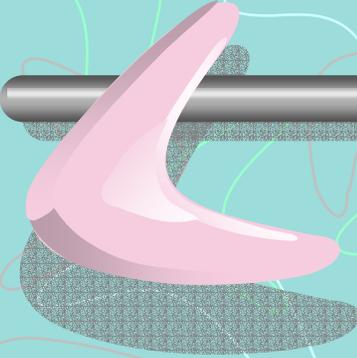# Strategies for Achieving Allied Health Research Development:
Shared learning from five Victorian Health Networks

David Nilsson (Western Health)

Robyn Smith (Northern Health)

Lynette Joubert (University of Melbourne)

Ibolya Nyulasi (The Alfred, Bayside Health)

Carol Jewell (Melbourne Health)

Ralda Bourne & Sonia Posenelli (St Vincent's Health)

What are the aims of Allied Health research?

- "Health services research is a multidisciplinary field of scientific inquiry into questions about the appropriateness, equity, effectiveness and efficiency of different means of improving the health status of individuals and populations". (Pirkis et al, 2005, p.3)
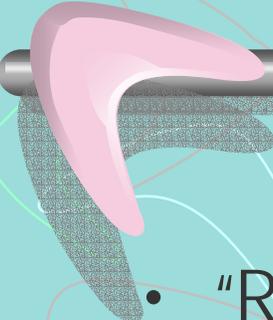
Building 'Research Capacity'

- "Research Capacity Building should: develop skills and confidence, support linkages and partnerships, ensure that research is 'close to practice', develop appropriate dissemination, invest in infrastructure, and build elements of sustainability and continuity." (Cooke, 2005, p.6)

- Research capacity is about producing ability – enabling individuals and departments to undertake these activities, through creating the necessary infrastructure, environment, culture and credibility. (D'Auria, 2000)

Factors affecting the development of research capacity:

- Qualifications and skills, time and funding, motivation and cultural values, and the type and quality of research being undertaken. (Cooke & Green, 2000)

- Opportunities for (nurses, midwives, & AHPs) to undertake research training is poor, & workload pressure & lack of protected time & resources discourage potential researcher development" (DH, 2002)
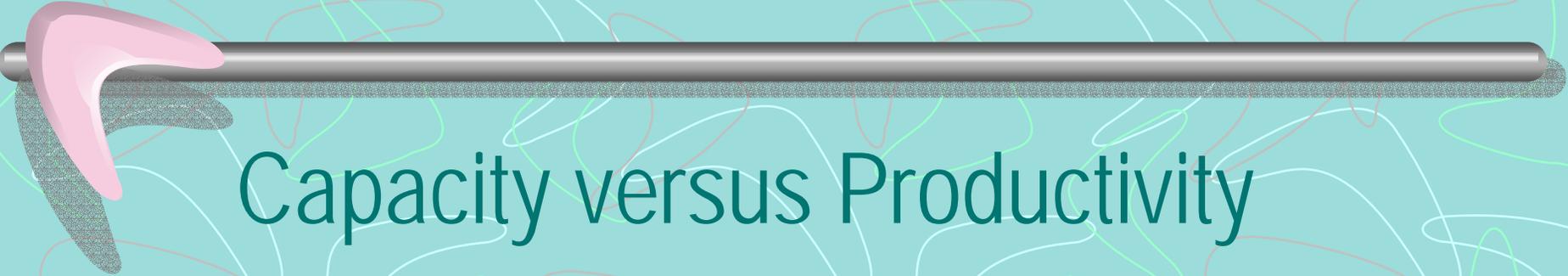
Capacity versus Productivity

- The priority should be to build capacity, and once this has been achieved attention can then focus on increasing productivity. (Campbell et al, 1999)

- New expectations and competing demands leave certain staff feeling overwhelmed. (Elkan & Robinson, 1995)
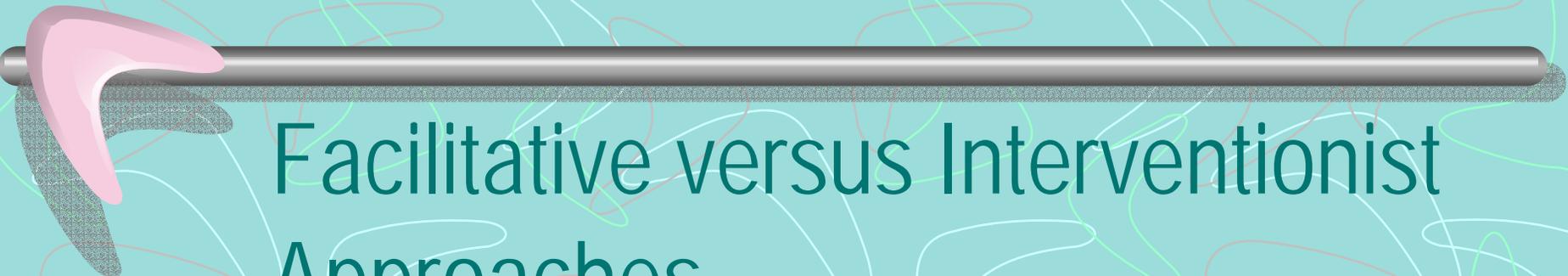
Facilitative versus Interventionist Approaches

- Dilemma of choosing between a *facilitative* approach providing a framework of support versus a more direct *interventionist* approach using research itself as a means to develop capacity, through organising projects and programs, by which individuals gain skills (Nchinda, 2002).

Negotiating Inclusively

- 'Holistic'/'egalitarian' (empowerment) versus 'Natural talents'/'elitist' approaches

- 'Top-down' versus 'Bottom-up' approaches

- Balancing individual needs/interests versus organisational needs/priorities (themed research?)
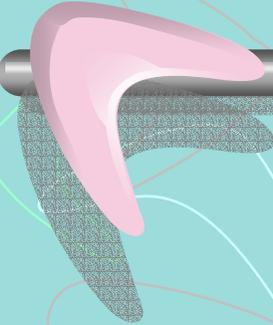
Why should allied health disciplines do research?

- If AH clinicians do not ask the question, then the problem will not investigated

- If we want to advance the professions knowledge base, then it can only be done through research

- If we want to have control of our future, we need to embrace research that leads to evidence based practice

The Victorian Experience:

- Melbourne Health

- Northern Health

- Western Health

- Bayside Health

- St Vincent's Health

Alternate Models & Strategies

- **Dedicated internal research support** (eg Director – Allied Health Research (0.6 EFT); Manager – Allied Health Research (0.4EFT); AH Managers with 'Research Portfolio'; AH Clinical Educator; Grade 4 Clinicians)

- **Joint Appointments** (eg Professor of Allied Health; Associate Professor of Physiotherapy; Associate Professor of Nutrition; OT Fellow)

- **External Consultants** (eg AH Research Consultant (0.1 EFT))
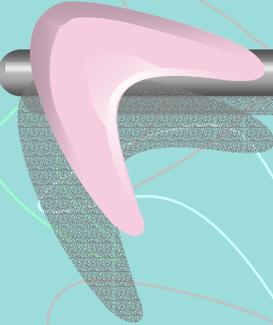
Examples of Organisational Support Structures for Research

Health service wide eg: Office of Research/Ethics

- Manage ethics committee
- Offer research mentoring and oversight infrastructure (eg: Research Director/Manager, education etc.)
- Administrate grants and grant programs
- Produce research reports and promote research

Allied health specific:

- 'virtual' Centre for AH Research
- Allied Health Research Unit

Examples of Internal Grants Funding Support

- $20k dedicated to AH research projects (cf $40k for nursing) & $7k small project grants (8 per year)
- $50k for AH research (out of $750k Research Budget)
- $30k total for all of Health Service (inc Med & Nursing)
- 0.5EFT backfill for AH research activity
- $0 available (go find your own)!!!
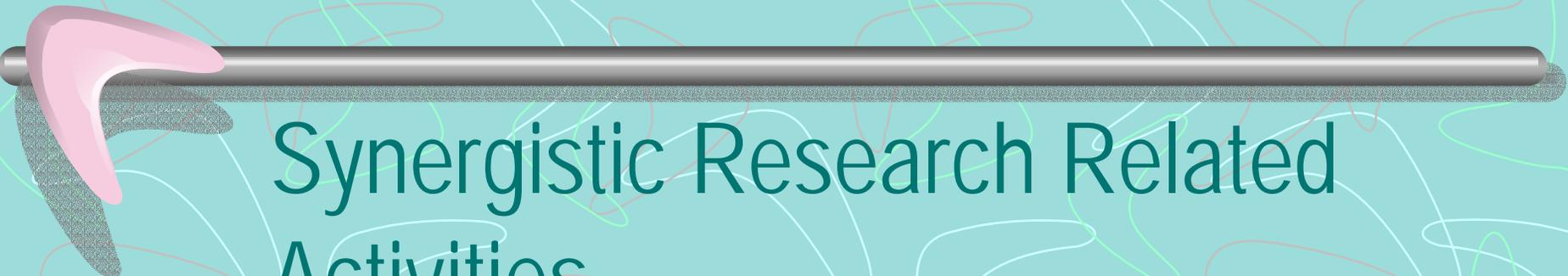
Synergistic Research Related Activities

- **Allied Health Clinical School** (developing interdisciplinary practice models)
- **Clinical teaching & curriculum development** through joint appointment
- **Education Service Development Unit** (strategic development)
- **Education Simulation Centre** (joint with medicine & nursing)
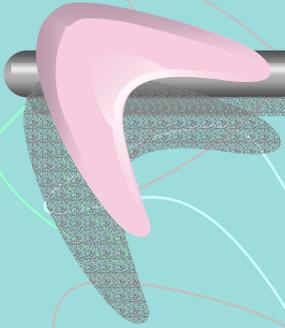
Scope of research development/ support

- Not '*either/or*' but rather '*and…and…and…*'
- Need to create 'stepping-stones' and 'bridges' through incremental skill development
- Training needs to be broad; starting where people are at (eg added value of 'critical reflection/evaluation' training)
- Creates 'research-positive culture' through continuous exposure leading to 'critical mass' of appropriately skilled staff
- 'Nurturing staff through a process'; different needs at different phases of professional development
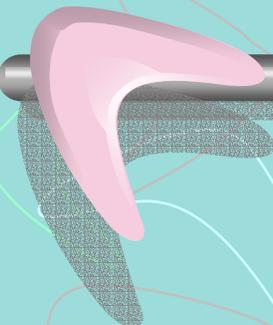
Critical success factors & strategies

- Recognising long-lead-in time (2-3 year journey)
- Organisational support & endorsement (Board, Executive, AH Director, AH Managers)
- Strategic alignment with Health Service Goals & Priorities (link with organisational strategic plan)
- Academic linkages (clinical teaching, joint research appointments, research students etc)
- Access to mentoring & role-models

Critical success factors & strategies

- Promotion of outputs (Internal & external forums, Conferences, Publications, AH segment in Org Research Week)

- Availability of a range of financial supports (seeding grants - small project grants – internal research grants – external grants; support for conference attendance/ presentation)

- Utilising multi-layered approach

- Embracing broad range of research methods

Developing a supportive research culture

- Providing an intellectually challenging, research friendly environment

- 'Enhancing supportive communication opportunities for research-active staff to share ideas ('research in progress' type meetings?)

- Creating opportunities for new/ emerging researchers to work alongside established researchers (creating sub-projects?)

Challenges & Opportunities

- Effective engagement with key stake-holders

- Completion rewards (eg Publication); Need to provide opportunities to enable/support 'completion' of projects

- Need for development of a critical mass of research within allied health disciplines as well as across allied health

- Opportunities to capitalise through collaboration and linking with established research groups

- Developing clinician-researcher roles
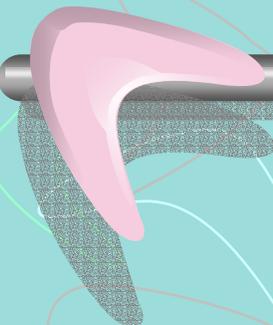
Challenges & Opportunities

- Discipline specific versus generic 'allied health' approach (many disciplines with different knowledge bases)

- Opportunity for 'integrative' approaches given multi-disciplinary nature of much clinical work

- Changes in under-graduate teaching towards genericism & need for 'work-force-ready' clinicians upon graduation (thereby limiting research exposure)

- Measurement of clinical outcomes & link to QI/ Audits

- Process vs Content - Process issues common to all AH but content expertise requires specialist knowledge
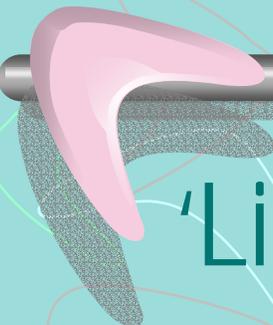
'Limiting' factors, 'hurdles' & challenges

- Common belief ('culture') that expertise needs to found externally ('grass is greener…' etc)
- Pre-existing general profile of research activity/ structures/ culture within organisation (history)
- Limited exposure to research
- Lack of time for research (or perceived lack?)
- Lack of career paths that include research
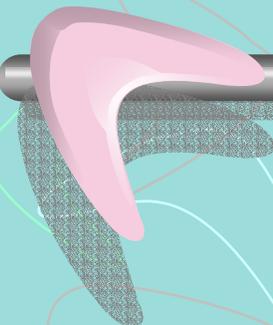
Common measures of 'success' for research programs

- Research grants
- Research publications
- Conference presentations
- Post-graduate students
- Number (or %) of staff involved in research

- [*First 3 can also be used as individual measures*]

Future 'opportunities' / 'possibilities' leading to sustainability

- More joint appointments with career opp for maintaining a clinical role along with research & teaching

- Greater development of Grade 4 roles with research specific focus (cf strictly clinical; *May conflict with HSA funding*)

- More collaboration between Health Networks (eg joint research, joint research training, sharing knowledge, skills & resources) [Potential for clinically driven multi-site projects]

- Development of lead research positions (e.g. Director of Allied Health Research)

Future 'opportunities' / 'possibilities'

- Creating opportunities for clinical 'back-fill' to support research

- Enhance post-graduate training opportunities [*perhaps link to future EBAs*]

- Building stronger links between teaching and research through agreements & joint appointments

- Increased use of 'soft-money' to support research careers (?) [*Although cannot build sustainability*]
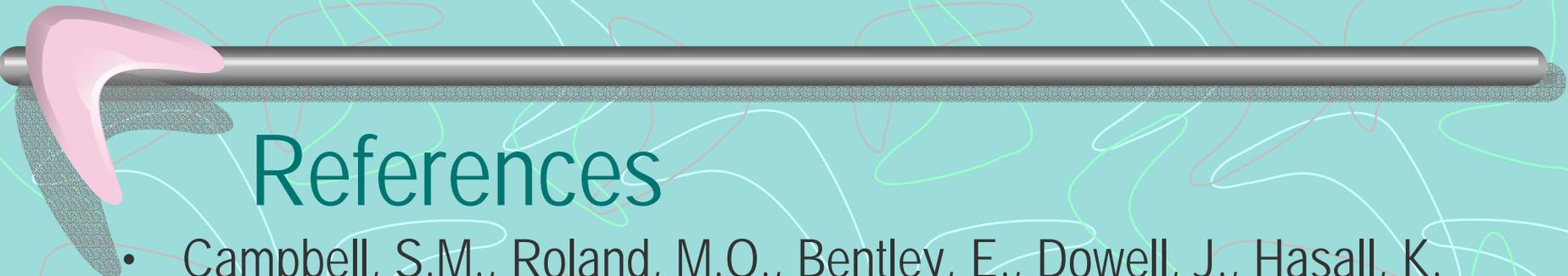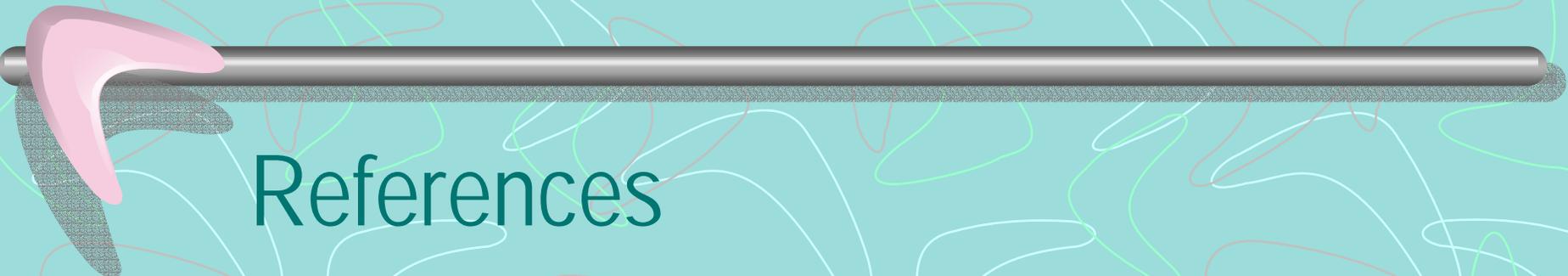
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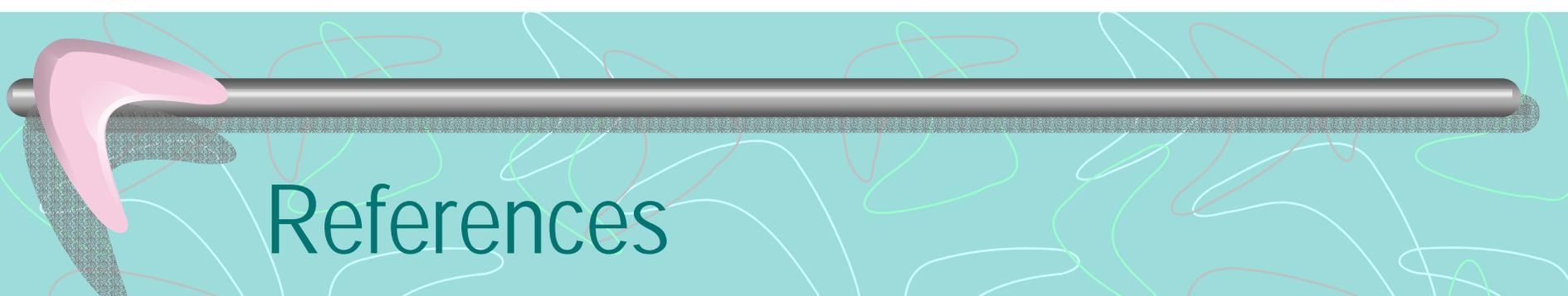
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