

# Emerging Health Policy Research Conference 2011

## Abstract Submission

### Presenters Details

**Name of Author(s) – asterisk the presenting author:** Ms Cathy O'Callaghan\*

**Presenter's institution/organisation, address, email, and telephone:**

Centre for Cultural Research, University of Western Sydney, Locked Bag 1797 Penrith  
South DC NSW 1797, [ocallaghan.cathy@gmail.com](mailto:ocallaghan.cathy@gmail.com), 0415511177.

**Short Biography of presenter (maximum 50 words):**

Cathy O'Callaghan has extensive experience in research and practice in the area of multicultural health. She has a Masters degree in Public Health (Honours) and a Masters in Applied Anthropology and Development Studies, and is currently a PhD student at the Centre for Cultural Research, University of Western Sydney.

### Presentation Details

**Presentation Title (up to 10 Words):**

Capacity of children's hospital staff to engage with cultural diversity

**Keywords: (up to 5 to assist organisers in streaming papers):**

Cultural competence, qualitative research, diversity

### Research Details (250 word limit)

**Introduction/Background:**

Staff in children's hospitals face increasing challenges caring for child patients and their families from culturally and linguistically diverse (CALD) backgrounds. Despite multicultural policies at all levels of government for over 30 years in Australia, there are still health inequities for these populations in terms of access, health status and quality of care.

**Research Question:**

This paper asks what is the impact of health care and multicultural policies on the way the health system provides support to hospital staff to work with families from CALD backgrounds?

**Methodology:**

The qualitative study involved talking with and observing hospital personnel at all levels and professional categories to analyse the discourses of working with cultural diversity. The method consisted of structured surveys, in-depth interviews, focus groups and participant observation over 22 months.

**Findings:**

The interviews reveal that cultural diversity is peripheral to daily practice, as efficiency and evidence-based medicine are a priority. Mainstream Australian and western biomedical ways of working with patients and families are the norm, and the processes to identify and meet the needs of families from CALD backgrounds appear inadequate. There is also inadequate provision of institutional support to staff working with cultural diversity.

**Policy Implications:**

There needs to be more research into health disparities for CALD patients and evidence of which cultural competence interventions work. Current modes of cultural competency are clearly inadequate, but the impact of this lack of appropriate care needs to be further researched. This research will open opportunities for improving health outcomes and quality of care for patients from CALD backgrounds.

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### Presenters Details

**Name of Author(s) – asterisk the presenting author:**

\* Danny Hills  
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**Presenter's institution/organisation, address, email, and telephone:**

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**Short Biography of presenter (maximum 50 words):**

Danny is a Registered Nurse with broad experience in mental health, clinical governance and workforce development. He is undertaking full-time PhD studies at Monash University, investigating workplace aggression in clinical medical practice, and works part-time as a Lecturer with the NSW Centre for Rural and Remote Mental Health.

### Presentation Details

**Presentation Title (up to 10 Words):**

The prevention of workplace aggression in Australian clinical medical practice

**Keywords: (up to 5 to assist organisers in streaming papers):**

aggression, medicine, prevalence, prevention

## **Research Details (250 word limit)**

### **Introduction/Background:**

Workplace aggression can adversely affect health, well-being and work participation decisions, yet only limited research has been reported on aggression prevalence and prevention in medical practice. The third wave of the *Medicine in Australia: Balancing Employment and Life* (MABEL) survey included the first population-level study of aggression exposure and prevention in all Australian practice settings. In the pilot phase, reported exposure rates were 71% for non-physical aggression and 33% for physical aggression in the previous year.

### **Research Question:**

What is the uptake of key aggression prevention and minimisation strategies across doctor types?

### **Methodology:**

This self-report, retrospective, cross-sectional survey of GPs, Specialists, Hospital Non-Specialists and Specialists in Training requested responses on the presence of 12 key 'administrative' and 'environmental' aggression prevention and minimisation strategies in doctors' main workplaces.

### **Findings:**

Key workplace aggression prevention and minimisation strategies are not universally applied and their application differs by doctor type. More commonly reported strategies present (60-70%) included policies and procedures, incident reporting and follow up, and building security, with the least reported (35-50%) including such key strategies as safety and security measures for after-hours/on-call work or home visits, duress alarms and restricting or withdrawing services to aggressive persons.

### **Policy implications:**

Workplace aggression is a troubling feature of clinical medical practice for many Australian doctors. The more widespread adoption of prevention and minimisation measures, supported by enhanced policy direction and legislation, will likely improve workplace safety and service quality. The outcomes of this and ongoing research will provide an important evidence base for policy development and decision making into the future.

## **Presenters Details**

### **Name of Author:**

Eamon Merrick BHSc MHSM RN (PhD Candidate)

### **Presenters Organisation:**

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### **Biography:**

Eamon is completing his doctoral studies at the Centre for Health Services Management UTS. His PhD focuses on workforce policy in regards to nursing in general practice. Eamon has an emerging research profile having published on workforce and organisational management, clinical safety, and communication. Eamon is a Registered Nurse with ten years experience in critical care.

### **Presentation Title:**

Nursing in general practice: collaborating but not developing.

**Keywords:** General practice, nursing, workforce, financing, policy

### **Research Details:**

#### **Introduction/ Background:**

The Australian Federal Government is acting to alter the contributions of nurses to general practice, yet there remains limited evidence on which to base policy interventions.

#### **Research Questions:**

The research explores the relationships between decision making, social support, skill development, and identity derived from role and how nurses in general practice adapt and influence their working environment.

#### **Methodology:**

The research deployed a sequential two stage mixed methods design. The first stage (presented here) involved a self-administered survey utilising constructs from Karasek's (1998) Job Content Questionnaire (valid  $n=160$ ).

#### **Findings:**

All scales demonstrated acceptable levels of internal consistency and reliability. This study has identified that social support exerts a weak influence on decision latitude ( $R^2 = 0.07$ ); the addition of self-identity through work significantly improved the predictive ability of the model ( $R^2 = 0.16$ ). Social support and self-identity through work exerts a negative influence on created skill ( $R^2 = 0.347$ ), whereas social support was effective in predicting self-identity through work ( $R^2 = 0.148$ ).

#### **Policy Implications:**

Support from supervisors and colleagues create possibilities for nursing involvement in decision making. To encourage nursing participation in decision making workforce policy should seek to promote collaborative employment structures. Regardless of the support received from supervisors or colleagues the opportunities for nurses to develop their own skills and abilities are limited, this may be attributable to existing delegated care models of service delivery. The findings of this research have implications for organisational design, workforce policy, and health services financing.

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## Abstract Submission

### Presenters Details

**Name of Author(s) – asterisk the presenting author:**

Jane Desborough \*

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**Short Biography of presenter (maximum 50 words):**

Jane Desborough (Diploma App Sc Nursing, Grad Dip Midwifery, MPH) is a Research Fellow with the Australian Primary Health Care Research Institute. Jane is a registered nurse and midwife. She has worked as a senior policy officer at ACT Health and is currently working in primary health care nursing research.

### Presentation Details

**Presentation Title (up to 10 Words):**

How Nurse Practitioners Implement Their Roles

**Keywords: (up to 5 to assist organisers in streaming papers):**

nurse practitioner, role implementation, nursing workforce, knowledge translation

### Research Details (250 word limit)

**Introduction/Background:** Research has identified barriers and facilitators which impact nurse practitioner role implementation; however it has not identified how nurse practitioners negotiate these barriers and harness facilitators to construct and implement their roles. This information is essential to enable effective policy development and implementation of these innovative roles.

**Research Question:** This is a report of a qualitative health research study examining how nurse practitioners construct and implement their roles.

**Methodology:** In-depth interviews and a focus group discussion were conducted to obtain narrative data from nurse practitioners from a variety of clinical backgrounds in the ACT public sector.

**Findings:** The central process of 'developing legitimacy and credibility' is achieved through the processes of: 'developing Clinical Practice Guidelines', 'collaborating with the multidisciplinary team', 'communicating', and 'transitioning to practice'.

**Policy Implications (all presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented):** Implementation of the nurse practitioner role is a reflection of a keen sense of mutuality that prioritises patient care and outcomes. Policy makers and those responsible for operationalising nurse practitioner roles need to support the central process of developing legitimacy and credibility vital for successful implementation. Firstly, this involves enabling a supportive and informed process of Clinical Practice Guideline development. Secondly, key inter-disciplinary relationships need to be identified to facilitate collaboration and sources of mentorship for nurse practitioners. Finally, an identified period of transition will facilitate identification, development and implementation of the above processes.

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## Abstract Submission

### Presenters Details

**Name of Author(s) – asterisk the presenting author:**

Mclsaac, M.\*

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**Short Biography of presenter (maximum 50 words):**

Michelle Mclsaac is a PhD candidate at the Melbourne Institute of Applied Economic and Social Research, University of Melbourne. She holds a B.Sc. (honours) from Dalhousie University (Canada) and a M.A. (focus in Health Economics) from McMaster University (Canada).

### Presentation Details

**Presentation Title (up to 10 Words):**

Geographic mobility of General Practitioners in Australia

**Keywords: (up to 5 to assist organisers in streaming papers):**

General Practitioners, Primary Care, Retention, Relocation, Geography

### Research Details (250 word limit)

**Introduction/Background:**

Recruitment and retention of general practitioners (GPs) to underserved communities is a pervasive policy challenge. Literature on doctors' locational choice tends to focus on the initial practice location selected by newly trained doctors. However, empirical evidence suggests that many GPs change practice location over their careers. An understanding of GPs' mobility patterns will aid policy makers form effective relocation programs.

**Research Question:**

How mobile are GPs? What personal and professional characteristics are associated with General Practitioners who are mobile?

**Methodology:**

The first two waves of the Medicine in Australia Balancing Employment and Life (MABEL) panel survey is used to investigate the mobility patterns of GPs in Australia. The demographic, family, socioeconomic, and professional characteristics associated with the

mobility of GPs is analysed using a logistic regression. The dependent variable is a binary variable representing a change in the postal area of the main location of work.

**Findings:**

Preliminary results show that over 10% of GPs changed the location of their main place of work between 2008 and 2009. Mobility of GPs was positively related to the size of the clinic where they worked and negatively related to age, life satisfaction and the length of time they have lived in the initial area.

**Policy Implications:**

Understanding the personal and professional characteristics of GPs who relocate can help policy makers target relocation programs towards GPs who are likely to be most mobile, and generate insight into the push and pull factors that are associated with GPs relocating.

**N.B. All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**