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Part 2: Impact Case Studies

Case Study 1: Toowoomba Hospital/ Darling Downs Hospital & Health Service

The Darling Downs Hospital and Health Service (DDHHS) delivers clinical services to approximately 300,000 people across 26 locations including the Toowoomba Hospital, and represents an area which spans approximately 90,000 square kilometres (see right). In 2010, the DDHHS was successful in its bid to secure a full time HP6 Health Practitioner (HP) research position. Since this time, the role has been occupied by different researchers in temporary positions. In January 2015, the position was however made permanent, and was expanded to support research for not only allied health professionals but also nursing and medical staff.



Since its inception over five years ago, the role has achieved a number of successes within the DDHHS. The following case study will summarise some of these achievements, and provide examples of enabling and hindering mechanisms to these outcomes, as well as factors which may facilitate the ongoing success of the role within the organisation. Information for this case study was synthesised from interviews with the eight staff from the DDHHS including Executive Director of Allied Health, the current research position incumbent and a focus group of six allied health clinicians across four different professions (see pp.13-15 for methodology).

Achievements of the HP Research Fellow

Clinical & service changes

The HP research fellow has supported a number of health practitioner research initiatives, some of which have resulted in sustained clinical and workforce changes, and helped to increase the profile of allied health research within the health service. A key example of this was a randomised controlled trial for an acute medical allied health model of care at Toowoomba Hospital involving an advanced transdisciplinary allied health clinical leader. A clinician working on this project stated that, *“In terms of patient outcomes... it's a very clear positive effect”*. The Executive Director of Allied Health also commented saying, *“That was a very significant piece of work in that it really did shift the mindset of a number of executive that...allied health can make a difference.”* A permanent clinical position was also secured as a direct result of the project and the support provided by the HP research position, as commented by one of the clinicians, *“The end result of that [project] is we've had a new position established. So I don't think that would have happened without [Research position's] input.”*

Research Culture & skill development

Positive changes to research culture and clinician skill development were also identified as a significant outcome of the HP research fellow within the DDHHS. A clinician described *“I think the culture change is probably about the upskilling and people's increased confidence and the increased recognition of the value of that and the sense that what we have been doing can contribute more broadly outside of the HHS...”*

“I think probably the upskilling and the change in culture is a really significant outcome”

- Clinician

Indeed, clinicians described the research fellow as an integral resource for guidance and mentoring, with one

“It's knowing you've got that support there when you need it .. makes such a big difference, it doesn't seem like such a daunting task when you know you've got that backup”

- Clinician

commenting, *“they provided great guidance and research help and mentorship. For me it's been great...”* The current research position incumbent commented on the positive flow on effect of such individual mentoring commenting it has also helped to build the research culture, *“even though I might be consulting with just one person...if they feel success, that power to tell other people about it is assisting with the culture building.”*

A clinician further described the flow on effects of upskilling they have experienced within their team, *“Just thinking within occupational therapy the number of conference presentations and potential movement into research is probably really driven by that position and so upskilling people who are more experienced to then upskill the guys who are thinking about research. So it's a really nice flow on effect.”*

Development of Research Infrastructure

The HP research fellow was also reported to have led the development a number of key infrastructure to support research across the DDHHS.

This included advocating and securing funding for a **HP4 research support officer position**. The purpose of this new role will be to support clinicians with more basic enquiries as well as provide training so that the HP research fellow can devote more time to support clinicians who are more experienced in research as well as contribute to other strategic objectives. While starting out as a 12 month temporary position, if outcomes can be demonstrated, permanent funding for the HP4 research officer position will be sought.

With the input of key stakeholders, the research position also developed a **research strategy** for the health service and helped to develop and currently chairs a **research advisory committee** which oversees the implementation of this research strategy within the health service. The committee has representation from Executive Directors and staff across the clinical streams (i.e., medical, nursing and allied health) and service areas including from rural sites as well as the library and ethics department.

The HP research fellow also helped to develop an **inaugural research annual report** in 2015 to recognise and showcase the research that has been done within the health service internally. The positions have additionally helped with the formation of a regular **research interest group** to provide education, discussion and sharing with clinicians interested in research, as well as supporting a **“Brain-stormers”** group. The latter

“the other benefit of these positions is their link within that research network with universities or with their equivalent positions in other districts... something that we wouldn't have previously had access to”

- Clinician

is a multidisciplinary group which involves clinicians meeting with a group of academics and

researchers from the University of Queensland Rural Clinical School, to assist in brainstorming potential research ideas into more rigorous research questions and providing support with research design.

Strategic collaborations

The research fellow has also developed some key external research partnerships with external stakeholders. For example, the Executive Director of Allied Health described the research position as “instrumental” in securing an agreement with the University of Southern Queensland for honours student placements. Having such students was described as a win-win as students get to do their research and the health service “*get a piece of work carried out that we needed researched*”.

The research fellow also initiated a collaboration with the Australian centre for Health Service Innovation (AusHSI) to provide education and give advice regarding clinician’s research projects as well as establish additional research opportunities and collaborations. Lastly, the position was described by clinicians to be a linkage agent to university and research positions across health services to bring additional research expertise into projects that clinicians would otherwise not have access to.

Key enabling mechanisms

A number of key enabling mechanisms were described to have contributed towards the success of the HP research fellow within the DDHHS, some examples of these include:

Strong leadership support & communication

Strong support from leadership at an Executive level for research was described as a key driver of the HP research fellow’s success. As the Executive Director of Allied Health

elaborated, such support has enabled initiatives and projects to progress more smoothly “*the Executive Director of Medical and...my role are able to actually give them some direction, give them a commitment, help them to move things on*”.

Such support was described to be reinforced by the value and understanding that the Executive have towards research, as well as the strong communication that the position has with the Executive and leadership within the hospital through participation in regular meetings.

For example, in addition to the research advisory committee, the HP research fellow meets every fortnight with the Executive Director of Allied Health, the Executive Director of Medical services to discuss how the current research projects and agenda are progressing.

Having communication at this level also enables the research fellow to advocate research on behalf of allied health clinicians as one clinician commented, “*they report to Exec...reporting broadly about what’s happening in research and kind of having that credible space in a sense in powerful places*”.

**“Good Exec support...that’s probably been absolutely critical for a lot of things”-
Research fellow**

Approachability of research position

Another enabler of the research fellow's success described by clinicians was the personal qualities of the people that have occupied the role. For example one clinician commented, *"all of the people in that position have been accessible and willing and able..."* with another stating, *"they've been so approachable"*. A further enabler was that the positions *"translate research speak"* into common language that could be understood by clinicians. As another clinician described, *"So that's obviously a key quality that they've brought, not just the highbrow academic kind of perspective. There's actually been a translation of that into the real person."*

"they've been so approachable"

-Clinician

Having clear expectations

The Executive Director of Allied Health described that another key enabler of the position was *"setting the expectation that we have a real focus on building research capability and we want them to continue with their own research, but in the early years it is about building research capability. So if you're coming to us to want to just do research, then we're probably not the right environment for you."*

"I just think generally there's interest in research. ...and they will come from everywhere"

-Research fellow

Clinician interest in research

Lastly, the current research fellow described the interest and enthusiasm that clinicians have towards research as an enabler to the success of the position. She commented, *"But if it was another district where ... all they want to do is just come to work and work their job and not actually engage in any research, which is also possible... I've definitely got the other side of quite a lot of interest."*

Challenges

Certain challenges that the HP research position encounter within the DDHHS were also described.

Sole position for large staff base and area

The role being a sole position providing support to all of allied health, nursing and medicine across a large geographical area was described as a barrier to the position. Currently, there are no dedicated research positions in nursing or medicine to support these staff within the DDHHS. The Executive Director of Allied Health described *"we have over 5000 [staff] in the Darling Downs...and we cover 90,000 square kilometres, we have a very big geographical area. So to try and engage with everyone everywhere who's interested in any way, it's very challenging when you've only got one person."* Clinicians further commented that due to the position now servicing not only allied health but also medicine and nursing, *"they're spread a bit thinner"* and *"I found it harder to get in to see her"*.

"I think the size of the district is a challenge... distance and just being one resource"

-Research fellow

"The biggest barrier is resources."

-Executive Director Allied Health

Resource constraints

Resource constraints particularly in the area of funding to support the role and technology and space for clinicians to undertake research were also described. The Executive Director of Allied Health stated that *"we struggle year on year to find funding to support our research"*

fellow participating in relevant conferences and research activity external to the organisation”.

In regards to physical space for research, the research position commented, *“having an extra computer for research (for clinicians) is a little bit of a challenge at this stage, because there isn't any space... It's just those little physical barriers, which is more because of the age of the hospital, and the fact that the hospital is expanding, and space is very limited anyway.”* Clinicians described access to computer software was similarly a challenge, *“So I can't use EndNote when we're writing things to actually site references... So some of the technology is a barrier.”*

Accessibility & awareness of role

Clinicians based at Toowoomba Hospital also shared that accessing the research position role has been more challenging since the role moved location to Baillie Henderson Hospital, about 20minutes drive from Toowoomba Hospital. Clinicians described that compared to when the position used to be co-located with the allied health directors that *“we've lost a lot of incidental opportunities in allied health”*, as another comments, *“If you've got anyone offsite, it's always out of sight, out of mind, really.”*



Another challenge is the clinicians' awareness of the role. *“I think it depends on your profession as well. I'm not sure how broadly advertised it is that we've got this research fellow”.* Another clinician commented that it took her a couple years within the health service before she was aware of it. Clinicians commented this awareness of the role was most likely more challenging for their rural counterparts.

Novice workforce

Described as both a challenge and a benefit by the research position was that the majority of staff within the DDHSS were very novice to research. As the research position stated, *“it's a challenge and a benefit, starting with a very novice workforce. I mean, we don't have many PhDs. We don't have many people who have done honours or research. Or if they'd done it, it's been years ago. So it's very novice beginnings. But on the flipside, that means they're open to learning new things.”*

Factors to facilitate ongoing success

Certain strategies were suggested as ways to address some of the described challenges as well as facilitate the ongoing success of the role.

Increased funding for research positions

In addition to the new research support officer role that has been created, interviewees suggested that additional funding for more dedicated research roles and support staff (i.e., administrative and research assistance) was needed to meet the growing demands of the health service. Creating dedicated research roles in nursing and medicine was suggested as a priority by different interviewees. For example, the Executive Director of Allied Health commented *“it*

“ we need dedicated research roles in medical and nursing as well.”

hinges on funding for us to put things like more resource support into it or the admin. But in addition we need dedicated research roles in medical and nursing as well.”

Ongoing promotion of role

While a number of avenues for promotion have been undertaken to alert clinicians of the HP research position role including speaking at forums, screensavers, and staff newsletter stories, clinicians felt that the role would benefit from further promotion. One clinician commented *“I just think maybe there might need to be more promotion done so there's more awareness of the role and what it can do.”* The health service may however need to consider the workload capacity of the research fellow to take on additional influx of requests that may arise from such promotion.

Ongoing advocacy by EDAH

Interviewees also commented that ongoing advocacy of the role through leadership and executive support would be beneficial to the ongoing success of the role.

Summary

Despite certain challenges unique to the DDHHS including its large size, lack of dedicated research positions and certain resource constraints, over the past five years individuals within the HP research position role have achieved a number of successes in building research capacity within the health service. This has led to clinical and service improvements including the addition of new staff, positive impacts to research culture and upskilling, development of various research infrastructure and the formation of key strategic research collaborations.

The strong leadership of the Executive in advocating for the role, and their regular communication with the position, together with the approachability of staff in the role and clinician interest and enthusiasm in research have all helped enable the successes. The position is seen as pivotal in the ongoing research of the health service, with one clinician stating, *“None of us would be doing this (Research) without those positions.”*

Case Study 2: Princess Alexandra Hospital / Metro South Hospital & Health Service

Metro South Hospital and Health Service (MSHHS) currently employs approximately 1500 allied health professionals (AHPs), with over half of these based at Princess Alexandra Hospital (PAH, pictured), one of the major tertiary health care centres in Queensland.

In 2010, MSHHS was successful in securing five HP research positions based in MSHHS. This included a profession specific HP research position (HP6) in PAH's Nutrition and Dietetics department (conjoint with the University of Queensland's Diamantina Institute), a Profession specific HP6 position at the Radiation



Oncology Centre at the Mater, a conjoint Professorial position with the University of Queensland, a conjoint position with Griffith University (HP5), and a conjoint position with the Queensland University of Technology (HP5). The latter three positions merged with other existing research positions within PAH to form the Centre for Functioning and Health Research (CFAHR). Although physically located adjacent to PAH, the HP research positions at this centre provide support to AHPs across all of MSHHS including Logan, Redland and Queen Elizabeth II Jubilee Hospitals.

Over the past five years, the four HP research positions have achieved a number of successes for allied health research within MSHHS. The following case study will summarise some of these achievements, provide examples of enabling and hindering mechanisms to their successes, as well as factors which may facilitate the ongoing success of the roles. Information for the case study was synthesised from interviews with 14 stakeholder employees from MSHHS. This included two individuals currently in the HP research positions, two of their reporting line managers, and a focus group of 10 AHPs who have engaged with the HP research positions (including team leaders, clinicians, and professional directors across six different allied health professions).

Achievements

Increased clinician research engagement

A key outcome of the HP research fellows within MSHHS reported by interviewees was increased engagement of AHPs in research. Examples of this included an increased number of clinicians initiating and participating in research projects, as well as being co-authors on research publications. A team leader commented that while research activity has often been a component of senior clinician's role descriptions, the HP research positions, *"have allowed us to actually make it happen in real time in the work place."* For example an interviewee

commented that a team at Logan Hospital, *“went from one research project and now they have, like, 10”*. Research activity undertaken was also described as clinically relevant, with a clinician commenting, *“any of the projects I'm aware of all seem to have really good patient outcomes there linked with it”*. This increased research engagement has led to changes in the culture of different teams, with one research position describing a *“shift from having research as an added extra or a luxury... to now ... an environment where everyone that comes to work here expects to be able to participate in some way in research.”*

Furthermore, interviewees reported an increase in the number of clinicians that are now undertaking PhDs. A research position was amazed at the growth in this area over the past five years within allied health stating, *“Looking at just the growth. You sit back and think, wow, five years ago, now ... 10 of those people are doing PhDs.”* A seminar series developed by the HP research positions at CFAHR, *“My Path- My PhD”* which involves clinicians presenting the different stages of undertaking their PhD journey was also reported to have successfully encouraged some clinicians in commencing a PhD. One of the research fellows described, *“probably three people I've now got enrolled at PhDs came out of seeing that sort of talk...”*

“..we have a lot of staff now who are engaged in higher research degrees.”
-Manager

Building profile of allied health

Another achievement of the HP research fellows that interviewees described was the profile building of allied health research within MSHHS, an organisation described to have traditionally been *“medically focussed”*. A reporting line manager commented that the HP research positions have helped the *“organisation as a whole to understand and to acknowledge that we are very much engaged in clinical research within the hospital. So it has allowed...at a strategic level for us to have recognition of the role of allied health professionals”*. Another clinician commented of the HP research fellows, *“with the support they provide, grants that you get, publications, presentations, all that sort of stuff is getting Allied Health out there”*. A HP research fellow further commented that increasingly more of their medical staff are noticing the *“huge amount of research happening at Allied Health”*. This increased profile and reputation of allied health in research was also described to have assisted with forming increased collaborations with medical peers within the organisation.

The profile building of allied health has not only occurred within the internal organisation but has resulted in external recognition at a national and international level. A research position recounted that at national conferences they are *“repeatedly having people saying... there is so much happening in Queensland. ... you are involved in so much. ... it has visibility and people have noticed it, which is fabulous.”* The international reputation of the HP research fellows marked by their own research profiles and outputs has also been *“recognised by the invited speaker presentations”* internationally.

“changing the culture within the department to be more of a research focused culture ... is actually one of the reasons people want to come to work at PA”
-Reporting line manager

More attractive employer

The raised profile of allied health as well as an increased research activity and culture contributed by the HP research

fellow was also said to assist in making the allied health departments within MSHHS “a more attractive employer” for present and future staff. This has included attracting both clinicians as well as researchers. A reporting line manager described, “A huge change in the culture in terms of engagement but also we were seen as, I think, an employer of choice. So people wanted to come and work at PA.” Another team leader commented, “if it wasn't for [research position name] I don't think we would have attracted all of these other research fellows and as a result we were able to have more research produced in the department”.

Increased inter professional collaborations

Clinicians also reported an increase in the number of multi-disciplinary projects being undertaken as a result of the HP research fellow support, “we've got a lot of projects where there's occupational therapy, speech pathology, radiation therapy and dietetics and we're all working across different projects which again I don't think without her position there...we probably would not have made those links”. Similarly, a reporting manager commented that allied health has “been able to engage in research that we may not have had opportunities to do. So medical and nursing colleagues have thought of us”.

“Without her position there...we probably would not have made those links”

-Clinician

“one of the biggest achievements for our department has been training and mentoring the entire department in systematic review of literature and analysing the results, - making changes to service delivery”

-Clinician

Increased uptake of evidence in practice

Interviewees reported that the HP research fellows also helped facilitate the integration of research evidence into clinical practice leading to improved patient outcomes. One manager stated that the positions have “led to people really thinking hard about what they are doing on a day to day basis, to be mindful that are they looking for the best evidence.” An example of this increased uptake of evidence facilitated by the HP research position occurred within PAH Nutrition and Dietetics department, which has been involved in different initiatives including having all staff undertake a competency in completing critical appraisals, with the help of critical appraisal champions. A clinician described, “we're expected to do them twice a year and that's developing a question in our practice ...and then finding a research article, critically appraising that and then presenting it to our teams and then getting feedback from that”. The research fellow described that an evaluation of this initiative showed clinicians are using “skills that they've learnt to initiate or support discussions about treatment options with other health professionals... So there are many examples where their actual practice is changing”.

Within the same department an annual competition, “My Translation Rules” was developed by the HP research fellow to encourage clinicians translating evidence into practice. The initiative has now branched out to include other local hospitals and involves clinicians finding and critiquing evidence, implementing and evaluating the outcomes in practice and then presenting to their peers in an award based competition. The HP research fellow commented on how the process of the initiative has helped clinicians see that “understanding research allows them to do better practice and improve patient outcomes.”

Key enabling mechanisms

A number of enabling mechanisms have helped to achieve the aforementioned successes. Some examples of these mechanisms will now be described.

Strategic profiling/marketing of positions

Having the HP research positions within CFAHR marketed across the organisation as part of the centre was described as an enabler to the HP research positions' success,



particularly in helping to build the profile of allied health research within and outside MSHHS. According to one of the HP research fellows, this has *"taken a lot of strategic work of our team. Making sure we are on committees and we are putting up and doing the talks...speaking at PA Week."* The interviewee went on to say, *"We made sure that we were well spread across Metro South and involving and engaging with the key players. We put ourselves onto things that got visibility. We market ourselves...We created templates and make sure CFAHR's name and things are everywhere.."* Another marketing opportunity described by one of the reporting line managers was the five year celebration of CFAHR, held in October 2015. This celebration included a series of short presentations showcasing research coming from the centre which was described as a *"great opportunity for some of the, I suppose, influential people to see the work that was being done."*

"if we didn't have leadership that endorsed and supported the concept of people undertaking everything from knowledge translation through to formal research activities...it wouldn't work."

-Reporting line manager

Departmental manager support

Another key enabler of the HP research positions' success is having departmental managers who are supportive of clinicians engaging in research. One of the HP research positions stated, *"having a manager who is supportive of research activity within the operational aspects of the department - that is critical to the success of the fellow."* This kind of support was described by an interviewee as being more than *"just words"*, with a reporting line manager describing, *"They can achieve a lot more if the manager is supportive... supportive of the young staff participating...If we needed to pull people offline to work on a research project that they moved things around, supporting them to go to conferences."*

PAH culture supportive of research

Another mechanism within the organisation that was reported to have facilitated the success of the research fellows is the general supportive culture PAH has towards research. A reporting line manager described, *"It's one of the pillars of what they do. Research is part of the hospital's remit."* As a result of this pre-existing culture, opportunities for grant funding and presentations to showcase research were available to the HP research positions within the organisation, as well as other research training from the Centres for Health Research for clinicians to access.

Physical accessibility of roles

Another enabling mechanism described by the interviewees who were based at PAH was the physical location of the research fellows. A clinician described, *"I think the physical availability I'd vouch for as well.... I don't think it would work the same if they were someone who was just based at a university ... or was just someone that sat up in a different*

department who wasn't within it". Another clinician commented that the physical set up of the CFAHR unit has also helped the positions' success, *"they've got some office space, places where you can go and meet one on one or have a collaborative discussion... It's not trying to find a room or desk space each time you need to meet."*

The physical location of the HP research fellow sitting within PAH's Nutrition and Dietetics department as well as the position being integrated into the department's leadership and professional development meetings was also described as an enabler to this position. As a team leader described, the research fellow has *"built a bridge between researchers and the clinicians and the clinicians understanding the research is part and practice of every day best practice."*

Personal qualities, experience and networks of positions

Lastly, the personal qualities, experience, knowledge and linkages of the HP research fellows were described to have enabled their success within MSHHS.

One reporting line manager speaking of the current HP research position incumbents commented, *"you can have all those characteristics but not have the personal, interpersonal skills to be able to engage with clinicians and to understand the clinician's perspective. So [they] are all very, very good at that kind of engagement with people."* One of the HP research fellows described another enabler to their success in the role was their personal local knowledge and connections, *"That allowed me to already have contacts within departments who knew me, trusted me and had worked with me previously...So that's certainly a tactic or a strategy that I think was part of the success."*

"I've met with all of these four characters and they're all very approachable"
-Clinician

Clinicians also described individuals in the positions being very skilled at knowing how to relate to a clinician's personal developmental level, with one clinician commenting, *"I think [research position name] ... has been very skilled at knowing or being able to interpret where my level of skills are and then pitching their facilitation of my research development there and not sort of going three or four steps ahead of where I'm at."* Skills in mentoring were also seen as an enabler to the positions, *"they've been a great mentor to us in radiation therapy who were probably still finding our feet somewhat in research"* commented a clinician.

Challenges

The interviewees also described certain challenges that the HP research fellows have encountered within the MSHHS.

Over demand of HP positions

One of the HP research fellows described *"a barrier for us is just this - there's more people than we can help - for our - humanly possible."* Consistent with this, clinicians described the HP research positions as *"very busy"* and at times difficult to consistently access support. One clinician commented *"...they just don't have the time physically and they do do massive amounts of work in the time they have available."* Another team leader commented, *"the staffing is really insufficient for the amount of research output that we're driving or wanting to achieve."*

"...they just don't have the time physically and they do do massive amounts of work in the time they have available."

-Team leader

Medically focussed organisation

Another challenge for the HP research positions described by the

interviewees was the medical focus of the PAH, particularly in the area of research. One professional director described, *“I think it's very hard to break into that medical autocracy. I think we're getting there but it's taken those five years to get to this stage where we've got a lot of evidence...We've got a long hard road as Allied Health.”*

Contrast between university and HHS

“we've all got different proportions, different employers, different issues because of who we're employed by.”
-Research position

Individuals in the HP research positions and reporting line managers also described managing the different expectations, processes and “KPIs” between the university and the health organisation was sometimes challenging. A HP research position summarised, *“We're researchers in a clinical environment and they're [Queensland Health] still working out how to cope with us and how to cope with what we can do. That would be the same if you shoved a whole bunch of clinicians at a university. It's just the same - different world.”*

In addition to inflexible cost centre management, a limiting factor of being employed by QH in comparison to university institutions that interviewees described was *“the paperwork and bureaucracy”* associated with travelling to conferences. *“[conference] leave is just deemed this massive big luxury rather than... an important aspect of disseminating the research”*, reflected one of the research positions. A reporting line manager further described, *“I think it creates a barrier when these positions...have to apply for ministerial approval to attend conferences. I see that as being quite significant”*.

Technology barriers

Another ongoing challenge within the organisation which the HP research fellows face in contrast to working in an academic setting is the *“access to research specific software and IT support”*. A HP research fellow described, *“It just seems to be a system where that [technology] is not very well managed compared to, in the university system, where things tend to just work...Whereas the government system of getting access to software is an ongoing challenge which limits our ability to do research in a critical way.”*

Factors to facilitate ongoing success

Certain factors were described by interviewees which may help to alleviate some of these challenges as well as facilitate the ongoing success of the HP research positions within the MSHHS.

Creation of more research positions

Clinicians and team leaders described that more of the HP research positions *“would enable more clinicians to do more research”*. Clinicians within MSHHS based outside the PAH also commented, *“I think that would be more benefit to us having more onsite within departments.”*

“...I think more positions would definitely help us.”

-Clinician

“...we have no administrative support or anything like that.”

-Research position

Supportive infrastructure

Interviewees described having funding for support staff such as research assistant positions and administrative support would also be beneficial. As a professional director described of CFAHR, *“The centre*

was never set up as a centre with AO support or non-labour [funding]. So it's sort of just grown but it isn't supported structurally like maybe some of the other centres". Part of this research infrastructure that interviewees indicated needed to be addressed in the future including having a dedicated budget for travel "rather than having to self-fund or go on their annual leave time" and streamlining the issue regarding ministerial approval for international travel.

Encourage more self-sustaining growth

Another strategy described by interviewees to facilitate the ongoing success of the roles within the organisation, and to compensate for their already stretched time, is to continue to build internal capacity of clinicians to support others within their own teams. As one of the research positions described, "...it's trying to get a few sub-layers of people who've learnt some of those little steps - that they can do some of those little steps with people and then they come in with us." A similar strategy of sustainability including increasing the number of clinicians who hold PhDs was outlined in the Metro South Allied Health Workforce Research and Innovation Strategic Directions, which was co-produced by the HP research positions with the Executive Director of Allied Health, MSHHS.

Summary:

Individuals within the HP research positions have achieved a number of key successes within MSHHS over the last five years. These have included increasing the engagement of clinicians in clinically meaningful and collaborative research, and building the profile of Allied Health both internally and externally, in what is historically a medical research focussed organisation. The roles are perceived as contributing to making PAH an employer of choice, and increasing the translation of evidence into clinician's practice. While certain challenges exist within the organisation including the high demands on the individuals in the positions and travel and technology barriers, a number of key enablers have facilitated the positions' success. These enablers include the strategic profiling of the positions within a central unit - CFAHR, the departmental and organisational support of research, and the personal qualities, physical accessibility and experience and mentoring of the HP research positions. Creation of more positions, funding for supportive infrastructure (i.e., administrative support) and encouraging more self-sustaining growth internally were all identified as strategies to facilitate the ongoing success of the roles within MSHHS, now and into the future.

Appendices

Appendix 1: Interview Guide

HP Research Position interviewees

1. Describe your research interests or background and how long you have been in the present role.
2. Can you describe what you would consider some of your biggest successes in the role have been?
 - What factors (within your organisation) contributed to the success?
3. What are some biggest challenges you have encountered as part of your role?
4. What initiatives have you undertaken within the organisation which aimed to facilitate the development of AHPs research skills?
 - What factors helped to enable these initiatives?
 - What barriers did you encounter?
5. How has your role facilitated AHP research that is close or meaningful to practice?
 - What factors help to enable this?
 - What barriers did you encounter?

How do you think your role has directly impacted on services or client outcomes?
6. What factors have helped to enable you to build research linkages, partnerships and collaborations between AHPs and other stakeholders while in your role?
 - What barriers have you encountered ?
7. What factors have helped to facilitate appropriate dissemination of AHP research findings while in your role?
 - What barriers have you encountered ?
8. How has your role helped to include elements of continuity and sustainability of RCB within your organisation?
 - What factors have enabled this?
 - What barriers have you encountered in terms of ensuring RCB are sustainable?
9. How has your role contributed towards the development of structures and processes that are set up to enable smooth and effective running of research projects?
 - What factors have helped to enable this?
 - What barriers did you encounter?
10. Is there anything we have not discussed that you would like to add in regards to your role in building AHP research capacity?

For stakeholders (reporting line managers and focus group)

1. What has been your level of engagement with the research fellow position(s)
2. What you would consider some of the biggest achievements of these positions have been in terms of building AHPs research capacity within your organisation?
3. What do you think enabled these successes?
4. What do you think some of the barriers are to these positions in terms of building the research capacity of AHPs within your organisation?

(more specific questions related to specific aspects of research capacity building e.g., development of research skills, impact to clinical practice, dissemination, sustainability, impact on research culture and profile of allied health, may also be discussed)

5. What factors will facilitate ongoing success of this role?
6. Is there anything we have not discussed that you would like to add in regards to the role of the HP research position in building AHP research capacity?

Appendix 2: Frequency of sources mentioned for each outcome

Outcome	No. of unique sources* mentioned from interviews (max n=20)
• clinical and service changes	18
• clinician skill development	17
• Increased research productivity	17
• strengthening collaborations	15
• Building profile and reputation of allied Health	13
• Enhancing research and workplace culture	11
• development of research Infrastructure	10
• increased clinician research engagement	9
• professional development of the research position	3

Appendix 3: KPI Summary of Research Positions

Source: Allied Health Professional's Office of Queensland

Number of Fellows that have submitted their KPIs

2011	20 out of 20
2012	19 out of 20
2013	15 out of 17
2014	12 out of 15

Research Plan

KPI 1: Did you develop a research plan?

Year	Yes	No
2011	20	0
2012	19	0
2013	15	0
2014	12	0

Publications

KPI 2: Number of peer reviewed articles

Year	Average per Fellow	Range
2011	8.25	0 - 25
2012	9.26	1 - 34
2013	14.67	2 - 50
2014	15.83	0 - 37

Conference Presentations

KPI 3: Number of conference presentations

Year	Average per Fellow	Range
2011	8.55	0 - 28
2012	10	2 - 23
2013	12.87	0 - 36
2014	9.42	0 - 22

Conference Type

Year	International	National	State	Other
2011	64	63	30	14
2012	89	66	22	13
2013	65	103	21	4
2014	51	44	13	5

Presentation Type

Year	Podium	Workshop	Poster	Other
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2011	115	5	38	13
2012	142	9	33	6
2013	128	18	23	24
2014	68	13	32	0

Speaker Status

Year	Invited	Accepted Abstract	Other
2011	50	106	15
2012	32	137	21
2013	42	142	9
2014	45	57	11

Research Degrees

KPI 4a: Total number of research students undertaking honours or research higher degree the Fellow supervised / co-supervised & KPI4b: number of these that were Queensland Health staff

Year	Average per Fellow (total)	Range (total)	Average per Fellow (QH staff)	Range (QH staff)
2011	5.85	0 - 38	1.8	0 - 8
2012	5.11	0 - 16	2.47	0 - 8
2013	6.33	0 - 17	3.4	0 - 9
2014	6.92	0 - 21	3	0 - 10

Degree Type (total vs. Queensland Health)

Year	Honours	Masters	Doctorate
2011	23	21 / 15	73 / 21
2012	13	26 / 24	58 / 23
2013	10	24 / 20	61 / 31
2014	13	15 / 10	55 / 26

Research Funding

KPI 5a: Number of funding applications & KPI 5b: number of these that were successful

Year	Average per Fellow (total)	Range (total)	Average per Fellow (successful)	Range (successful)
2011	9.83	1 - 28	5.1	1 - 19
2012	8.41	3 - 20	3.89	1 - 13
2013	7.53	0 - 25	3.13	0 - 8
2014	6.83	2 - 14	3.25	1 - 8

KPI 5c: Funding received in this year & KPI 5d: Total amount of funding awarded

Year	Average per Fellow (this year)	Range (this year)	Average per Fellow (total)	Range (total)
2011	\$103,338.95	\$0 - \$156,597	\$338,680.25	\$9,723 - \$1,846,710
2012	\$192,813.79	\$3,750 - \$463,442	\$484,602.89	\$3,800 - \$1,000,000
2013	\$150,782.53	\$0 - \$338,000	\$437,227.80	\$2,645 - \$1,346,000
2014	\$62,309.62	\$0 - \$475,000	\$181,150.41	\$1,000 - \$1,900,000

Funding Body (received in this year vs. total funding awarded)

Year	Queensland Health	Hospital Foundation	University	External / Other
2011	\$1,769,377 / \$3,765,730	\$171,997 / \$244,615	\$0 / \$2,546,710	\$125,405 / \$216,550
2012	\$717,575 / \$1,431,362	\$318,800 / \$398,983	\$630,427 / \$1,387,927	\$1,996,580 / \$5,989,183
2013	\$420,772 / \$616,457	\$180,852 / \$359,882	\$182,454 / \$406,165	\$1,477,660 / \$5,175,913
2014	\$142,934 / \$408,450	\$112,357 / \$166,737	\$183,125 / \$351,249	\$2,240,899 / \$6,863,031

Abbreviations

AHP	Allied Health Professional
AHPOQ	Allied Health Professional's Office of Queensland
HP	Health Practitioner
QH	Queensland Health

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