IJHG Review 29.4: Early career authors

Introduction

The *IJHG* Review section's standard format provides short reviews of each article included in the current issue. Each mini-review starts with the phrase "This review is based on . . ." followed by the authorã (s) and title of the article in question. This allows readers to prioritise subject matter which reflects their own interests or areas of expertise. The Review Editor includes additional commentary based on external sources as appropriate. However, in this issue the editors have decided to continue the updated format introduced in the last issue with some of our outstanding authors (*IJHG* 29.3). In this issue we examine the real experience of some of our early-career authors. The justification for this is that, to quote *IJHG* Editor Irina Ibragimova, "being a complex system, scholarly communication is changing constantly in many ways: by developing new tools to help researchers share their findings, but also by introducing new procedures and standards to support research integrity and handle the new challenges of research publications appearing with new technologies."

In this issue of *IJHG*, we are introducing early-career authors, or those in established careers who are nevertheless new to research and publishing. All featured authors have published their research in this journal in 2024.

To create more targeted interviews, individually focused questions have been prepared with specific relevance to each author's publications. These responses have been collated, subjected to some analysis and commentary, and presented with a brief review of the author's recent publication in the *IJHG*.

(1) *Is One of the Largest Professional Groups in the NHS Being Ignored at NHS Trust Board Levels?* This review is based on Colesby (2024) How are Allied Health Professionals represented at board level in NHS Trusts in the West Midlands? *IJHG* 29ã (3): 284–295. https://doi.ã org/10.1108/IJHG-05-2024-0055

Allied health professionals (AHPs) are members of 14 different professions within the NHS with the function of managing specific areas of healthcare. Physiotherapists, radiographers, paramedics and occupational therapists are the AHPs most people are probably familiar with. However, podiatrists, operating department practitioners, orthoptists, osteopaths, orthotists, art therapists, music therapists, drama therapists, speech and language therapists and dieticians are all grouped under the AHP banner. As such, AHPs provide a wide range of essential services and constitute either the second or third largest health professional groups, along with nurses and doctors. Investing in AHP leadership is considered strategically beneficial in improving patient care, collaboration, use of resources and innovation (Eddison *et al*., 2024).

As a speech and language services professional with over 30 years of NHS experience, Charlotte Colesby was well aware of the importance of AHPs in a well-functioning NHS Trust. However, she was concerned by the apparent lack of representation of AHPs within senior management positions in hospitals and by their dearth of representation on NHS Trust boards. While Trusts are mandated to have nursing and medical representatives on their boards, at the time of her research, there was no such requirement to include AHP representatives. This meant that the concerns of AHPs were not being considered and that their contributions to wider governance issues were not being sought. Colesby decided to research this topic as part of her MBA studies.

Data from six NHS Trust Board reports and Care Quality Commission (CQC) reports were analysed. All the NHS Trusts were in one geographical area within the West Midlands, thus

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providing a regional snapshot. These reports are in the public domain, and no permission was required to access them or to analyse the data contained within the reports.

Findings showed very clearly that AHPs were greatly under-represented on NHS Trust boards, when compared to nursing or medical staff. In addition, there was no clearly identified pathway for AHPs to move into management posts, with no Director of AHP or similar roles in any of the Trusts studied at the time that the research was being conducted. Similarly, CQC reports made little mention of AHPs; this is worrying when staffing and mandatory training issues were highlighted in reference to nurses and doctors but in very few instances in relation to AHP requirements. This echoes the findings of an earlier Australian study (Vassos *et al*., 2019) that the training and development needs of AHPs are not being addressed in institutions, with quality improvements often driven by a crisis rather than by forward planning.

Another Australian study (Mickan *et al.*, 2018) found a wide variation in titles, roles and responsibilities of AHP leaders while concluding that the integration of AHP leadership into hospital management increases understanding between professional groups about their roles and responsibilities. This collaborative working at senior levels increases good governance.

The value of Colesby's research was to clearly show that AHPs are an under-represented group of health professionals in one UK setting. This study could well serve as a pilot, forming the basis for wider research within the English NHS.

Charlotte Colesby interview

***IJHG* Editor:** In your cover letter you stated that was your first manuscript submitted to the scholarly journal. What motivated you to conduct and publish your research?

CC: I undertook my research as part of my MBA. I had been aware for a long time of a widely held perception by AHPs that they were under-represented to Trust Boards. I wanted to test this out to see if it was true. I carried out my research during Covid which added significant complications and so I decided to use publicly available materials in order to ensure I could access everything without adding to the huge pressures on my NHS colleagues at that time.

When I shared the research I'd undertaken with colleagues, they commented that the work was important and should be shared more widely. I know that as an HCPC registered professional it is my responsibility to both remain up to date with the evidence base and to add to it. With my Chief AHP and Group Manager's encouragement, along with the support of some fantastic peers in my organisation I worked to turn my extra-long dissertation into a viable article and this has now been published!

***IJHG* Editor:** Were there any unexpected requirements/challenges during the submission of your manuscript and the peer-review process?

CC: Finding the right journal was probably the most challenging part of the process as I had no idea where to start. Fortunately I had excellent support from my organisation to negotiate my way through this. Once I had identified this journal I read the information about submission in detail and worked my way through it methodically.

The other challenge was my own – imposter syndrome. I found it all quite daunting and took supervision to support me to move to publication. Once I had found the right journal I found the team at *IJHG* really supportive and I was able to ask questions when I didn't understand or needed clarification. The peer-reviewer comments were very helpful and I think they have ensured that my article is clear to the reader.

***IJHG* Editor:** What could you advise authors who are preparing their first paper to be submitted to a scholarly journal?

CC: I would say, go ahead and do it. Look for peer support if, like me, you feel unsure and hesitant. We are all responsible for adding to the evidence base and so if you don't do it, who should?

Charlotte Colesby: brief professional biography

Charlotte holds both a BSc (Hons) and an MBA in Speech Pathology. Her current role is as Deputy Chief AHP/Speech and Language Therapy Services Manager. As an experienced speech and language therapist (SLT) with over 30 years of NHS experience, Charlotte takes pride in developing both the service she leads and in rooting this firmly within the context of system-wide development. To this end, Charlotte is involved in local, regional and national initiatives in SLT such as being chair of the SLT West Midlands Professional Leaders Forum and taking the SLT role on the Communication Consortium Grant panel at the request of her professional body, the Royal College of Speech and Language Therapists.

In 2021 Charlotte completed an MBA part-time while working full-time. More recently Charlotte has been seconded 1 day per week as the Deputy Chief Allied Health Professional (AHP) in her NHS Trust. She is committed to being a voice for AHPs, and the article she has recently had published is part of this commitment.

Review Editor's Commentary: Charlotte, thank you for choosing *IJHG* for your initial publication and for answering the questions posted by *IJHG* Editor Irina Ibragimova. I was thinking about what you said about "imposter syndrome", the anxiety felt by so many of us, as authors but also as health professionals and academics, particularly when we move into new roles. I know I, and many of my colleagues have felt this way, but in my academic career I always tried to encourage colleagues to stretch themselves and do what they felt they didn't have the experience or skills to do. Needless to say they did fabulously! Therefore, I was pleased that you said you sought advice and encouragement from colleagues more experienced in writing for academic journals. I think it is so important that we support each other in our health professional and academic journeys.

I was just reading a Psychology Today blog by author George Foy (2024), who describes experiencing imposter syndrome when invited to a high-level conference in Paris. However, he points out that this syndrome can lead to great anxiety and depression and is more common in health professionals and in women and people belonging to minority ethnic groups. In any case, I hope this publication has proved that you are definitely not an imposter in the world of academic publishing and I, and my editorial and publishing colleagues at *IJHG* wish you all the best in your new role. We hope that you will consider *IJHG* for future publications.

(2) *Can Personality Type Predict Healthcare Safety?* This review is based on Kil *et al.* (2024) Examination of personality types as predictors of safety attitudes/behaviours in support of enhancing safety in healthcare: a scoping review. *IJHG* 29ã (4): pre-publication

Workplace accidents, largely caused by human error, are responsible for a significant deficit in the budgets of emergency services and institutional healthcare. Theoretically, if employers were able to identify individuals most likely to cause accidents or other incidents through their own behaviour, they might be better able to eliminate applicants with associated personality types at the recruitment stage.

Studies into personality characteristics and associated behaviour have indicated an identifiable relationship between personality and accident causation or avoidance. Many of these studies have taken place in industry, with the airline industry being a key example of one which acknowledges the importance of identifying the correlation between personality of

pilots, and other personnel such as air traffic controllers, and travel safety. While there seems to be a consensus that the five traits that predict behaviour and emotions are conscientiousness, agreeableness, extraversion, neuroticism and openness to experience, the way these contribute to behaviour in a crisis or when making a crucial decision may be difficult to predict (Mitchell and Kitson, 2019). A positive trait such as conscientiousness may lead to the inability to think outside the rule book or learned patterns of behaviour when faced with an emergency situation. It may be the risk-taker who is able to imagine a novel solution. Because of this, aviation psychologists suggest that psychological profiling of candidates must go beyond highly marketed personality assessments which provide only a limited or superficial understanding of an individual's personality traits (Mitchell and Kitson, 2019).

Healthcare institutions such as hospitals and clinics have specific governance requirements due to their broad remit. However, lessons from industry may provide guidance in enhancing incident prevention through personality screening; this could form part of recruitment testing and/or staff training. Personality has a strong correlation to team working, leadership abilities and psychological safety within stressful working environments (Grailey *et al.*, 2023). Recruitment for clinical staff positions uses similar person specifications across a variety of roles; more advanced forms of personality assessment may be needed to match candidates to job roles that are best aligned to their psychological profiles.

Kil, Graham and Chatzi have explored these issues in a scoping exercise which draws on research from industry, comparing these to studies specific to healthcare governance.

Yeojin Kil interview

***IJHG* Editor:** While working on your scoping review did you consult with a librarian/ information specialist (when developing a review protocol, conducting searches, etc.)?

YK: Yes, I consulted with the librarian in my field on two occasions, particularly for assistance with developing search strategies.

***IJHG* Editor:** For each evidence synthesis paper, we invite at least one referee from our group of methodological peer-reviewers (librarians and information specialist with experience in conducting systematic reviews). Did you find the comments of peer-reviewers on your Methods section helpful for revising your manuscript?

YK: Yes, indeed. Their comments offered valuable insights that helped me identify aspects I might have otherwise overlooked.

***IJHG* Editor:** As an early-career researcher, what support you would like to get from journal editors and publishers when preparing and submitting your manuscripts?

YK: At the moment, nothing specific comes to mind.

Yeojin Kil's brief professional biography

Yeojin is a Ph.ã D. Candidate in the Department of Nursing and Midwifery at the University of Limerick. A registered nurse in South Korea, Yeojin has gained experience working in various clinical settings. She holds a Master's in Nursing Science from the University of Limerick, where her research focused on the experiences of adolescents with anorexia nervosa. Currently, her research explores the relationship between personality traits and safety attitudes in nursing and midwifery, with the goal of promoting safety in healthcare. She has published in peer-reviewed journals and presented her work at both national and international conferences.

Review Editor's Commentary: Yeojin, thank you for choosing *IJHG* for submission of your article. This is a very interesting topic and I'd love to see further papers based on your Ph.ã D.

I am glad to see that you elicited help from subject librarians because in my experience they are a valuable but sometimes under-recognised resource. However, you seemed unsure about what help you might be able to source from editors and publishers. At Emerald we are very keen to support all our authors, but especially those new to academic writing and publishing. I think the most important thing we can do is to listen so we really understand the concerns of our early career authors. Wiley Publishers held a round-table discussion on this topic about five years ago (O'Brien *et al*., 2019), and they found that early-career researchers (ECRs) often felt inhibited by existing structures in academic life, particularly expectations that they follow the example of more senior staff, especially those who might be supervising their work. Of course supervisors and mentors are valuable resources but sometimes may be a bit too embedded in the way things have always been done. Introducing creativity or a fresh approach to methodology or reporting can help an ECR find his or her unique voice. Fernandez (2023) argues that overly formulaic academic writing can lead to a dry recitation of facts but that the creative voice makes academic writing more engaging and enables the author to approach a topic from an innovative perspective.

(3) *Are Healthcare Improvement Programmes Worth the Cost?* This review is based on Thusini *et al.* (2024a) What influences perceptions about the concept of return on investment from healthcare quality improvement programmes? An institutional theory perspective. *IJHG* 29 (3): 213–228, https://doi.ã org/10.1108/IJHG-04-2024-0045

Thusini *et al*. have examined the data relating to quality improvements (QI) in healthcare and return on investment (ROI). Healthcare represents a unique field because traditionally the human factor has been the most important indicator of quality. This includes elements that are difficult to quantify using only monetary value. Buzachero *et al*. (2013) put it this way in their seminal text on measuring ROI in healthcare: If an initiative was taken to improve efficiency, can the changes implemented be considered a success if the implementation costs more than the overall cost savings to the institution? For instance, a hospital might hire a surgeon who has perfected a new and innovative surgical technique which could potentially save lives. While this would undoubtedly be a positive factor in the lives of patients receiving care, the actual monetary reward to the hospital, or ROI, taking into account factors such as the surgeon's salary, training costs to the surgical team and actual percentage of lives saved, might be difficult to quantify. Less visible quality improvements such as enhanced interprofessional staff training could provide more immediate benefits. However, this would need to be weighed up against possible long-term benefits to the hospital such as enhanced reputation, allocation of research grants and staff recruitment and retention. However, as Buzachero's work applies mainly to the complexities of the US health system, it is unsurprising that he was an early proponent of ROI in healthcare governance.

Thusini *et al*.'s (2022/2023) previous research in this area has highlighted opposing institutional forces which affect the application of ROI theory to assess the value of QI. These are internal institutional values such as norms, beliefs and cultures as opposed to external values such as political or socioeconomic factors. Internal and external must be finely balanced to create a workable concept of QI-ROI.

The purpose of the current paper is to provide a synthesis of the authors' own previous work. In doing so they identified 21 hypotheses, or what they have termed "conjectures" about QI and ROI. These all explore in one way or another the inherent conflicts in attempting to quantify benefits from a largely financial perspective, with some players arguing that improvement in health and well-being should be the only factors used to assess the success of quality improvements.

(4) *Monetary benefits are not the only factors in assessing healthcare quality improvements. This review is based on* Thusini *et al.* (2024a) Is return on assessment the appropriate tool for healthcare quality improvement governance? *IJHG* 29ã (3): 296–308, https://doi.ã org/10.1108/IJHG-06-2024-0067

This viewpoint article by Thusini *et al.* (2024b) follows on from their comprehensive review of the concept of QI-ROI (2024a) and examines the appropriateness of using the concept of QI-ROI as a tool of healthcare governance. Identification of 4 main areas in which benefits from QI-ROI occur as organisational performance, organisational development, external or socio-economic and unintended enabled the authors to develop a theoretical discourse around the issues raised. Findings indicated that in areas where less tangible benefits were more highly valued, ROI was less useful in evaluating the real benefits of QI. In light of this, the authors explore emerging proposals for health governance such as collaborative governance, integrated governance or stewardship governance, all of which recognise the unique governance needs of both public and private healthcare, in which the benefits of QI cannot be captured solely through assessment of monetary value.

The authors suggest the necessity of ongoing research in this area to ensure all relevant factors pertaining to value in the area of QI in health governance are considered so that ROI does not end up being used inappropriately as the only deciding factor.

S'thembile Thusini interview

***IJHG* Editor:** How do you choose the journal for submitting your research?

ST: I always opt for a journal that is passionate about the subject I am writing about. Having an international audience is very important for me because of the type of subjects I research. So that is also a very important factor in my decision.

***IJHG* Editor:** What could you advise early career researchers in case their manuscripts are rejected by a journal after a peer-review? What is your experience with appeal of a rejection decision?

ST: I had a paper recommended for rejection by one of the reviewers. Although I could understand their concerns, I still felt that the paper was important to get out there. I therefore wrote to the editor and asked if it was possible to attend to the concerns raised and re-submit the manuscript. The editor was very helpful and supportive and gave me advise about how to proceed. I resubmitted the manuscript and was successful the second time around. The paper is now published and I am very pleased. I think it is important to remember that different audiences may have different questions and concerns. If you believe in the work that you have done, it is worth listening to the concerns, finding a way to address them and then trying again. It can be intimidating and defeating to have your paper rejected. So for me, having a supportive journal and editor was crucial for this.

***IJHG* Editor:** Have you used AI tools for conducting your research and preparing your manuscripts? Were the journals/publishers guidelines on the use of AI tools helpful?

ST: No, I have not used AI in my research and writing. I cannot remember if *IJHG* has rules about it.

Brief professional biography

S'thembile Thusini is a health professional and researcher with a Doctorate from Kings College London. She is currently a post-doctoral researcher working on Quality Improvement (QI) and Return on Investment (ROI) in Health Service institutions. Earlier publication focused on her experiences as an ICU Nurse during the Covid pandemic and explored the concept of resilience (Thusini, 2020).

Review Editor's Commentary: S'thembile, thank you for the submission of these two articles which complement each other and expand on your previous work. I can see the hard work and in-depth analysis which went into the work that you and your fellow authors have done. The subject is very interesting, can arouse strong emotions and is also very dependent on the type of health system in which we work or wish to work.

I see that one of Irina's questions was about AI and if you had used it in any aspect of preparing your papers. You answered, "no", not knowing what Emerald's policy is. We do ask authors to clearly indicate if they have used AI in the preparation of their manuscript, and if so, where and in what capacity they have used it. I think Irina included this question because it is thought that ECR will be the authors most familiar with AI and perhaps willing to experiment with it (Nicholas *et al*., 2024). Initially it was assumed that AI would result in a plethora of poor-quality papers as its use was associated with plagiarism and unsubstantiated references. However, as time goes on, researchers are beginning to consider its use as a beneficial tool to aid them in areas such as developing a research question or finding link to previous studies.

Irina also asked a question about your response to having a paper rejected. I congratulate you on your determination not to give up when you had a paper rejected but to stay firm in your belief in the importance of the information you were attempting to relay. It may make you feel better to know that rejection is very common especially with the extreme career pressure to publish that both early- and later-career researchers contend with in a very competitive academic climate. Even some of the most eminent scientists have experienced rejection, with at least 8 Nobel Prize Winners having had their research papers rejected by publishers (MacDonald, 2016). I'm glad you felt that the editors and publishers at Emerald were supportive and able to guide you into making the changes that resulted in your paper being accepted. We do know from studies on ECR that early publication even before completion of Ph.ã D. studies can be very beneficial to long-term career goals (Frandsen and Nicolaisen, 2024). I hope you will continue to consider *IJHG* for publication as you continue with your research career.

Conclusion

The *IJHG* is unique in its clear focus on healthcare governance in all that this entails. Starting life as the *British Journal of Clinical Governance*, the journal has evolved to encompass an international perspective, inviting authors from around the world for contributions and thus attracting an international readership. In this issue we have highlighted four of our recent publications from our final two issues of 2024. Three authors provided brief professional biographies and responses to questions prepared by *IJHG* Editor, Irina Ibragimova. The commentary on the interviews was written by the Review Editor, Fiona MacVane Phipps. We hope that readers have enjoyed the opportunity to get to know some of our emerging authors and that they, like us, look forward to seeing more of their work in future issues of *IJHG*.

Fiona Ellen MacVane Phipps
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