SOCIETY FOR HEALTH ADMINISTRATION PROGRAMS IN EDUCATION INC

Promoting Excellence in Health Service Management Education and Research

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SHAPE INTERNATIONAL SYMPOSIUM

Draft program Wednesday 4th – Friday 7th July 2023

Reshaping the health services management workforce for better health - a joint challenge for educators, researchers, managers and practitioners

Theme	Focus
1	Developments in health services management curriculum design and delivery and how these can be harnessed by educational programs and in the workplace.
2	Innovation in health service delivery and management including digital health and what this means for how we educate, train and develop the current and emerging workforce.
3	Collaborating with the countries in the Asia Pacific region and between educators, researchers and practitioners – practical examples and ideas for encouraging this interaction.
4	The challenge of building cultural safety into health service management education, research and practice – what we need to be doing differently.

Tuesday 4th July	
Visit to Gold Coast Hospital – invited international participants	Morning
International Roundtable discussion on research and training collaboration Invited international participants and SHAPE executives	Afternoon
SHAPE member updates & discussion of issues and challenges	
SHAPE AGM	
Wednesday 5th July	
Registration and morning tea	9:00-10:00
Welcoming and opening by Associate Professor Michelle Hood Dean, Teaching and Learning, Griffith Health	10:00-10:15
Chris Selby-Smith Oration **Speaker:** A/Professor Zhanming Liang Associate Dean of Research Education, College of Public Health, Medical and Veternary Science, James Cook University **Topic:** Developing a competent health management workforce: present and the future	10:15-11:15

Mary Harris Student Bursary Award and presentation *Facilitator: Kevin Forde* Mary Harris Student Bursary Winner: Mr. Christopher Putra, Griffith University 1. "Communication Skills: Let's talk about it!"	11:15-12:15
Lunch break	12:15-13:15
Concurrent session 1 – Theme 1 **15 minute presentation + 30 minute facilitated discussions** *Facilitator: Anne Smyth* 2. A/Professor Hanadi Hamadi, *"Improving Health and Addressing Social Determinants of Health Through Hospital Partnerships."* 3. Mr Padukka Dharmaguna, Queensland University of Technology, *"Evaluation of Online Training Programs on COVID-19 Preparedness and Response, in a Resource Poor Setting."* 4. Dr Simon Cheung, Hong Kong Polytechnic University, *"The New Hong Kong Primary Healthcare Blueprint: Primary Healthcare Educational Programmes for Allied Health Professionals in Hong Kong during COVID-19."* 5. A/Professor Ranjit Dehury, University of Hyderabad, *"Emerging Issues of Managing Human Resources in the Healthcare Sector: A Recommendation for the Development of Industry Oriented Curriculum."*	13:15-14:45
Afternoon tea	14:45-15:00
Concurrent session 2 – Theme 4 *Facilitator:* Islam, Md Shahidul 6. Ms Sirou Han, Shandong First Medical University & Shandong Academy of Medical Science, *"Using Patient Feedback to Monitor and Inform Hospital Service Quality Improvement."* 7. Ms Alice Wilkin, Western Sydney University, *"Let's get the basics right: Diversity and Inclusion Data Collection."*	15:00-16:30
Discussion and wrap up	16:30-17:00
Welcome reception	17:30-19:00
Thursday 6th July	
Welcome	9:00-9:15
Guest speaker Ms. Tracey Doherty Nursing Director, Transformation Advisory, Gold Coast Hospital and Health Service *Facilitator:* Jennifer Kosiol	9:15 – 10:15
Morning Tea	10:15-11:15
Concurrent session 3 – theme 2 *Facilitator: Paula Bowman*	11:15-12:45

8. Mr Mark Brommeyer, Flinders University, *"Health Service Managers – Digital Health Workforce Capability Factors and Implications."* 9. Dr Jing Xue, University of Florida, *"Opioid Crisis Telehealth Response: Applying Lessons in Clinical Workforce Development."* 10. A/Professor Fowie Ng, Tung Wah College, *"Digital Health and Technology Adoption - Past, Present and Future."* 11. Dr Shyam Paryani, University of North Florida, *"Remote Patient Monitoring for Hypertension."*	
Lunch	12:45-13:30
Student papers 5 mins presentation and feedback part 1 *Facilitator: Anneke Fitzgerald* 1. Ms Nathalie Vamben, University of New England, *"The Effect of the Covid-19 Pandemic on the Loneliness of Older People: A Scoping Review."* 2. Miss Chi Ian Chau, University of Macau, *"Evaluation of Pharmacist Intervention for Paediatric Asthma: A Systematic Literature Review and Logic Model."* 3. Ms Belinda Newcombe, University of New England, *"Factors that Influence Junior Medical Officers (JMO) Wellbeing and Future Interventions: A Systematic Literature Review."* 4. Mr Nicholas Heng, James Cook University, *"Electronic Health Record Adoption in Frontline Nurses in Residential Aged Care Facilities (RACFs)."* 5. Ms Priyanka Pokhrel, James Cook University, *"Developing a competent senior hospital management workforce in public hospitals in Nepal."*	13:30 – 14:45
Facilitated discussion session: Research and practice innovation and new ideas *Facilitator:* Mr. Mark Brommeyer Invited sharing of innovation in research and practice, leading to facilitated discussions on current research ideas and plans to establish partnerships and collaboration.	14:45-16:15
Discussion and wrap up	16:15-16:30
Symposium Dinner - 19:00 Onwards Details will be provided	
Friday 7th July	
Welcome	9:00-9:10
Facilitated Panel Discussion *Facilitator:* Dr. Jalal Mohammed Panel Members Ms. Sau Chu CHIANG Council Member of the Hong Kong College of Health Service Executives (HKCHSE) and Chairman of the Hong Kong Pharmaceutical Care Foundation Professor Lester Levy Professor of Digital Health Leadership at Auckland University of Technology	9:10-11:00

Chair of the New Zealand Health Research Council Panel members are invited from Australia, Hong Kong, Fiji and New Zealand to share experience of designing health service management training curriculum that can meet the changing needs of the healthcare system.	
Morning tea	11:00-11:30
Concurrent session 4: Theme 1 and 3 *Facilitator:* Mr. Mark Brommeyer 12. A/Professor Zhanming Liang, James Cook University, *"Role of Competency Assessment in Management Capacity Building."* 13. Mr. Stewart Alford, Griffith University, and Dr Minalli Vasandani, Griffith University, *"Work Integrated Learning, Challenges and Opportunities in Health Services Management."* 14. Ms Aurora Tafili, University of Alabama, *"Mental Health & Factors Influencing Help-Seeking Factors: A Comparison Between Singapore & China."*	11:30-13:00
Lunch	13:00-14:00
Student papers 5 mins presentation and feedback part 2 *Facilitator:* A/Professor Zhanming Liang 6. Ms Rafaela Prado Umeno, Griffith University, *"Optimising place design for Intergenerational Practices."* 7. Miss Pou Kuan Tang, University of Macau, *" A Scoping Review of Dementia Policy Implementation in Macau: Implication for the Way Forward."* 8. Ms Carmen Hall, Curtin University, *"Analysis of the Processes Involved in Changing Abortion Laws in Low- and Middle-Income Countries (LMICs): A Scoping Review of Literature."* 9. Mr Talat Mohammed, Queensland University of Technology, *"Patient Safety Culture in Saudi Hospitals: A Comparative Mixed Methods Study of Staff Perceptions and Organisational Practices in Saudi Hospitals in the Holy Cities of Makkah and Madinah."*	14:00-15:00
Discussion and wrap up	15:00-15:30

Abstracts of Oral Presentations – 15 mins	
Mary Harris Student Bursary Award	
Paper 1	**Communication skills: Let's talk about it!**

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Background

Interpersonal skills, such as communication skills, are fundamental in health services management. These are essential to improve care outcomes and achieving higher patient satisfaction (Erigüç & Köse, 2013; Karimzadeh et al., 2017; Meyer et al., 2009). Communication skills are amongst the most sought-after employability skills for health service managers (Messum et al., 2015). Hence, developing written and verbal communication skills is essential for ensuring the job-readiness of our health service management graduates (Bridgstock, 2020).

This research paper explores the barriers, challenges, and opportunities in developing communication skills for Health Service Management (HSM) graduates.

Methods

- A literature review was undertaken to understand the challenges, barriers and opportunities in developing communication skills for health service management graduates.
- An evidence-based skill assessment questionnaire of the WIL students was conducted, which collected qualitative data on their communication skills.

Based on the above, a Pilot communication skills workshop was developed, delivered and evaluated as a part of the curriculum of WIL students.

	Results Communication skills, both written and verbal, are challenging for HSM graduates, especially international students. The pilot workshop was well received and highly appreciated for its benefits by the HSM graduates in the WIL program. **Outcomes and implications – including reference to healthcare management.** Communication skills development will benefit health service management students by increasing their confidence, improving interpersonal relationships with colleagues and consumers, and having higher chances of success in their careers (Bridgstock, 2021). This highlights the importance of courses that helps students to develop employability skills such as communication skills.
Concurrent Session 1	
Paper 2	**Improving Health and Addressing Social Determinants of Health Through Hospital Partnerships** **Corresponding and Presenting Author:** Dr. Hanadi Hamadi Associate Professor, University of North Florida Email: H.hamadi@unf.edu Mobile: 904-620-5314 **Co-Authors:** Mei Zhao, Ph.D. Professor, Department of Health Administration Brooks College of Health, University of North Florida Email: mzhao@unf.edu Sinyoung Park, PhD Associate Professor, Department of Health Administration Brooks College of Health, University of North Florida Email: sinyoung.park@unf.edu Jing Xu, Ph.D., MHA Assistant Professor, Department of Health Administration Brooks College of Health, University of North Florida Email: jasper.xu@unf.edu

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Background

Hospitals and health systems are forming partnerships to develop an integrated social network of services that better address the need of their surrounding communities and their social determinants of health (SDoH). There is little research on the association of these partnered services with hospital outcomes. This study examined the association between hospital social need partnerships and activities to improve hospital and community outcomes.

Methods

A secondary cross-sectional design to analyse 2021 census data of non-federal short-term acute care hospitals in the United States was utilized. Data were obtained from the American Hospital association. Four multilevel logistic regression models were used to analyse data from 1,005 hospitals.

Results

We found that hospital partnership type differed in association to social need outcomes. We found that hospitals with a partnership with Health insurance providers were more likely to have better health outcomes. Hospitals partnered with Health insurance providers, Local organizations addressing housing insecurity, Local businesses, or chambers of commerce were more likely to have decreased Health care costs. Hospitals partnered with healthcare providers, Health insurance providers, Local

	organizations providing legal assistance, or Law enforcement/safety forces were more likely to have decreased utilization of hospital services. However, hospitals partnered with Other local, state government, or social service organizations were less likely to indicate decreased utilization of services. **Outcomes and implications – including reference to healthcare management.** Many hospitals and health systems across the United States are screening for SDoH and are advancing healthcare delivery and improving the community's overall health and well-being by identifying unmet social needs and partnering with the community to address them. Our findings are important to hospital administrators as they navigate a reimbursement system that encourages them to improve the health of their community. In an environment of limited financial and human resources, hospital administrators must seek partnerships with organizations that effectively impact and overcome SDoH and minimize efforts at developing less impactful partnerships. Our research indicates that hospitals should develop partnerships with payers outside their system to improve health outcomes. Hospitals should establish partnerships with other providers and payers outside of their system, legal assistant organizations, and law enforcement to decrease unnecessary and wasteful utilization of scarce hospital services.
Paper 3	**Evaluation of Online Training Programs on COVID-19 Preparedness and Response, in a Resource Poor Setting** **Corresponding and Presenting Author:** Mr. Padukka Dharmagunawardene PVDS Doctoral researcher, Queensland University of Technology Email: padukka.dharmagunawardene@hdr.qut.edu.au Mobile: 0406155106 **Co-Authors:** Nishanthini N Trainee in Medical Administration Post Graduate Institute of Medicine, Sri Lanka Jayawardene PR Medical Officer - Quality Management and Safety Unit District General Hospital – Matara, Sri Lanka

	Nathasha VVT Medical Officer – Planning, District General Hospital Ampara, Sri Lanka Kantharuban D Medical Officer – Office of Regional Director of Health Services Batticaloa, Sri Lanka Jayathilake KAD Medical Officer – District General Hospital Negombo, Sri Lanka Gunathillake AMCM Medical Officer – District General Hospital Nuwaraeliya, Sri Lanka Sujeewa JA Special Grade Nursing Officer District General Hospital, Moneragala, Sri Lanka Panapitiya PWC Deputy Director General – Medical Services I Ministry of Health, Sri Lanka Bowman P Lecturer – School of Public Health and Social Work, Queensland University of Technology, Australia Hinchcliff R Associate Professor – School of Public Health and Social Work, Queensland University of Technology, Australia

Background

Developing health professionals' understanding and management of COVID-19 is vital to address the pandemic. This outcome was challenging in Sri Lanka from 2020-2022 due to transportation restrictions and resource constraints. This case study provides insight into how online training programs (OTPs) were utilised to address this challenge.

The Ministry of Health (MoH) requested heads of all secondary and tertiary care institutions with COVID Treatment Centres to assign a training focal point (TFP). A rapid training needs assessment was then completed using an online platform (Zoom®) with experts, and online surveys (Google®) of TFPs. This information was used to develop 9 OTPs, with the collaboration of professional associations. The programs were delivered to 50 healthcare institutions. Recordings were stored in Google Drive® to enhance access. Due to resource constraints, online platform (Zoom® and Google ClassRoom®) costs were donated by philanthropic organizations. This presentation reports the results of an evaluation of these OTPs.

Methods

A descriptive cross-sectional study was conducted in 7 (out of 50) selected institutions, using cluster sampling. A pretested, self-administered online questionnaire was distributed to randomly selected staff, who participated in the OTPs and were asked to compare their experience of OTPs, compared to prior face-to-face training (FTP) experiences. The questionnaire was developed on the basis of a literature review and expert opinion. The desired sample size was 840 and 637 responded (75.8%). Ethical clearance was obtained from the Post Graduate Institute of Medicine, University of Colombo, Sri Lanka.

Results

The majority of respondents were female (64.2%) and nursing officers (45.5%). The most useful and effective training topic was "Use of Personal Protective Equipment". The highest ranked advantage of OTP was time and cost savings, while interaction and effectiveness were rated more highly for previous FTP. More staff preferred OTP during COVID-19 but not during normal conditions unless it is outside the district or conducted by MoH. There were significant differences between institutions and a significant preference for OTP among males, Medical Officers, groups with higher educational qualifications and staff with more healthcare experience.

Outcomes and implications – including reference to healthcare management.

This Sri Lankan case study demonstrates that, while OTP was useful, preferred, effective and given prominence during the COVID-19 outbreak, its effectiveness varied with socio-demographic and institutional factors. This should be considered in the

	design and delivery of future online training and innovative interactive techniques (i.e., breakout rooms, polls) should be incorporated to minimize limitations.
Paper 4	**New Hong Kong Primary Healthcare Blueprint: Primary Healthcare Educational Programmes for Allied Health Professionals in Hong Kong during COVID-19** **Corresponding and Presenting Author:** Simon Cheung Head of Continuing Education, College of Continuing and Professional Education, The Hong Kong Polytechnic University Email: Simon.cheung@cpce-polyu.edu.hk Mobile: +852 37460079 **Background** Over the past three years since 2020, the Coronavirus Disease (COVID-19) pandemic has demonstrated the critical importance of a strong primary healthcare infrastructure and workforce within the community. In 2023, a new Primary Healthcare Blueprint was developed in Hong Kong Special Administrative Region (HKSAR) to address the software and systemic aspect of healthcare system, in terms of service delivery, governance, resources, manpower and technology. In 2018 Policy Address, the Chief Executive in HKSAR announced the setting up of District Health Centre (DHC) in all 18 districts and determined to enhance disease prevention and self-health management and offering greater support for patients with chronic conditions. In relation to these service provisions at DHC, there is compelling evidence supporting physiotherapy (PT) and occupational therapy (OT) as a cost-effective solution for addressing frailty and various chronic conditions in primary healthcare (PHC). It is believed that local undergraduate PT and OT education should be geared towards more acute rehabilitation in a hospital setting. While the integration of local physiotherapists and occupational therapists into PHC would be enhanced by continuing post-graduate education. In 2021, two new post-graduate level continuing education programmes in primary healthcare for physiotherapists and occupational therapists were first developed and launched in Hong Kong by the Hong Kong Polytechnic University with sponsorship from the HKSAR Government. The paper aims to evaluate whether the core competencies of the trained participants will be able to meet the demands laid out in the newly launched PHC Blueprint, and how COVID-19 may affect the competencies of these participants during COVID-19, as to identify key areas for improvement for the post COVID-19 era. **Methods** Key competencies of PT and OT in primary healthcare settings were identified based on the PHC Blueprint, surveys and questionnaires were conducted with the graduates

	and professors to gather their views on evaluating the graduates' competencies for working in a primary healthcare setting during COVID-19, a gap analysis was used to identify possible competency/service gaps in order to provide directions for updating curriculum design and delivery. **Results** A holistic competency assessment process is important in identifying potential competency gaps of these primary healthcare educational programmes for PTs and OTs, especially during COVID-19, where the delivery of knowledge and skill was affected, the results will be useful in enhancing the curriculum design and delivery of the programme, as well as aligning the learning and professional needs of the PTs and OTs to serve in a primary healthcare setting. **Outcomes and implications – including reference to healthcare management.** Findings suggested that in addition to clinical knowledge and skills, other holistic competencies such as communication, teamwork, and lifelong learning are of similar importance for allied health professionals working in a primary healthcare setting. An acute hospital setting had affected the professional development of holistic competencies of allied health professionals in HKSAR, hence the importance of practicum in primary healthcare settings would be essential in curriculum design yet hindered by the pandemic. Oliver, B., & Jorre de St Jorre, T. (2018). Graduate attributes for 2020 and beyond: Recommendations for Australian higher education providers. Higher Education Research & Development, 37(4), 821-836. Immonen, K., Tuomikoski, A., Kääriäinen, M., et. al (2022). Evidence-based healthcare competence of social and healthcare educators: A systematic review of mixed methods. Nurse Education Today, 108, p.105190-105190
Paper 5	**Emerging Issues of Managing Human Resources in the Healthcare Sector: A Recommendation for the Development of Industry Oriented Curriculum** **Corresponding and Presenting Author:** Dr Ranhit Kumar Dehury Assistant Professor, School of Management Studies, University of Hyderabad, Prof. CR Rao Road, Gachibowli, Hyderabad, Telangana, India. PIN 500046 Email: ranjit@uohyd.ac.in **Mobile: +91 7387391762**

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Topic (the main issues that are addressed in this article)
The importance of workforce planning and a thorough understanding of the challenges and opportunities in the healthcare sector have always helped in the progress of different verticals of the health sector. The healthcare sector has important verticals like Health Care Information Technology, Hospitals, Pharmaceuticals, Medical devices, Health Insurance and Public Health, which is pivotal in achieving growth. The paper aims to analyse the industry requirement and suggest measures for improving curriculum to produce industry-ready human resources.

Rationale (why do the issues matter for health service management?)
Human resources, essential for providing health care services, must be studied in an emerging health system like India. Off late, many services have been upgraded in India with the accreditation of health care organizations in line with Joint Commission International and society regulators of different verticals of the health system. The training Institutes and skilling bodies must be more efficient to cater to the industry's needs in the health sector with continuous adoption of the functional curriculum.

Main ideas/arguments (draw down a few key points to present/discuss)

The paper critically reviews secondary literature on each healthcare segment of human resources. Further, the sense and knowledge of a panel discussion with officers above the General Manager's rank of all the verticals regarding human resources have been documented. These industry professionals have elaborated on the difficulties in the Indian setup while acquiring a workforce for the industry's progress. Indian hospitals face challenges in the quality and quantity of human resources. Similarly, Indian healthcare Information Technology faces challenges in talent acquisition for catering the global needs, which is a good source of earning foreign currency. The above concerns were also discussed with academicians to incorporate in undergraduate and post-graduate curriculum development. The recommendations usually help in understanding and matching of skill sets of students and industry.

Questions and opportunities (for practitioners and researchers) **– also with reference to healthcare management**

An effective regulatory body and government intervention can improve human resources in the healthcare industry. Industry professionals must be vigilant in hiring interns and employees with matching skill sets. Further, collaboration with a group of institutions and the exchange of ideas is required for effective outcomes.

Concurrent Session 2

Paper 6

Using patient feedback to monitor and inform hospital service quality improvement.

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Background

Patient feedback plays a significant role in hospital service improvement [1, 2]. However, how to encourage patient feedback that can guide hospital service improvement is still being explored. Since 2017, a unified government - operated public feedback system using telephone hotline - Government Service Convenience Hotline (GSCH) has been implemented covering all major cities in Shandong Province, China.

By examining patient feedback data related to a tertiary hospital that was collected from GSCH, the paper discusses the learnings from GSCH in encouraging patient feedback and how have quality improvement initiatives effected the number and types of complaints made by patients and their families via GSCH. This provides implications for hospital managers in formulating effective ways in using patient feedback as a means for service quality and safety improvement [3].

Methods

A retrospective study collected and analysed complaints on a Tertiary General University-affiliated hospital made via GSCH between 2016 and 2020. Patient care process related complaints were coded using the Healthcare Complaint Analysis Tool (HCAT) and other complaint data were categorized based on the nature of the complaints. The Autoregressive Integrated Moving Average (ARIMA) models and Mosaic plots were used to observe complaints trends and different complaint variables respectively. The relationship between various quality improvement initiatives introduced since 2018 and patient complaints was also tested.

Results

Close to 67% (n=2688) of calls made to the GSCH hotlines about the hospital were classified as a complaint including 60.6% vs. 39.4% related to patient care process and

	nonpatient care process, respectively. For patient care process-related complaints, specifically against departments and personnel, 57.72% (n=961) were on clinical departments and 55.87% (n=471) were on doctors. Comparing the proportion of the complaint data in different categories in the two-year period of 2017–2018 and 2019–2020, an increase in management problems (47.73% vs. 58.50%, P<0.001) and decrease in relationship problems (33.65% vs 25.69%, P=0.002) were recorded. **Outcomes and implications – including reference to healthcare management.** The paper confirms that a unified, transparent, and impartial GSCH platform greatly encourages feedback from patients which can guide health care organizations in improving the overall experience of patients and the quality of services that they provide. A system that is non-judgmental and transparent and protects callers' confidentiality can greatly encourage patient feedback. However, it is equally important for health services to develop mechanism in utilizing patient feedback to monitor the performance of their staff and services which may guide service improvement and the creation of a positive patient journey. The study has proven the value of patient participation and value for health service providers and their staff in actively seeking and considering patient feedback for the purposes of improving patient care processes. A framework to guide healthcare organisations in using patient feedback for service improvement is proposed.
Paper 7	**Let's get the basics right: Diversity and Inclusion data collection.** **Corresponding and Presenting Author:** Alice Wilkin Western Sydney University Email: alicewilkin1@gmail.com (alternate 19165295@student.westernsydney.edu.au) Mobile: 0403684495 **Co-Authors:** Alice Wilkin Dr David Lim Dr Caterina Tannous **Background** The theory of representative bureaucracy (Kingsley, 1944) proposes that when public workforces employ people from different dimensions of the community, for example, different races, ethnicities, genders, and cultures, community interests are better considered in the decision-making processes (Bradbury & Kellough, 2010). Furthermore, a diverse workforce influences organisational policy and procedures, and in turn better supports diverse communities (Kennedy, 2012).

	However, while the theory of representational bureaucracy resurfaces regularly in academic discussion, the implementation of representation has some significant data gaps. **Methods** A literature review was undertaken to database and review current diversity workforce polies and support systems in the Australian and Victorian public service sectors. This involved databasing and then analysing publicly accessible policy and support documents and workforce data. **Results** The data review of this diversity and inclusion workforce data found: • a lack of research regarding the experiences of diverse employees, • a poor interpretation of data inclusive of the conflation between employees born overseas with Aboriginal and Torres Strait Islander Peoples, • limiting gender diversity in statistics, • the over-reliance on self-identification of diversity in data collecting, and binary descriptions of diversity, for example, male and female gender, Indigenous and non-Indigenous, and English or non-English background, and able-bodied or disabled. **Outcomes and implications – including reference to healthcare management.** Without accurate data collection, the needs, numbers, and experiences of those who identify with a diversity dimension may not be accounted for in the development and implementation of organisational reporting, strategies, workplace support systems, and budgeting. Additionally, this lack of data can be due to: • poorly designed data capture systems, such as • poorly designed diversity categories and language in data collection tools, and reliance on self-identification, and • a conflation of different diversity groups. In this presentation these gaps in data regarding workforce diversity will be discussed, and how this affects representational bureaucracy, and in turn the community the sector is setting out to support.
Concurrent Session 3	
Paper 8	**Health Service Managers – Digital Health Workforce Capability Factors and Implications** **Corresponding and Presenting Author:** Mark Brommeyer Senior Lecturer Health Care Management Email: mark@brommeyer.com Mobile: 0400 825 555

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Background

Healthcare managers play an essential role in managing and leading in the digital health context [1]. In the rapidly changing healthcare delivery environment experiencing large-scale digital transformation, it is imperative that the healthcare management workforce is appropriately trained, prepared and supported to lead and manage in these disruptive and demanding times, and transform competencies into practice [2]. A PhD research project focused on understanding the changing competency requirements for healthcare managers working in managing and leading in the digital health context in Australia is being conducted, using a four-step approach: 1) health management and digital health competency mapping; 2) scoping review of literatures and policy analysis; 3) focus group discussions (FGDs) with health service managers; and 4) interviews with digital health leaders.

The focus of the presentation is to collectively discuss findings of the first three steps, in particular the empirical discovery from the six national FGDs examining:

1. the changing roles and competency requirements for Australian healthcare managers, and
2. factors that enable and inhibit the healthcare management workforce in demonstrating their competence in the digital health context.

Implications for healthcare management curriculum, research and training will also be discussed.

Methods

As the 3rd step of the PhD project, six national focus group discussions have been undertaken with forty healthcare managers, recruited from different Australian States and Territories, to seek answers for the above questions and contribute to formulating strategies that can assist in developing a digitally enabled healthcare management workforce.

The FGDs were conducted via Microsoft Teams with live transcription enabled. Braun and Clarke's (2012) six-phase, reflexive thematic analysis approach is used to identify, organise, analyse and advance insight into themes or categories of the factors emerging.

	Results The study confirmed a range of digital health related knowledge/skills requirements such as: contextual reality lens for data-driven decisions; digital risk and reliance; data visibility, value and volatility; and translating business and clinical requirements into digital language. Confidence and competence were expressed as requisite factors for surviving in the digital health era. This highlights the importance of having the right training and development opportunities available in real or near-time, to ensure the healthcare management workforce is appropriately trained, prepared and supported. The FGDs also identified a wider range of factors that can influence healthcare managers' demonstration of their competence, such as real-time data governance and provenance; digital accountability; increased responsibility for team's data integrity; and the need for a new digital culture. **Outcomes and implications – including reference to healthcare management.** The study provided evidence that the: 1. changing healthcare landscape has transformed how healthcare managers work and perform effectively and efficiently. 2. existing approach in training and developing healthcare managers may need to be reviewed, considering the new competency requirements for healthcare managers to lead and manage innovation in the digital health context. existence of multi-level enablers that promote healthcare management workforce capability in the digital health environment, that are key to managing innovation and leading increasingly digitally literate healthcare teams [4].
Paper 9	**Opioid Crisis Telehealth Response: Applying Lessons in Clinical Workforce Development** **Corresponding and Presenting Author:** Dr. Jing (Jasper) Xue Assistant Professor, University of North Florida Email: jasper.xu@unf.edu Mobile: **904-620-1434** **Co-Authors:** Hanadi Hamadi, PhD, MHA Associate Professor, Department of Health Administration Brooks College of Health, University of North Florida Email: h.hamadi@unf.edu

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Background

The United States continues to struggle to manage its opioid use disorder (OUD) epidemic, which was further exacerbated during the COVID-19 pandemic. Successes in telehealth service delivery and uptake among various clinical workforce members during the pandemic highlighted an opportunity to employ telehealth-based innovative OUD treatment models due to their potential to lower barriers to access of care. The objective of this scoping review was to identify lessons in clinical workforce (CW) training of telehealth services for OUD during the COVID-19 pandemic.

Methods

Several electronic databases were examined between March 2020 and April 2021 and reference list snowballing was used to identify additional studies. Studies eligible for inclusion had the following features: (1) examined telemedicine interventions, (2) reported OUD-related outcomes (e.g., treatment initiation, retention in care), and (3) included information on CW development (e.g., training, continuing education). Randomized trials and controlled observational studies were prioritized. One investigator abstracted key information, and a second investigator verified data. We described the results qualitatively.

	Results A total of nine studies were identified for inclusion. All studies found that telehealth implementation efforts for OUD must include CW training and education, with eight studies highlighting the importance of in-person trainings, along with monthly follow-up training or simulation training. One unique study integrated OUD treatment with nutrition-focused interventions provided through telehealth services. Lastly, a policy study showed that there is a need to invest in telehealth infrastructure that enhances the CWs' ability to provide care, ensure training, equip providers with the tools necessary to deliver OUD treatment through telehealth, and identified the need to amend telehealth laws to allow for the application of telehealth toward OUD treatment and improve telehealth training requirements which facilitate treatment. **Outcomes and implications – including reference to healthcare management.** Our findings indicate that there is a need for healthcare managers to provide appropriate and comprehensive CW training on the utilization of telehealth services to deliver effective OUD treatment. This training should be comprehensive and integrated within traditional care, with some studies suggesting interdisciplinary care. CW development should be combined with political and structural reforms that allow the integration of addiction treatment into mainstream medical care.
Paper 10	**Digital health and technology adoption – past, present and future** **Corresponding and Presenting Authors:** Dr. Fowie Ng Associate Professor, School of Management, Tung Wah College, Hong Kong Email: fowieng@twc.edu.hk Mobile: 852-90136232 Mr Mark Brommeyer Senior Lecturer in Health Care Management Flinders University, Australia **Co-Author:** A/Professor Zhanming Liang College of Public Health, Medical and Veterinary Science Email: zhanming.liang@jcu.edu.au **Topic** (the main issues that are addressed in this article) The adoption of 'Digital Health' and 'Technology' in all levels of care can facilitate greater co-operation between health sectors and across different health systems. The presentation will review the development of e-health into the era of 'Digital Health'

	with the emphasis on technological advancement in connecting patient care concerning health improvement, health protection, consumer participation as well as improvement of health service effectiveness and efficiency. **Rationale** (why do the issues matter for health service management?) Healthcare has truly moved into the digital health era, however, the concept of digital health and how it impact on workforce development has yet to be fully understood by practitioners and managers. **Main ideas/arguments** (draw down a few key points to present/discuss) Learning from the experience in Australia and Hong Kong in terms of policy and implementation issues of adopting digital technologies and innovative models of care can contribute to achieving healthcare goals in different health system contexts in the digital era. Considering the advocation of 'Smart City' and 'Smart Health' by a lot of countries, the authors argued that government initiatives and commitments from key stakeholders are the important factors that facilitate this international movement. Similarly, a well-developed specialized digital health workforce and the competence of health services managers and health information managers in supporting the health system in transitioning into the era of 'Digital Health' are critical. **Questions and opportunities** (for practitioners and researchers) **– also with reference to healthcare management** A holistic approach in developing the health management workforce that can lead and manage digital health transformation will be discussed and encouraged contribution from SHAPE participants.
Paper 11	**Remote Patient Monitoring for Hypertension** **Corresponding and Presenting Author:** Shyam Paryani, MD, MHA Director, Executive Master in Health Administration Program University of North Florida, Jacksonville, FL USA Email: s.paryani@unf.edu Mobile: +1-904-445-0358 **Co-Authors:** Mei Zhao, PhD, mzhao@unf.edu, UNF Hanadi Hamadi, PhD, h.hamadi@unf.edu, UNF Brittany Nettles, DNP, brittany.nettles@unf.edu, UNF Lindsay Toth, PhD, l.toth@unf.edu, UNF

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Background

The existing Internet-connected blood pressure cuffs, EKG sensors, electronic weight scales, glucometers, spirometers, and other devices could be the basis for virtual care in real time. They can provide actionable real-time patient information directly to healthcare providers. However, there has been a critical lack of evidence regarding the effectiveness of these types of care. Therefore, we have launched a pilot program to test the effectiveness and efficiency of Remote Patient Monitoring (RPM) of patients with hypertension.

Methods

In this pilot study, we utilized blood pressure monitors with built-in cellular service that automatically transfers measurements to a monitoring facility. Patients with a history of hypertension residing at an Independent Living facility were trained on how to use the device and measure their blood pressure twice daily at pre-determined times. Customized alerts are set for each patient, and the data is synched to a customized phone app, SmartClinix, that allows patients to view their data in real time. Additionally, there is a virtual call feature in the app that allows the medical office to contact the patient. The data are integrated into the patient's electronic health record.

Results

Ninety patients were enrolled. Patients were monitored daily for a minimum of six months. Abnormal blood pressure readings were detected in six patients, all of whom were seen in the medical clinic. All six patients were having symptoms, including headache, dizziness, and fatigue. The patients' blood pressure medications were adjusted, and their symptoms resolved with the control of blood pressure. Acute interventions, including an ED visit or hospitalization, were averted in all six patients.

Outcomes and implications – including reference to healthcare management.

The findings of this study have significant policy and practice implications. For the practitioners and patients, RPM is clinically effective in monitoring hypertension and preventing potentially serious complications. Although the initial RPM in this study uses blood pressure measuring devices, this will be expanded to include several devices monitoring other conditions. RPM enables monitoring patients in their homes, at work, in transit, or even on vacation, using monitoring devices like glucose meters for

	diabetes management; heart rate monitors to manage congestive heart failure; oximeters to measure blood oxygen level; continuous dementia surveillance monitors; calorie logging; exercise logging, and weight logging. For the policy makers, the prevention of these conditions by using RPM early detection could save millions of dollars.
Concurrent Session 4	
Paper 12	**Role of competency assessment in management capacity building** **Corresponding and Presenting Author:** A/Professor Zhanming Liang Associate Dean, Research Education, College of Public Health, Medical and Veterinary Science, James Cook University Email: zhanming.liang@jcu.edu.au Mobile: 07-4871 5040 **Topic** (the main issues that are addressed in this article) The presentation will discuss how to use competency assessment as a process in building management capacity in healthcare organisations based on the experience of using the validated management competency assessment instrument (MCAP)[1,2] in Australia, China, India and Iran[3-5]. It has been a long and difficult journey to developing and applying MCAP into research and practice, the author also aims to share the experience leading to the question (at the end of the abstract) for discussion amongst Symposium participants. **Rationale** (why do the issues matter for health service management?) It has not been a comment understanding of how management competency assessment can contribute to management capacity building in healthcare organisations and how healthcare organisations can embed competency assessment as part of the annual appraisal process in order to uncover and maximise leaders and managers' potential. **Main ideas/arguments** (draw down a few key points to present/discuss) Developing manager's competency in fulfilling their management responsibilities – external training and development is not the only answer; Embedding management competency assessment into the annual appraisal process requires a lot more than completing a self-assessment or 360-degree competency assessment; Engaging managers in a 'conversation' in a transparent and non-judgemental manner is effective in uncovering their potentials and developing solutions for problem solving. **Questions and opportunities** (for practitioners and researchers) **– also with reference to healthcare management**

	As health management educators and researchers, how can we effectively apply our research findings and actively engage with the industry to achieve transferrable benefits?
Paper 13	**Work Integrated Learning in Health Services Management, challenges and opportunities for Universities and the Discipline.** **Corresponding and Presenting Author:** Dr Stewart Alford Lecturer, Health Services Management – Griffith University Email: s.alford@griffith.edu.au Minalli Vasandani Adjunct Fellow, Health Service Management – Western Sydney University Email: m.vasandani@griffith.edu.au **Co-Authors:** A/Professor Anupama Ginige School of Computer, Data and Mathematical Sciences, Western Sydney University Email: j.ginige@westernsydney.edu.au Kritika Rana Translational Health Research Institute, Western Sydney University Email: k.rana@westernsydney.edu.au **Topic** Work Integrated Learning, Challenges and Opportunities in Health Services Management. **Rationale** (why do the issues matter for health service management?) Work Integrated Learning has been a fundamental aspect of Health Service Management programs for many years, with lengthy internship and placement type experiences widely accepted as conventional experiences. However, with recent world events and industry opportunities, work-integrated learning experiences have seen a shift in mode, focus and duration. **Main ideas/arguments** (draw down a few key points to present/discuss) Work Integrated Learning is changing with many different types of Work Integrated Learning that are no longer limited to standalone Work Integrated Learning courses. Work Integrated Learning experiences can be weaved throughout the curriculum in line with other authentic assessment and deep learning opportunities.

	Health Services Management programs have an opportunity to further integrate Work Integrated Learning as a cornerstone of education. Authors will discuss suggestions surrounding developing and maintaining authentic industry partnerships. **Questions and opportunities** (for practitioners and researchers) **– also with reference to healthcare management** Integrated and interprofessional projects and placements. Increasing opportunities for WIL in the disadvantaged sectors of health including remote, rural and regional areas. To facilitate employability over employment and develop capable health service managers.
Paper 14	**Mental Health & Factors Influencing Help-Seeking Factors: A Comparison Between Singapore & China** **Corresponding and Presenting Author:** Ms. Aurora Tafili PhD Student, University of Alabama at Birmingham Email: atafili@uab.edu Mobile: (904) 614-3189 **Co-Author:** Hanadi Hamadi, PhD, MHA Associate Professor, Department of Health Administration Brooks College of Health, University of North Florida Email: h.hamadi@unf.edu **Background** Mental health issues have been seen as one of the major "side-effects" of the COVID-19 pandemic, in which individuals suffered from social isolation during periods of lockdown. Both Singapore and China have limited access to mental health services, however, both countries continue to develop policies aimed at increasing access to different mental health points of care. The purpose of this comparative study of Singapore and Mainland China was to provide a synthesis of factors associated with help-seeking behaviour for mental health conditions and illustrate a cross-national comparison. **Methods** Studies published between 2010 and 2021 in PubMed and ScienceDirect were examined. Studies were screened on six inclusion and five exclusion criteria. This study was grounded in Anderson's Health Belief Model, which focuses on identifying

	predisposing characteristics, enabling resources, and perceived need that leads to health service utilization. Findings are described qualitatively. **Results** Forty-three studies were included, with most being recently published, and therefore representative of recent help-seeking/non-help-seeking behaviours for mental health illnesses in each country. Among predisposing characteristics, females were more likely than males to be help-seekers. Further, there was a ubiquitous impact of stigma as a promoting factor of non-help-seeking behaviour. Notably, not only do individuals with mental illnesses suffer from community stigma, but sometimes the health providers providing care to them possess that stigma themselves. Community providers and encouragement of family were positive enabling resources. Among perceived needs, another major finding was that individuals who elected not to seek help were associated with beliefs that their condition would go away on their own, that they could treat it themselves, or that it was not that serious. **Outcomes and implications – including reference to healthcare management.** Findings may be utilized to inform factors influencing individuals' desire/ability to seek help and factors hindering their desire/ability to seek help. Each country should aim to reinforce factors influencing help-seeking and work toward alleviating factors that are associated with not seeking help for mental health. Further, they can involve policy and education efforts aimed at promoting increased access/utilization of mental health services such as improving mental health literacy and promoting de-stigmatization of mental health disorders.

Abstracts of Oral Presentations – 5 mins	
Student Presentations part 1	
Paper 1	**The effect of the COVID-19 pandemic on the loneliness of older people: A scoping review**

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Background
The ongoing mutation of the COVID-19 virus prompts immediate investigation of this topic to better understand the detrimental effects of the COVID-19 pandemic on the older population. This scoping review aims to understand the effect of the COVID-19 pandemic on the loneliness of older people.

Methods
The Preferred Reporting Items for Systematic Review and Meta-analysis Protocols - Scoping Review (PRISMA-ScR) reporting guidelines were used to inform the overall process. EBSCOhost, ProQuest Coronavirus Research database, and CINAHL, were searched in July 2022 to identify primary relevant studies. The key terms (lonely OR loneliness) AND covid* AND (elderly OR "older people") were used to capture the most relevant literature.

Results
The findings of this scoping review found the effects of COVID-19 on the loneliness of older people to be negative in most cases. The precautions taken to shield older people against contracting the COVID-19 virus resulted in increased emotional and social loneliness. Those with predisposed psycho-sociological characteristics such as fear of contracting the COVID-19 virus, feelings of loneliness, and loneliness

	associated with marital status experienced those psycho-sociological characteristics at a higher intensity during the COVID-19 pandemic. **Outcomes and implications – including reference to healthcare management.** With the continuation of the COVID-19 pandemic due to ongoing mutations of the virus, creating awareness of this crucial public health concern is critical as an understanding of the psychological and physical effects of older people during the COVID-19 pandemic insights can be used for future development of socially restrictive measures that are not as detrimental to older people and have better health outcomes.
Paper 2	**Evaluation of Pharmacist Intervention for Paediatric Asthma: A Systematic Literature Review and Logic Model** **Presenting Author:** Miss Chi Ian Chau Position: Master student Affiliation: State Key Laboratory of Quality Research in Chinese Medicine, Institute of Chinese Medical Sciences, University of Macau, Taipa, Macao SAR, China Email address: mc25549@connect.um.edu.mo Contact telephone number: (853) 8822-4672 **Corresponding author:** Dr. Carolina Oi Lam Ung Assistant Professor Department of Public Health and Medicinal Administration, Faculty of Health Science, University of Macau Institute of Chinese Medical Sciences, University of Macau Email: carolinaung@um.edu.mo Mobile: (853) 8822-4672 **Co-Authors:** Miss Guohua Lin Position: PhD student Affiliation: State Key Laboratory of Quality Research in Chinese Medicine, Institute of Chinese Medical Sciences, University of Macau, Taipa, Macao SAR, China Email: yc17508@umac.mo Contact telephone number: 62154539

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Background

Asthma is a highly prevalent chronic condition in children and a major issue to be addressed in children's health[1]. Studies have demonstrated effectiveness of pharmacist-led interventions in asthma management[2]. This study aims to summarize empirical evidence of pharmacist-led interventions for paediatric asthma patients, and to identify the components of a logic model, which can inform pharmacy practice in paediatric asthma.

Methods

A systematic literature review was conducted according to the PRISMA guidelines[3] to retrieve literatures published from January 2013 to February 2023 from six English databases/search engines (PubMed, Web of Science, Embase Scopus, ScienceDirect, Medline) and one Chinese database (CNKI). Studies concerning pharmacist-led interventions for paediatric asthma patients with an interventional design were selected for analysis. A logic model[4] with input, activity, output, outcome and contextual factor was developed using the evidence collected. Interventions were classified according to the 2022 version of the Chronic respiratory diseases: A handbook for pharmacists by International Pharmaceutical Federation (FIP)[5].

Results

Thirty-five studies were included, and components of logic model were summarized. Interventional activities reported literatures included optimising medicines use, prevention and control of asthma, screening tests for asthma, non-pharmacological management, and referral and interprofessional collaboration to support people with asthma as described in the FIP handbook. Further activities including establishing patient profile, resolving insurance problems, and recording the medication plan in the personal medication file were also identified. Commonly reported outputs included medication adherence, knowledge and inhaler technique. Economic outcomes identified included medication costs, clinic visit costs, transportation costs, hospitalization burden and parental loss of wages; clinical outcomes included Childhood Asthma Control Test/ Asthma Control Test (C-ACT/ACT) scores, FEV1% and PEF%, and the number of emergency department (ED) visits; humanistic outcomes included patients' quality of life and satisfaction. Social, economic, political, and technological factors were identified as contextual factors.

	Outcomes and implications – including reference to healthcare management. The inputs, activities, outputs, outcomes and contextual factors of different pharmacist-led interventions were summarized into a logic model, which can inform evidence-based design of interventional programme for management of paediatric asthma. Further research can emphasize on the training of pharmacists required to enable the implementation of the interventional programme.
Paper 3	**Analysis of the processes involved in changing abortion laws in Low- and Middle-Income Countries (LMICs): A scoping review of literature.** **Corresponding and Presenting Author:** Carmen Hall BSc Postgrad Student – Curtin University (Perth) Email: **Carmen.hall1@postgrad.curtin.edu.au** Mobile: **0402 163 326** **Co-Authors:** Judith Daire PhD School of Population Health, Curtin University Email: Judith.daire@curtin.edu.au Delia Hendrie PhD School of Population Health, Curtin University Email: d.v.hendrie@curtin.edu.au **Background** Providing legal and safe abortion is promoted as one of the key global strategies to reducing maternal mortality. Following the landmark 1994 International Conference on Population and Development (ICPD) LMICs are shifting toward more liberal abortion legislation. Whilst existing literature has predominantly focused on agenda setting and individual country contexts, there is a need to understand the universal policy process of changing abortion laws. Drawing on the heuristic policy stages model and policy analysis triangle, this abstract is based on a study which explores the processes involved in changing abortion laws in LMICs and discusses the influencing factors. **Methods** We conducted a search for peer-reviewed research in February 2021 in ProQuest, Scopus, Global Health (Ovid), PubMed and CINAHL. We included studies that had a focus on the policy change process of abortion legislation in LMICs; and were published in English. The combined search returned 1,605 studies; after screening, 20 studies were included in the analysis.

	This piece of research makes up part of a larger study (Master's Thesis – International Health), which more broadly analyses the policy change process for abortion-law reforms in LMICs and its impact on maternal health outcomes. **Results** Following a descriptive, thematic and interpretive analysis of the extracted data, we have drawn out the emerging themes and key stages involved in changing abortion laws in LMICs: 1) establishing the need for changing abortion laws at a local context; 2) generating local evidence to support changes in abortion laws; 3) drafting of new and or amendments of existing abortion laws; 4) adoption and enactment of changes in abortion laws; 5) translating the legal provisions into services; and 6) assessing the impact of changes in abortion laws on maternal health. **Outcomes and implications – including reference to healthcare management.** Our analysis explores the influence of actors and contextual factors, we also discuss the policy solutions and decisions made by governments. Overall, changes to abortion law predominately led to improved access to safe abortion services. However, studies which aim to evaluate the link between liberalising abortion laws and a reduction of maternal mortality are needed to strengthen the evidence base.
Paper 4	**Electronic Health Record Adoption in Frontline Nurses in Residential Aged Care Facilities (RACFs)** **Corresponding and Presenting Author:** Mr Nicholas Heng Innovation Manager, Aged Care Research and Industry Innovation Australia Email: Nick.heng@my.jcu.edu.au Mobile: 0403 811 668 **Co-Authors:** Dr Zhanming Liang, James Cook University, Zhanming.liang@jcu.edu.au Ms Jemma King, James Cook University, jemma.king@jcu.edu.au Dr Carmen Reaiche, James Cook University, carmen.reaiche@jcu.edu.au **Background** Electronic Health Records (EHR) emerged in the 1990s to address limitations of the Electronic Medical Record. Even though government bodies have developed policies, regulations, and incentives to encourage uptake in healthcare organisations, the Royal Commission into Aged Care Quality and Safety has cited three specific

	recommendations for EHRs in Aged Care to increase its uptake. A scoping review performed by the authors have confirmed the following gaps in Aged Care: 1. Successful implementation does not necessarily lead to successful adoption. 2. There is no clear process map/framework for successful EHR adoption in Aged Care 3. There is no clear indication of 'leadership requirements' and 'stakeholder support and engagement' for successful EHR adoption. Overall, this project aims to expand the body of knowledge around EHR experiences in frontlines nurses in RACFs. Ie. The factors that have enabled or hindered adoption. **Methods** This project will use a qualitative phenomenological approach. The target population will be frontline nurses with no less than 12 months of experience with EHRs, in organisations where EHRs have been implemented for more than 12 months. They will undergo semi-structured interviews conducted via Teams. This study will involve purposive sampling of the RACF, but opportunistic sampling of the nurses. The research panel will choose a large RACF with a network of sites. These nurses will be registered nurses, rather than enrolled nurses. **Results** The project is currently in the process of seeking ethic approval, hence unsure of the key findings at the time developing the abstract **Outcomes and implications – including reference to healthcare management.** Change the way EHRs are implemented within RACFs – specifically, understanding how to enact initiatives to optimise EHR adoption rates in frontline nurses.
Paper 5	**Developing a competent senior hospital management workforce in public hospitals in Nepal.** **Corresponding Author:** Priyanka Pokhrel PhD Scholar, James Cook University, Townsville Email: Priyanka.pokhrel@my.jcu.edu.au Mobile: 0410460136 **Co-Authors:** A/Prof. Zhanming Liang James Cook University, Australia. Email: Zhanming.liang@jcu.edu.au

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Background

In Nepal, management positions are generally occupied by senior doctors with extensive clinical experience without formal management education (Chadwell et al., 2012; Khadka et al., 2014). No documented evidence of competency-based development strategies has been identified for hospital managers in Nepal, although a 2012 study identified a need of in-service management training for HMW (Chadwell et al., 2012). A scoping review was conducted with an objective to identify and confirm the key strategies implemented for developing HSM in Asia-pacific region. Attention was also paid to studies conducted in the Nepali context (Khadka et al., 2014; Chadwell et al., 2012).

The PhD research will confirm the core competency requirement of senior level managers in public hospitals in Nepal and also examine their perceived competency level, competency gaps and competency development needs. This research will also identify the key enabling factors for developing senior level hospital management workforce in Nepal providing useful evidence to guide developing support mechanism for building management capacity in the Nepalese public hospital system.

Methods

Following steps are involved in the PhD research process guided by the MCAP process (Liang et al., 2018):

- Position description analysis: Position description of senior hospital managers will be collected from the participating four hospitals to identify the tasks common to the senior management levels in Nepalese hospitals.

- First focus group discussions (1st FGD): FGD will be conducted for confirmation of the core tasks and their competencies for SHM. The task list and identified competencies will be compared against the 6 competencies and 82 behavioral items in MCAP tool. If any new behavioral item is identified for the Nepalese context, it will be considered by discussions with focus groups of senior hospital managers to confirm the key tasks for senior level and the essential competencies required to perform them effectively.
- Confirmation Survey: An online survey of senior hospital managers from four central level public hospital in Nepal will be conducted using MCAP self-

	assessment survey tool to identify to what extent that senior hospital managers are well prepared to fulfil their management responsibilities. • Second focus group discussions (2nd FGD): There will be a summative focus group discussion on results of first focused group discussions and confirmation survey at policy level. **Results** The PhD research is still at the preparation stage and the result for the PhD is yet to be available. **Outcomes and implications – including reference to healthcare management.** This research will identify the development needs of SHM to enable them to perform their job effectively in the public hospital in Nepal. Building management capacity of the health service management workforce in Nepal will result in an increased quality of health service delivery provision in Nepal. Developing a management competency framework and confirming competency gaps can guide in shaping the professional development curricula for SHM in Nepal.
Student Presentations part 2	
Paper 6	**Optimising place design for effective Intergenerational Practises** **Corresponding and Presenting Author:** Rafaela Prado Umeno PhD student Email: rafaela.pradoumeno@griffithuni.edu.au Mobile: 0410 354 670 **Background** Since the COVID-19 pandemic, loneliness and social isolation are issues that have been recognised as a public health priority and a growing concern for many countries worldwide. As the literature shows, COVID has had a harmful impact on people's health, wellbeing and functioning in daily life. According and, Intergenerational practices appear to be one way to combat loneliness and social isolation. The literature points to the numerous benefits created by the interaction between older adults and younger children that results in social engagement, well-being and generates growth and purpose, which are essential to human advancement. However, intergenerational practices need to take place in appropriate environments. In the past decade, the importance for safe and accommodating environments for both "healthy ageing" and "healthy youth development" groups has had much attention. The literature confirms that the built environment enables opportunities for social cooperation and engagement. For example, and state that carefully thought out and designed spaces can affect

intergenerational outcomes, as well as provide people with a sense of belonging and connectedness to the community through their experiences and activities. Therefore, carefully designed Intergenerational spaces are essential to assist with combatting social isolation and loneliness.

There is currently a gap in understanding the role of space design and as a result, optimisation of the features of the place where intergenerational connections are being developed is needed. Therefore, this research seeks to fill this gap by examining: How do the features of an Intergenerational place affect Intergenerational engagement?

The background to this research will include a comprehensive literature review focusing on "place" as a space that creates opportunities for engagement, and intergenerational practice theory. To my knowledge such research has not yet been undertaken and will add to Architectural and Social Sciences theories as well as Intergenerational Theory.

Methods

In order to answer this question, a case study approach, as it is detailed empirical investigation about a contemporary phenomenon based in its real-life context was chosen and will focus on various Intergenerational places around Australia to assess how these facilities are being used for integrating communities. In this research design I will combine multiple cases. I will gather documents to understand the design processes, undertake interviews to identify existing links between the effectiveness of Intergenerational practice and elements of the Intergenerational places. I will also undertake semi-structured interviews with key stakeholders and conduct site visits at selected locations (the cases) to collect relevant data.

Results

The expected findings of this research will provide guidance that can help mitigate the growing burden of social isolation and loneliness issues to the communities, by bridging the gap and help connect different groups of professionals such as architects and planners (designing the intergenerational places), and health/social workers (organising intergenerational events).

Outcomes and implications – including reference to healthcare management.

The outcome of this research will include the development of relevant guidelines, to help stakeholders optimise the design of intergenerational places and achieve best outcomes.

Paper 7	**Developments in health services management curriculum design and delivery and how these can be harnessed by educational programs and in the workplace.** **Presenting Author:** Miss Pou Kuan Tang Master student, State Key Laboratory of Quality Research in Chinese Medicine, Institute of Chinese medical Sciences, University of Macau, Taipa, Macao SAR, China Email: mc15331@connect.um.edu.mo Mobile: (853) 8822-4672 **Corresponding Author:** Dr. Carolina Oi Lam Ung Assistant Professor Department of Public Health and Medicinal Administration, Faculty of Health Science, University of Macau Institute of Chinese Medical Sciences, University of Macau Email: carolinaung@um.edu.mo Mobile: (853) 8822-4672 **Co-Authors:** Mr. Zhifeng Cen Master student, State Key Laboratory of Quality Research in Chinese Medicine, Institute of Chinese Medical Sciences, University of Macau, Taipa, Macao SAR, China Email: mc05814@connect.um.edu.mo Mobile: (853) 8822-4672 Miss Yu Zheng Master student, State Key Laboratory of Quality Research in Chinese Medicine, Institute of Chinese Medical Sciences, University of Macau, Taipa, Macao SAR, China Email: mc15334@connect.um.edu.mo Mobile: (853) 8822-4672 Miss Junnan Shi PhD student, State Key Laboratory of Quality Research in Chinese Medicine, Institute of Chinese Medical Sciences, University of Macau, Taipa, Macao SAR, China Email: yc27504@connect.um.edu.mo Mobile: (853) 8822-4672 Prof. Hao Hu State Key Laboratory of Quality Research in Chinese Medicine, Institute of Chinese Medical Sciences, University of Macau, Taipa, Macao SAR, China Email: haohu@um.edu.mo

Background

Dementia is a global health concern affecting over 55 million individuals worldwide.1 The World Health Organization(WHO) and Alzheimer's Disease International(ADI) have collaborated to raise awareness and provide policy-makers with tools to address this issue.2,3 Accordingly, in response to the needs associated with the aging population, the Macao government has implemented policies to support dementia individuals, including the prevention and treatment of dementia through the "5 earlies" approach, which includes early prevention, detection, diagnosis, treatment, and support. Considering the scarcity of comprehensive analysis of the implementation of dementia policies, this study aimed to investigate the formulation and implementation of policies for dementia in Macao. It is anticipated that the findings would be helpful to informing strategic approaches to dementia management against the background of aging population.

Methods

To adhere to the PRISMA-ScR guidelines, a scoping review was carried out to locate 284 documents by 28 February 2023. The Health Policy Triangle Framework was employed as a tool for the analysis and evaluation of the current dementia policy in Macao.

Results

This study comprises 284 documents, which were examined to investigate the pre-dementia policy landscape and the availability of related health services and promotion initiatives. Prior to the implementation of the Macao dementia policy, dementia care services and health promotion measures were found to be scarce. Following the implementation of the dementia policy, the government, non-governmental organizations, and non-profit organizations from the healthcare and the social service sectors joined forces to create a dementia service network aimed at mitigating the impact of dementia on both societal and individual levels while ensuring efficient use of health and social resources.

Outcomes and implications – including reference to healthcare management.

The rising global aging population is expected to lead to an increase in the impact of dementia, making it a global priority for policymakers. In Macao, there have been initial efforts to integrate medical and social services for dementia patients and caregivers, but the focus now needs to shift towards expanding coverage and promoting patient-centred care.

Paper 8	**Factors that Influence Junior Medical Officers (JMO) Wellbeing and Future Interventions: A Systematic Literature Review**

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Background

Doctors are at high risk for psychological distress, and burnout. Promoting wellbeing and supporting the medical workforce is a high priority for the ongoing sustainability of the health system.

Methods

A systematic review of the literature was conducted in accordance with the preferred reporting items for a systemic and meta-analysis (PRISMA) guidelines 2020. A systematic search in PubMed, ProQuest Health and Medicine, and CINAHL complete were conducted. The searches were conducted using a combination of key terms: "junior medical officer" OR JMO AND wellbeing OR wellbeing OR well-being AND retention OR attrition. A systematic literature review of 18 papers published in English, from 01 January 2018 to 30 July 2022 was conducted.

Results

Professional culture, organisational issues and individual factors emerged as contributing factors that affect wellbeing. Limited research is available on interventions that impact wellbeing and further research is required.

Outcomes and implications – including reference to healthcare management.

The health system is under extreme pressure. The outcomes of this literature review highlighted that there is an understanding of the contributing factors but little knowledge on ways to overcome the problem. One possible idea lies in recognition that meeting the needs of all individuals within the health service are mutually beneficial.

	This includes caring for the entire team, creating work environments that attend to leadership, professionalism, a just culture where every member has a voice and input. Healthcare management has an important role to play in creating such a work environment.
Paper 9	**Patient safety culture in Saudi hospitals: a comparative mixed methods study of staff perceptions and organisational practices in Saudi hospitals in the holy cities of Makkah and Madinah** **Corresponding Author:** Talat Mohammed PhD student at the School of Public Health and Social Work | Faculty of Health Email: Talat.mohammed@hdr.qut.edu.au Mobile: 0410008401 **Background** Many patients are harmed while receiving medical treatment. Providing safe care helps to reduce mortality, morbidity, and length of hospital stay and reduces additional costs. Patient safety is strongly linked to the perceptions of healthcare providers about safety, where those with more positive perceptions achieve higher levels of patient safety. The culture of safety in hospitals is directly related to patient outcomes. Therefore, assessing staff perception toward patient safety culture will be the baseline to develop a safety culture and ultimately assist administrators in improving patient safety. **Methods** This cross-sectional study adopted a sequential explanatory mixed methods research (MMR) design with data collected in two phases. Quantitative data was collected in phase one using the Safety Attitudes Questionnaire (SAQ), followed by qualitative data in phase two. The Statistical Package for the social science software (IBM SPSS) was used for Quantitative analysis. In the second phase, qualitative data were gathered using virtual semi-structured interviews with 19 participants. Inductive thematic analysis was utilised for analysis. **Results** 166 completed surveys were received from Makkah and Madinah hospitals at the time of the survey distribution. Patient safety perceptions among healthcare providers were moderate to positive as measured by the SAQ. There were no significant differences in staff perceptions associated with hospitals' location, sector, size, or accreditation status. Staff with a total experience of 8-12 years had higher perceptions of the PSC, and the clinical area

	where Allied Health staff worked made a difference in perception of PSC. While not statistically significant, there were also differences in PSC perceptions associated with gender, work experience in Saudi Arabia, education level and professional role. The factors influencing the perception of PSC were stress recognition (most positive domain) and teamwork climate and work condition (least positive domains). From the interviews, participants suggested recommendations to improve patient safety outcomes, including better management of incident reporting, more PS training, and the need for improving communication, teamwork and cooperation. **Outcomes and implications – including reference to healthcare management.** This study provides the most comprehensive information available regarding the staff perception toward patient safety in the holy cities of Makkah and Madinah hospitals. The Hajj season was a good opportunity for the participating healthcare providers to enhance their perception toward PSC.

Information on Key Speakers

Professor Michelle Hood

Dean Learning and Teaching Health Group Griffith University

Professor Michelle Hood is the Dean Learning & Teaching (Health), Griffith University. She has expertise in career and educational psychology, as well as learning and teaching in Higher Education. Her research focuses on the roles of education, work experiences, and individual and contextual influences on career development and employability, academic engagement, and well-being. She has been funded by the Australian Research Council to examine how tertiary students manage working while studying and by the National Rugby League to evaluate their career development program for elite young players. She is a Senior Fellow of the Higher Education Academy and a registered Psychologist with expertise in psychological assessment of children and adults.

Tracey Doherty MNg(NPrac), GradDipSocSc, GradCertNg(Chemotherapy), RN, MACHSM, MACN is the Nursing and Senior Director of Transformation Advisory for Gold Coast Health. She brings over 30 years of health care experience and demonstrated leadership capabilities across clinical, operational, strategic and transformation domains. Tracey utilises data and stakeholder experience to gain unique insights and understanding of the complex problems our health system faces and through collaboration and partnerships leads the co-design of solutions that can deliver agile and sustainable improvements.

Associate Professor Zhanming Liang, Associate Dean of Research Education

College of Public Health, Medical and Veterinary Science

James Cook University, Australia

Short Bio

Dr Liang is a leading researcher in management competency and management workforce development in the health sector with expertise in healthcare quality and patient safety, project planning and evaluation, evidence-informed decision-making, and health system design and improvement. Dr Liang has trained many managers and leaders working in different health sectors in developing their management capacity in Australia and South-East Asia for the past decade. As President of the Society for Health Administration Programs in Education, Dr Liang has played a leading role in shaping the health management workforce capacity development in Asia Pacific.

Dr Liang was medically trained and worked as a physician, planning and evaluation consultant and senior manager before embarking her academic career and completed a PhD (health reforms and management workforce development) at Griffith University. The Management Competency

Assessment Tool (MCAP Tool) that Dr Liang and colleagues developed and validated has been used to assess the competence of middle and senior level managers and leaders working in the health sector in Australia and many other countries providing evidence to guide management capacity building in the system, organisation and individual levels.

Dr Liang has published substantially in the areas of leadership, management and health system development including the book entitled 'Project management in health and community services: getting good ideas to work'. The book has been adopted as a textbook by many Master of Public Health and Health Administration Programs in Australia. The 4th edition is currently under development and will be published in early 2024.

Associate Professor Fowie Ng

Programme Leader for Bachelor of Health Information and Services Management (Honours)

School of Management,

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Short Bio

Dr. Ng is currently Associate Professor at the School of Management and Programme Leader for Bachelor of Health Information and Services Management (Hons) of Tung Wah College, Hong Kong. He is also the Deputy Chair of SHAPE, Vice President of the Hong Kong College of Health Service Executives, Fellows of the Australasian College of Health Service Management, Hong Kong College of Health Service Executives, and the Hong Kong College of Community Health Practitioners. He received his PhD in Health Policy and Management from the University of Hull in UK. Before joining Tung Wah College, he has extensive teaching, research and management experiences at Hong Kong

Polytechnic University, SPEED, University of Hong Kong, HKUSPACE, Chinese University of Hong Kong, CUSCS, Hong Kong Baptist University SCE, CityU SCOPE, Open University of Hong Kong and University of Sunderland in UK. His research interests are in the areas of Digital Health, Health Services Management, Health Information Management.

Dr. Ng served as reviewers for several journals including ‘Informatics for Health and Social Care’, ‘Cogent Public Health’, ‘Social Science and Medicine’, ‘Cogent Medicine’, ‘Asia Pacific Journal of Health Management’ as well ‘Journal of Women & Aging’.