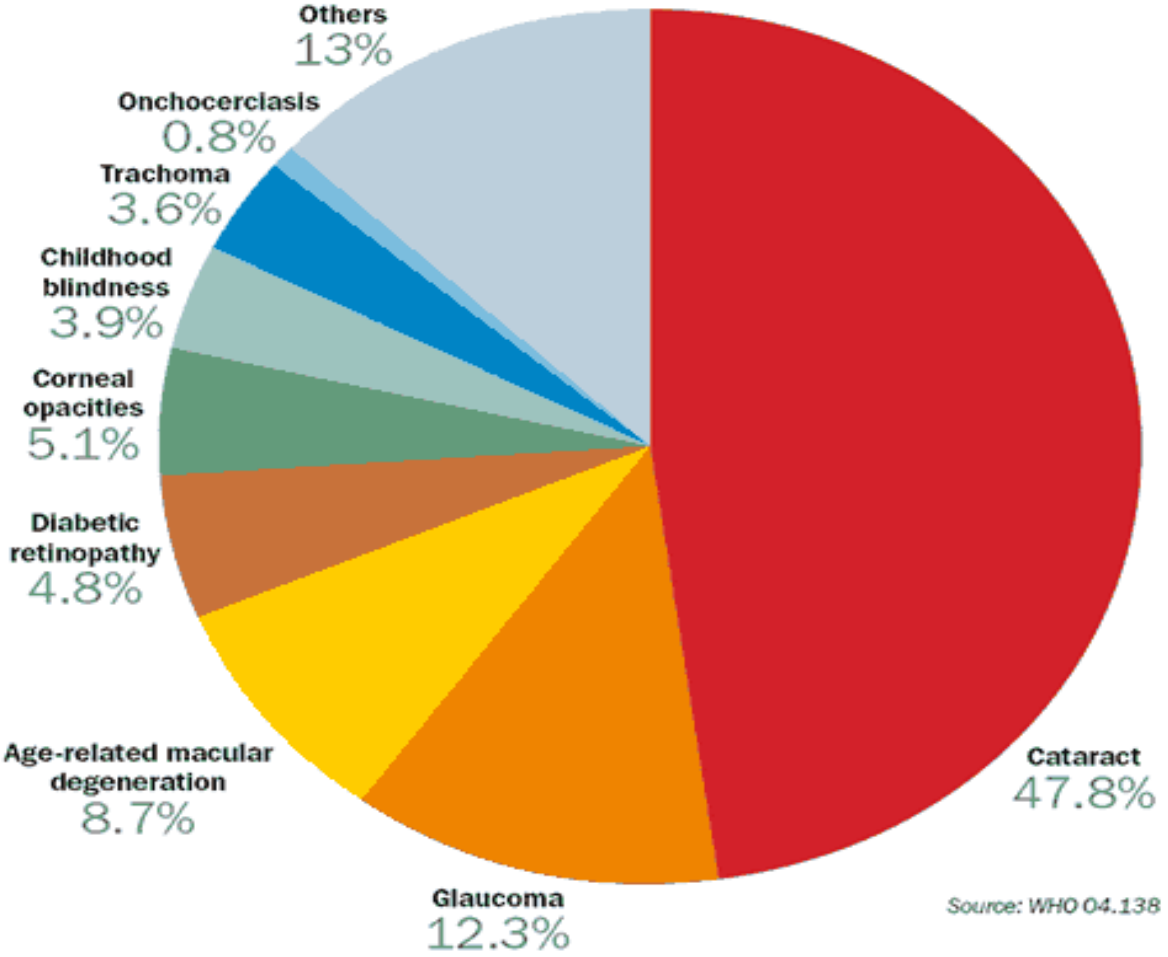

Figure 2. 1: Statistics on causative factors of Global Blindness

Source: The World Health Organisation (WHO), 2017

To further address this prevalence, the WHO and a Task Force of international NGOs further commissioned The Vision 2020 - The right to see, as a global campaign strategy to raise awareness and address the issue of visual impairment worldwide.

The Vision 2020, is a global initiative that seeks to eliminate avoidable blindness in the world by year 2020. This concept was formed via a broad coalition of all international NGOs and private institutions with the WHO via a joint agreement to prevent the widespread menace of blindness through eye care delivery. This agreement was based on a shared perspective and the common goal to eliminate avoidable blindness by the year 2020 upon the availability of necessary resources for the actualisation of this goal (Kaphle et al., 2015; WHO, 2017).

Hence, the stakeholders to this pact resolved to fight the menace of avoidable via:

- Facilitation of trainings and capacity building for personnel.
- Establishment of disease prevention and control facilities.
- Efficient mobilisation of required resources.
- Development and upgrade of existing infrastructures for eye care services.
- Promotion of appropriate technology use at affordable costs.

The implementation plan for this vision was cascaded into 4 stages, each comprising of a single 5 -year phase starting in year 2000. The remaining stages were 2005, 2010, and 2015. Over this period, there will be increased awareness to eliminate avoidable blindness whilst necessary resources will be deployed to regions of prevalence based on a burden (need) based priority. Since the commencement of this programme, several visual aids and professional guidance on visual aids have been made available to prevent the spread of needless blindness in the world (WHO, 2017).

2.2.2 Visual Aids

2.2.2.1 Spectacles

Spectacles as a form of visual aid dates back to as far back as the 4th BC. While there is no affirmable record of the first inventor of the first spectacles, history believes that the first recorded use of spectacles can be credited to the Roman Philosopher, Seneca (4 BC -65AD), who in writings was believed to have read “all the books of Rome” using a glass globe of water as magnifying glasses. Other reports also believed that monks in the medieval ages also used glass spheres as magnifying glasses to read.

In the 13th century, the Venetians glass blowers were credited as the foremost producer of the hand held single-lens magnifying glasses which are replicated as hand magnifiers of today. These hand-held single-lenses were produced as reading

stones which were made of solid glasses that were affixed to frames made of woods or horns. According to historians, the first idea of the modern-day eyeglasses was believed to be the brainchild of Salvino D'Armate and some Italian monks or craftsmen from Pisa, Italy. They crafted the magnifying lenses for reading into two small magnifying glasses using a bone, leather or metal, as a hook between to fit on the bridge of nose. This was believed to have occurred circa 1284 and was useful for correcting presbyopia and hyperopia only.

In 1929, Sam Foster invented the sunglasses via the polarizing filter, which was sold to the public in an Atlantic City Woolworths. The theoretical idea of concave and convex lenses, were widely accepted in the 17th century, this led to the production of eyeglasses with single lenses to rectify either distant vision or near-sight vision. These lenses were further modified into multifocal lenses that can serve for correction of both distant vision and reading (Haddrill, 2017).

Whilst the concave lenses are used to rectify short-sightedness via divergence of rays of light, the convex lenses can be used to rectify long-sightedness via the convergence of the rays of light. The first invention of bifocal lenses was credited to Benjamin Franklin in 1784, who created lenses that are capable of correcting short-sightedness as well as presbyopia (a lower part for reading). In 1825, Sir George Airy devised the Cylindrical lenses which are used for the correction of astigmatism.

At present, while it is difficult to estimate the number of people who wear glasses based on the diverse reasons for wearing glasses, A 2017 report by the telegraph asserts estimates that half of the planet population would need eyeglasses by 2050. This assertion was based on the increased use of technological device screens and reduced outdoor activities which are currently doubling the myopic prevalence rate (TheTelegraph, 2017).

This trend is diagrammatically illustrated below:

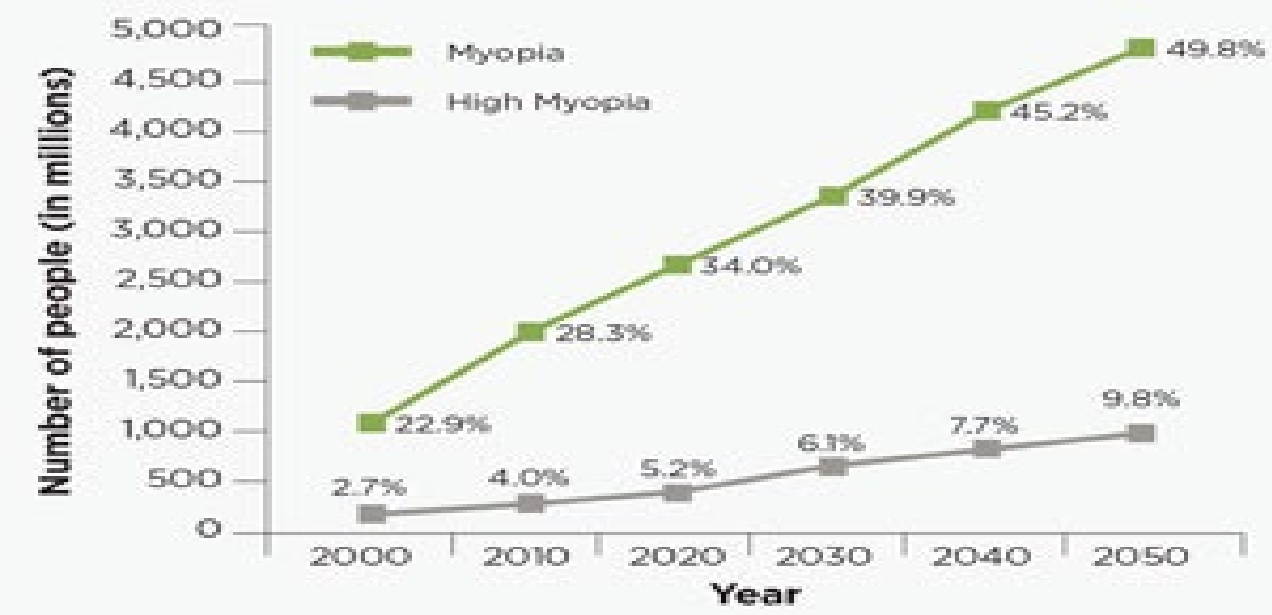

Figure 2. 2: Number of people who wear glasses based on the Myopia and Hyper-myopia wearing glasses reasons.

Source: (TheTelegraph, 2017)

Due to advances in technology and ophthalmology, spectacles are now being made from several lens materials such as glass, plastic or polycarbonate. Although glass is still often recognised as the original material for spectacles due to its peculiarity for optical clarity, glass lens can be quite heavy (thicker) in more intense prescriptions. Comparatively, plastic lens is much lighter than glass, but are often prone to being scratched easily. Polycarbonate or CR-39, is the lightest and thinnest lens material for glasses.

Over the years, Spectacles or Eyeglasses have been widely accepted for many beneficial reasons such as (Rodrigues, 2017):

- Vision improvement
- Affordability,
- Ease of cleaning and maintenance
- Ability to adjust amount of light that enters the eye for comfortability. (Photochromic lenses)
- Reduces external eye injuries.

However, despite these aforementioned benefits of spectacles, there have been some concerns from patients about the use of spectacles (eyeglasses) as a form of visual aid. Notable amongst these concerns are:

- Spectacles have poor peripheral (side) vision.
- There is an uncomfortable feeling of weight on the face and ears, which often require adjustments and need for tightening at periodic intervals.
- The distance between the eye and the lenses could create distortion to vision quality.
- Spectacles are often prone to fogs during changes in temperature and could be difficult to use in rain or snow.
- It is nearly impossible and unsafe to use spectacles in most sporting activities such as Baseball, Rugby, Swimming, Football, Basketball etc.

Due to these highlighted reasons, the use of contact lenses as a perfect alternative has gained wide attention in recent times.

2.2.2.2 Contact lenses

While contact lenses is widely thought of as a new paradigm in visual aid, the ideation of contact lenses in fact dates back to the renowned Italian architect, inventor and mathematician in the person of Leonardo da Vinci. It was noted that around 1508, he ideated the concept of contact lenses via sketches that proffered the possibility of altering the optical vision of the human eye by placing the cornea directly in contact with water. Although this idea was not practicalised until 350 years afterwards, Many still recognised Leonardo's idea as the foundational basis for contact lenses.

While there have been controversies surrounding who first created the first glass contact lens, it has been generally concluded that the 1827 pioneer works of Sir John Herschel, an English astronomer, was the first ever recorded proposition of a making mold of person's eyes. This idea posited that such mold can be used as corrective lenses that can conform to the frontal surface of the human eyes. Howbeit, this proposition was only actualised around 50 years later, with controversial accreditation between the German glassblower F.A. Muller, the Swiss physician Adolf E. Fick and the Paris optician Edouard Kalt as the first inventor. Due to the heaviness and the size of this glass contact which covered the white region of the

eye (sclera), this invention was not widely accepted by the public as the large scleral inhibits the flow of oxygen to the cornea (Heiting, 2017).

The shortcomings of the early glass lenses necessitated the invention of William Feinbloom, who in 1936 remodified the early glass contact lenses into lighter versions by combining both glass and plastic materials. About 12 years later, Kelvin Tuohy, another American optician devised the foremost contact lenses that resembles the modern-day Gas Permeable (GP) contact lenses. These were called the “corneal” based on the small size design which only covers the surface of the cornea. Whilst the early hard contact lenses were made of Polymethyl Methacrylate (PMMA), a well fitted Corneal PMMA contact lenses could last for as a long as 16 hours when worn. This led to the wide acceptance of hard plastic contact lenses in the optometry industry between 1950s-1960s.

However, this was altered by the revolutionary invention of the first Hydrophilic hydrogel soft contact lenses, a type of contact lens that was reputed for its “water-loving” attributes. This 1959 invention was the brainchild of the Otto Wichterle and Drahoslav Lim, who were chemists from Czech Republic. Their invention necessitated the first approval of Softlens in America by the US Food and Drug Administration (FDA). Due to the increased comfort, the Softlens contact lenses became more widely accepted that the hard PMMA lenses.

The global business outlook of the acceptance of contact lenses within the global optometry industry is shown below:

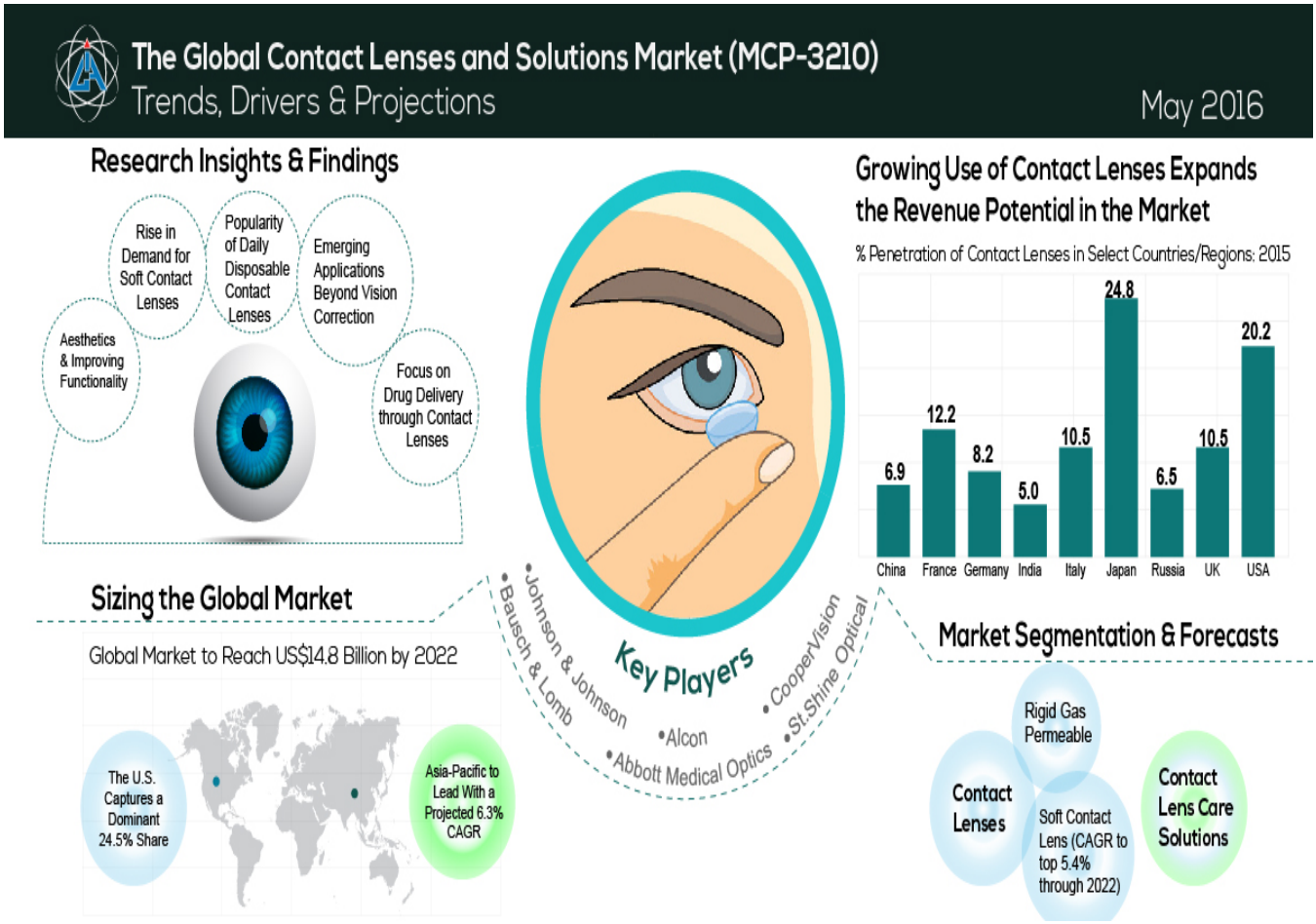

Figure 2. 3: Global business outlook for the acceptance of contact lenses within the global optometry industry

Source: (StrategyR, 2016)

While the optometry business is more notable for the provision of visual aids in forms of spectacles and contact lenses, the advent of technology and need for emerging eye care solutions has resulted in dynamism and expansion of product and service offerings within this industry. Hence, in recent times, the optometry business also offers Lens Enhancement services to meet customer preferences.

2.2.3 Lens Enhancement

While the foremost variants of lenses were made from polished crystals known as Quartz in ancient Egypt and Mesopotamia in 700 BC, these lenses became popular in the ancient Assyria as Layard or Nimrud lens in the 750 BC (GlassHistory, 2017). Today, due to advancements in technology and changing human preferences, lenses have been modified and can be further modified to suit diverse vision

conditions and patient preferences. The possible enhancements that can be done to lenses in recent times are discussed below (Haddrill, 2017):

2.2.3.1 Types of Lens Enhancement

Aspheric Lenses: These are enhancements to conventional lenses that makes them slimmer, more attractive and improves the peripheral vision.

High-index Plastic Lenses: This type of lenses is typically lighter and thinner than the normal lenses and are further built with ultraviolet resistant features.

Polycarbonate and Trivex Lenses: These types of lenses are enhanced to be ten times stronger than the conventional lenses. Hence, these lenses are often prescribed and recommended for children, athletes and adults working within safety required environments.

Wavefront technology Lenses: This enhances visual clarity, by fabricating a precise measurement for the way light penetrates the eye.

Polarized Lenses: This type of lens enhancement reduces eye fatigue by tranquilising the glare from flat reflective surfaces like water.

Photochromic Lenses: These are enhancements that automatically darkens the effects of sunlight whilst providing a clear lens that is perfectly protected against Ultra Violet (UV) rays.

Anti-reflective Coating: Often referred to as ARC, this is the most popular lens enhancement option as it offers numerous comfort. ARC improves vison clarity by reducing reflections and minimising distractions that interfere with eye contact. The ARC lens reduces glare, by allowing more light into the eyes for better vision at nights.

Anti-Fog Coating: These are lens enhancements that is particularly relevant to patients that stay in cold regions and often experience fogs and cloudy weather. AFC helps to repel the condensation of such moisture on lenses that causes fogging on the eyeglass lenses.

Scratch-Resistant Coating: Whilst there is no type of eyeglass lens that is scratch proof, the scratch resistant coating enhances the eyeglass lenses to have a harder surface than the normal glass lenses, hence, more resistant to possible scratching that may arise from accidental dropping on the floor, cleaning the lenses with hard surface materials etc. this type of enhancement is particularly useful for children.

Ultraviolet Enhancement: This type of enhancement protects the eyes from the damaging effects of ultraviolet rays from sunlight. Whilst overexposure to ultraviolet is a causal factor for cataracts and other eye conditions such as pterygium , this lens enhancements reduces the possibilities of this via a built in invisible dye that blocks the penetration of sunlight ultraviolet beams into the eye.

2.2.3.2 Visual Aid for Presbyopia

Presbyopia can be described as an age-related type of long-sightedness that often occur around 40 years, which makes it difficult for both users and non-users of visual aids to read small print materials without the aid of a multifocal lenses (He et al., 2014). A multifocal lens is an eyeglass lenses that has two or more lens that are designed to correct and aid the ability of the user to see objects at all distances upon the loss of/decrease in his/ her natural visual potency due to age. There are several types of multifocal lens enhancements that can be prescribed for patients with presbyopia. These include:

Bifocal Lenses: A bifocal eyeglass lenses contains two lens powers which have clearly fitted spot (at the top half region of the lens), to see far distant objects, and another clearly fitted spot (at the bottom half of the lens), to see near objects.

Trifocals Lenses: These are bespoke or custom-made eyeglass lenses, that are designed to enhance vision at varying distances (near, intermediate and far), via three clearly fitted spots on the lenses.

Progressive lenses: These are smoothly enhanced eyeglass lenses that allows patients to see varying distances of bifocals and trifocals, without any clearly fitted spots on the lenses.

Variable focus Lenses: These are innovatively enhanced adjustable multifocal lenses that are similar to single vision eyeglass lenses but have small dial in button on the frame for adjusting vision clarity at varying distances.

Reading glasses: These are single vision lens enhancements that are designed with magnifying capabilities for patients who have good distant vision but cannot read at a close call due to presbyopia.

2.2.4 Importance of Visual Aids and Lens Enhancement

Eye Correction: Visual aids are useful for the correction of diverse eye defects. For instance, Astigmatism, which is an eye defect that is as a result of an irregular cornea shape that alters vision clarity and performance. This eye defect can be duly corrected with the aid of a spectacles or contact lens (often GP contacts) as prescribed by an optometrist (Read et al., 2014).

Vision Acuity: Vision Acuity basically means the clarity of vision. Whilst the leading cause of poor vision acuity is ametropia which are errors in how light is being refracted n the eyeball, foundational knowledge in optometry has revealed that multifocal lenses can be adequately used to slow the progression of myopia, and subsequently reducing the adverse effects of myopia (Kang et al., 2017).

Vision Enhancement: Vision Enhancement are visual aids that enhances the quality of vision at different age progression and situational contexts. While presbyopia is a common vision deficiency at 40s, this can be enhanced via the use of visual aids. Also, some individuals across all age categories have poor night vision deficiency that requires the use of visual aids for better vision performance in such contexts (Charman, 2014).

***Visual Impairment*:** Visual impairments are the limitations in one or more area of functionality of the human eye. This is mainly due to refractive errors, which often leads to more serious impairments such as childhood blindness etc. whilst this has been referred to as avoidable blindness, most often than nought, this eye conditions is often preventable and subsequently improved via the use of necessary visual aids (West, 2013; Saxena et al., 2015).

2.3 The Optometry Business

Optometry is a healthcare profession that focuses on general eye care via examination and prescription of visual aids for correction, improvement of diverse kinds of vision impairments and diagnosis and management of eye diseases. While optometrists are the professionals that offer these specialised health care services, these service providers are required by law to be licensed and registered with the regulatory body responsible for ensuring ethical practices in this industry. With a current estimate of 285 million visually impaired people globally, the global market for the optometry business is considered feasible by business analysts.

An optometry practice business can be classified into any of the following business model:

***A Buying group*:** A buying group is similar to a cooperative society, whereby members leverage on a collective purchasing power to reduce price. In this context, independent practices often referred to as buying groups, purchase optical products in large quantities, and subsequently allocate to members on a pro-rata basis. Some popular practices that engage in this are: ProVision, Eyecare Plus, Optipro etc

***A Corporation*:** A corporate optometry practice is such that has business relations with an optometry brand that is not its wholly owned subsidiary. Hence, it is controlled by a head office. Some popular examples of this type of optometry practice include: Big W Vision, OPSM, BUPA etc

***A Franchise*:** This is a legal agreement between a franchisor and the franchisee. In the context, an established optometry brand offers franchise licenses to interested partners for a fee, upon which the franchisor guarantees the use of the business brand and model in return. Examples of popular franchise agreement in optometry business include: Specsavers, Optical Superstore, EyeQ,Torga etc

***An Independent standalone*:** An independent standalone is an optometry that does not fall into any of the aforementioned category. This category of practices is usually individual optometry entities that buy their own optical products. Examples include: Modern vision, Eye Society, Beach Optical,Nxumalo optometrist,Mkhize optometrist etc.

Whilst these practices maybe be differentiated in business forms and operating models, it is necessary to say that they have similar staffing requirement.

2.3.1 The Frontline staff in an optometry practice

Understanding the frontline staff in the optometry is particularly contextual to this study. While they are often referred to as optical assistants, this staff function comprises of a set of individuals that are trained and empowered to be the first point of contact service provider that provides the customer with all necessary information and guide to the optometry products, services and necessary personnel for further assistance. The frontline staff are often the individuals that act in the capacity of a Greeter, Receptionist, Sales representative or a customer service officer.

Based on the significance of their role in the optometry practice, their job description covers the key elements of:

- Having an excellent knowledge and understanding of the optometry products and services.
- Having sound understanding of visual perceptions and visual defects
- Being able to effectively analyse prescriptions and subsequently dispense appropriate lenses.
- Maintaining professional etiquettes when dealing with customers.
- Aptitude to empathetically understand customer needs and willingness to offer solution.

2.3.2 Importance of Frontline staff in an optometry practice

According to Optometrist Aaron Werner of El Cajon, California, “staff are as important or more important than the doctor”. This viewpoint was based on his personal experience, having started as a frontline employee of his father’s optometry practice whilst in high school (Cole, 2014).

Similar to other organisations, Frontline staff are crucial to the success of optometry practice in the following ways:

***Customer Engagement*:** A study on the relationship between the company and its customer reveals the idea of customer engagement. customer engagement in business management can be conceptualised as the business communication link that exist between the company and its customers, via diverse channels of correspondence. These diverse channels of correspondence encompass both online and offline correspondence among customers, relating to their service experience and perceptions about a particular brand. This service experience and perception about the company brand often begins with the first impression and engagement with the frontline staffers of the organisation, which affects purchase decisions and subsequent Word-Of-Mouth marketing.

Due to the significant role that frontline employees play in the overall service rating of the organisation, it is deemed wise for the organisation to be conscious about managing their performance via promoting positive attitude amongst them (Cambra-Fierro et al., 2014).

***Customer Service Success*:** Derek Stockley, a customer service trainer further highlights that the overall success of an organisation is dependent on how the

organisation is perceived based on their interactions with the frontline employee. He further exemplified this using Disneyland tour guides as a case study. Whilst Disneyland had openly credited their cleaning team as their best staff, this credit was premised on the fact that these employees play the dual role of serving as both cleaners and tour guides in Disney parks. This was made possible as their cleaning staff were employed based on their customer relations skills, and the importance of their role was further reinforced via induction and trainings (Stockley, 2014).

The importance of the reception role in an organisation cannot be overemphasized, as this birth the creation of a relationship for repeated patronage in future.

***Sustainable Customer Relationship*:** Creating a sustainable relationship without the full commitment of the frontline staff is a mission impossible. While it is also difficult for a company to re-establish, a relationship lost due to poor interaction between the frontline staff and the customer, it is only customers that are loyal to the brand that may reconsider continuing their relationship with the company even after a bad customer service experience (Ekmekci, 2009).

***Company Brand*:** Due to the measure of control that frontline staff possess over the customer experience and subsequent sustainable customer relationship, they are believed to play a vital role in the company brand. Understanding frontline staff from the perspective of brand can be seen from two viewpoints:

- The frontline staff as the image of what the company stands to represent in terms of values, and ethos.
- The creation of brand evangelists (rather than detractors) via offering customers (existing or prospective) good customer experience.

Having discussed the importance of frontline staff to the overall success of the organisation, it is important to further consider the knowledge, Attitude and Practices of frontline staff.

2.3.3 Knowledge of Frontline Staff

Organisational learning culture is a precursor to customer satisfaction, as new knowledge boosts employee's self-confidence and proficiency to offer customers with high quality services (Pantouvakis and Bouranta, 2013). In addition to this, knowledge sharing amongst employees fosters good working relationships and overall employee performance during customer engagements (Kuzu and Özilhan, 2014). Although differences in personality traits of Frontline employees often affect

customer preferences and subsequent relationship with the organisations (Streukens and Andreassen, 2013), utilizing the knowledge garnered about the customer via diverse interactions is necessary for devising new ways to satisfy the customers' needs (Cui and Wu, 2016). In a study conducted by K6, it was discovered that investments in employee intellectual capital via internal training and development programmes improves both interpersonal and organisational learning practices and innovative performance in general (Sung and Choi, 2014).

Mathew and Zacharias (2017) argues that product knowledge remains the crux of customer service training, as a lack of this would often lead to the frontline staff fumbling with words and sheer ignorance. Whilst one bad experience is enough to lose the customer's trust, the cost of training staff to be acquainted with the organisation's product/service offerings remain cheaper than the cost of losing customers as a result of ignorance of the business products and services. Although building the trust of customers is the key to having long term relationships as well as sustainable competitive advantage, it is also essential to training frontline staff on how to listen as much as the speak to sell the brand.

2.3.4 Attitude of Frontline Staff

Saari and Judge (2004) identifies that whilst many factors affect an employee's attitude, the most prominent amongst these factors relates to job satisfaction. These factors were broadly discussed under the categories of dispositional influences, cultural influences and work situation influences Based on this, employee attitude can be conceptualised as a behavioural disposition which is based on both objective and subjective issues such as working conditions (ergonomics), training, financial incentives, perception of the company, job role, compatibility with the company values and ethos, which are the key determinants of employee satisfaction or dissatisfaction on the job (Saari and Judge, 2004; Cambra-Fierro et al., 2014).

Cambra-Fierro et al. (2014), devised a model that explores attitudes of employees alongside their job satisfaction as a causal factor for customer engagement. The study further sought to understand if an appropriate attitude of the frontline employees positively influences the degree of customer engagement. It was found that an appropriate attitude of frontline employees positvely affects customer satisfaction, even more at a time of service failure than in situations of initial satifaction.Their study further highlights the necessity of employee-customer

interactions that are geared towrds satisfying the custimer through engaging with customers. Hence, As a pioneer study in the examination of frontline employees from the context of customer engagement, the study recommends for more trainings and motivation of the frontline staff in this purview, as a deemed necessity for the organisation's overall success.

In a similar vein, Lee (2014) considered the distinction between structural and attitudinal professionalism amongst frontlline staffers in hotels and hospitality businesses in Seoul,Korea. While a clear distintion was made between occupation related professionalism and personal management, the study further delved into understanding of attitudinal professionalism within the constructs of knowledge pursuance, sense of calling and customer orientation.these were discussed in line with the values that professionalism and service quality. Empirical analysis of the study showed the positive effect of attitudinal professionalism on frontline employee's self confidence which was evident in service quality.

Mathew and Zacharias (2017) explored employee attitude towards tranings and their subsequent commitment to the organisation. Whislt commitment to an organisation could be affective, normative or continuance commitment, the benefits of employee training could be personal, career-related or job role related. The researchers opined that training is one of the most crucial investment an organisation can avail to its employees, and organisational commitment is a key work-related attitude that can be reinforced via trainings.

2.3.5 Practices of Frontline Staff

Frontline employees, as the primary representatives of the company's customer interface, frequently encounter inappropriate and demanding customer behaviours in

practice (Stock and Bednarek, 2014). This practice behaviour was further evaluated using the customer demands- resources model, which found that the practices of frontline staff towards satisfying customers, can be largely influenced by the negative demands of customers during interactions with frontline employees (Stock, 2015).

Whilst it was considered the different organisational barriers that impede the effective implementation of standard practices within the health care environment (Williams et al., 2015), it has been evident that the structure and organisation of healthcare centres largely affect the staff practices (Zingg et al., 2015). This was

further proven in a comparative study done between health care workers in private and public health care centres. While public health care workers displayed better practices than their private counterparts, the latter were better in terms of attitude towards patients than the former (Idris et al., 2015).

Studies have shown that Evidence Based Practices (EBP) are necessary to improve patient care and outcomes (Williams et al., 2015; Stavor et al., 2017). Whilst the foremost definition of evidence-based practice was posited by Dr David Sackett who conceptualised the term as “the Conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patient. It further requires the integrating of individual clinical experience with the best available external clinical evidence from systematic research” (Sackett et al., 1996). Along this line, there have been campaigns and advocacy for more adoption of Evidence Based Practice (EBP) within healthcare systems (Black et al., 2015; Stavor et al., 2017).

Also,

Due to the role of frontline staff as the first point of response, there is a deemed obligation to assess how their knowledge and attitude conforms with their practices during customer interactions.

2.4 Optometry Practice Service in South Africa

According to the HPCSA, an Optometry is an autonomous, regulation (licensed/registered) healthcare profession and Optometrists are the core providers of vision care, which comprises of refraction and dispensing, detection/diagnosis and management of disease in the eye, and the rehabilitation of conditions of the visual system (HPCSA, 2017).

While the HPCSA is the umbrella body that regulates all healthcare related professions in South Africa, the oversight and regulation of Optometry practice in South Africa is entrusted to Professional Board for Optometry and Dispensing Opticians.There is also an association for Optometrist called South African Optometric Association(SAOA).This professional body is responsible for the profession of Optometry and represents the interests of Optometrists in South Africa. As a result of this primary objective, SAOA’S Vision is to be the recognised voice and custodian of the optometry profession in South Africa. This it intends to achieve

by ensuring that the identified key capabilities are adequately maintained to a point of excellence (SAOA, 2017). These key capabilities include:

- Industry Knowledge
- Mentoring opportunity and impartation of transferable skills
- Leadership structure
- Effective communication and Advocacy
- Effective and efficient administration of key business management areas.

The SAOA highlights that there are 3200 registered optometrists and 2300 optometry practices in South Africa. Their services include: Eye examination, Spectacles, Contact Lenses, Sunglasses, Diagnostics and Therapeutics. Although an optometrist is the most popular specialist in eyecare, other specialists in this profession are ophthalmologists, Orthoptist, and Ocularist (Roosen, 2013; SAOA, 2017).

2.4.1 Specsavers Practice

Specsavers Ltd is a leading British optical retail chain that is globally recognised, with presence across continents. The business began operations in 1984 as a small practice being operated from a spare bedroom by Doug and Mary Perkins, who were a British couple residing in Guernsey. UK. They opened their first retail outlet in Guernsey and Bristol in the late 1980s, seizing the opportunity of the industrial deregulation of the public health services at that time. Their mission statement at that time was to be the most trusted eye care service provider, via offering a diverse range of stylish and affordable eye glasses.

At present, Specsavers group operates in over 10 countries specialising in both visual aids and hearing aids. The group was credited as the foremost retailer in the UK optometry sector, with a 42% market share in 2012. As at 2016, the group reported the following:

- About 2.18 billion pounds in revenue
- Over 400 million contact lenses were sold
- About 1800 stores globally
- Over 30000 people are currently being employed by Specsavers.

2.4.2 Specsavers Group Business Model

Specsavers Group conducts its business operation via a unique partnership/ joint venture business model. This business model is similar to a franchise agreement, whereby interested business owners are allowed to use Specsavers as a trading brand after contributing an initial capital to Specsavers. Afterwards, the business owners are provided with all necessary support from Specsavers head office, which include: products, trainings, legal and administrative support.

In UK addition to the initial contribution, it is further required that each store must have two business owners- A trained optometrist and a retail director. These business owners are saddled with the responsibility of managing the business operations of the individual store with a view to make and retain profits whilst providing services in line with the joint venture agreements. In South Africa the requirement is that the owner must be an optometrist. The agreement offers both present and prospective business owners centralised and decentralised benefits. Whilst the centralised benefits include; cost savings via bulk purchasing power of the Head office, a centralised IT, Legal and marketing functions. The decentralised benefits include; autonomous decision making at the local operating level, and freewill to use indigenous strategies to satisfy local customer needs.

Hence, Specsavers UK Group organogram is structured in a hierarchical form as shown below:

2.4.3 The Specsavers UK Group Organogram

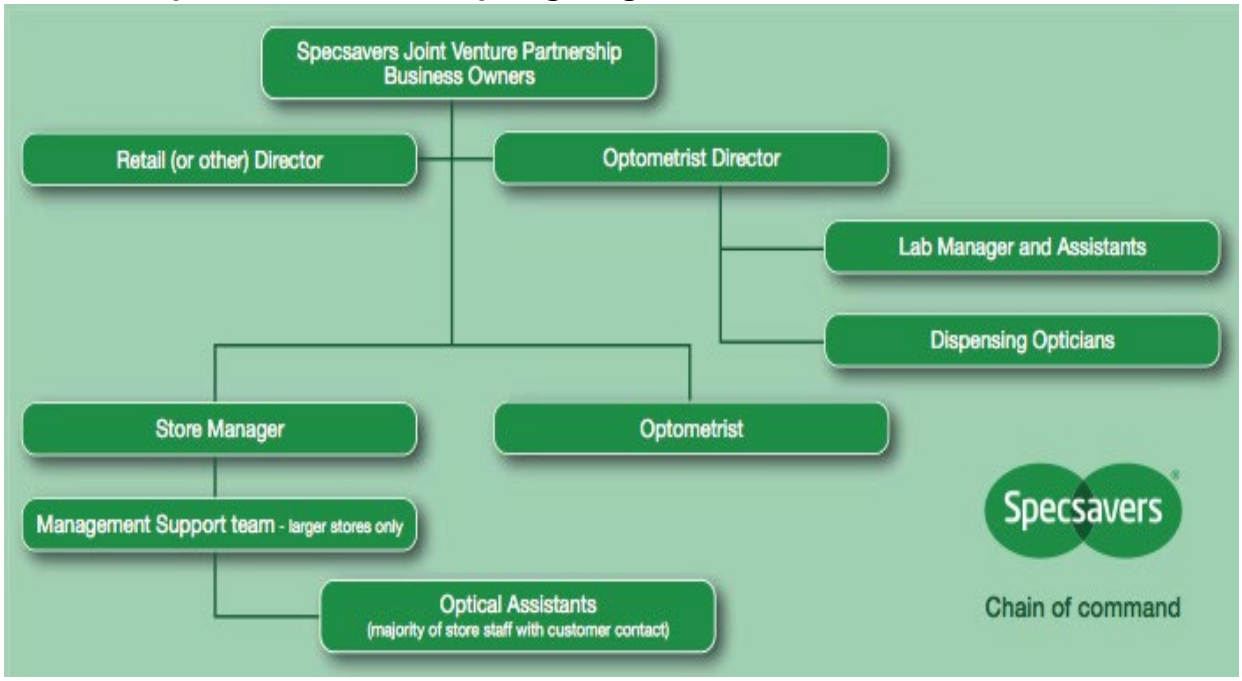

Figure 2. 4: The Specsavers Group Organogram

Source: Business Case-studies, 2017

This structure is adoptable by all business owners that buy into the brand in other to ensure the preservation of the Specsavers' business reputation. This is also necessary to ensure that each store has adequate staffing requirements which is necessary to ensure premium service delivery in line with the brand's vision statement. As a result of this, Specsavers pays critical attention to the clearly defined job roles at different levels of responsibility to ensure that each responsible staff possess the necessary expertise and training required to proficiently perform the assigned job functions.

On the other hand Specsavers South Africa was founded in 1991 by Bryan Dowley, the group has grown to more than 250 stores around the country, with a market share of just over 30% in South Africa. Now the group is also present in Lesotho, Namibia and Botswana. The group employs over a 1000 people and growing and it's revenue exceeds R1billion annually. The Group's head office is in Port Elizabeth, Eastern Cape South Africa. The following highlights the different roles played by the diverse work force at Specsavers:

- ***The optometrist*** is responsible for ensuring that customers' eyes are tested and further prescribes the right type of visual aid.
- ***The lab manager and assistants*** are responsible for the fabrication of the visual aid based on recommended prescriptions by the optometrist.
- ***The dispensing optician*** has the responsibility of confirming that the prescribed / correct visual aid are provided to the customer.
- ***The store manager*** is responsible for the supervision of the administrative and support staff functions of the store. The manager oversees the optical assistant team and the management support team (in large practices).
- ***The optical assistants*** are the frontline staff that have been delegated to interface between the practice and its customers (present and prospective). This team of individuals at Specsavers are being trained to handle customer enquiries and proffer needful guidance in the selection of frames. The

Specsavers Group trains its optical assistant team to be dynamic and flexible, being capable of roleplaying as a greeter, receptionist, optical assistant and even supervisor. This is contingent on any deemed situation during the business operations, as Specsavers understands that the customer is the king and the primary reason for the brand's survival over the years.

2.5 Conclusion

This chapter has succinctly reviewed literatures relating to optometry business practice in general as well as frontline staff. This was done systematically by first considering visual aid and lens enhancements as the core business offerings in optometry practice. Also, it was necessary to explain the different business forms of optometry practices that are in existence and popular examples within each category.

Furthermore, several relative literatures on frontline staff were succinctly reviewed to explore their role, importance and KAP across diverse industrial sectors including healthcare. Based on this, A contextual review of literatures was done to understand the regulatory framework of optometry practices in South Africa. Finally, this chapter deemed it needful to review Specsavers Group Ltd by considering their past and present, as well as their business model and organogram.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Based on a critical review of relative literatures in the previous chapters, this chapter offers a methodical perspective upon which the research questions and objectives of this study was succinctly sought for. Whilst the research questions and objectives have been highlighted in chapter one of the study, the second chapter have done an extensive empirical review of relevant articles and literatures that have hitherto developed the body of work around the subject matter of the discourse for this study.

Hence, this chapter proffers a systematic and methodical approach that is deem necessary to achieve the objectives of this study while proffering empirical responses to the research questions of the study.

Notably, Creswell (2014) clarifies that the primary objective of the research methodology is to help the researcher devise a guide to achieve the research objectives of the study. Howbeit, Sekaran and Bougie (2016), further opines that the achievement of the research objectives is dependent on the adopted research design.

3.2 The Research Design

The research design is a blueprint that clearly describes how the research data will be collected, measured and further analysed, vis-à-vis prior established research questions. While a researcher may choose either a quantitative, qualitative or mixed research design for data collection, measurement and subsequent analysis, the choice of this is basically motivated by the research questions that the research study purports to answer.

Based on the research questions, the researcher deems it necessary to adopt a quantitative approach for collecting the needed data for this study. The choice of this is further necessitated and justified by the adoption of same research approach by researchers and scholars in previous similar studies.

Tolmie et al. (2011) conceptualised quantitative research approach as an attempt to explain phenomena by collecting numerical data that are subsequently analysed using mathematical and statistical methods of analysis. This is different from the qualitative and mixed methods research designs. Whilst the qualitative research utilises data in the form of words and narratives which are gotten via a wide variety of primary and/or secondary sources like individuals, focus groups, publications etc, this type of analysis is quite a challenge, as there are only a few-well established guidelines for analysing this type of data (Sekaran and Bougie, 2016).

Creswell (2014) describes the mixed method research design as such that adopts both features of the quantitative and the qualitative research design. He further discussed that these research methods are the third major element in the research framework, and regardless of the research design, each approach has three categories of:

- Data collection.
- Data analysis.
- Data interpretation of the proposed study.

3.3 The Data Collection Procedure for the study

As earlier stated, the methodology for this study is such that follows the Quantitative Research approach, this approach is notable for eliciting objective responses from a target population via a sampling method that uses a research instrument in the form of a carefully constructed questionnaire.

3.3.1 Population and Sampling Technique

The researcher randomly selected 50 practices out of 75 practices and on average each practice has got 3 frontliners. Each practice was given a week to complete the questionnaire.,150 questionnaires were distributed, upon retrieval only 102 were fully completed.

The population of a study is the entire group of people, events or things that the researcher desires to inquire on for the purpose of the study (Sekaran and Bougie, 2016). According to Cohen et al. (2013), the question of sampling is as a direct result of the issue of defining the population of the study. This is because the credibility of the study not only suffice based on the appropriateness of the

methodology and instruments used, even also as a result of the suitability of the sampling strategy (Cohen et al., 2013).

The concept of sampling in research is also as a result of the advantages in restricting the inquiry into manageable size, which is a credible representative of a broad universe known as the population (Bless et al., 2015). Thus, the sample is a representative fragment of the whole population, which will be explored by the researcher, whose features is generalizable on the entire population.

In the context of this study, the population comprises of all Specsavers private practices within the Kwazulu-Natal and Eastern Cape provinces. This population is specific, and needful to define the scope of this study. The total number of functioning practices as at 2017 within this defined population sums up to about 75 practices, with the KwaZulu-Natal province having 40 Specsavers practices, while the Eastern cape has 35 practices. This information was sourced from the company database which the researcher has a first-hand access to as an employee of Specsavers Pty. Also, as at November 2017, the total number of frontline staff working within these provinces is 204 staffers.

Whilst there are several sampling techniques that can be effectively used on the population, the researcher deems it fit to adopt the single-stage sampling procedure for sampling the population of the study. This choice was deemed necessary by the researcher, due to his status as an employee of Specsavers Pty, which gives him a direct access to the respondents (Frontline staff) within the population. Statistically, the sample size for this study was estimated at a 95% confidence level to be 133, howbeit, the actual collated data utilised for the study is discussed (in details) in the next chapter.

3.3.2 The Research Instrument

In order to effectively facilitate the collection of data, the researcher decided to utilise a questionnaire as an effective research tool for collecting the needed data for this study. Tolmie et al. (2011) highlights that a survey instrument can be designed as a written questionnaire, phone questionnaire or an online questionnaire. He further discussed that the design of a research instrument can go a long way to affect the responses of respondents and subsequent data collated for the study. A questionnaire is the most effective tool for a survey research whereby primary data is necessary to achieve the objectives of the study. The use of primary data is popular

among exploratory and descriptive studies which seek to inductively and deductively study a research phenomenon respectively.

Sekaran and Bougie (2016) describes a questionnaire as a preformulated written set of questions which a respondent provides answers to within a delineated set of alternatives. Marsden and Wright (2010) reiterated that the questionnaire is the heart of every survey, and questions in the questionnaire can be either structured as open-ended questions or close ended questions. Whilst Tolmie et al. (2011) describes open ended questions as questions that allow respondents to formulate and provide their own answers, these are however distinct from closed ended questions whereby the researcher provides a set of alternative responses for the respondent to choose from.

Burch and Heinrich (2015) highlighted a key merit of using questionnaires as a research instrument is because of the low involvement of the researcher and high participation of the respondents during the survey exercise. Tolmie et al. (2011) further commented on the increasing adoption of online questionnaires in recent times as a data collection method as compared to the traditional pencil-and-paper data collection method which has proven more costly and time consuming.

For this research study, the researcher was open to several data collection methods such as: physical administration of the developed questionnaires to the frontline staffs in both KwaZulu-Natal and Eastern Cape, the use of mail/postal services to mail the questionnaires to frontline staffs within the selected regions or the use of electronic mails to send the questionnaires to the frontline staffs as attached files. The researcher adopted both the physical administration option as well as the electronic mail maethod for data collection where its was difficult to reach respondents in person. The physical administration has been reputed for its effectiveness and time efficiency in getting the required data for research purpose.

3.3.3 Structure of the Questionnaire

The questionnaire for this study contains a total set of 26 questions, which comprises of:

- *Ten (10) Knowledge related Questions.*
- *Five (5) Attitude related Questions.*
- *Six (6) Practice related Questions.*

- *Five (5) Socio Demographic Questions.*

3.3.3.1 Knowledge related Questions

The 10-knowledge related questions comprise of questions that seeks to evaluate how knowledgeable the frontline staff are about optometry product and services. This set of questions is necessary to achieve the first research objective of the study, which seeks to determine if the frontline staff at Specsavers possess sufficient knowledge on visual aid and lens enhancements.

To seek answers to this research question, the researcher has further decomposed this research question into 10 questions, that broadly covers areas of the optometry practice profession that frontline staff at spec savers are expected to be knowledgeable of. Some of the questions addressed in these areas include: suitable age that a person can start wearing spectacles, suitable lens for working adults above 40years of age, and the recommended age at which a person would need bifocal and multifocal lenses.

These questions are necessary as several studies have highlighted the impact of age and spectacle suitability. This is also necessary as safety checks to understand if the frontline staff are aware of these necessary nuggets in the optometry profession.

Furthermore, the knowledge questions also tested the knowledgeability of frontline staff in the context of frame recommendations. The researcher sought for this by asking questions relating to if there is a relationship between frame quality and prices; and also, if the shape of a person's face matters when choosing frames. Finally, questions in the areas of lens enhancements and contact lens recommendation were included to assess the knowledgeability of frontline staff in this key revolutionary area of the optometry profession. This set of questions relates to "tinting options (ARC, Transition & Gradient Tint) and customer suitability, and the substitution of contact lens for spectacles.

3.3.3.2 Attitude Questions

The researcher sought to assess the attitude of frontline staff in their professional engagement and interactions with customers via the use of five (5) critically constructed questions. This was necessary as the KAP model clarifies the impact of behavioural attitudes in service engagements. The optometry profession is largely a

service-based industry; thus, it is pertinent to assess the attitudes of staff (especially frontline/customer engaging staff) with customers.

In this perspective, the researcher assessed the behavioural disposition of frontline staff in the areas of: confidence in product offerings, especially relating to lens enhancements, tints and focal quality. The researcher further deems it fit to assess personal disposition of frontline staff in the recommendation of spectacles to children, as this have been a topical issue in previous studies.

3.3.3.3 Practice Questions

Finally, the researcher tested the applicability of both knowledge and attitude of the frontline staff in their day-to-day practices. This is necessary to achieve the third research objective which sought to understand the impact of knowledge and attitude of frontline staff at Specsavers affect their practices toward visual aid and lens enhancement. This research objective aligns with the third research question which asks: How does the knowledge and attitude of frontline staff affect their practices toward visual aid.

To succinctly attempt to answer this question, the researcher devised six (6) critically crafted questions that covers a broad range of applicable practice behaviour within the optometry profession. Thus, the researcher assessed the practices of the frontline staff as regards product/service suggestions, recommendations for by-products/services, advisory on product/ service offerings and assistance in buying decisions. These questions further sought to know if in practice, frontline staff influences the financial and sales position of the practice

Also, the researcher sought to assess the practice behaviour of frontline staff in relation to lens enhancements recommendation to further evaluate congruence and divergence between knowledge, behaviour and practices. This was done via questions such as: how often frontline staff recommend ARC & Tints; and do they recommend such to people who drive or use computer often.

3.3.3.4 Socio demographic Questions

The questionnaire also comprises of a socio demographic section, which sought to know the bio data of respondents. This is necessary for the study, as it further aids the researcher to categorise responses based on categorises of respondents

(frontline staff) using socio demographic metrics such as Age, Gender, Educational Qualification, years of experience with Spec savers, and pre-employment history.
Age of the frontline staff and the number of years within the organisations were used to draw conclusions about maturity and experience with customer interactions. While gender was used as a metric to measure the variability of KAP between male and female frontline staff at Specsavers. The educational qualification was used to draw conclusions relating to how levels of formal learning affect KAP of frontline staff in customer engagements.

3.3.4 The Likert Scale

According to Kumar (2014), the Likert scale, also known as the summated rating scale, is based on the assumption that each statement/litem on the questionnaire scale has equal attitudinal value of importance or weight in terms of reflecting an attitude towards the item/statement issue in question.
The Likert scale is reputed as the most widely used psychometric scale for quantitative study where the research instrument is a survey questionnaire. The Likert scale avails respondents the opportunity to indicate their agreement or disagreement to a statement or item in the questionnaire. This further assists the researcher to measure the level of agreement or disagreement with the itemised statements in an ordinal manner. This approach simplifies the coding of responses gotten from respondents for analysis purposes and is most efficient when considering a large number of respondents.
In this study, the researcher utilised the Likert scale for most of the questions contained in the questionnaire, except for some questions that the researcher believed would not be effectively measured using the Likert scale.

3.4 Pilot study

According to Creswell (2014), it is necessary to conduct a pilot study when conducting a quantitative research. Kumar (2014) highlighted that in many cases, a quantitative research could have more than one objective being; descriptive, explanatory or correlational in nature.
He further discussed that the purpose of the pilot study is to determine a feasibility of the actual study. The pilot study is usually conducted to survey a small scale that is a

representation of the main study, in order to determine the usefulness of the research instrument and its usability for the study.

According to Sekaran & Bougie (2016), it is crucial to test he usability of the research instrument to ensure that the chosen questions are well understood by the respondents, hence, no ambiguity that may distort the objectivity of the study owing to improper wordings and measurements.

In this context, the researcher had earlier conducted pilot study to test the fitness of the research instrument by administering the questionnaire amongst a small group of frontline staff that are currently working within spec savers. The pilot study that was conducted sought to determine the appropriateness of the questionnaire and how the questions therein were understood by these group of respondents.

This necessitated the researcher to review some questions and wordings where necessary for further clarity based on feedback received.

3.5 Data Collection (Main study)

The researcher conducted the survey via physical administration of the questionnaires to the frontline staff at the branches of spec savers within the targeted provinces (KwaZulu-Natal and Eastern Cape). This was facilitated with the help of the regional managers at the provinces beyond the reach of the researcher.

Where the researcher had ease of access to the respondents, hard copies of the questionnaires were personally administered to the frontline staff of Specsavers. However, in instances where the researcher could not reach the respondents within the target scope, an electronic version of the questionnaire was sent to the regional managers of such areas via an electronic mail. Upon receipt, the regional manager assisted the researcher by printing copies of the questionnaire, which were further distributed to the frontline staff in branches within these regions and were scanned and sent back to a provided email address for the purpose.

The data for this study was collected from 1st September 2017 to 30th October 2017.

3.6 Data Analysis

In order to achieve the research objectives and the relative questions, the required data gotten via the questionnaire was further captured and codified using the Microsoft excel application. The captured/coded data was further exported to the

SPSS application, which aided the researcher the ease of analysis. Analysis of the data was done using both descriptive and inferential statistical procedures.

3.6.1 Descriptive Statistical Analysis

According to Quinlan et al. (2011), each variable in the collected data can be described using the descriptive statistics. These variables may include gender, age, level of education, income, etc. The descriptive statistics often use frequencies, ranges, means, modes, medians, and standard deviations to effectively and graphically explain the central tendencies and dispersion amongst these variables.

The use of descriptive statistics is particularly important to aid the visualisation and simplification of the data collected, using charts, graphs and tables for graphical representations. To better analyse and present the collected data, the researcher has utilised the use of descriptive statistical procedures.

3.6.2 Inferential Statistical Analysis

For the inferential analysis, the researcher utilised both chi square and multiple regression analysis to evaluate the degree of association and the nature of relationship amongst variables in the dataset.

Chi-Square Analysis

The researcher used the chi-square measure to determine the goodness of fit among the variable being considered. Due to the nature of this study to evaluate the impact of knowledge and attitude of frontline staff at spec savers and their subsequent practices in the context of visual aid and lens enhancement, the researcher deems it necessary to conduct a chi square test on these categorical variables, to effectively measure the degree of association and the significance thereof.

Regression Analysis

The research also developed a multiple regression model to determine the impact on knowledge and attitude on the practices of frontline staff in Specsavers. Whilst the multiple regression is an extension of the simple linear regression model which studies for the degree of relationship between variables, the researcher utilised this statistical technique to understand the degree of relationship between knowledge,

attitude, and socio demographics of frontline staff on their practices on visual aid and lens enhancement.

3.7 Conclusion

This chapter succinctly explained in detail the research methodology that was used in this study to achieve the defined research objectives and questions highlighted in the chapter one of this study.

Herein, the researcher restated the research objectives, and questions, before discussing the data collection procedures, population and sampling technique, the research instrument, data collection process for the main study and the subsequent data analysis.

The next chapter of this research study will focus on the summary of findings of the data analysed; presentation, interpretation and discussion of results in line with the research objectives of the study and the findings from the reviewed literatures.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF RESULTS

4.1 Introduction

Chapter three of this study provided an overview of the methodology for this study on assessment of knowledge, Attitude and Practice among frontline staff in Specsavers on Visual Aid and Lens Enhancement. This chapter presents an analysis of the findings of the research. The questionnaire was the prime source of data collection. Herein, SPSS package, Version 25.0 was utilized to capture, organize and to analyse the raw quantitative data. More so, descriptive statistics that describe one variable at a time was used to measure the central tendencies and dispersion amongst the variables – that is the mean (M) and Standard deviation (SD) were used, such that frequencies of a two or more variable were cross tabulated. Again, inferential analysis was used to demonstrate the relationships between variables by means of chi-square and multiple regression analysis to evaluate the degree of association and the nature of relationship amongst variables in the dataset. Therefore, the traditional <0.05 criterion of statistical significance was employed for all tests computed in this study.

4.2 Sample Realization

This study targeted all Specsavers private practices (75) within the KwaZulu-Natal and Eastern Cape provinces. In 2017, there was a total population of 204 staffers in frontline positions at Specsavers practices in KwaZulu-Natal and Eastern Cape provinces. For the purpose of this study, 50 Specsavers practices within these regions were randomly selected, and a total of 150 questionnaires were distributed. However, only 102 questionnaire were fully completed and fit for the study.

4.3 DESCRIPTIVE STATISTICAL ANALYSIS

4.3.1 Socio-demographic (bio-data) Background of Respondents

In this study the socio-demographic background of the respondents included the gender, age group, current level of education, number of years worked in the

organization (Spec-savers), and number of organization worked for before joining this organization (Spec-savers).

Gender

In this study, the majority of the respondents were females 95.1% .

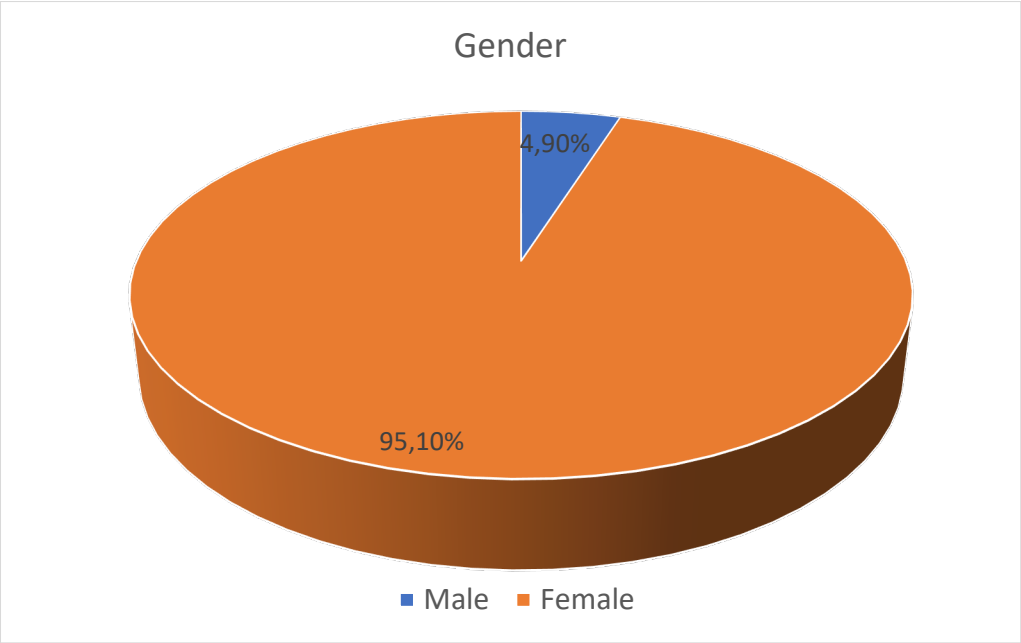

Figure 4. 1**:** Gender of Respondents

Age Categories of Respondents

The demographic profile of this study indicates that 44.1% of the respondents fell within the ages of 19-29 years of age, 41.2% of them fell within the ages of 30-39 years, 10.8% of the fell within the ages of 40-49 years, and 3.9% of the respondents fell within the ages of 50 years and above.

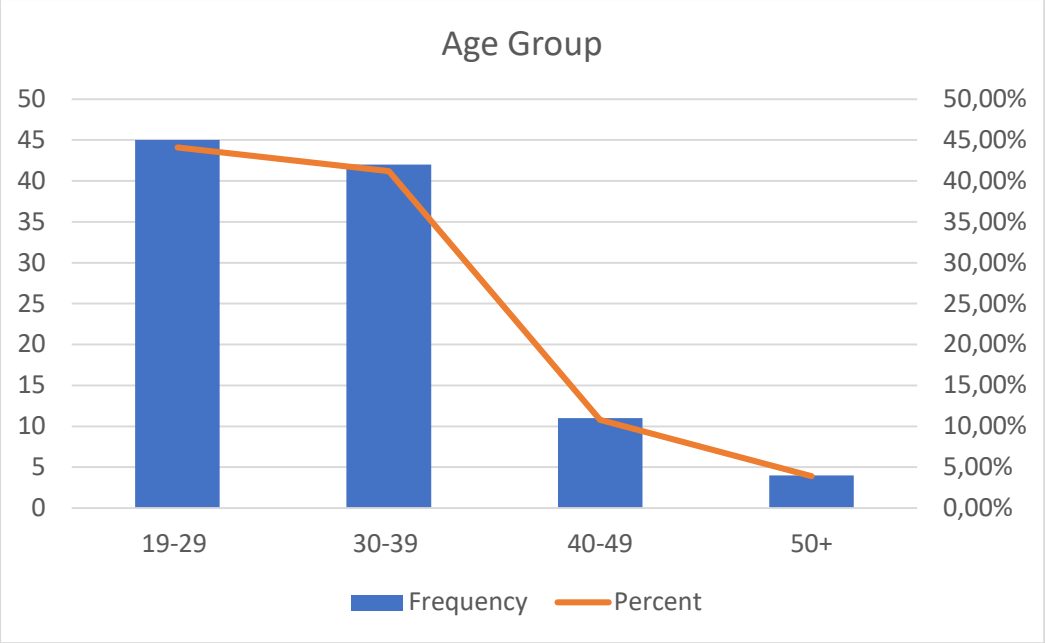

Figure 4. 2: Age Group of Respondents

Respondents' Highest Level of Education

The descriptive analysis here suggests that with regard to highest level of education, most of the respondents 57.8% has a High School certificate, 26.5% of the respondents has a College certificate, 8.8% of them has a Degree certificate, and 6.9% of them has other types of qualification.

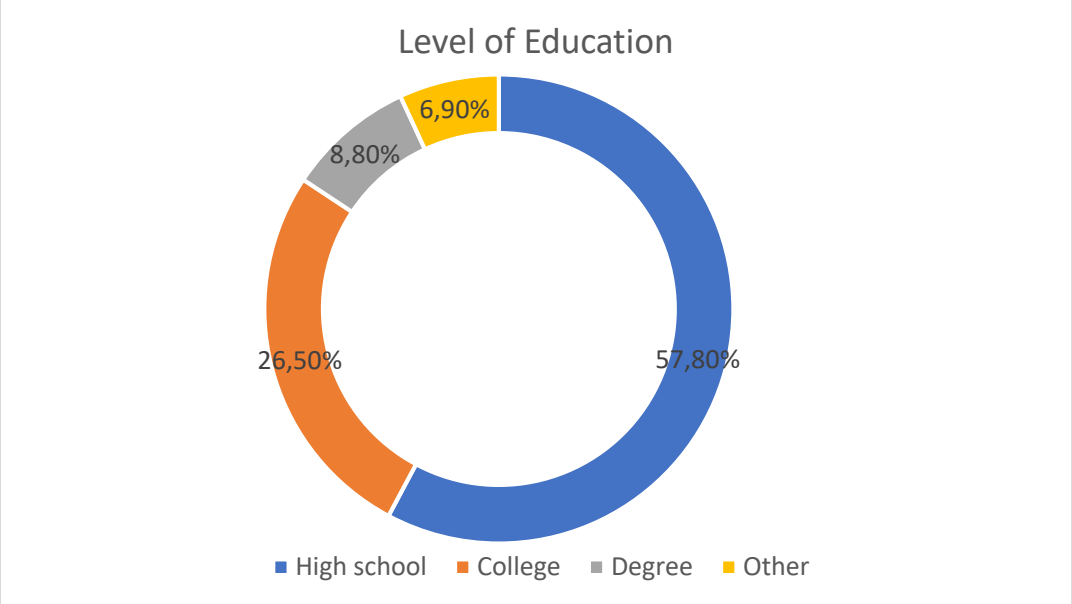

Figure 4. 3: Respondents Highest Level of Education

Number of Years worked in the Organization (Spec-savers)

With reference to number of years worked with spec-savers , (24.6%) of the respondents have been working with the organization for less than a year, (33.3%) of them have been working with the organization for about 1-3 years, (18.6%) of them have been working with the organization for about 4-6 years and (23.5%) of the respondents have been working with the organization for about 7 years or more. A detail presentation of the statistical analysis is presented in Figure 4.4 below.

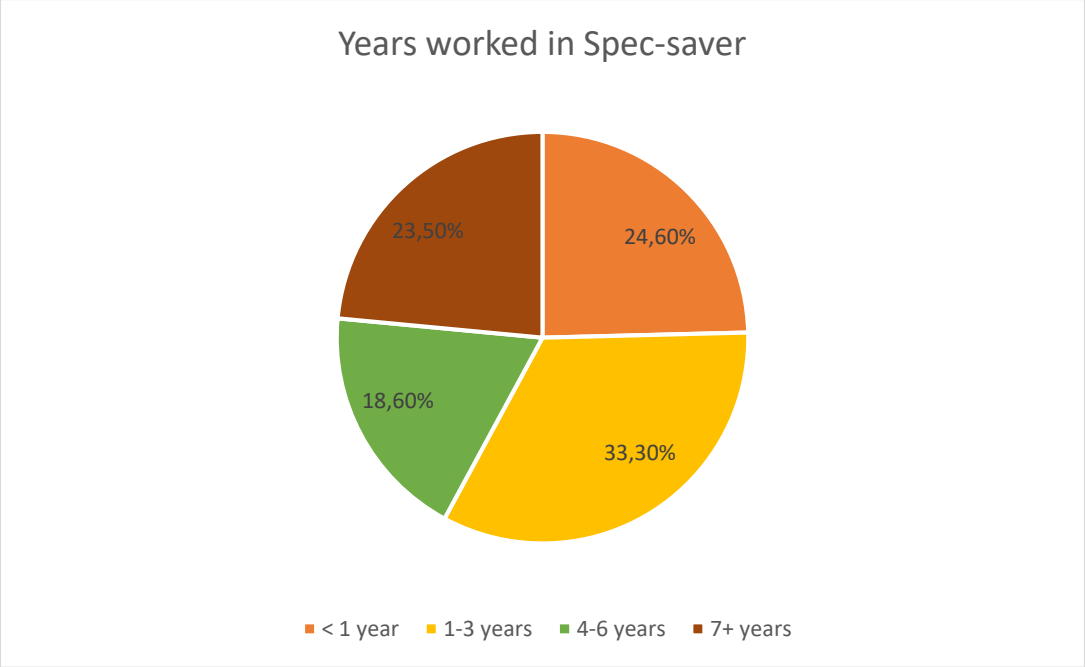

Figure 4. 4**:** Respondents number of years worked in the organization

Number of organization worked for before joining spec-savers

Regarding the number of organization previously worked for other than spec-savers, it says that out of the 102 respondents, 19.6% of them have not worked in any organization besides working for spec-savers, 20.6% of them have worked in one organization before joining spec-savers, 35.3% of them have worked in two organizations prior to joining spec-savers, and 24.5% of them had a working experience in three or more organizations before joining spec-saver.

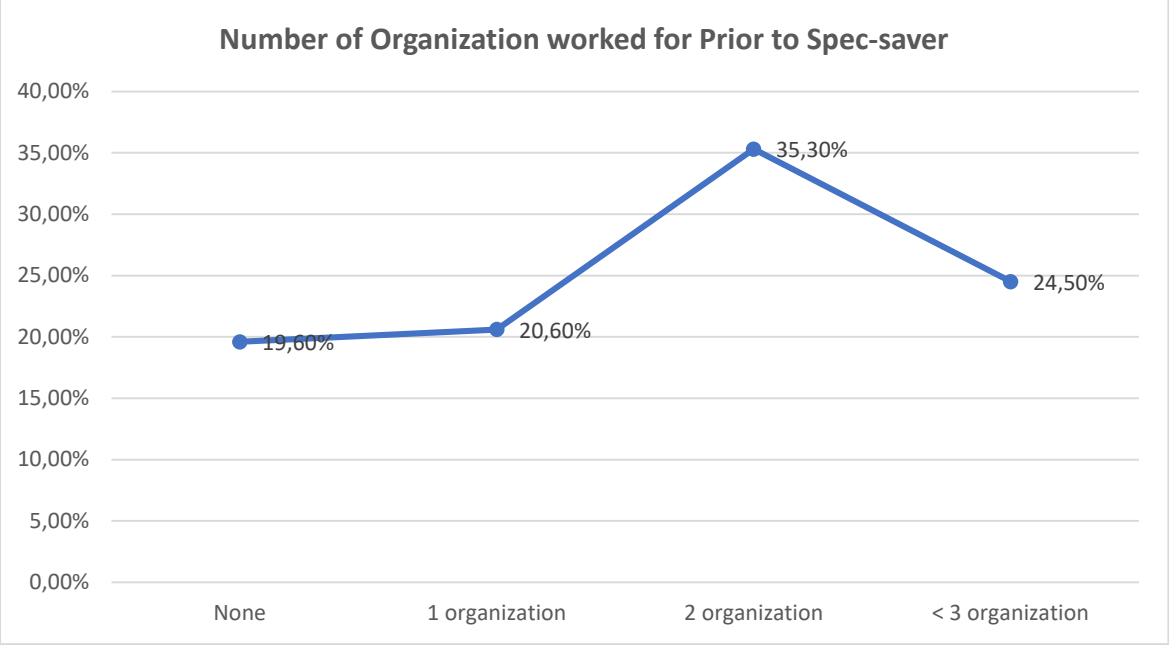

Figure No: Respondents' number of organizations worked for prior to joining Spec-savers

4.3.2 Descriptive Statistics of Knowledge Questions

In this study, there were 10-knowledge related items which comprises of questions that seeks to evaluate how knowledgeable the frontline staff are concerning optometry products and services. These 10-knowledge related questions are therefore, utilized to determine if the frontline staff at Specsavers possesses sufficient knowledge on visual aid and lens enhancements. This study also runs a Cronbach's Alpha test on these 10-knowledge related questions. The prime purpose of running this test is to test the reliability of the scale. Here, the scale reliability statistics for the frontline staff knowledgeability concerning optometry products and services was grounded on 0.691. Thus, 0.691 is a good indication of the overall reliability of the instrument. Otherwise, the items statistics shows that the mean items are relatively close to each other. This also increase the reliability of the instrument used for this study, which implies also that the findings from this study are valid and reliable. By testing the reliability of the scale for these items, it says that 69% of the variance in the scores is reliable variance. Therefore, the coefficient alpha of 0.69 is a better estimate of reliability and internal consistency in this study.

Table 4. 1**:** 10-Knowledge related items statistics on reliability of instrument

S/N	Items	Correct answer	frequency	Percentage
1	At what age can one start wearing a pair of spectacles?	1-2 years	52	51.0
2	Which lens is most suitable for a person ≥40 years old that works on a computer daily.	MF	91	89.2
3	Does the size of the frame matter for a multifocal lens?	Yes	98	96.1
4	At what age does the person start needing bifocal and multifocal lenses?	40 years & above	96	94.1
5	Does the shape of the face matter when one is choosing a frame?	Yes	100	98.0
6	Which option is best suited for a patient experiencing glare when driving at night.	ARC	101	99.0
7	Which option is best suited for a patient whose eyes are very sensitive to sunlight.	Transition	94	92.2
8	Contact lenses can be used when a person does not want to wear spectacles.	Yes	99	97.1
9	Is it possible for a patient to need both ARC and Transition?	Yes	99	97.1
10	There is positive relationship between the price of a frame and its quality.	Yes	96	94.1

Overall Evaluation of frontline staff knowledgeability regarding optometry products and services

In this study, out of the 102 respondents, it says that most of the frontline staff 75.5% have good knowledge regarding optometry products and services and 24.5% of the frontline staff are moderately knowledgeable about optometry products and services. The good knowledge group comprises of frontline staff who scored above 80% (9 out of the 10 questions) in the knowledge question scale. Conversely, respondents who scored between 60%- 79% were deemed as being knowledgeable about optometry products and services.

Table 4. 2**:** Evaluates the spec-saver frontline staff cumulative knowledge about optometry products and services

Frontline staff knowledgeability	**Frequency**	**Percent**
Good Knowledge	77	75.5
Moderate Knowledge	25	24.5
Total	102	100.0

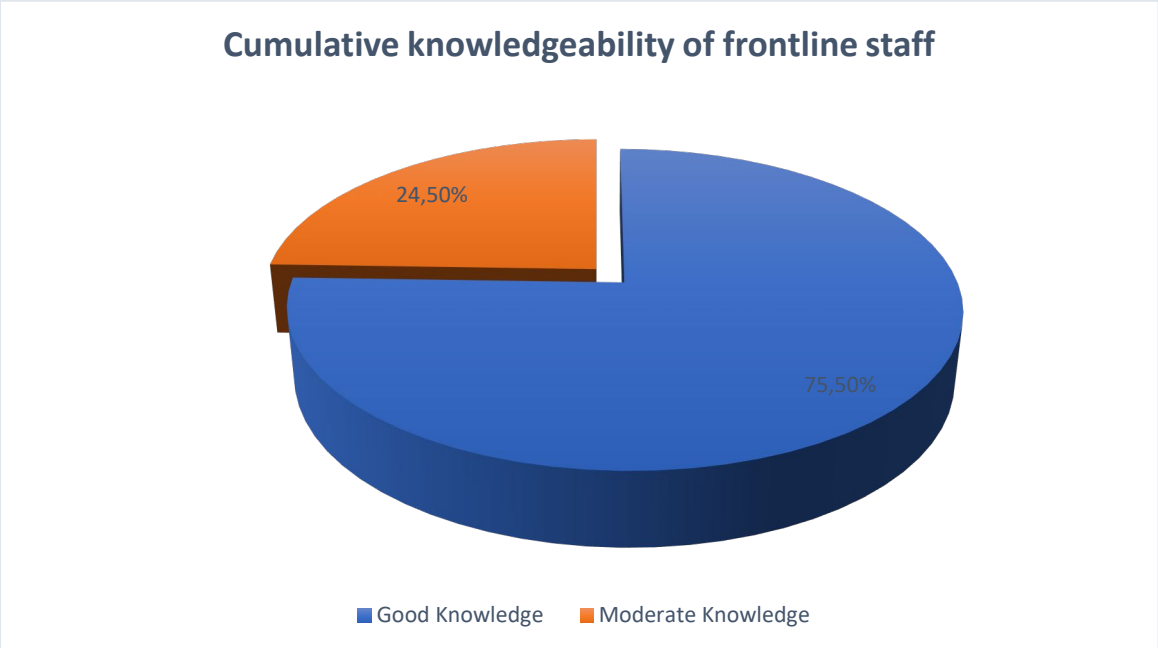

Figure 4. 5**:** Evaluation of cumulative knowledge of spec-saver frontline staff

4.3.3 Descriptive Statistics of Attitude Questions

By means of five (5) critically constructed attitude questions, this study seeks to measure the attitude of frontline staff in their professional engagement and interactions with clients. Therefore, in this regard, the research measured the

behavioural disposition of frontline staff in the areas of: confidence in product offerings; especially relating to lens enhancements; tints and focal quality.

Table 4. 3**:** 5-Attitude related items statistics on reliability of instrument

S/N	Items	Correct Answer	frequency	Percentage
1	Do you believe that kids should wear spectacles?	Yes	92	90.2
2	Please indicate your level of agreement or disagreement with the following statement. ARC works well for night driving.	Strongly Agree	74	72.5
3	Indicate your level of confidence in spectacles to assist people who are far sighted.	Very Confident	84	82.4
4	Please state your level of agreement or disagreement with the following statement, transition works well for people who are sensitive to sunlight.	Strongly Agree	77	75.5
5	Transition and climate eyes are the same.	Disagree	23	22.5

Overall assessment of frontline staff attitudes in their professional engagements and interactions with clients

In this study, out of the 102 respondents, it says that most of the frontline staff 80.4% has a positive attitude in their professional dealings with clients, and 19.6% of the frontline staff has a poor attitude in their professional engagements and interactions with clients. The positive attitude cohort comprises of frontline staff who scored above 50% (3 out of 5 questions) in the attitude question scale. Conversely, respondents who scored below 50% were deemed as having a negative attitude about optometry products and services professional engagements and interactions with clients.

Table 4. 4**:** Evaluates the spec-saver frontline staff cumulative attitudes in their professional dealings with clients

Behavioral Disposition of Frontline Staff	Frequency	Percent
Positive Attitude	82	80.4
Negative Attitude	20	19.6
Total	102	100.0

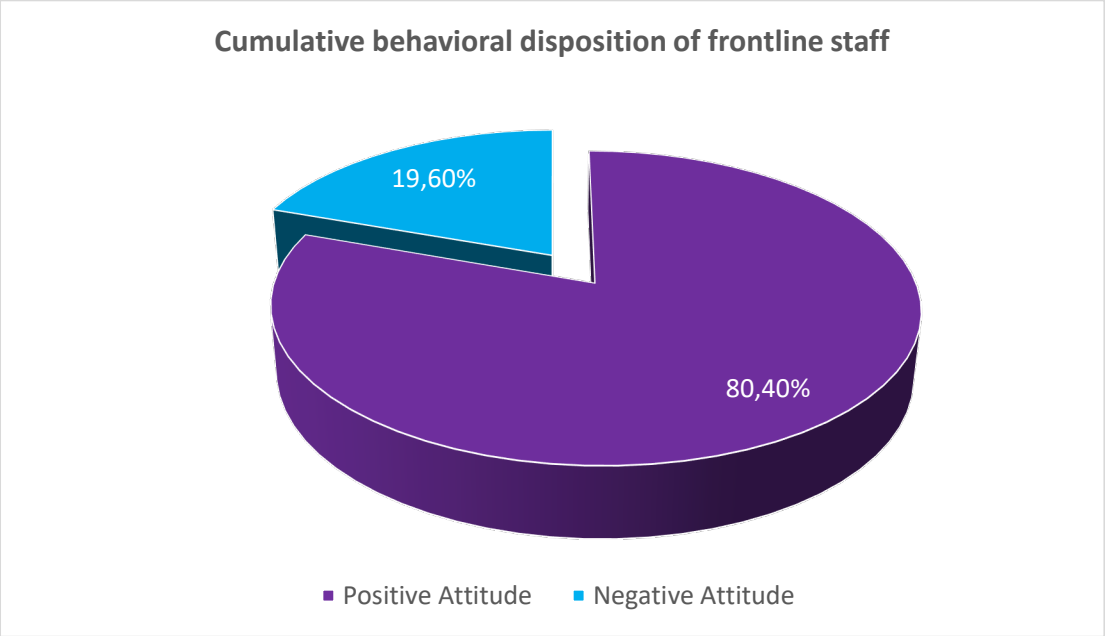

Figure 4. 6**:** Assessment of cumulative attitudes of spec-saver frontline staff

4.3.4 Descriptive Statistics of Practice Questions

To solve the puzzle concerning the applicability of both knowledge and attitudes of the frontline staff in their daily practices, the researcher devised six (6) critically crafted questions that covers a broad range of applicable practice behaviour within the optometry profession. Therefore, this helps in the understanding of how the impact of knowledge and attitude of frontline staff at Specsavers affect their practices toward visual aid and lens enhancement.

Table 4. 5**:** 6-Practice related items statistics on reliability of instrument

S/N	Items	Correct Answer	frequency	Percentage
1	Do you ask a patient if they use SV, BF or MF when you are doing a quote for a patient?	Yes	84	82.4
2	How often do you recommend Tint?	Most of the time	49	48.0
3	How often do you recommend ARC?	Most of the Time	70	68.6
4	Do you always assist a patient to choose a frame?	Yes	94	92.2
5	Would you advise a patient less than 6 years old to wear spectacles?	Yes	53	52.0
6	Do you recommend ARC to a patient who does not drive or use a computer?	Yes	71	69.6

Overall assessment of the applicability of both knowledge and attitudes of the frontline staff in their daily practices.

In this study, out of the 102 respondents, it says that 87.2% of the frontline staff has a good practice skill of both knowledge and attitudes in their professional dealings with clients and 12.8% of them has a poor practice skill of both knowledge and attitudes when dealing with clients. The benchmark for the “good practice” was set at 50% and above, comprising of frontline staff scored at least 3 or more out of the 6 practice questions. While those below a 50% benchmark (who scored less than 3 questions out of 6 questions), were deemed to exhibit poor practice in their professional engagements with clients.

Table 4. 6**:** Assessments of cumulative practice skills of both knowledge and attitude of spec-savers frontline staff

Frontline staff practice skills	Frequency	Percent
Good practice	89	87.2
Poor practice	13	12.8
Total	102	100.0

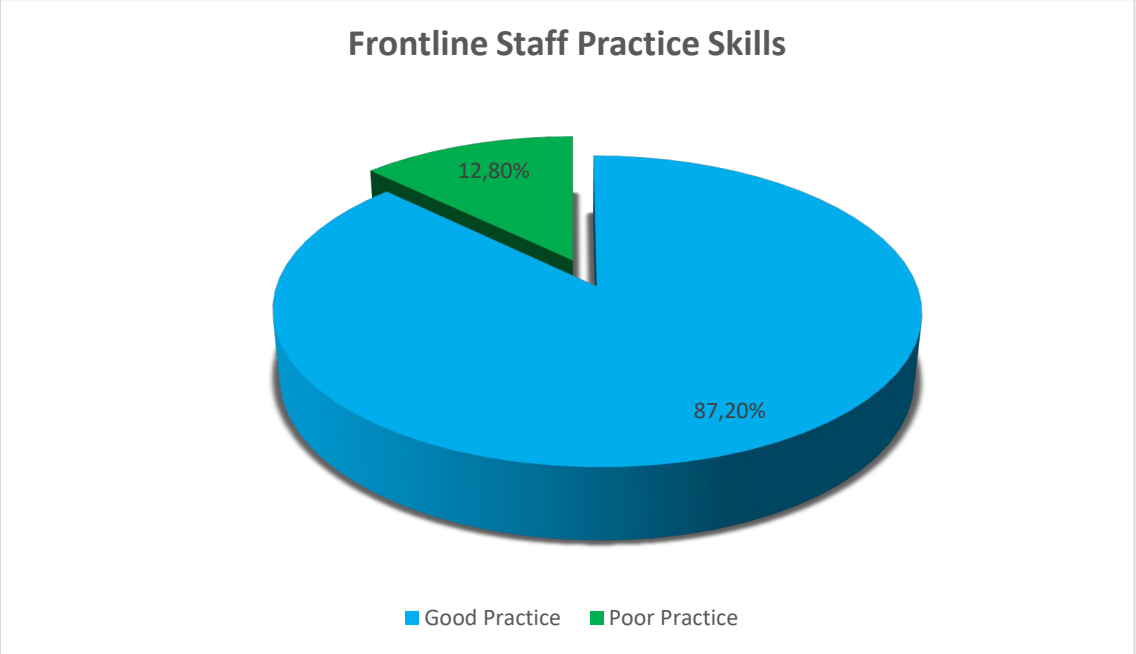

Figure 4. 7**:** Assessments of cumulative practice skills of spec-savers frontline staff

In addition, with reference to gender, the practice skills of spec-savers frontline staff suggest that out of the 89 respondents with very good practice skill in both knowledge and attitude, (n=84) are females as compared to males (n=5). However, all the 13 respondents who has poor practice skill in both knowledge and attitude are females. A detail representation of the analysis is shown in **Table 4. 8** and **Figure 4.8** below.

Table 4. 7**:** Applicability of practice skills and gender

	Gender		
Practice skills	*Male*	*Female*	*Total*
Good practice	5 (5.6%)	84 (94.4%)	89
Poor practice	0 (0.0%)	13 (100.0%)	13
Total	5 (4.9%)	97 (95.1%)	102

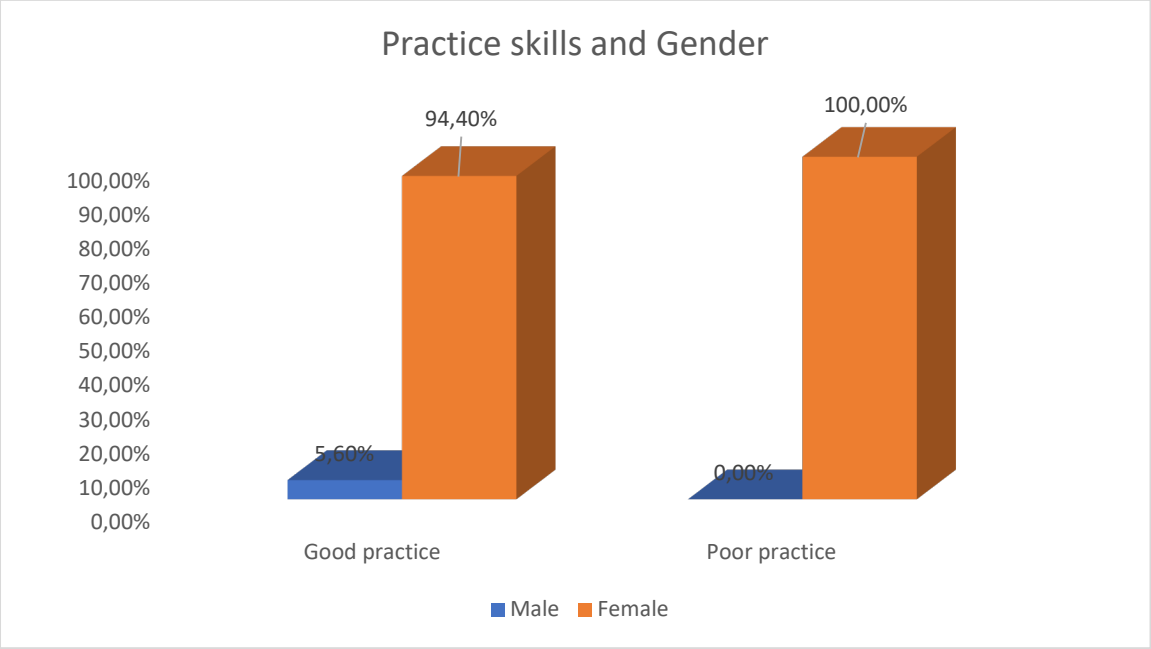

Figure 4. 8**:** Respondents' practice skills and gender

Again, on respondents' practice skills and age groups, the analysis indicates that out of the 89 respondents with a good practice skill, (n=39) of them fell within the ages of 19-29 years old, (n=37) fell within the ages of 30-39 years old, (n=9) fell within the ages of 40-49 years old, and (n=4) fell within the ages of 50+ years old. **Table 4.9** and **Figure 4.9** presents a detail presentation of the findings.

Table 4. 8**:** Applicability of practice skills and age group

	Age group				
Practice skills	*19-29 yrs*	*30-39 yrs*	*40-49 yrs*	*50+ yrs*	*Total*
Good practice	39 (43.8%)	37 (41.6%)	9 (10.1%)	4(4.5%)	89
Poor practice	6 (46.2%)	5 (38.5%)	2 (15.4%)	0 (0.0%)	13
Total	45 (44.1%)	42 (41.2%)	11(10.8%)	4 (3.9%)	102

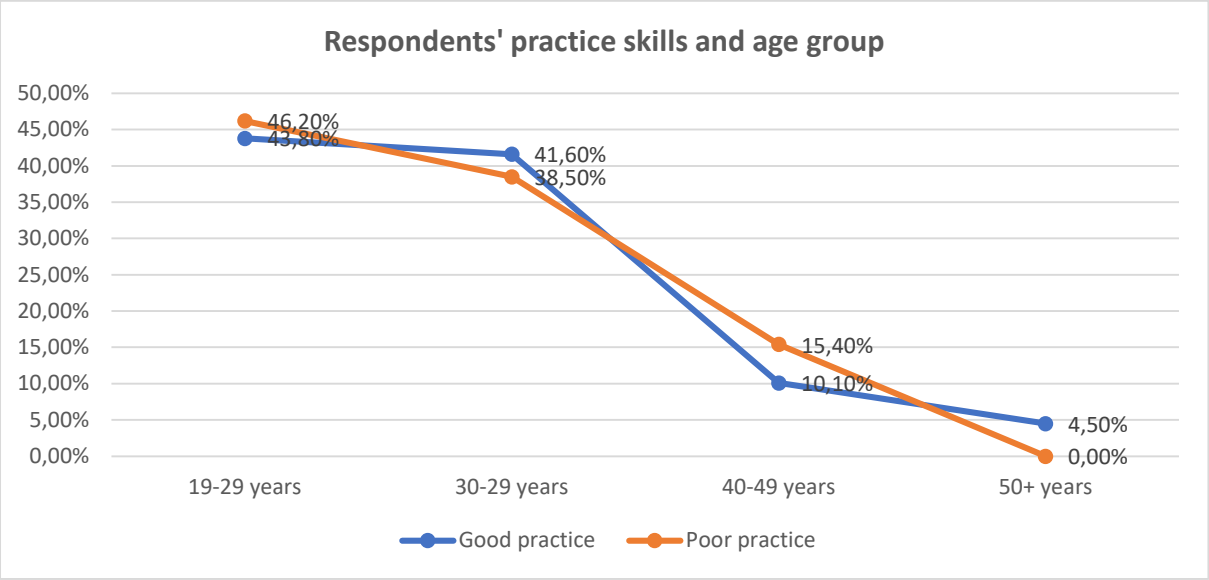

Figure 4. 9**:** Respondents' practice skills applicability and age group

Regarding the applicability of respondents' practice skills and their level of education, it says here that most of the respondents fell within those with High School qualification, with (n=50) having a good practice skill and (n=9) having a poor practice skill. The detail of this analysis is displayed in **Table 4.10** and **Figure 4.10** below.

Table 4. 9**:** Applicability of practice skills and level of education

	Level of Education				
Practice skills	*High school*	*College*	*Degree*	*Other*	*Total*
Good practice	50 (56.2%)	25 (28.1%)	7 (7.9%)	7 (7.9%)	89
Poor practice	9 (69.2%)	2 (15.4%)	2 (15.4%)	0 (0.0%)	13
Total	59 (57.8%)	27 (26.5%)	9 (8.8%)	7 (6.9%)	102

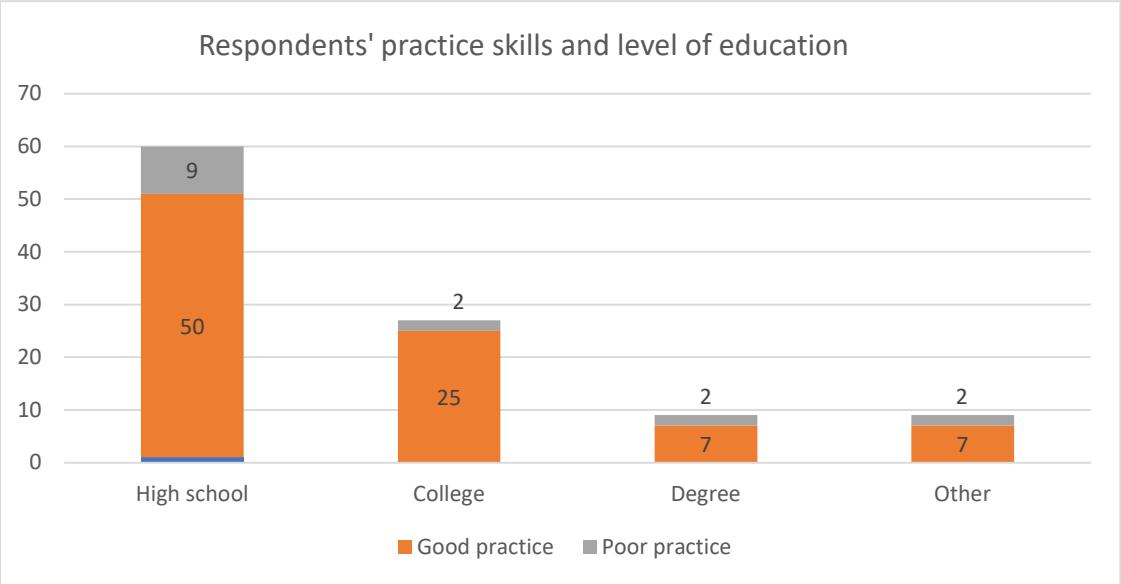

Figure 4. 10**:** Applicability practice skills of respondents and their level of education

A further analysis on the applicability practice skills of respondents' and the number of years they worked in the organization indicates that among the 89 respondents with a good practice skill, (n=28) of them fell within those that worked for 1-2 years, 23 of them fell within 7+ years, and (n=21) fell within the respondents that worked for less than 1 year in the organization (spec-savers). **Table 4.11** and **Figure 4.11** presents a detail presentation of the analysis herein.

Table 4. 10**:** Respondents' applicability of practice skills and the number of years worked in spec-saver

	Number of years worked in the organization				
Practice skills	*< 1 year*	*1-2 years*	*4-6 years*	*7+ years*	*Total*
Good practice	21 (23.6%)	28 (31.5%)	17 (19.1%)	23 (25.8%)	89
Poor practice	4 (30.8%)	6 (46.2%)	2 (15.4%)	1 (7.7%)	13
Total	25 (24.5%)	34 (33.3%)	19(18.6%)	24(23.5%)	102

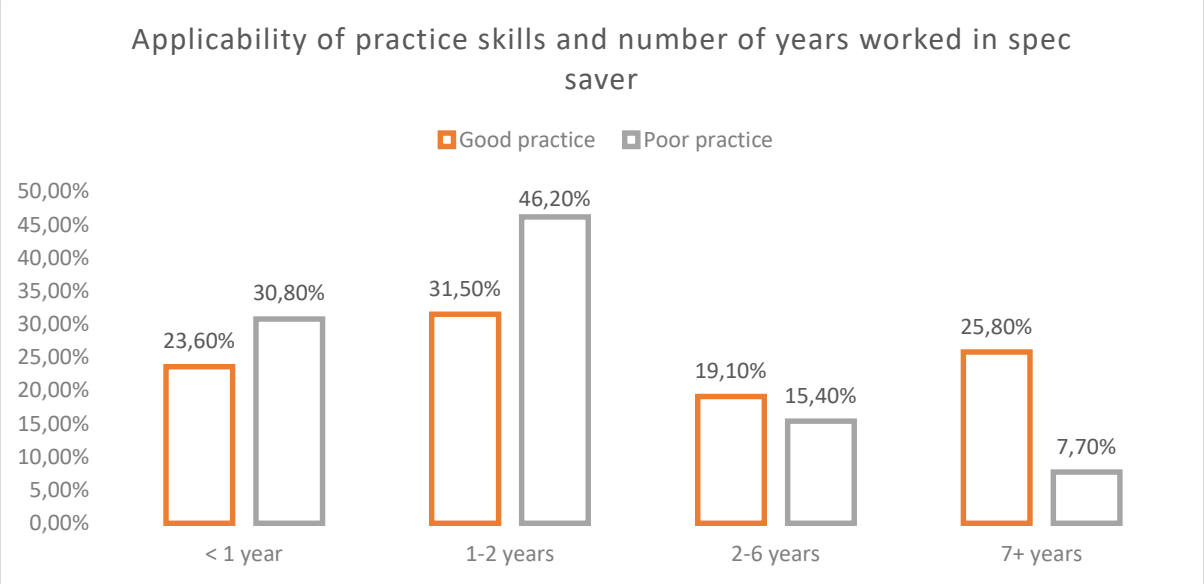

Figure 4. 11**:** Practice skills applicability and number of years worked in the organization

Talking about practice skills applicability of respondents' and the number of organizations worked for prior to joining spec savers, the analysis shows that among the 89 respondents with a good practice skill, (n=30) have worked in two organizations before joining spec saver, (n=22) of them have worked in three or more organizations before joining spec saver, (n=20) have not worked in any organization before joining spec saver, and (n=17) have worked in only one organization before joining spec savers. The analysis also suggests that there is no one with no working experience prior to working with spec savers that has a poor practice skill. A detail presentation of the findings herein is presented in **Table 4.12** and **Figure 4.12** below:

Table 4. 11**:** Applicability of respondents' practice skills and number of organizations worked for prior to joining spec saver

	Number of organization worked for prior to spec savers				
Practice skills	*None*	*One*	*Two*	*Three +*	*Total*
Good practice	20 (22.5%)	17 (19.1%)	30 (33.7%)	22 (24.7%)	89
Poor practice	0 (0.0%)	4 (30.8%)	6 (46.2%)	3 (23.1%)	13
Total	20 (19.6%)	21 (20.6%)	36(35.3%)	25(24.5%)	102

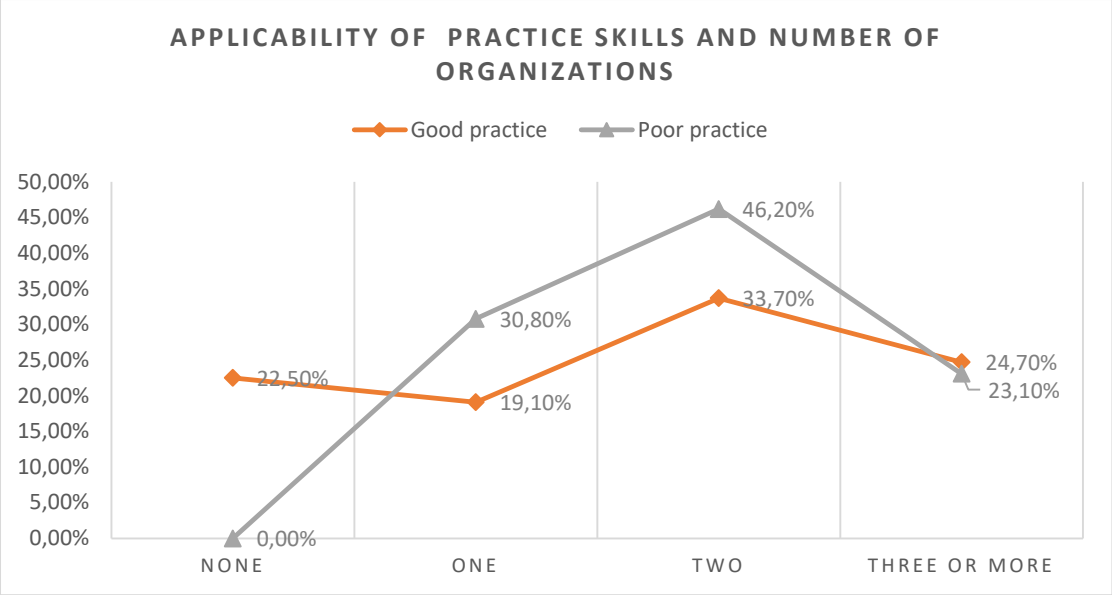

Figure 4. 12**:** Applicability of skills and number of organizations worked for prior to spec savers

In addition, the analysis between applicability of respondents' skills and their knowledgeability about optometry products and services indicates that most of the respondents who have good knowledge about optometry services and product occurs most in both those with good practice skill and poor practice skill, with n=70 and n=7, respectively. A detail presentation of the results is presented in **Table 4.13** and **Figure 4.13** below:

Table 4. 12**:** Applicability of practice skills and knowledgeability of respondents'

Practice skills	**Respondents' Knowledgeability**		X^2 *value*	*p-value*
	Good knowledge	*Moderate Knowledge*		
Good practice	70 (72.7%)	19 (27.3%)	5.264	0.066
Poor practice	7 (53.8%)	6 (46.2%)		

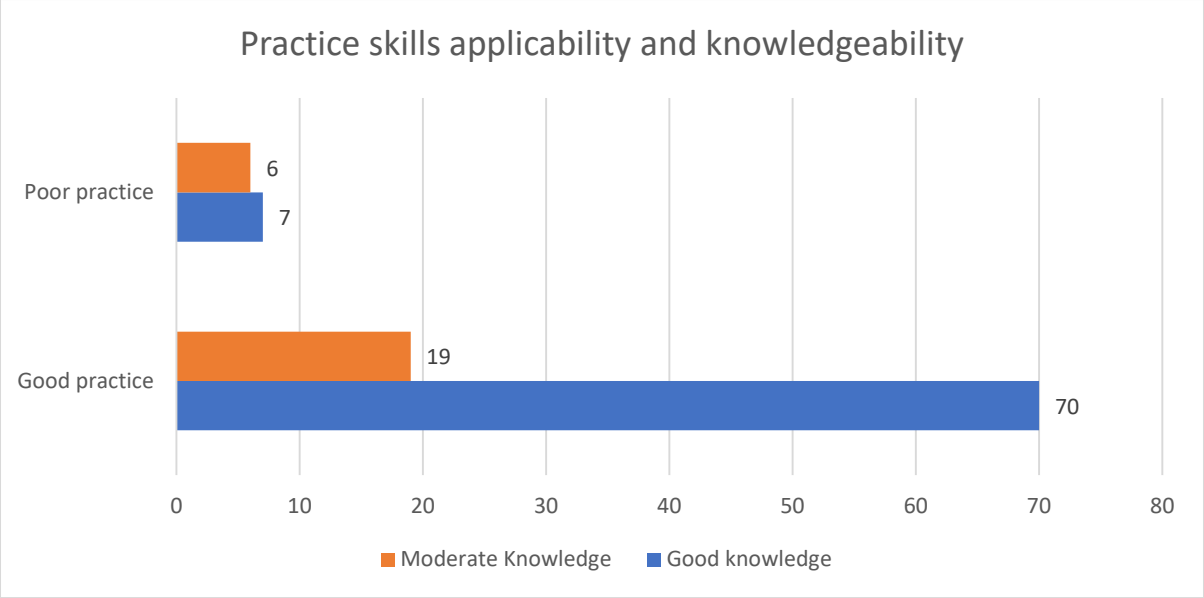

Figure 4. 13**:** Respondents' practice skills applicability and knowledgeability

More so, the computation between respondents' practice skills applicability and their attitudes in their professional engagements and interactions with clients indicates that out of the 89 respondents with good practices skills, most of them (n=74) has a positive attitude as compared to (n=15) with negative attitudes. However, the analysis also suggests that out of the 13 respondents with poor practice skill, the majority (n=8) of them has a positive attitude in their professional engagements and interactions with clients. See **Table 4.14** and **Figure 4.14** below, for a detail presentation of the results.

Table 4. 13**:** Respondents applicability of practice skills and their behavioural disposition

Practice skills	**Respondents' Behavioral Disposition**		X^2 *value*	*p-value*
	Positive attitude	*Negative attitude*		
Good practice	74 (83.1%)	15 (16.9%)	5.423	0.072
Poor practice	8 (61.5%)	5 (38.5%)	5.264	0.066

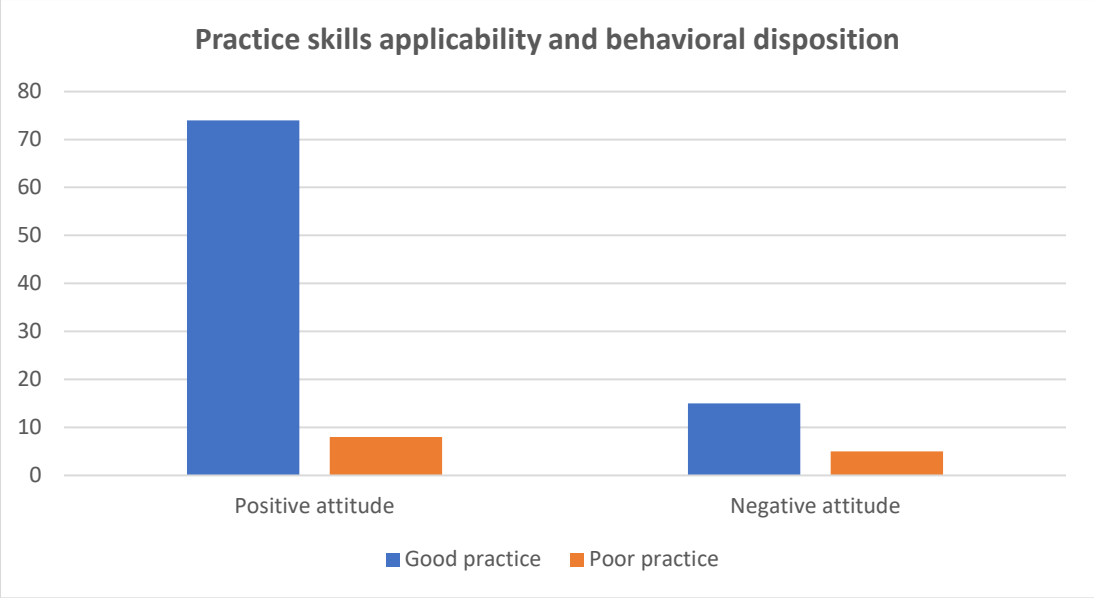

Figure 4. 14: Respondents practice skills applicability and behavioural disposition

4.4 INFERENTIAL STATISTICAL ANALYSIS

4.4.1 Correlations

Chi-Square Tests for Practice scale Versus Knowledge scale

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	5.423[a]	2	.066
Likelihood Ratio	5.196	2	.074
Linear-by-Linear Association	5.225	1	.022
N of Valid Cases	102		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 3.19.

Chi-Square Tests for Practice scale Versus Attitudes scale

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	5.264[a]	2	.072
Likelihood Ratio	5.081	2	.079
Linear-by-Linear Association	5.156	1	.023
N of Valid Cases	102		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 2.55.

With a p-value set at <0.05, it suggested here that there is a strong association between applicability of practice skills and respondents' knowledgeability as well as behavioural disposition as determined by the Pearson Chi-Square tests. However, as determined by one-way ANOVA, it suggested that there is a strong association

between applicability of practice skills and respondents' knowledgeability as well as behavioural disposition. Furthermore, it suggested here that there is a strong correlation between applicability of practice skills and the number of organizations worked for before joining spec savers as determined by Pearson Chi-Square test (X^2 = 8.119, p = 0.044).

In addition, results showed that knowledge affect good practices skill of frontline staff in visual aid and lens enhancement than poor practice skill. Thus, an independent t-test found this pattern to be significant, t (10.98) = -2.40, p = 0.002. Therefore, this suggest that the relationship between knowledge and good practice skills impacts on respondents' applicability of skills in their professional engagements and interactions with clients. Suggesting that respondents who are highly knowledgeable are more inclined to apply very good or good practice skills in their professional dealings with clients. Likewise, results also indicated that positive attitude impact on good practices skill of frontline staff in visual aid and lens enhancement than poor practice skill. Thus, an independent t-test found this pattern to be significant, t (15.06) = -2.37, p = 0.000. This suggest that the relationship between positive attitude and good practice skills impacts on respondents' applicability of skills in their professional dealings with clients. Suggesting that respondents who has positive attitude are more inclined to apply very good or good practice skills in their professional engagements and interactions with customers.

4.4.2 Impact of knowledge, attitude and bio-data of frontline staff at spec savers on their practices towards visual aid

When estimating the degree of relationship between knowledge, attitude, and socio demographics of frontline staff on their practices on visual aids and lens enhancement, it says here that the attitudes coefficient is statistically significant. Exp(B) for attitude is 0.348, suggesting that positive attitude of frontline staff is 0.348 more likely to influence their practices on visual aid and lens enhancement. As suggested in **Table 4.15** below, though the knowledge coefficient is not statistical significant at <0.05 level, but it was closely significant, with p = 0.069. Exp(B) for knowledge coefficient is 0.295, suggesting that frontline staff knowledgeability is 0.295 times more likely to impact on their practices on visual aid and lens enhancement. More so, the coefficient of all the socio-demographic variables shows

no statistical significance, suggesting that bio-data has no statistical influence on frontline staff practices on visual aid and lens enhancement.

Table 4. 14**:** Multiple regression of knowledge, attitude and bio-data on frontline staff practices

Coefficients[a]

	Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	
	B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound
(Constant)	1.071	.698		1.534	.128	-.315	2.457
Knowledge	.295	.160	.185	1.841	.069	-.023	.613
Attitude	.348	.174	.201	1.997	.049	.002	.693
Age Category	.071	.091	.083	.774	.441	-.111	.252
Gender	-.106	.317	-.033	-.334	.739	-.736	.524
Level of education	-.097	.078	-.128	-1.245	.216	-.253	.058
Number of years worked in the organisation	-.050	.070	-.079	-.712	.478	-.188	.089
Number of organisation worked for before joining this organisation	.074	.066	.114	1.122	.265	-.057	.205

a. Dependent Variable: Total practice scale

Again, a further investigation was conducted on frontline staff knowledgeability and attitudes to determine the degree of relationship between knowledge and attitude of frontline staff on their practices on visual aid and lens enhancement. The results in **Table 4.16** indicates that both the coefficient of knowledge and attitude were statistically significance at the <0.05 p-value. Exp(B) for knowledge is 0.324, suggesting that the knowledge of frontline staff is 0.324 more likely to influence their practices on visual aid and lens enhancement. Again, the Exp(B) for attitude is 0.348, suggesting that positive attitude of frontline staff is 0.348 more likely to influence their practices on visual aid and lens enhancement.

Table 4. 15**:** Multiple regression of knowledge and attitude on frontline staff practices

Coefficients[a]

	Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	
Model	B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound
(Constant)	.867	.267		3.241	.002	.336	1.397
Knowledge scale	.324	.154	.203	2.106	.038	.019	.629
Attitude scale	.348	.167	.201	2.088	.039	.017	.679

a. Dependent Variable: Total practice scale

4.5 Conclusion

This chapter considered in detail the data analysis and discussion of results. Firstly, this chapter commenced by expounding on the sample realization as well as the scale reliability for the questionnaire adopted for the study.

Subsequently, a descriptive analysis was conducted on the captured data upon data cleansing, to assess the demographic characteristics of the frontline staff via charts and tables. Hence, the frontline staff KAP scores were ascertained per individual questions and in aggregate/cumulative for each KAP scale. Thereafter, cross tabulations were performed to assess the frontline staff practices, across their socio demographic characteristics.

Due to the importance of evaluating the subsisting relationship among the KAP variables, inferential statistics was utilised via Person chi-square and One-way ANOVA to test for their statistical significance. Upon this, correlation and regression procedures were applied to understand the nature and depth of relationship among the variables.

CHAPTER FIVE

FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

Based on the results and discussions of the analysis of data in the prior chapter, this chapter will focus on providing a summary of findings as per the research objectives and subsequently proffering recommendations.

Hence, this chapter considers the research objectives and subsequent findings, recommendation and future research as well as limitations and conclusion.

5.2 Research Objectives

The research study sought to achieve three main objectives with corresponding research questions. Hence, the findings of each objectives are succinctly discussed.

First Objective

The first objective of this study was to determine if frontline staff at spec savers possess sufficient knowledge on visual aids. This objective was sought for by seeking answer to the corresponding research question. The research study assessed the knowledgeability of the frontline staff on visual aids via a set of ten carefully crafted questions on visual aids.

Upon analysis, it was found that out of the 102 frontline staffers, 77 of them are highly knowledgeable about visual aids products in optometry. This category comprises of frontline staff that possess a cumulative knowledge level above 80% based on the assessment.

A further inquiry showed that majority of the frontline staff were most knowledgeable about question 5 & 6, which asked …*if the shape of the face of a patient matters when one is choosing a frame and Which option is best suited for a patient experiencing glare when driving at night…* respectively.

Conversely, about a half (50%) of the total frontline staffers were not knowledgeable on what age can one start wearing a pair of spectacles. Also, about 11% of the frontline staff could not correctly answer which lens is most suitable for a person over the age of 40years that works on a computer daily.

Also, from an in-depth analysis of the responses, it was observed that the frontline staff exhibited a fairly adequate knowledge about bifocal and multifocal lens as well as discernment of the relationship between price of a frame and the quality thereof.

Hence, it can be asserted that the frontline staffer at Spec savers have sufficient knowledge about the optometry product offerings. Howbeit, there are clear areas of gaps in knowledge which could be improved on. Several studies have emphasized the crucial role of employee knowledge as well as organisational learning culture to effective service delivery (Pantouvakis and Bouranta, 2013; Kuzu and Özilhan, 2014).

While Sung and Choi (2014) found that periodic organisational training of employees can improve their knowledgeability, Mathew and Zacharias (2017) stressed that frontline staff knowledgeability of products and service offerings is a prerequisite to excellent customer service. The findings of this study is in line with some relative studies within the health profession (Jaber et al., 2012).

Second Objective

The second objective of this study was to determine the attitude of frontline staff at spec savers towards visual aid. This research study attempted to achieve this objective via the second research question. In the pursuit of answers to this question, an attitudinal scale was devised to measure the attitude of the frontline staffers in professional engagement with clients via a set of five questions. These questions sought to know if frontline staff at spec savers exhibit positive or negative attitude in their interactions with clients.

It was found that majority of the frontline staff (80.4%) have a positive attitude in their professional dealings with clients, and only (19.6%) of the frontline staff have a poor attitude in their professional engagements and interactions with clients.

While assessing the behavioural disposition of the frontline staff, it was found that most of the respondents (77.5%) exhibited a negative attitude on whether transition and climate eyes are the same, with only (22.5%) affirming a positive attitude.

However, regarding whether kids should wear glasses, it was found that out of the 102-frontline staff assessed, a majority of (90.2%) them indicated a positive attitude towards kids wearing glass, while only (9.8%) of them felt kids should not wear spectacles.

Similarly, that most of the frontline staff (82.4%) have a positive perspective that spectacles can assist people that far sighted, as compared to a few frontline staff (17.6%) who do not believe in this disposition.

Hence, it can be concluded that the frontline staff at spec savers have a positive behavioural attitude in their interactions with clients based on their behavioural dispositions. This finding is consistent with previous studies by Cambra-Fierro et al. (2014), who found that frontline staff attitude has a significant influence on their practice behaviour during customer engagement and service delivery. Futhermore, this finding supports similar studies done in the healthcare profession (Jaber et al., 2012; Idris et al., 2015).

Third Objective

The third objective resolved to determine the impact of knowledge and attitude of frontline staff at spec savers on their practices towards visual aid. This was considered for inquiry, to solve the puzzle concerning the applicability of both knowledge and attitudes of the frontline staff in their daily practices. In the pursuit of this, the researcher devised six (6) critically crafted questions that covers a broad range of applicable practice behaviour within the optometry profession. These questions cover recommendations, advisory and assistance that frontline staff offer clients about optometry products during business engagements and interactions which are vastly influenced by their knowledge and attitude.

For instance, it was discovered that from the responses that most frontline staffers (52%) do not often recommend tint of visual aid to clients. This could be as a result of sheer ignorance or an oversight due to lackadaisical attitude which has resulted in the loss of a potential income stream for spec savers. Similarly, over a third of the respondents do not advise patients younger than 6 years old to wear spectacles. While this is closely related to the behavioural disposition highlighted in the second objective, it raises concerns and a need for correction in this attitudinal flaw amongst some frontline staffers at spec savers. This is because of the numerous benefits that visual aids afford visually impaired kids, such as academic performance and self-confidence.

On a positive note, it was clearly revealed that most frontline staffers at Spec savers (92.2%) do assist patients in choosing frames for their spectacles. While this is

general truth and a clear representation of the reality, it is necessary to enlighten the frontline staffers to have same practice behaviours in other salient areas of service that adds value to both the client and Spec savers business.

Thus, in order to determine the core of the third objective of this study, the researcher deem it necessary to first **determine the relationship between the knowledge, attitude and practice of frontline staff at spec savers on their practices towards visual aids.** This was necessary to understand the nature of the subsisting relationship among the variables of the study (KAP), as well as the significance thereof.

Hence, correlation tests were conducted using the Pearson chi-square test and the one-way ANOVA. The Pearson chi-square test and Likelihood ratio test showed that there is no strong association among Spec savers frontline staffs' Knowledge, Attitude and Practices. However, the one-way ANOVA evident otherwise, suggesting that there is a strong association among Spec savers frontline staffs' Knowledge, Attitude and Practices. While it was found that the Knowledge of frontline staff is pivotal to their practice behaviours in client engagements, it was further found that there is a strong relationship between the frontline staff practices at Spec savers and the number of organizations worked for before joining spec saver as determined by Pearson Chi-Square test. These findings are in conformity with existing literatures that have posited that knowledge and experience are critical success factors in service delivery practices (Williams et al., 2015; Stavor et al., 2017).

Accordingly, the independent t-test evidences likewise. A pattern of significance was found between high knowledgeability and good practices, as well as positive attitude and good practices. The implication of these suggest that frontline staffers who are highly knowledgeable with positive attitude are more inclined to apply good practice skills in their professional engagements with clients. These statistical affirmations support the existing position of previous literary works that concluded that both knowledgeability and professional attitude are determinates of good practices in the healthcare profession (Idris et al., 2015). Similarly, in a study conducted among Saudi Arabian healthcare practitioners, it was found that poor attitude and insufficient knowledge was a major limiting factor in the early detection and prevention of oral cancer in Saudi Arabia (Jaber et al., 2012).

When considering the impact of the socio demographic variables on the practices of frontline staff at Spec savers, it was found in the multiple regression that none of the socio demographical variable has statistical influence on practices of the frontline staff. However, the second multiple regression model evidently recorded that both Knowledge and Attitude of the Frontline staffers are statistically significant in determining good practices on visual aid and lens enhancement.

While this finding is novel to academia, optometry and the South African context, it is very much consistent with similar studies on customer service conducted in other industries and fields of profession. Hence, it can be concluded that Knowledge and Attitude of frontline staff at spec savers impacts their practices.

5.3 Limitations

A major limitation experienced by the researcher whilst conducting the study relates to the response rate as well as the administration of the questionnaire in the selected provinces. The researcher had initially anticipated for a higher response rate from the frontline staff to provide a more generalisable and reflective picture of the reality. Howbeit, of the total sample size frontline staff that were considered for the study, only 102 provided the researcher with completed questionnaires that were admissible for the study.

Also, another perceived limitation of this study relates to the scope of the study. While this study was only done amongst frontline staff at Spec savers, another perceived limitation relates to the geographical restriction in the scope of this study. The restriction of this study to just two provinces- KwaZulu-Natal and Eastern Cape, limits the generalisation of this study to reflect the true picture of the knowledge, Attitude and Practices of frontline staff at Specsavers in South Africa in entirety.

5.4 Conclusion

This research study is such that was borne out of a pertinent need to investigate the role of knowledge and attitude in the practice performance of frontline staffers in the optometry profession. This inquiry necessitated the use of a quantitative approach which was plagued with diverse challenges, especially at the data collection phase of the study. While this study has some perceived limitations as highlighted above, it was empirically concluded that the knowledge and attitude of frontline staff at Spec

savers do significantly impact their practices in professional engagements and interactions with clients.

5.5 Recommendations and Future Research

Based on the findings of this research study, it was evident that knowledge and attitude have significant impact on practice behaviour. Although this is consistent with existing studies, it was the main aim of the study to empirically assess this premise from the standpoint of customer service delivery within the optometry profession. An assessment of the knowledge level of the frontline staff at spec savers evident certain gap areas in their knowledge which could have adverse effect on their practices during customer engagement and interactions. Similarly, this study also found some deficiencies in attitudinal dispositions of the frontline staffers that can hamper their professionalism in service delivery. These ignorance and personal bias can be very costly to Specsavers in terms of potential income streams from add-on optometry products and services.

Hence, this study proffers that due attention should be given to improving the Knowledge and Attitude of the frontline staffers at Spec savers via periodic staff trainings and developmental programs that are focused on these areas of deficiencies. Also, this study recommends a periodic assessment of the frontline staff to further understand changes in their knowledge and attitude perspectives arising from changes within the business environment that affects the Optometry profession.

Finally, this research recommends for further research works in this area of optometry profession especially such that are contextual to the South African environment. Such research works could be expounding on the current work beyond the scope of spec savers as well as considering more provinces within for better generalisation of findings.

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APPENDIX

Appendix 1: Knowledge, Attitude and Practice Questionnaire

Assessment of Knowledge, Attitude and Practice of frontline staff in Optometry practice on Visual Aid (Spectacles and contact lenses) and Lens Enhancement.

Dear Sir/Madam

My name is Aviwe Notshweleka, I am interested in finding out how knowledge, attitude and practice is important to good performance for frontline staff in optometry. I would like you to fill the following questionnaire. It will take you no more than 15 minutes to fill in the questionnaire.

Thank you so much for your time.

Knowledge Questions

1. At what age can one start wearing a pair of spectacles?

1-2	
2-4	
4-6	
Over 6	

2. Which lens is most suitable for a person ≥40 years old that works on a computer daily.

SV	
BF	
MF	

3. Does the size of the frame matter for a multifocal lens?

Yes	

No	

4. At what age does the person start needing bifocal and multifocal lenses?

Below 10 years	
10-19 years	
20-29 years	
30-39 years	
40 years and above	

5. Does the shape of the face matter when one is choosing a frame?

Yes	
No	

6. Which option is best suited for a patient experiencing glare when driving at night.

ARC	
Transition	
Gradient Tint	

7. Which option is best suited for a patient whose eyes are very sensitive to sunlight.

Transition	
ARC	
Gradient Tint	

8. Contact lenses can be used when a person does not want to wear spectacles.

Yes	
No	

9. Is it possible for a patient to need both ARC and Transition?

Yes	
No	

10 There is positive relationship between the price of a frame and its quality.

Yes	

No	

Attitude Questions

1. Do you believe that kids should wear spectacles?

Yes	
No	

2. Please indicate your level of agreement or disagreement with the following statement. ARC works well for night driving.

Strongly agree	
Agree	
Neutral	
Disagree	
Strongly disagree	

3. Indicate your level of confidence in spectacles to assist people who are far sighted.

Very confident	
Fairly confident	
Mixed views	
Not very confident	
Not at confident	

4. Please state your level of agreement or disagreement with the following statement, transition works well for people who are sensitive to sunlight.

Strongly agree	
Agree	
Neutral	
Disagree	
Strongly disagree	

5. Transition and climate eyes are the same.

Strongly agree	
Agree	

Neutral	
Disagree	
Strongly disagree	

Practice Questions

1. Do you ask a patient if they use SV, BF or MF when you doing a quote for a patient?

Yes	
No	

2. How often do you recommend Tint.

Always	
Most of the time	
Some of the time	
Rarely	
Never	

3. How often do you recommend ARC

Always	
Most of the time	
Some of the time	
Rarely	
Never	

4. Do you always assist a patient to choose a frame.

Yes	
No	
Sometimes	
Other(please state)	

5. Do you advise a patient less than 6 years to wear spectacles.

Yes	
No	

6. Do you recommend ARC to a patient who does not drive or use a computer.

Yes	
No	

Questions about Yourself.

1. Your age

19-29	
30-39	
40-49	
Over 49	

2. Your gender.

Male	
Female	

3. Your highest completed level of education.

High school	
College	
Degree	
Other(specify)	

4. Number of years worked in the Organisation

Less than a year	
1-3	
4-6	
Over 6	

5. Number of organisation worked for before joining this organisation.

None	
One	
Two	
Three or more	

I sincerely appreciate your time and cooperation.

Thank you for participating.

Appendix 2: The Ethical Clearance Certificate