

Editorial

Publish or Perish: Perspectives from the APJHM for health managers

The term 'publish or perish' is familiar to most of us engaged in some way in academia and reflects the mantra that to have a successful career as a teacher, researcher and all-round academic wanting to be recognised as an expert in your discipline requires you to be well and regularly published. This directive also has added implications to not publish in 'any journal' but in ones that have high impact factors. This suggests that they have recognised quality articles that have been peer reviewed, have rigour in the editorial process and, therefore are difficult to obtain publication in, particularly for students and emerging researchers. Progression of careers are dependant on this mantra and, we all want to ensure that the quality of our research, our science is of the best standard.

This is of particular interest in business and management schools, including those teaching health management. The theoretical basis of management and organisations is relatively young and recent compared to the traditional sciences that we tend to emulate. Much of it is to be found in history and literature from the commencement of the industrial revolution, the art of war and that of politics. Despite this we all seem to have developed curricula that is heterogeneous and consistent over differing nations states. We all correctly consult with business and bureaucracies to find out their expectations of what they expect of our graduates to be business ready. In other words, it could be said that we are producing graduates to manage in organisations as they currently exist. This may not be a bad thing for maintaining the status quo.

However, those of us who have been around long enough know that our organisation and our management practice is by necessity focussed on change. We have been in the

midst of health reform for some decades. There is a constant drive for improved safety and quality of care, we are all ageing and demanding cure or, at least relief from discomfort. The ambit of what is included in healthcare continues to expand with wider knowledge and a community's sense of what is natural justice and what is equitable, particularly when the data around the socio-economic determinants suggests that those most in need appear to lack access and do not have contexts within which to improve. We are an expanding, growth industry, albeit still too focussed on illness and institutional care. There is much to be done in improved utility of services, both in terms of quality, efficiency and value, however designed.

Our earlier management learning was focussed on 'planning, organising, directing and controlling', more recently an emphasis on competencies, leadership and teamwork. Increasingly we talk in terms of capability in achieving quality outcomes, evidence based, best practice, pathways. We are assailed by social media and access to what was once only available to researchers now is freely available and regularly provided. We have become knowledge rich. It is evident that the current investment in clinical research is beginning to deliver significant outcomes in care delivery and, new ways and places to do things that will challenge many of our current policy settings and organisational approaches to change. Emerging technologies and artificial intelligence will expand the boundaries of possibilities and challenges we will all face. All of this gives added emphasis to another truism that 'we live in interesting times'.

In my view, the language of health reform suggests that health managers need to move on from the concepts described earlier to

those that demand that we be innovative, that we engage and deliver in networks, more so than organisations, that we must work in contexts, collaboratively across sectors, beyond traditional health systems and respond to 'social movements' of which there are many and engage more effectively with communities of all descriptions. We need to be resilient, reflective practitioners, sensemakers, demonstrating capability and attuned to diversity rather than uniformity and conformity. Most of all we need to be adaptive and take a critical inquiry stance of what health managers might be and do in an ever-changing landscape. So, do our current approaches to education of health managers meet these needs?

That context of health systems, no matter how much we dress it up as a commercial business, is substantially a people business, human beings serving others in the interest of all. It is probably too much expecting us to go back to including the humanities in our curricular, but it would be possible to add a greater emphasis on the behavioural, cultural and social sciences along with that emphasis on critical inquiry. It is also important to recognise that much of the management learning occurs while we work, strengthening the concept that in health management we learn by doing, we learn from others and we learn together. In my view the theoretical management and organisations constructs need to be woven into the educational experience and into continuing professional development.

Talking to some academic colleagues recently, we remarked that we had all entered the 'dark side' to become academics after our individual experiences and successes in the real operational world and we were all of the view that experience in both operational and teaching research dimensions made us the better person and professional. No doubt some academics have moved to their dark side of gaining operational experience. My view here is that rather than being one dimensional greater fluidity in roles across those spectrums might become a good thing. Increasingly, the challenge for researchers is to get the operational side to understand and implement

their findings and so forth. So, this brings us to the point of engagement. How do we translate knowledge into practice?

The recent movement to Advanced Health Research and Translation Centres (AHRTCs) through the National Health Medical Research Council is an important announcement and is evidenced in the announcement of the Centres for Innovation in Regional Health to be found at

<https://www.nhmrc.gov.au/research/centres-innovation-regional-health>. Evaluative criteria for these centres include:

Outstanding leadership in research and evidence-based clinical care that enhances the quality of health care in regional and remote Australia

Excellence in innovative biomedical, clinical, public health and/or health services research that addresses the challenges and opportunities of health care provision in regional and remote Australia

Programs and activities to accelerate translation of research findings into health care and ways of bringing health care problems to the researchers

Research-infused education and training

Health professional leaders who ensure that research knowledge is translated into policies and practices locally, nationally and internationally

Strong collaboration amongst the research, translation, patient care and education programs.

This and like initiatives might just be the answer to the academic lament of 'publish and perish' and perhaps academics in the future might be rewarded more for working closely with practitioners in translating knowledge into practice and evaluating the utility of existing services and practices.

What do these developments mean for the APJHM? Firstly, it affirms the reasons and

sense of purpose in ACHSM decision to establish the APJHM in the first place. These were described as:

Encourage and publish research into health management

Encourage member contributions

Encourage new and emerging researchers

Provide analysis, viewpoints and discussion, including quick article responses on health issues, policy and management

Demonstrate innovation, best practice, as well as emerging ideas and approaches

Foster collaborative practice and networks of health managers across Australia, the Asia Pacific and New Zealand

The APJHM is established to promote the discipline of health management throughout the region by facilitating the transfer of knowledge among readers by widening the evidence base for management practices and; to encourage a continuing contribution to the professional development of health and aged care managers; and promoting ACHSM and the discipline to the wider community. The APJHM

is the only peer reviewed journal specific to the body of knowledge of health management in our region and we are privileged that it continues to exist. We are responding to changing times as well by moving to a 'publish as ready approach' in open access journal format and subject to software purchase hope that our new presentation will allow greater functionality for both authors and readers. Importantly, it brings academics and health managers and health professionals together to achieve important collaborative aims.

Perhaps we should add an aim to our purpose to not just provide health managers who are business ready but lift our aim to produce health managers and leaders who are 'future ready'.

This editorial reflects the narrative of the Editor and, as such, I have not felt the need to go to the evidence base for citations. The evidence is strong in support but the points in the narrative should be self-evident for those engaged in the profession of health management.

DS Briggs

Editor