### Relationship between clinicians

#### Background

Identification of the relationship between the clinician and patient is critical to determine appropriate prescribing behaviour. However, the interaction of emotions, cultural influences, and personal beliefs can impact prescribing decisions negatively. The objective of this study was to determine any relationship between prescribing decisions and social determinants of antimicrobial prescribing.

#### Methods

A qualitative audit method was designed using the Plan-Do-Study-Act (PDSA) model. The audit tool was developed following pilot testing of the tool on prescribers. The prescribers were asked to select which factors were responsible for the decision to prescribe an antimicrobial agent. Factors identified were佑Risk, Fear, Identity and Emotion, Social Determinants of Antimicrobial Prescribing.

#### Results

The audit tool was used to conduct qualitative audits on antimicrobial prescribing. The results revealed a diversity of prescribing behaviour, with prescribers using a range of factors to influence their decisions. The results also showed that prescribers often believed that the social determinants of antimicrobial prescribing were important in determining appropriate prescribing.

#### Conclusions

The audit tool was a useful method for conducting qualitative audits on antimicrobial prescribing. The results highlighted the importance of social determinants in influencing prescribing decisions and provided insights into the factors that prescribers use to make their decisions. This information can be used to develop strategies to improve antimicrobial prescribing.

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**Fig. 1.** Risk, Fear, Identity and Emotion

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### Risk, Fear, Identity and Emotion

- **Risk:** These were experienced across all respondents’ groups that identified ID specialists’ egos and personalities as contrary to open collaborative discussion on antimicrobial decisions.
- **Fear:** These were experienced across all respondents’ groups that identified ID specialists’ egos and personalities as contrary to open collaborative discussion on antimicrobial decisions.
- **Identity:** These were experienced across all respondents’ groups that identified ID specialists’ egos and personalities as contrary to open collaborative discussion on antimicrobial decisions.
- **Emotion:** These were experienced across all respondents’ groups that identified ID specialists’ egos and personalities as contrary to open collaborative discussion on antimicrobial decisions.

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### Social Determinants of Antimicrobial Prescribing

- **Risk:** These were experienced across all respondents’ groups that identified ID specialists’ egos and personalities as contrary to open collaborative discussion on antimicrobial decisions.
- **Fear:** These were experienced across all respondents’ groups that identified ID specialists’ egos and personalities as contrary to open collaborative discussion on antimicrobial decisions.
- **Identity:** These were experienced across all respondents’ groups that identified ID specialists’ egos and personalities as contrary to open collaborative discussion on antimicrobial decisions.
- **Emotion:** These were experienced across all respondents’ groups that identified ID specialists’ egos and personalities as contrary to open collaborative discussion on antimicrobial decisions.

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### Relationship between clinicians and patients

As these were experienced across all respondents’ groups that identified ID specialists’ egos and personalities as contrary to open collaborative discussion on antimicrobial decisions, we need to understand why prescribers do not trust ID service to provide appropriate antimicrobial prescribing.

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### Conclusion

The audit tool was a useful method for conducting qualitative audits on antimicrobial prescribing. The results highlighted the importance of social determinants in influencing prescribing decisions and provided insights into the factors that prescribers use to make their decisions. This information can be used to develop strategies to improve antimicrobial prescribing.