

ABSTRACT 1

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

Authors: Brenda Gamble, University of Ontario Institute of Technology; Tina Smith, University of Toronto; Raisa Deber, University of Toronto; Winston Isaac, Ryerson University; Robyn Hastie, CIHI

Healthcare reform recommends a shift in the site of care from the hospital sector to the community and the home sectors. At the same time many jurisdictions including the Province of Ontario have identified interprofessional collaboration as a top priority for the delivery of coordinated and efficient patient centred care. For many observers, coordination across professional and organizational boundaries is seen as key to integrated, collaborative care (e.g., health care, social care and rehabilitation) in both the hospital and the community sectors.^{1 2 3 4 5} According to Engel and Gursky,⁶ “appropriate management practices will balance professional independence with interprofessional interdependence.” Given the many players involved in this collaborative effort, an interesting question presents itself, i.e. who will be responsible for the coordination of collaborative care regardless of the site of delivery?

A first step to answering this question is to identify where healthcare managers are working. Alumni of two Health Administration programs were surveyed to determine: a) their views on the skills necessary to manage in the community and hospital sectors; and b) to determine whether these Alumni are managing within the scope of their clinical expertise and/or managing others with different clinical backgrounds.

Data were collected using a self-administered electronic questionnaire administered to Health Administration Alumni from the University of Toronto’s Department of Health Policy Management and Evaluation professional graduate program (N=276) and Ryerson University’s School of Health Services Management undergraduate program (N=86). The questionnaire was distributed by email between June and December 2008 and included items on employment characteristics (i.e., sector and type of work), clinical background, views on leadership skills and demographic characteristics. Analyses were performed by program, sector, and presence/absence of clinical training.

Results indicate many have a clinical background, which they view as necessary and advantageous for healthcare management. However few manage outside their area of clinical expertise and/or on interprofessional teams. In addition, despite the rhetoric of the shift from hospital to community many still remain in the hospital sector and those that change sectors move to professional organizations, government and consulting. If Health Administration Alumni are not providing management support for interprofessional teams, who then will perform this role? Will this be an additional role taken on by frontline providers?

¹ Gilbert, J.H.V. (2005). Interprofessional Learning and Higher Education Structural Barriers. *Journal of Interprofessional Care*, 19, (Supp. 1): 87-106.

² Johnson, P., Wistow, G., Schulz, R., & Hardy, B. (2003). Interagency and interprofessional collaboration in community care: the interdependence of structures and values. *Journal of Interprofessional Care*, 17, (1): 70-83.

³ Marshall, M., Preston, M., Scott, E., & Wincott, P. (Eds.) (1979). *Teamwork For and Against: An Appraisal of Multi-disciplinary Practice*. London: British Association of Social Workers.

⁴ McGrath, M. (1991). *Multidisciplinary Teamwork*. Aldershot: Avebury.

⁵ Ovretveit, J. (1990). *Cooperation in Primary Health Care*. Uxbridge: Brunel Institute of Organisation and Social Studies.

⁶ Engel, C., & Gursky, E. (2003). Management and Interprofessional Collaboration. In A. Leathard (Eds.), *Interprofessional Collaboration: From Policy to Practice in Health and Social Care* (pp. 44-55). New York, NY: Routledge, Taylor & Francis Group.

ABSTRACT 2

Title: Different Approaches to Care for the Terminally Ill: Barriers and Facilitators to Service Provision

Author: Christopher Klinger

Many terminally ill patients still do not die at their preferred location, or under the form of care desired. Our analysis of Canada (Alberta, Ontario), England, Germany, and the United States of America focuses on barriers and facilitators to service provision. Here, we note the implications of different models for the health human resources (HHR) needed, and the system-level and policy factors influencing the ability of these different jurisdictions to implement strategies for care at the end of life.

ABSTRACT 3

Title: Did Ontario's Full Employment of Nurses Initiative have a differential effectiveness in retaining full-time, part-time, and casual nurses?

Authors: Frieda Daniels, Audrey Laporte, Raisa Deber, Kanecy Onate, Louise Lemieux-Charles, Andrea Baumann, Linda O'Brien-Pallas

Objective:

In 2004, the Ministry of Health and Long Term Care announced the Full Employment of Nurses Initiative to address Ontario's current nurse shortage.

The study's objective is to determine the differential effectiveness of the Full Employment of Nurses Initiative in retaining full-time, part-time and casual nurses in Ontario's nurse profession.

Methods:

Using the College of Nurses of Ontario (CNO) database, a longitudinal dataset for all nurses registered with the CNO from 1993 to 2006 was created by merging unique registration numbers

(N = 198,762).

One-year transition probabilities of nurse employment status (full-time, part-time, casual, not working in nursing) were generated for 1993 – 2006, and used to examine trends over time of nurses' likelihood to stay/switch or leave that employment status, and whether this changed with the 2004 Initiative.

Results:

Before the implementation of the Initiative, the 1993-2003 average staying in their employment status category was 83.9% (full-time), 76.5% (part-time), and 55.9% (casual). There was some movement to full-time from part-time (10.2%) and casual (11.8%), and from casual to part-time (17.8%) but very little movement from full-time to part-time (4.4%) or casual (1.8%). The proportion leaving was 9.9% (full-time), 8.8% (part-time) and 14.5% (casual).

The Initiative generated small improvements: the 2004-6 average staying in that status was 88.5% (full-time), 76.7% (part-time) and 57.8% (casual), the average switching to full-time was 13.7% (part-time) and 10.8% (casual), and 19.4% of casuals switched to part-time. The proportion leaving nursing dropped to 5.5% (full-time), 5.6% (part-time) and 11.9% (casual).

Conclusion:

Full-time, part-time and casual nurses have somewhat different employment switching patterns, with casual status appearing least attractive. Creating FT employment positions may not be responsive to the desire by some nurses to work part-time. Healthcare decision makers may need to devise targeted rather than homogenous retention strategies.

ABSTRACT 4

Title: CIHI—Your Partner in Health Research

Authors: Robyn Hastie

The Canadian Institute for Health Information provides comparable pan-Canadian data to researchers and other stakeholders to support decision-making and inform health care discussions. The purpose of the presentation is to provide an overview of CIHI and its data holdings, and how researchers and graduate students can use the information. The presentation will explain where to find out more about CIHI databases and analytical products published by CIHI. Moreover, the presentation will describe the process of requesting customized data from CIHI, and provide examples of possible data requests.

ABSTRACT 5 (Poster presentation)

Where are the Respiratory Therapists? An Analysis of Employment and Practice Patterns.

Bandali, K., Zhu, L., Dizon, S.

The Michener Institute for Applied Health Sciences

Recent literature shows an increasing amount of respiratory therapists (RTs) in Canada are working in the community and in home care. In addition, the Canadian healthcare work force is currently experiencing ongoing specialization within each profession. This study examines the employment and practice patterns of RTs to determine if the RT role and where they practice are affected by the changing healthcare work force. An explanatory mixed methods questionnaire was completed by graduates of the Respiratory Therapy program at The Michener Institute from 1999-2005. RTs were found to work predominantly in the hospital setting; and contrarily to what was found in literature, little movement to the community and home care was observed over the past decade. Their practice settings were also observed to steadily move outside of the traditional RT departments. Similarly, the skill sets of RTs were perceived to become increasingly more advanced and diverse. The next phase of this study will be to utilize these results to inform the Michener Institute's Respiratory Therapy program of how the current curriculum design aligns with what is needed in professional practice.

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ABSTRACT 6 (Poster presentation)

Where are the Medical Laboratory Technologists? An Analysis of Employment and Practice Patterns.

Bandali, K., Zhu, L., Dizon, S.

The Michener Institute for Applied Health Sciences

Recent research have shown the current Canadian healthcare work force to be simultaneously undergoing a shift from hospitals to the home and community as well as an ongoing specialization within professions. However, it is unclear how the healthcare work force is being affected by such changes. Medical laboratory technologists (MLTs) are the third largest group of healthcare practitioner in Canada. This study was conducted to determine if and how the practice patterns of MLTs are affected by the transitioning healthcare system. Of particular interest to the study was the location and subsectors in which MLTs are practicing, as well as the movements across locations and subsectors. An explanatory mixed methods questionnaire was administered on Graduates of the Medical Laboratory Science program at The Michener Institute from 1999-2005. MLTs were found to largely remain concentrated within the hospital setting across Canada. This profession is highly specialized, and the degree of specialization varied based on geography and employment setting: outside of the hospital, MLTs also were being utilized in a less general fashion compared to when they were employed in a private or governmental laboratory, and MLTs across employment settings were not utilizing the same skills. Participants indicated that future changes to the profession will unequally impact different specialties, leading to new human resource challenges. The next stage of this study will be to inform the Michener Institute's Medical Laboratory Science program of how the current curriculum design aligns with the current professional practice needs.

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ABSTRACT 7 (Poster presentation)

Implementing a New Health Worker: Anesthesia Assistants in Ontario

Bandali, K., Zhu, L., Dunnington, S., Dizon, S.
The Michener Institute for Applied Health Sciences

In 2006, only just over half of Ontarians needing hip replacement or cataract surgeries received their operation within the wait time target set by the provincial government. Realizing a need to enhance patient access while improving safety, the Anesthesia Assistant (AA) program was established in 2005. By 2007, the Michener Institute produced the first graduating AA cohorts in Ontario. A longitudinal qualitative study was designed to study the practice patterns of this new profession and to evaluate the perceived impacts of the first three cohorts of Michener's AA graduates. Utilizing semi-structured interviews and survey methodology, two graduating cohorts from the AA program and their healthcare mentors, across Ontario, have been interviewed. Overall, respondents perceived positive effects of adding an AA to the surgical team with respect to patient safety and care, as well as patient access to surgeries. There were great disparities among the hospitals with regards to the extensity of these positive effects. Large disparities were also found with respect to the scope of practice and the level of acceptance of AAs by the healthcare team.

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ABSTRACT 8 (Poster presentation)

Title: Professional survival: Why do occupational therapists leave the profession?

Robyn Hastie, Brenda Gamble, Raisa Deber, Susan Rappolt

Introduction:

Over the past 15 years the health care system has undergone considerable restructuring, including policies to shift care from hospitals to communities and increases in casual employment. How have these and other factors affected the rate of occupational therapists exiting the profession?

Objectives:

The purpose of this analysis is to determine how employment and personal factors affect exit rates of occupational therapists.

Methods:

A longitudinal database of 5316 occupational therapists registered in any year from 1997 to 2006 was constructed in partnership with the College of Occupational Therapists of Ontario. Exit rates from the profession during this time period were calculated using the Extended Cox Model. The explanatory variables used in the analysis include age group, gender, sector, employment status, highest education, position, funding source, self-employment, and inclusion in the database as of 1997.

Results:

Significantly higher hazard ratios ($p < 0.001$) were found for occupational therapists who were employed part-time (1.2 times more likely to leave than the baseline case) or casual (2.0), as well as for those under age 30 (2.1) and those 60 years and over (3.6). In contrast, occupational therapists who were self-employed were 1.2 times less likely to leave than those who were not self-employed ($p < 0.001$).

Conclusions:

Job stability through full-time employment and career investment through self-employment significantly increase the likelihood of occupational therapists remaining in the profession. Lack of stability disproportionately affects the youngest and oldest cohorts, which, if not addressed, may adversely affect the supply of occupational therapists.

ABSTRACT 9 (Poster presentation)

Title: Retention of Occupational Therapists across Employment Settings

Robyn Hastie, Brenda Gamble, Raisa Deber, Susan Rappolt

Introduction:

Restructuring of the health care system and in particular, the shift in health care delivery from hospital to home and community has been associated with great fluctuation in occupational therapists' employment sectors, positions and status.

Objectives:

This study analyzes the changes occupational therapists made concerning their employment sub-sectors, positions and status during a ten year period.

Methods:

A longitudinal database of 5316 occupational therapists registered in any year from 1997 to 2006 was constructed in partnership with the College of Occupational Therapists of Ontario. Occupational therapists' employment retention for any given year was calculated for sub-sectors (hospital, chronic care centre/long-term care [CCCLTC], community, and other), positions (manager/administrator, direct client care, educator/researcher, and other), and employment status (full-time, part-time, and casual).

Results:

On average, hospitals had the highest retention of occupational therapists (86.3%), while the CCC/LTC sector had the lowest retention (74.4%). Direct client care had the highest retention (88.1%), followed by manager/administrator and educator/researcher roles. Full-time employment had the highest retention (87.0%) of the employment status.

Conclusions:

Despite the rhetoric of a shift from hospitals to community and home, occupational therapists were more likely to retain their employment in hospitals. Policies for service delivery outside of hospitals should be analyzed with the view to improving the retention of practicing occupational therapists in these sectors. Overall, there is a high ability of the profession of occupational therapy to retain its work force during the period under study.