CIHR
Team in Community Care and Health Human Resources

Health Administration Alumni: Where are they working and what are the skills required to manage in healthcare

CIHR Team in Community Care and Health Human Resources
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UOIT CHALLENGE INNOVATE CONNECT | HPME UNIVERSITY OF TORONTO | McMaster University | RYERSON UNIVERSITY | The Michener Institute

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Health reform:

- Supports a shift in the site of care from hospitals to the community and the home

  (Health Council of Canada, 2008)
- Why?
  - Development of new technologies;
  - New medical therapies;
  - Fiscal restraint (e.g., decrease number of hospital beds); and
  - Patient choice.

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IPC is also a priority:

- Ontario - interprofessional collaboration (IPC) is a top priority for this province's overall health human resources strategy
- Why?
  - To facilitate the delivery of coordinated and efficient patient centred care and
  - To enhance the working conditions of health workers. (Barrett, 2007))

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What is the intent of IPC?

- Involves frontline caregivers (e.g., Nurses, Pharmacists, Respiratory Therapists, etc.)
- Who learn from and work with each other to provide quality patient centred care

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For many observers:

- Coordination across professional and organizational boundaries is seen as key to integrated care (i.e., health care and social care) in both the the hospital and the community sectors

(Gilbert, 2005; Johnson et al., 2003; McGarth, 1991; Ovretveit, 1990; Marshall et al., 1979;)

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Number barriers to the provision and delivery of IPC including:

- Organizational barriers
- Cultural barriers
- Different management styles

(Gilbert, 2005; Johnston et al, 2003)

- Division of authority between key stakeholders (Irvine et al., 2003)

However a key barrier to implementation of IPC is the lack of management support

(Marshall et al., 1979; Overetveit, 1990; McGarth, 1991)

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Role for managers/leaders?

- "Appropriate management practices will balance professional independence with interprofessional interdependence." (Engel and Gursky, 2003)
- How?
  - By facilitating the opportunity for healthcare workers to work in a collaborative matter in an environment that supports mutual respect for each healthcare worker's skills and knowledge (Gilbert, 2005)
- It would then seem that managers can play a key role

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Who then are the managers that will manage the integration and coordination of care across professions regardless of the site of delivery?

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Who did we survey?

- Health Administration Alumni from the:
  - University of Toronto's (U of T) Department of Health Policy. Management and Evaluation professional graduate program (N=276)
  - Ryerson University's School of Health Services Management undergraduate program (N=86)

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Survey of Health Administration Alumni to:

- Determine their views on the skills necessary to manage in the community and hospital sectors; and
- Determine whether these Alumni are managing within their area of clinical expertise and/or managing others with a different clinical background.

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Methods:

- A self-administered electronic questionnaire by email between June and December 2008
- The questionnaire included items on employment characteristics (sector and type of work), views on leadership and educational skills and demographic characteristics
- Analysis was performed by program, sector, and presence/absence of clinical training.

Note: The data for each sample were analyzed separately

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Who responded – University of Toronto:

- Response rate 49% (previous surveys 35-40%)
- 69% are between the ages of 40 and 59 years and 72% are females
- 38.2% of all U of T respondents work in the hospital sector and only 8% work in the community sector.
- The type of work is predominately management and planning (84.3%)
- 53.9% of the respondents have clinical training.

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Clinical training – U of T:

Clinical training	Frequency	Percent
Rehabilitation	36	13.28
Allied Health	24	8.86
Nursing	58	21.4
Medicine	19	7.01
Other	9	3.32
No Clinical Training	125	46.13
Total	271	100

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Who responded – Ryerson University:

- Response rate 72%
- 55% are between the ages of 40 and 59 years and 69% are female
- 44.1% of the Ryerson respondents work in the hospital sector with very few working in the community.
- The majority of respondents work in management (47.4%) or clinical program/services (34.6%)
- 84.5% of the respondents have clinical training

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Clinical training – Ryerson alumni:

Clinical training	Frequency	Percent
Rehabilitation	2	2.38
Allied Health	40	47.6
Nursing	21	25
Medicine	2	2.38
Other	6	7.14
No Clinical Training	13	15.48
Total	84	100

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A clinical background is advantageous to successfully lead/manage today in healthcare?

- **U of T alumni** - A large percentage (92.5%) of those with a clinical background agreed while those with no clinical background were either neutral (38.5%) or disagreed (43.9%).

  (Chi-Square (4, N=243)=73.98, p< .0001)

- **Ryerson alumni** - Similar to the U of T results, the majority (92.5%) of Alumni with a clinical background agreed. The results are mixed for those with no clinical background, 41.7% agree, 33.3% are neutral and 25% disagreed.

  (Chi-Square (2, N=76)=17.41, p< 0.0244)

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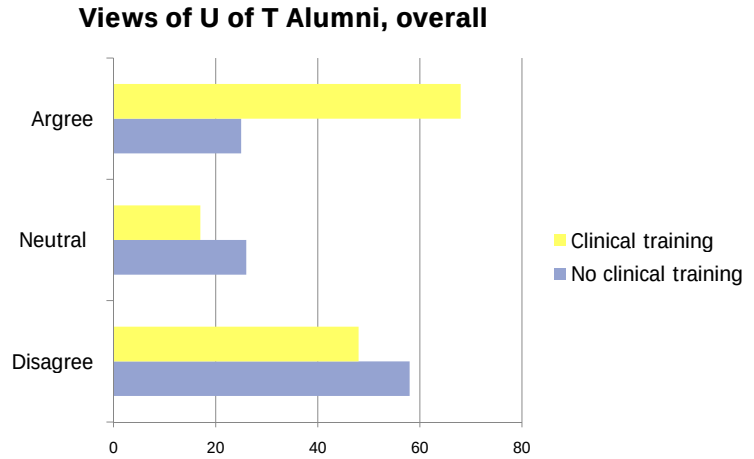
The skills/competencies required to lead/manage in the community are the same as in the hospital?



Chi-Square (4, N=242)=23.83, p<.0001

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While healthcare reform promotes a shift in the site of care:

- Few of the Alumni are supporting these attempts by moving to the community sector.
- This lack of support may be due to a number of factors including the perceived unattractiveness of the community sector in terms of:
  - the lack of career opportunities,
  - working conditions and
  - financial incentives (e.g., salary differentials).

(Evashwick et al., 2009)

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Is a clinical background advantageous ?

- Very little consensus whether a clinical background is advantageous
- Few manage in their area of clinical expertise or provide leadership for others with a different clinical background.
- Clearly those surveyed are not involved in the management of interprofessional care delivery models

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If not management, who then will lead/manage IPTs?

- Will this become an additional role for frontline providers?
- Should it even be an expectation of frontline providers?
- If this is the case where and when do these healthcare workers acquire the necessary skills to manage the coordination and integration of care

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Clinical and managerial leadership is necessary to facilitate change:

Why?

- The delivery of coordinated and efficient patient care is highly dependent upon frontline healthcare workers
- Managers can support the implementation of reform by providing the resources needed to facilitate change

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Training interprofessional managers/leaders:

- Identification of the skills/competencies needed across sectors for the provision and delivery of interprofessional care is required.
- Only then can educational programs for healthcare managers and frontline workers integrate these skills/competencies into curricula

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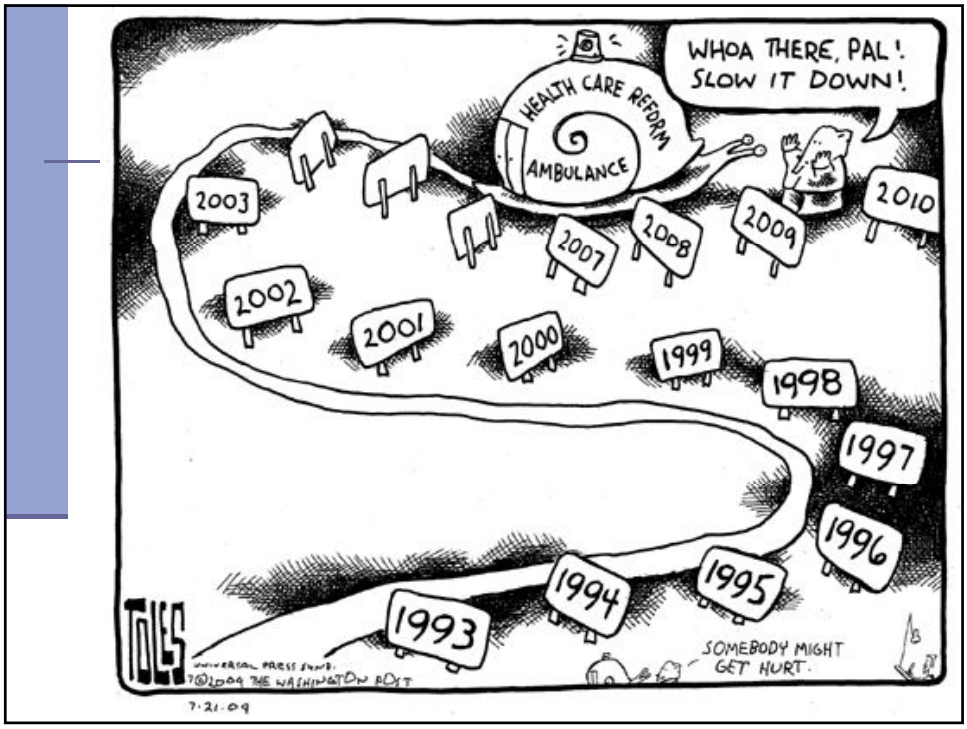

Example of medical education:

Future of Medical Education in Canada report to be released in 2010 from the Association of Faculties of Medicine in Canada will identify priority areas and enabling recommendations with respect to medical education

Some recommendations include:

- Full integration of health promotion, risk reduction – not just an add on;
- Training across sectors to include the community setting; and
- Focus on intra and inter professional practice with a focus on the identification of the competencies in this area

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Workshops for community managers/leaders:

- Health Education Technology Research Unit (HETRU), University of Ontario Institute of Technology
- IPE Workshop for Community managers/leaders in long-term care
- Funded by HealthFroceOntario
- Purpose to provide educational support for teams in care settings for the elderly by incorporating IPC competencies into practice

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