

**Emerging Health Policy Research Conference 2010
Abstract Submission**

Presenter(s) Details

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

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

Christy Newman is a qualitative researcher at the National Centre in HIV Social Research. She is new to health policy research but has primary responsibility for a 'policy-rich' NHMRC grant entitled 'Investigating the capacity of the general practitioner workforce to meet ongoing HIV primary care needs in Australia.'

Presentation Details

Presentation Title (up to 10 Words): Why be an HIV doctor? Interviews with policy 'key informants'

Keywords: (up to 5 to assist organisers in streaming papers): HIV, general practice, primary care, aging health workforce, rural/regional health workforce

Research Details (250 word limit)

Introduction/Background: The number of people living with HIV in Australia is increasing and ageing, requiring an expert primary care workforce to provide HIV clinical care into the future. Yet the numbers of general practitioners (GPs) training as HIV s100 prescribers may be insufficient to replace those retiring, reducing hours or changing roles.

Research Question: This paper describes the first stage of a three-year study which explores why and how GPs commence or continue careers in HIV in different caseload and geographical settings across Australia.

Methodology: Semi-structured interviews were conducted with 24 'key informants' (17 men, 7 women) in senior policy, advocacy and education roles in government and non-government organisations across all states and territories. Interviews explored contemporary issues in HIV clinical care, general practice and the social and political context of HIV in Australia. Most participants focused on national or state-level issues, but three focused on specific populations.

Findings: Following the principles of interpretive description, a thematic summary reveals three sets of 'interests' that key informants believe shape GP career decisions: 'clinical interest' (eg. diverse patient needs), 'political interest' (eg. identity politics) and 'professional interest' (eg. business sustainability). Additional themes span two or more interest categories, including patient relationships, shared care models and workforce distribution.

Policy Implications*:** Key informants conceptualise these GP 'interests' in quite distinct ways, with direct relevance for the design of workforce development programs. Forthcoming interviews with clinicians will provide important data to test this model and identify new policy opportunities to grow and support the HIV general practice workforce in Australia.

*****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.**

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Presenter Details

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

- Head of Biomedical Engineering Section since 1997 until the present time.
- Alqassimi Hospital (Ministry of Health), Sharjah, United Arab Emirates (UAE).
- Since July 2006 – present, I am on a study leave to do my Doctorate of Health Services Management (DHSM) in Australia.

Presentation Details

Presentation Title (up to 10 Words):

EXPLORING ORGANIZATIONAL CITIZENSHIP BEHAVIOR IN THE FEDERAL HOSPITALS IN THE UNITED ARAB EMIRATES: A CROSS-CULTURAL RESEARCH STUDY

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

Organizational citizenship behavior, United Arab Emirates, Federal hospitals, OCB dimensions, Middle East, multidimensionality

Research Details (250 word limit)

Introduction/Background:

Organisational citizenship behavior refers to behaviors or actions that go beyond the formal requirements of the job to benefit the organization. Despite the widespread interest in the topic of OCB, little empirical research has been done in non-Western cultures and in hospitals. Thus, this research aims at exploring the concept of OCB in the federal hospitals in the UAE.

Research Question:

1. What are the similarities and differences in applying the concept of OCB in the federal hospitals in the UAE as compared to Western countries?
2. What are the relevant factors (variables) that might influence OCB dimensions?

Methodology:

The present research employed a cross-sectional survey to collect quantitative data from 12 federal hospitals in the UAE. The study had two clear goals: (1) validate and possibly extend the construct of OCB into the UAE context and (2) show how OCBs were related to key demographic, work-related and organizational variables.

Findings:

The present study produced several interesting findings. One of these findings is that four of the five original OCB dimensions identified in research in Western cultures were also confirmed in the UAE culture. However, two additional dimensions, focusing on religious-guided behaviors and respect for cultural traditions, were identified as unique to the UAE culture and the original OCB dimension of 'sportsmanship' was split into two separate constructs. Another interesting finding is that seven of the eight validated OCB dimensions were significantly predicted by a range of demographic and work-related variables, such as age, gender, level of education, nationality, job experience, job type and income.

Policy Implications*:**

Overall, the present study had several general implications. One implication is that the multidimensional construct of OCB was shown to be largely transferable to a Middle Eastern cultural context, but with some culture-specific extensions and modifications being required.

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Abstract Submission

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Dr Smith has a PhD in social theory and is a research officer in the Faculty of Health and Behavioural Science at the University of Wollongong. Professor Crookes is the Dean of the Faculty of Health and Behavioural Science (UOW) and the Chair of the Council of Deans of Nursing and Midwifery (ANZ).

Presentation Details

Rethinking scholarship: implications for academic health workforce policy

Keywords: Academic workforce, health education, research development, nursing, scholarship

Research Details (250 word limit)

Introduction/Background: The move of health professions such as nursing into the tertiary sector has had flow on consequences for the attraction and retention of suitably qualified academic staff. Current academic structures and an emphasis on original research has made it difficult for health academics to meet traditional criteria for probation and promotion. This project looks at the work of Ernest L. Boyer to argue for a different way of structuring faculty activities which would enable a reward system across a number of different scholarly functions, ensuring more flexible career pathways.

Methodology: Workshops, surveys, focus groups and interviews are being used to gauge on-the-ground thinking about barriers to undertaking academic careers. Combined with theoretical work, a new probation and promotion matrix will be developed, trialled, and evaluated.

Findings: The research is still in a preliminary stage in that a workshop and survey has been conducted which identifies real and perceived barriers to health professionals entering the academic workforce. Drawing on Boyer's work and similar programs instituted overseas, a draft proposal has been submitted to senior university administrators, who have asked for more consultation to be conducted in this area.

Policy Implications: Immediate implications exist for the structuring of scholarly activity within health disciplines, with consequences for university probation and promotion policies. Flow on implications include more flexible career pathways for health educators, improved evidence based practices in clinical settings, and increased quality of education for students. This then has implications for attraction and retention strategies into the professions themselves.

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Presenter(s) Details

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Qualified in biology and administration, David lectured prior to his PhD studies. In 2009, he won the Dr Mary Harris Award from the Society of Health Administration Programs in Education (SHAPE). David presented in 2009 at the SHAPE Symposium and the School of Public Health and Community Medicine's (UNSW) Conference.

Presentation Details

Presentation Title (up to 10 Words):

Healthcare Human Resource Management: Different Perceptions of Policy and Practice.

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

Human Resource Management (HRM), Healthcare, Australia

Research Details (250 word limit)

Introduction/Background:

Human resource management (HRM) is synonymous with strategies developed for people management and their alignment to broader organizational goals. It has been proposed that human resource policies and practices are likely to influence health service quality through technical and interpersonal aspects of care. Studies on HRM in healthcare make up only 2% of HRM studies and previous research has been criticized for not obtaining clinical staff feedback. This study addresses these issues.

Research Question:

How do perceptions of HRM policy and practice compare between the Human Resources (HR) department staff and clinical staff in healthcare organizations?

Methodology:

In four public hospitals, the HR manager was interviewed and 15 to 20 members from rehabilitation teams participated in focus group sessions. Participants were a representation of managers, doctors, nurses and allied health staff. Research questions were based on four areas of HRM namely planning and evaluation, work systems, staff development and staff satisfaction.

Findings:

A significant difference of perception exists between HR and clinical staff. Clinical staff indicated an awareness of HRM policy and practice but generally did not link these to the HR department. However, the HR department staff perceive that they significantly influence staff through communication with managers and by providing work policy and procedures.

Policy Implications*:**

The findings suggest, in line with the Garling Report, the need for better communication and collaborative partnerships between HR staff and clinicians. In order to align HR staff and clinician perspectives, there is a need to address the bureaucracy and hierarchical organizational layers existing in our public hospitals.

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Abstract Submission

Presenter(s) Details

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Kirsty is a Senior Research Fellow of the Australian Primary Health Care Research Institute. She is a practicing GP and has held academic posts at the University of Sydney and the ANU Medical School prior to joining APHCRI in 2008. Her research interest include primary health care childhood obesity,

Presentation Details

Presentation Title (up to 10 Words):

Use of measures of socioeconomic deprivation in planning primary health care workforce and defining health care need in Australia

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

Health equity, health care access, index of relative disadvantage, Geographic information systems, GIS

Research Details (250 word limit)

Introduction/Background:

Australia is in the midst of significant health reform, of which equity and access, and the role of primary health care is of priority. Current measures to address workforce maldistribution are determined geographically. This fails to recognize the diversity of need and inequity within areas

Research Question:

To examine whether measures of remoteness areas adequately reveal high need populations, measured against socioeconomic disadvantage and physician to population ratios.

Methodology:

Exploratory spatial analysis of relationships between remoteness areas, medical workforce supply and the index of relative socioeconomic disadvantage (IRSD). Bivariate analyses examined associations between remoteness areas and IRSD. From this analysis, a composite score of deprivation was constructed combining measures of remoteness areas, physician to population ratios and IRSD, and validated against health outcome measures. These measures included avoidable mortality per 100,000, risk behaviour rate per 1000, diabetes rate per 1000. All analyses were conducted at the statistical local area level and weighted to be population representative.

Findings:

The percentage of small areas and populations within the most socioeconomically disadvantaged quintile rose with increasing remoteness. However, 12.8% of small areas within major cities and 40.7% of outer regional areas were also within the lowest socioeconomic quintile. There was a strong relationship between our composite score of deprivation and avoidable mortality, risk rate, diabetes rate and percent indigenous. Early regression analysis examined the relationship between each element of the composite score and health outcomes.

Policy Implications*:**

Using remoteness areas alone to prioritize workforce incentive programs and training requirements has significant limitations. Including measures of socioeconomic disadvantage and workforce supply would better target health inequities and improve resource allocation in Australia.

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