Fifth Report on Key Performance Indicators
November, 2004

The Social and Behavioural Sciences
Research Agenda

Centre for Work Leisure and Community Research
CONROD

“Applying knowledge to the identification and evaluation of solutions for personal, organisational, social and cultural dilemmas”

Griffith UNIVERSITY
Logan Campus, Queensland, Australia
Major Achievements in 2004

Overview of Achievements

- 2004 was highlighted by increased international exposure of our research agenda. Researchers were invited to present in conferences or international research groups in Beijing China, Honolulu Hawaii, Manchester UK, Bruges Belgium, Ostersund Sweden and Colorado USA. Long-term research partnerships were established with four of these groups. In addition, a long-term partnership was established with researchers from the University of Maastricht through the Disability Management forum hosted by CONROD. Following an invitation from researchers at the conference, we are currently exploring the possibility of exchanging PhD students and establishing joint research projects.

- Several strong local partnerships have been established during 2004, including Department of Communities, Adolescent Mental Health and Mater Hospital, Dept. of Industrial Relations, Corrective Services and Education Department. Invitations from RACQ Insurance, Loganlea State High School and Goodna Caravan Park Residents Association to establish partnerships are currently being explored and a partnership with PriceWaterhouseCoopers and the Division of General Practice has been finalized. All other partnerships have been maintained.

- 2004 also focused on the development of a new research agenda that draw together existing research strengths and is in line with National Research Priorities.

- Dissemination strategies were revised at the Centre, resulting in innovative posters, flyers and summary documents for the majority of projects, presentations to practitioner groups and development of checklists/guidelines for several departments in relation to rehabilitation strategies. Several self-directed research groups among our industry and community partners were also established, to increase research activity within our target populations.

- Completion of major industry reports was a strong focus for 2004, together with establishment of additional partnerships.

Specific KPI Achievements

In relation to the MAIC/CONROD Key Performance Indicators, significant achievements have been made in 2004. As shown below, the two CONROD fellows, one MAIC fellow and three part-time industry-funded fellows have achieved outputs beyond the expected KPIs.

**Publications:** In 2004, 16 research papers were published, accepted for publication or submitted for publication. Another publications have been prepared for submission and two edited books are in progress. All publications have been sent to international peer-reviewed journals with reasonable reputation in the areas of disability, health and rehabilitation. In addition, 16 industry reports were completed and approved by the industry partners. These reports will be turned into publications in 2005, with permission of industry partners.

**Grants:** During 2004, 11 research grants were awarded. Six grants were unsuccessful, which is a higher rejection rate than usual. It is likely, however, that this rejection rate reflects the fact that highly competitive ARC discovery, ARC network grants, Australian Health Ministers Priority Grants and NHMRC grants were submitted. Further, the grants focused on Indigenous disability and mens’ health, two difficult areas to enter
without considerable track records. Despite the lack of success in these granting schemes, the reviews for all applications were extremely positive and the NHMRC grant was placed within the top 30% of submissions. With adequate review, this grant will be resubmitted in 2005.

**Dissemination:** The Centre delivered 15 conference presentations/posters during 2004. As an indication of the reputation developed by the Centre, four members were invited to deliver keynote presentations at national and international conferences. Presentations to practitioners and industry partners were ongoing (n=22) and included invitations from Commonwealth Health, State government and statewide community groups. Media presentations also featured in the work of the Centre in 2004, with four major articles and interviews and the release of a video and workbook based on our research. Four self-directed research groups were formed and supported, individuals with traumatic brain injury, low-income residents, indigenous women with disabilities and allied health practitioners. A fifth group met at the end of 2004, consisting of State Government rehabilitation policy advisors. The nature of this group is undetermined at present. Finally, new methods of dissemination have been explored, including the development of templates for the distribution of project findings (e.g., flyers, summary documents, posters and reporting formats). This endeavour has been possible through investment in desktop publishing and has been extremely worthwhile in terms of facilitating the translation of project findings into actions.

**Research Partnerships:** Over 30 industry partnerships were maintained during 2004 (see a full-list below). The nature and stage of the partnerships vary, but the majority involve significant research projects, advisory bodies or regular involvement in activities. These partnerships include community groups, government departments, agencies, universities and informal support networks. These partnerships are an important source of guidance for research direction, funding to conduct research, engagement with the consumers of research and dissemination of knowledge.

**Policy, Professional and Community Service:** Members of the Centre currently serve on several advisory groups, professional bodies and community agencies. In terms of policy impact, the Centre consults regularly to public service agencies regarding their rehabilitation systems. All staff have been invited to serve on community groups either as advisors or committee members. Over 20 invitations have been received by the Centre to contribute to policy - as listed below. These invitations have all been accepted and a major contribution has been made in some form. Professional service has also been a significant part of the research agenda, with members contributing to professional bodies in the areas of disability services, rehabilitation, psychology, neuropsychology and animal-assisted therapy. Academically, professional services have involved invited representation on editorial boards for five peer-reviewed journals and research management activities within the university (e.g., convening research higher degree programs, facilitating grant writing or publication groups across the university, managing research development programs for new career researchers).

**Mentoring of Research:** During 2004, two PhD students and two honours students were successful in the completion of their theses. The topics of these theses were:

- Brenton, K. The measurement of occupational well-being: Internal consistency and construct validity for an Australian sample.
- O’Neill, V. Cross-cultural validation of workplace well-being measures.
- Murphy, P. Stress in rehabilitation providers: A contextual analysis.

The two PhD completions were passed without correction by international markers and were awarded the Dean’s award for Excellence. Four new post-graduate enrolments have been finalized for 2005 in the areas pertaining to disability, rehabilitation and return to work (two honours and two
PhD). It is also likely that two Indigenous students who are already being mentored by Centre members will formally enroll in higher degrees in 2005 (one honours and one PhD). Two existing PhD students are continuing their research and are likely to submit in 2005/6. In addition to formal research higher degree students, mentoring of researchers in the community has formed a crucial component of the Centre activities. Nineteen non-academic research partners are currently being sponsored by the members of the Centre to pursue their own research interests. Although not formally enrolled in studies, these researchers are engaged in community research and require guidance to continue their work. The links have arisen through existing industry partnerships or through approaches by individuals searching for appropriate support. Eleven of these non-academic research partners are people with disabilities (i.e., a TBI research group and an Indigenous women research group).

**Project Progress and Development:** During 2004, twenty-six major projects have been completed, continued or developed. Below is a summary of the progress on each of the major projects being conducted in the Centre. A major achievement during 2004 was the approval of ongoing funding from industry for a part-time industry research fellow until 2006. The four programs of the Centre are described below:

1. **Disability and Disadvantage** – This stream consists of projects that examine traumatic injury and rehabilitation as it pertains to those in disadvantaged groups or communities (e.g., Indigenous, rural, children, specific disability groups). This theme addresses the ethical and moral aspects of rehabilitation for these groups as well as the delivery of appropriate services for underrepresented groups.

2. **The Rehabilitation System** – This stream is concerned with the efficient and effective delivery of rehabilitation services, the context in which they are delivered and the workers who deliver the services. Studies examine models of rehabilitation and the education/needs of providers to improve services. Planning and policy for the future is also examined.

3. **Outcomes and Efficacy** – This stream examines the psychological and social impact of injury on people and the determinants of outcome. Projects also examine the impact of rehabilitation and various interventions on outcomes as well as methods and strategies for assisting people to adjust over time.

4. **Healthy Workplaces** – This stream includes projects concerning the nature of the workplace into which injured people return and the factors that might impede or facilitate that process. Management and prevention of injury and disability in the workplace is also a major focus.
During 2004, the focus of the research conducted at the Centre has been the development or continuation of large longitudinal projects that integrate the research areas where possible. In contrast to previous years, when it was necessary to establish a reputation through short-term projects, the establishment of longitudinal and large multi-year projects is now possible. Also during 2004, the Centre developed and sought funding for the implementation of a strategic plan to become financially sustainable within the next three years and increase the likelihood of nationally competitive funding in future.
OUTCOMES AND EFFICACY

QUALITATIVE EXAMINATION OF STAKEHOLDER IMPRESSIONS OF THE REHABILITATION SYSTEM: CTP AND WORKCOVER COMPARISONS

This study sought to examine and compare the perceptions of stakeholders in regard to their experience of the provision of rehabilitation following injury in two systems. The first part of the study examined the stakeholders associated with the CTP system. The second part of the study is focusing on stakeholders in the Workcover system. Using a qualitative inquiry paradigm, this study used semi-structured interviews to understand the experiences of injured individuals. Comparisons between the two systems will then be made to highlight similarities and differences in regard to perceptions held and the issues prevalent in regard to the rehabilitation received.

Project Progress: The analysis and comparison across systems are currently underway. Publications resulting from this project are now underway and due for release in early 2005.

ENABLING GENERAL PRACTITIONERS TO BETTER MANAGE RETURN TO WORK REHABILITATION: DEVELOPMENT OF A NEW RESOURCE

Development of a needs assessment and practical resource for use by General Practitioners, with collaboration of the Logan Area Division of General Practice and partnership with QPS. This research will include an examination of existing links with GPs and QPS rehabilitation officers, and enhance GP awareness of QPS rehabilitation services and protocols, while optimising clinical practice outcomes for injured police officers.

Project Progress: Data collection has been completed. Analysis of data has been completed, and preparation of an information resource for GPs is currently underway.

THE EFFICACY OF REHABILITATION FOR RETURN TO WORK OUTCOMES: A Quantitative analysis.

The purpose of this study was to systematically review the evidence for the effectiveness of rehabilitation interventions following injury between January 1992- December 2002. From 9000 studies, 828 abstracts were recovered for possible inclusion. A total of 31 RCTs pertaining to musculoskeletal injury were identified and evaluated for methodological quality prior to quantitative analysis.

Project Progress: This report is now complete and submitted to the Q-Comp Funding body. Findings have informed subsequent related projects and peer review publications.

PREDICTING OUTCOME AND DURABILITY OF RETURN TO WORK FOLLOWING MUSCULOSKELETAL INJURY
This study aimed to determine a parsimonious set of predictors for use in return to work rehabilitation research and clinical practice. This project evaluated the qualitative literature pertaining to return to work outcomes following occupational musculoskeletal injury. Applying evidence from the quantitative synthesis (see above), a meta-ethnographic study was then undertaken to complete the literature synthesis. Clinical utility of the predictors identified in the literature was also determined using an expert panel of rehabilitation professionals. Of those predictors identified from the quantitative and qualitative literature (n=84), an expert panel confirmed the importance and application of 21 predictors within the rehabilitation setting, with four factors identified as ‘most important’ and ‘most likely to be modified’ through effective rehabilitation.

Project Progress: Write up is continuing for publication in peer-reviewed journals in early-mid 2005.

ACUTE PREDICTORS OF DRIVING OUTCOMES FOR INDIVIDUALS WITH TRAUMATIC BRAIN INJURY

This project represents a new collaboration with Princess Alexandra Hospital Brain injury rehabilitation unit, investigating the acute rehabilitation predictors of driving success/failure for individuals with TBI and the value of multidimensional and multistage assessments.

Project Progress: All data has been collected, and analysis is near completion, with expected completion of write up in early 2005.

LIVING HISTORIES: RECORDING STORIES OF INDIVIDUALS AFTER TRAUMATIC BRAIN INJURY - OPPORTUNITIES, LIFE DECISIONS AND TURNING POINTS.

Learning and optimising outcomes through peer support is a crucial aspect of rehabilitation for individuals who have experienced a traumatic injury and who are on the ‘road to recovery’. Following brain injury, individuals often develop a profound sense of isolation from lack of peer contact and mentorship over time, lack a sense of perspective regarding their quality of life and future potential, and experience substantial difficulty making decisions post-injury particularly regarding significant life events. Relating to others through the ‘telling of stories’ through the spoken word remains an under-utilised, yet important therapeutic method of gaining perspective and insights. This method can reveal how others’ have dealt with a similar traumatic event, who have overcome substantial challenges over time and have made important decisions regarding major life events (i.e., return to work, starting a new family, commencing a business). Further, oral or audio information delivery is especially useful given that individuals often incur visual difficulty as a result of the injury, and are less inclined to review written information typically provided in the form of books/fact sheets and traditional information packages (generally not well explained at the time of dissemination). This project aims to develop a new resource that has the capacity to inform individuals with brain injury and their family in the above areas, beyond what is typically offered from clinical advice, written strategies, and practical support (i.e., assistance with activities of daily living, return to work plans. Further, this resource will be delivered in a way that is conducive to individuals’ skills, and is therefore a most valuable tool for individuals, hospitals, and community support agencies.

Project progress: This project is in initial phases of development. Researcher-participant collaborations are continuing, and the development of a semi-structured interview protocol is underway.
HEALTH PROMOTION IN DISADVANTAGED COMMUNITY SECTORS: ADDRESSING HEALTH LITERACY AND DEVELOPING AN AGENDA FOR SELF-MANAGEMENT AND CAPACITY BUILDING.

Future economic growth and sustenance of a healthy, civil society is linked to the quality of human resources available within society (Kickbusch, 2001). Indeed, ‘expansion of social opportunities and individual capability can lead to significant and sustainable increases in economic growth and social well-being’ (Sen, 1999, p). Health promotion and prevention of disease and illness is explicity linked to promoting a sustainable system of health service and is independently related to low health literacy. Despite an increasing dominance of community capacity building and self-management of illness in state and national priorities in order to reduce and prevent the increasing socio-economic burden of illness, individuals in these poor social economic situation are the least able to access self-management initiatives, although ironically, are more at risk of developing chronic conditions.

Project progress: This is a new project, and is in the initial stages of industry collaboration and ethical clearance.

OCCUPATIONAL WELL-BEING: MEASUREMENT OF STRESSES AND SUPPORTS IN THE AUSTRALIAN CONTEXT

This study has been conducted in collaboration with the International Director of Work Quality at the World Health Organisation. The purpose of the study is to develop a measure of the stresses and supports in the workplace that can contribute to the successful return to work of those who have been in rehabilitation.

Project Progress: The factor structure of the questionnaire has been examined and the study is was presented in Beijing as an invited contribution during 2004 International Congress on Psychology. Publications have been prepared and submitted.

DISABILITY AND DISADVANTAGE

CHILDREN WHO CARE FOR PARENTS WITH A DISABILITY: THEIR EXPERIENCES AND NEEDS

This qualitative pilot study was the first stage of a larger project designed to understand the experiences and needs of children, adolescents and young adults (up to 25 years of age) who have a parent with a physical and or mental illness or disability. The Queensland Council of Carers (QCC) and the Ian Potter Foundation funded this project. The findings aimed to inform the development of a larger-scale quantitative project conducted in collaboration with the Department of Psychology at the University of Queensland.

Project Progress: The qualitative analysis was finalized in 2003 and a comprehensive report of the findings was distributed. The analysis resulted in the development of a measure that captured the experiences and needs of the participants quantitatively. This measure was incorporated into a Questionnaire package that included various other standardized psychosocial measures. This package was distributed to community agencies, first year university students and schools around
Brisbane by the researchers at UQ. A total of 100 carers and 145 non-carers responded to the questionnaire. The results suggested that young carers differ from non-carers on a variety of measures and confirmed that the measure developed from the quantitative findings was sound. As a result of this innovative and collaborative project, the Commission for Children and Young People (CCYP) approached the collaborative research team to offer consultation and advice regarding policy development around young carer issues. The next stage of this collaborative project will involve the write up of a comprehensive report, peer reviewed publications, and linkage grant to expand this study.

THE NEEDS AND RESOURCES OF SIBLINGS OF CHILDREN WITH ACQUIRED BRAIN INJURY (ABI)

This study builds on previous research about the experiences of siblings by focusing on their coping processes. This study will examine the interactions between coping responses and needs of children in more detail and will attempt to develop a model that could be applied to all children who experience trauma.

Project Progress: The project has resulted in a PhD thesis and several journal articles are in preparation. Distribution of a video for adolescent siblings of children with acquired brain injury has also begun circulation throughout hospitals and community agencies supporting children with ABI in Australia. A Griffith University Community Grant has been prepared and submitted to assist in the production and distribution of the video throughout Australia. A resource booklet for siblings, parents, health service providers, and schools has also been written as an addition to the video. The video and booklet are being marketed and sold as a package. In addition, a workbook for young siblings of children with ABI is being developed and is in the final stages of development.

EXPLORING THE EXPERIENCES OF INDIGENOUS YOUNG MEN IN THEIR ATTEMPT TO RETURN TO WORK FOLLOWING MOTOR VEHICLE ACCIDENT

The aim of the study is to understand the experience of indigenous men who sustain injuries in motor vehicle accidents. The incidence of severe injuries such as brain injury has been found to be tenfold in this population but their use of rehabilitation services is minimal and generally unsuccessful.

Project Progress: The project has been finalised. Publications are currently underway.

THE VOICES OF INDIGENOUS WOMEN WITH DISABILITIES

This study will focus on gathering and re-telling the stories of Australian Indigenous women with disabilities, thus ensuring the inclusion of their voices in disability agendas. Several outcomes have been achieved, (1) a paper has been prepared that identifies common themes and unique factors that confront Indigenous women with disabilities as they interact with the health system, (2) the research ability of a group of Indigenous women in Queensland has been expanded and a research agenda has been developed, (3) an educational infrastructure for Indigenous women has been established - two women have begun formal research studies, another was mentored during 2004 and another will begin mentoring during 2005.
GLOBAL SUMMIT - INDIGENOUS RESEARCH AND REHABILITATION

This study was designed to explore, share and document cultural considerations regarding best practices in disability and rehabilitation services for Indigenous women with disabilities across the world. The global project is based on three important premises; namely that (1) the voices of Indigenous women with disabilities must be heard, (2) women have a need to come together in a unified forum, and (3) women can take a lead role in designing community solutions. The project is an international project combining the expertise of indigenous researchers in Australia, USA, Mexico, New Zealand, Hawaii and Canada. The purpose of the study is to bring together these women with a view to creating an active research network that transcends the artificial boundaries of countries.

Project Progress: A working party and a policy statement has been formulated from the ‘Indigenous Ways of Knowing’ Global forum in Hawaii this year. Discussions are currently underway regarding marketing and promotion of the 2006 Conference. Proceedings from the 2004 Forum are currently being collated and organised for distribution by early 2005. An edited book based on the research conducted during the forum is currently being prepared.

INDIGENOUS DISABILITY: CULTURALLY APPROPRIATE SERVICES

Hospital admission rates for indigenous people are more than ten times that of the total population, indicating that the need for appropriate disability services and health promotion among indigenous families is likely to be significant. Despite these high figures, the use of such services is extremely low and the success of rehabilitation or health education is minimal. This study aims to investigate the service needs of aboriginal people with disabilities and their families and develop appropriate models for evaluation and implementation.

Project Progress: Two major studies have been designed and ethical clearance has been sought. Indigenous investigators have been identified and funding proposals have been submitted to the ARC Indigenous Research program and NHMRC in 2004. Unfortunately, these grants were not successful, but the research projects will continue in 2005.

INTEGRATING THEORY AND PRACTICE IN POST-DISCHARGE REHABILITATION

This project will implement and evaluate an intervention to increase psycho-social support for people who have sustained a neurological injury/disability. The program involved an educational and motivational series of support groups that incorporated an “enabler” who was trained in how to adequately support someone with a neurological disability. The current study integrates a number of diverse perspectives into a randomised controlled design.

This study has significance for the efficient and cost effective delivery of timely psychosocial rehabilitation for people with stroke. The current project has tested a theoretically based intervention (adapted Chronic Disease Self-Management program - Lorig et al. 1999) for the
psychosocial rehabilitation of people with stroke and has produced interesting knowledge about self-management for this population. The study was a randomised controlled trial consisting of people with stroke (and some with traumatic injury) collected from the consecutive series of patients discharged from five major hospitals in Brisbane metropolitan area and suburbs.

A total of 146 people were recruited and 43 participants withdrew from the study for a range of reasons (i.e., death or deteriorating health, moved, etc). 103 participants provided data at 4 time intervals (3, 6, 12 and 18 months). Thus, 103 participants were included in the study after drop out. Of these participants, 44 were randomly allocated to the control condition (no intervention) and 59 were allocated to the intervention. However, 13 of this group failed to complete the intervention. Ten self-management programs were conducted over the duration of the study (eight with participants who had a stroke and two with participants who had a traumatic brain injury). Participants attended the program between the second and third data collection periods. The self-management program consisted of six weekly sessions of two hours duration conducted in line with a structured manual (Lorig). Participants were encouraged to nominate a relative or significant other to attend the SSMP with them as an Enabler. The content of the sessions mirrored the psychosocial variables outlined in our initial ARC proposal. A seventh session was an educational session about brain injury.

A battery of measures was collected from participants and a nominated family member at each time interval. This battery included measures of quality of life and outcomes in the biological, psychological and social domains, self-efficacy, support, and family cohesion. At each time interval, participants and enablers also completed a short interview. The interview focused on past experiences and future expectations. Preliminary quantitative analysis revealed no significant change over time nor any difference between the control and intervention groups. Further analysis of attendance patterns and attrition rates indicated that a self-selection bias could account for these findings. Although the design involved random allocation of a consecutive series of patients, not all intervention participants accepted the intervention. There was a clear trend for those with good recovery to decline participation. There was also a tendency for those with high levels of well-being, support and self-efficacy to drop out of the program. Several other analyses were conducted, but the bias remained present.

Qualitative data provided insight into the reasons for non-participation and drop out. The issues associated with recruitment and attendance patterns are currently being prepared for publication. Trajectories of recovery over time in each of the biological, psychological and social domains are in the process of being plotted using qualitative data for the control and intervention groups. The trajectories of those with traumatic brain injury are currently being prepared for publication. The study has also raised important issues associated with age, the ageing process, physical activity, returning to work, the role of carers in rehabilitation, and measurement difficulties. These results have been prepared and are currently being published by the CIs. Finally, some significant issues arose pertaining to the training needs of general practitioners. This material was recently presented as a poster at an international conference and is also being developed into paper.

Project Progress: This project officially concluded in December 2003, however, data analysis and preparation of publications is ongoing. A synopsis of the overall project follows:

SELF-MANAGEMENT FOR PEOPLE WITH CHRONIC DISABILITIES: THE EFFICACY OF TRAINING: Queensland Sharing Healthcare Demonstration Project Evaluation
The Queensland Sharing Healthcare Demonstration Project (QSHCDP) was a longitudinal examination of the Chronic Condition Self-Management (CCSM) Course (delivered in a group format over a six-week period, run by both professional and lay leaders), conducted as part of the national evaluation of the Enhanced Primary Care Initiative. The main purpose of the demonstration projects was to add to the evidence-base for CCSM. Thus, this project is an evaluation of the outcomes of Stanford Chronic Disease Self-Management Program (now known as the CCSM Course by the Queensland Sharing Healthcare Project) as well as an investigation of relevant process variables (i.e., marketing, methods of delivery, participation and so forth) that contribute to or influence these outcomes. In Queensland, the project also aimed to investigate the different outcomes and processes across urban and rural regions. Finally, the project aimed to comment on the sustainability of the CCSM approach within the current health and rehabilitation system in Queensland. A key outcome has been the establishment of links with international researchers at The University of Manchester’s National Primary Care Research and Development Centre who are evaluating the UK’s Expert Patient Program (i.e., the CDSMP). An initial visit during 2004 laid the groundwork for collaboration. Another visit is planned for early 2005.

Project Progress: Completed and final report submitted to the national evaluator in March 2004. Several papers are in progress. In accordance with the National Evaluation Framework, the following four research topics were addressed – recruitment and participation, satisfaction, outcomes, and sustainability. Each of these issues was examined separately in the final report, using both quantitative and qualitative data. A summary of the key findings are presented below.

Recruitment and participation

A number of questions pertaining to recruitment and participation in CCSM courses were explored in the QSHCDP. 1) Which recruitment strategies are most successful in recruiting which groups of clients to the CCSM Course? 2) Which clients/groups of clients are most likely to participate in the CCSM Course? 3) What other factors influence participation rates and in which direction?

Key Findings regarding recruitment and participation are presented below.

- Health professionals, General Practitioners (GPs) and community health nurses, referred most participants to the CCSM Course. The most cost-effective forms of marketing were presentations and mailouts to health professionals, followed by presentations direct to consumers.

- Although word of mouth was seen as a crucial referral source, few referrals originated from this source. It is likely that this strategy will take time to build as people become more aware of the course.

- The GPs’ role was seen as crucial. Although GPs refer to the course, it is probably more important for GPs to be aware of the benefits, evidence-base, location and timing issues so that they can readily endorse and support patient involvement. Many consumers needed their GPs approval.

- Despite extensive marketing, there was a general lack of awareness about the CCSM Course among consumers and a need to clarify its purpose.

- Terminology was a barrier to recruitment – participants did not identify with the label of chronic disease and self-management was not readily understood.
• There were systematic biases in participation and attendance – fewer males, indigenous people, and younger people stayed in the course or even enrolled in the first place. Those who were either too sick or too well tended to not enroll or complete.

• Those who enquired and completed the course tended to be “in the market” for a course, open to new learning, had positive experiences of previous courses, were motivated and accepted the need to manage their symptoms. This group may have self-managed without intervention.

• Leader experience and course size influenced attendance. Larger course sizes were associated with lower attendance rates. The combination of inexperienced leaders and the absence of a lay leader reduced attendance.

• The importance of building on early enthusiasm quickly was extremely important. The first session was crucial to motivation.

• The role of social process and positive group interactions could not be underestimated and could motivate or prevent attendance.

• Little barriers, such as cost, time, venue suitability, were often more significant than expected.

Satisfaction

What is the level of client satisfaction associated with the CCSM Course?

What factors influence satisfaction with the CCSM Course?

Key Findings Regarding Satisfaction

• Satisfaction with the course expressed at the final session was extremely high in all areas. The simplicity and relevance of the course were its most valued characteristics.

• A common point of dissatisfaction was the lack of follow-up.

• Leaders were respected for their kindness, openness, generosity and personality. However, it was noted that leaders were not available beyond the course. Leaders also acknowledged that providing such ongoing support was not possible.

• When participants were dissatisfied with leaders, it was usually in relation to the delivery of the content. In these instances, participants complained of ill-prepared leaders, unprofessional materials, lack of presentation skills and difficulties hearing leaders or seeing their charts.

• For inexperienced leaders, participants were more satisfied if they were in a larger course, whereas in those with at least one experienced leader, larger course size was dissatisfying. Perhaps the inexperience of the leader was offset by the enhanced interaction in a large group.

• The group process was confronting for some participants and required strong facilitation. When group dynamics were negative or even just unmotivated, the participants were dissatisfied that their own achievements were jeopardized.
• Shared learning emerged as an important factor – although skill training was valued, it was the learning that occurred as a result of mixing with others and sharing their experiences that was crucial.

• Lay leaders were crucial to the success of the groups – many participants noted that leaders did not need to be professionals to be good leaders, but that lay leaders also provided empathy and sound suggestions based in experience.

• The ability of leaders to model the self-management processes, even if only in maintaining their goals during the delivery of the course, was seen as important to the credibility of the course.

• A strong message was the need to remove the American flavour of the course and the materials, as this was distracting. Of particular concern, was the non-inclusion of Australian resources.

Outcomes for Clients

The impact of the CCSMP on participants’ health behaviours and health status were important outcomes of interest in the QSHCDP.

Key findings pertaining to outcomes are presented below.

• Few health outcomes changed significantly over time as a result of the CCSM Course.

• Positive changes were found in level of aerobic activity, concern about symptoms and coping. Participants’ lives became less stressful, more meaningful and more organized and they perceived themselves as being more supported.

• The CCSM Course appeared to influence health outcomes and behaviours through cognitive variables such as perceived stress, organization and coping.

• Health service utilisation declined over the duration of the course, but also appeared to be associated with improvements in cognitive variables, such as perceived stress, organization and coping.

• There was evidence that the rate of usage may not be the most important change. Participants’ ability to make more efficient use of their healthcare provider was seen as a valuable outcome.

• Intrusiveness of illness increased after course completion, perhaps as a result of the awareness of symptoms and the acceptance of illness that accompanied the course.

• Few outcomes were sustained beyond the 6-month follow-up period other than for those participants who engaged in an ongoing support group. The support group participants reported better health, less concern about symptoms, better coping, more confidence and more progress at 12-month follow-up.

• There was evidence that rural participants were already more independent in their healthcare and well supported in their community. This may suggest that the course should focus on different factors for this group but further investigation is necessary.

• There was also some evidence that men differed systematically from women in terms of their self-report ratings of health status. Given the low levels of participation for men, there
is clearly a need to modify the CCSM Course for this population. More investigation is needed.

Sustainability

What factors affect the sustainability of the CCSM Course?

Key findings regarding sustainability are presented below.

- Most participants saw a place for the CCSM Course in the current health continuum but also believed that self-management also needed to be integrated into the education system.

- The greatest barrier to sustainability was thought to be the rigidity of ingrained beliefs about healthcare, in particular the domination of the medical model.

- The General Practitioner was seen as a gatekeeper to the success of the course, both in terms of its credibility and referrals. Given this vital role, they were considered to be lacking in information about self-management and the CCSM Course.

- Apprehension among health providers was seen as a subtle yet pervasive barrier – the concept of lay leaders and expert patients was considered threatening for some health professionals.

- For some consumers, self-management was a foreign notion, leading to lack of interest unless referred by a GP and/or creating uneasiness about the changing relationships with health providers.

- There was also some cynicism about the motives of the CCSM Course, namely as a cost-reduction tool that would not really benefit people with chronic conditions, or that these benefits were serendipitous.

- The current level of enthusiasm and support for CCSM (for whatever reason) was seen as a positive feature of the system on which sustainability could be built.

- There was a critical need to strengthen the referral base and to better educate health professionals about self-management.

- The powerful role of funding was acknowledged – the likelihood of the course being adopted more broadly was dependent on the financial incentives for organisations and professionals.

- Without consistent follow-up for course participants, there was a risk that the course would be seen as a temporary solution.

- Recruiting, accrediting and maintaining a quality network of leaders was a significant and complex component of the project.

- Sustainability in rural and indigenous communities emerged as a special issue that requires further investigation.
Outcomes in rehabilitation and injury prevention depend on who participates in both the programme and the research evaluation. This study involves an examination of participation and attrition across a number of large longitudinal databases to determine the impact of these two factors on research conclusions. The study will also examine methods of dealing with missing data, attrition and other anomalies in longitudinal datasets.

Project Progress: The project has been finalised. Methods of dealing with missing data have been tested and a statistical paper is in progress.

THE REHABILITATION SYSTEM

THE SYSTEMIC SCAFFOLD OF REHABILITATION: POLICY ANALYSIS AND INTERNATIONAL COMPARISON

In Australia and internationally, there is little consistency between the relevant legislative bases that determine the assistance available to people who are injured in motor vehicle accidents. This study will conduct an analysis of the respective legislative bases, highlight the inconsistencies and determine the effects of this incongruence upon outcomes for injured persons. (International partners have been identified in the USA/Canada; Scandinavia (Norway and Sweden); UK/Ireland and New Zealand).

Project Progress: An analysis using a social policy framework has been completed to ascertain the broad effects of different legislations and to identify possible gaps in regard to the provision of rehabilitation. The preparation of results has begun and an initial analysis of legislative pluralism in Australia has been completed. In terms of international comparisons, a visiting professor from Scandinavia is due to arrive in November to conduct collaborative research. Links have been made with the NZ Accident Compensation and Rehabilitation Corporation. Collaboration has been initiated with University of Manchester in the UK and University of Arizona in the USA.

SELF-EMPLOYMENT FOR PEOPLE INJURED IN MOTOR VEHICLE ACCIDENTS

This study aims to examine the utility of supported self-employment as an outcome for those who are not able to return to work following disability. The study first examines rehabilitation counsellor attitudes to self-employment and the prevalence of self-employment outcomes. The study then aims to develop a trial intervention of supported self-employment.

Project Progress: The initial study regarding rehabilitation counsellor attitudes led to a further research proposal developed with CRS Australia to explore the efficacy of job-share and self-employment as viable employment options. Approval has been given by CRS to access participants, but a funding submission is currently under consideration.

TRAINING OF IN-HOUSE REHABILITATION CO-ORDINATORS
Many rehabilitation positions are no longer fully trained in rehabilitation philosophies. In the majority of cases, rehabilitation co-ordinators in the workplace are simply assigned the task of RC as an additional duty. Consequently, rehabilitation receives little more attention than the completion of forms. Active workplace-based rehabilitation is minimal. For injured workers, this has a profound implication on the success of their return to work. The purpose of this study is to explore methods of supporting and training in-house rehabilitation co-ordinators who have little time to devote to rehabilitation. This study builds on previous research regarding the training of rehabilitation providers.

Project Progress: Funding is currently being sought for this project, but an initial needs assessment of a sample of in-house rehabilitation co-ordinators has been conducted.

STRESS IN REHABILITATION PROVIDERS: THE IMPACT OF THE SYSTEM

This study is a series of qualitative investigations of the experiences of rehabilitation workers. The data collection for this study has been underway for some time but is now complete, allowing the development of analyses to address particular questions. The purpose of the study is to examine the types of stressors experienced by rehabilitation workers given their changing environment. The turnover among rehabilitation workers was also examined together with the impact on clients.

Project Progress: This project has been finalised and Publications are underway. Specifically, these publications will outline the stressors identified by Rehabilitation Counsellors as they operate in the Insurance-based rehabilitation context and will also provide insights into changes that need to be considered by both insurance contexts and the rehabilitation profession.

UNDERSTANDING THE EXPERIENCE OF REHABILITATION AND THE LIFE EXPECTATIONS AND GOALS FOR PEOPLE INJURED IN MOTOR VEHICLE ACCIDENTS.

The purpose of this study is to understand the experience of rehabilitation and the life expectations and goals for people who sustain serious injury. Specifically, this study seeks to identify the barriers and the facilitators for efficacious rehabilitation outcomes. It is envisaged that the outcomes of this study will enhance future rehabilitation provision for this client group.

Project Progress: Data collection complete- Data analysis commenced.

HEALTHY WORKPLACES

HEALTHSTART: EVALUATION OF A HEALTH AWARENESS PROGRAM FOR THE QUEENSLAND POLICE SERVICE

This study is designed to evaluate the effectiveness of a health awareness program offered to Queensland police officers and staff members. The evaluation will provide information on the effectiveness of the program with respect to facilitating positive changes in psychological or health.
More globally, however, the evaluation will examine the effect of the program on organizational culture and occupational stress.

Project Progress: Funding for the project has been obtained through the Queensland Police Service and Queensland University of Technology. Ethical approval from the university and the QPS has been obtained. The evaluation strategy and methodology have been designed and constructed in collaboration with the QPS and the research centre team. Phase 1 and Phase 2 of the HealthStart program have been implemented to the Metropolitan and Regional employees of QPS. This has resulted in a quantitative data set of 380 participants at Time 1 and 232 participants at Time 2 of the Intervention group; and 172 at Time 1 and 112 at Time 2 in the Control group. A qualitative data collection and analysis has been conducted and two reports have been provided to QPS regarding program feedback and health promotion. Further qualitative interviews are to be conducted for Phase 3 of the project. Quantitative analysis has commenced for the major report on Phase 1 and Phase 2 and data collection is ongoing for Phase 3. A number of research papers focusing on physical health, health promotion, work-family issues and occupational stress are in preparation.

MANAGEMENT OF INJURY AND DISABILITY IN ORGANISATIONS

It has been purported that Disability Management represents the ideal opportunity for organisations to provide an integrated approach to the prevention and management of injury, while minimizing the human and economic costs of injury and disability and the return to work process. This study is focused on the management strategies utilized in the workplace to implement disability management. The study consists of various stages, namely definition of the concept, analysis of the current knowledge regarding its efficacy and application, development of an international protocol for research in this area and introduction of a trial in a government organization.

Project Progress: Some initial work on this project conducted with the QPS was presented at the Second Forum on Disability Management in Amsterdam during 2004. As a result of this presentation, two researchers at the University of Maastricht made contact to develop an international collaborative project. In addition, a project has begun with Department of Industrial Relations to examine the efficacy of various early intervention models. Other State Government departments associated with this project include Department of Corrective Services, Education Qld, Main Roads, Dept. of Transport, EPA, DSQ. An interim report is due in February, 2005.

OCCUPATIONAL WELL-BEING: MEASUREMENT OF STRESSES AND SUPPORTS IN THE AUSTRALIAN CONTEXT

This study has been conducted in collaboration with the International Director of Work Quality at the World Health Organisation. The purpose of the study is to develop a measure of the stresses and supports in the workplace that can contribute to the successful return to work of those who have been in rehabilitation.

Project Progress: The factor structure of the questionnaire has been examined and the study was presented in Beijing as an invited contribution during 2004. This publications is complete and we have been invited to begin an international examination of datasets from two other countries.
THE SUPPORTIVE LEADERSHIP PROGRAM: IMPROVING INJURY MANAGEMENT WITHIN THE WORKPLACE

A significant issue for injured workers across all industries and occupations is the negative behavioural characteristics and inappropriate interpersonal styles of supervision and management. The role of supervisors and managers in the management and rehabilitation of injured workers is crucial but ineffective in many cases. The aim of this program, therefore, is to conduct leadership training for government personnel. The desired outcome is to raise awareness and identify strategies for the practical application of the components of supportive leadership.

Project Progress: The project is currently being finalized. The final report has been submitted to QPS and finalized after a briefing with the Commissioner and the Deputy Commissioners in October. Ongoing liaison is underway with the QPS to extend the evaluation to further investigate change in organizational culture and occupational stress - an ARC Linkage grant has been agreed upon. Publications are currently being completed and several other organizations have adopted this model as a result of the findings.


Australian and Canadian workplaces. Work


Industry Reports (16)


Muenchberger, H., Kendall, E., Murphy, P. (2004). Mapping the process of Coordinated Care for people with Chronic Conditions. PriceWaterhouseCoopers & Brisbane North Division of General Practice.


Kendall, E., Muenchberger, H. & Murphy, P. (2004). A Qualitative investigation of the rehabilitation and return to work experience from the perspectives of key stakeholders. Q-Comp.

Kendall, E., Muenchberger, H. & Murphy, P. (2004). The Predictors of Successful return to work and rehabilitation outcomes. Q-Comp.


Submitted Publications (under review) (11)

Stevens, S., Muller, J., & Kendall, E. Addressing organisationally induced stress in emergency services: an Australian case study on workplace health promotion. *Health Promotion Journal of Australia*.


Brough, P., O’Driscoll, M., & Kalliath, T. Use of family and work-related resources, work-family conflict and satisfaction with the job and family. *New Zealand Journal of Psychology*.


Thompson, B. M, Brough, P., & Schmidt, H. Supervisor and subordinate work-family values: Does similarity make a difference? *Journal of Vocational Behaviour*.


Prepared Publications to be Submitted

Kendall, E., Muenchberger., H., & Gee., T. Efficacy of return to work for musculoskeletal rehabilitation: A Systematic Review.


Kendall, E., Muenchberger, H., Gee, T., & Murphy, P. Return to work rehabilitation: Implications for intervention: A Meta-Ethnography.

Kendall, E. & Murphy, P. Time for a shift in Australian Rehabilitation: The Role of Rehabilitation Researchers in the Next Decade.


Kendall, E. & Terry, D. Predicting psychosocial adjustment following traumatic brain injury: A multivariate model.

Kendall, E. & Terry D. Attribution of blame following injury and its impact on psychological well-being.

Kendall, E & Terry, D Testing the goodness-of-fit model of coping following traumatic brain injury.

Kendall, E., Murphy, P. & Macmillan, S. Client expectations of tertiary rehabilitation.

Kendall, E. & Terry, D. Coping Resources: Are they buffers or mediators?

Kendall, E. Adjustment following traumatic injury: Comparisons of spinal cord and brain injury

Kendall, E. & Murphy, P. Experiences of claimants in the Compulsory Third Party system.

Kendall, E. & Murphy, P. Trends in Rehabilitation.


Catalano, T. & Kendall, E. Cultural Appropriateness considerations of the CDSM for Indigenous communities.


Catalano, T., Prout, S., Kendall, E., Kuipers, P. & Posner, N. Stroke Specific CDSM Vs Generic CDSM.

Bursnall, S., Murphy, P. & Prout, S. Too small for your boots: Understanding the experience and needs of young people whose parent has an illness or disability.

Bursnall, S. & Kendall, E. Regaining equilibrium: Understanding the process of sibling adjustment to paediatric acquired brain injury.

Bursnall, S. & Catalano, T. An exploration of the psychosocial trajectory of stroke survivors: A longitudinal qualitative study. (with the CDSMP group)

Murphy, P. & Bursnall, S. Out of the Shadows: Exploring the career maturity of indigenous people
## RESEARCH GRANTS

### Successful Grants (11)

<table>
<thead>
<tr>
<th>Grant:</th>
<th>Griffith University Research Grants</th>
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<tbody>
<tr>
<td>Title:</td>
<td>Young carers of people injured in motor vehicle accidents</td>
</tr>
<tr>
<td>Investigators:</td>
<td>Murphy, P., Bursnall, S., Kendall, E. &amp; Appo, D</td>
</tr>
<tr>
<td>Year:</td>
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<tr>
<td>Title:</td>
<td>The voices of indigenous women with disabilities</td>
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<tr>
<td>Investigators:</td>
<td>Kendall, E.</td>
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<td>Kendall, E., Chaboyer, W. &amp; Brown, P.</td>
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<td>Title:</td>
<td>Rehabilitation, early intervention and health promotion in the workplace</td>
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<tr>
<td>Investigators:</td>
<td>Kendall, E. &amp; Muller, J.</td>
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<tr>
<td>Title:</td>
<td>Systematic review and meta-analysis of vocational rehabilitation programs following Traumatic brain injury: determining program efficacy</td>
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<tr>
<td>Investigators:</td>
<td>Muenchberger, H. &amp; Murphy, P.</td>
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<td>Title:</td>
<td>Enabling Practitioners to better manage return to work rehabilitation: Development of a new resource</td>
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<td>Investigator:</td>
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<td>Development of an ongoing Research Agenda in Chronic Conditions and Self-management</td>
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<td>Title:</td>
<td>Establishment of a Research Support Unit: Implementation of a</td>
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<tr>
<th>Research Plan in the Health Area</th>
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<tr>
<td>Investigator: Kendall, E. &amp; Brough, P.</td>
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| Grant: Centre for Work, Leisure and Community Research Scheme |
| Title: Researcher Mentoring Program |
| Investigator: Brough, P. & Kendall, E |
| Year: 2004 |
| **Amount:** $15000 |

| Grant: Department of Industrial Relations |
| Title: Early Intervention and case management in workplace injury |
| Investigator: Kendall, E., Murphy, P. & Muenchberger, H. |
| Year: 2004 |
| **Amount:** $9000 |

| Grant: Griffith University Researcher Grant |
| Title: Employment and parenthood: Evaluating changes in work-family conflict, psychological health and employment attitudes caused by a new child |
| Investigators: Brough, P. & O'Driscoll, M. |
| Year: 2005 |
| **Amount:** $28000 |
Grants Submitted (under review) (10)

Grant: ARC Linkage
Title: Psychological stress at work: Improving ill-health prevention, rehabilitation and retention of high-risk employees.
Investigators: Brough, P., Kendall, E., O'Driscoll, M P., Gehrke, CS
Year: 2005-2007
Amount: $231000

Grant: Griffith University Infrastructure Scheme
Title: Research management support program for 2005-2006 period
Investigators: Kendall, E. & Brough, P.
Year: 2005-2006
Amount: $88000

Grant: Griffith University Industry Collaborative Scheme
Title: Identifying the predictors of psychological stress at work.
Investigators: Brough, P.
Year: 2005
Amount: $20000

Grant: Griffith University Industry Collaborative Scheme
Title: Developing supporting leaders in the Queensland Police Service
Investigators: Kendall, E., Muller, J., & Brough, P.
Year: 2005
Amount: $30000

Grant: Griffith University Industry Collaborative Scheme
Title: Developing a Quality Network of Leaders: An Exploratory Pilot Study to Understand the Support Needs of Volunteer Leaders of the Chronic Disease Self-Management Program
Investigators: Kendall, E. & Catalano, T.
Year: 2005
Amount: $43000

Grant: NAMCIG
Title: Developing a Quality Network of Leaders: An Exploratory Pilot Study to Understand the Support Needs of Volunteer Leaders of the Chronic Disease Self-Management Program
Investigators: Kendall, E. & Catalano, T., Unger, B & Hunter, B
Year: 2005
Amount: $151899

Grant: NAMCIG
Title: Self-Management for Indigenous people with chronic conditions: Developing a culturally-appropriate content and method of delivery
Investigators: Kendall, E. & Catalano, T., Unger, B. & Hunter, B
Year: 2005
Amount: $132352

Grant: NAMCIG
Title: Delivering Musculoskeletal education to regional and rural Queensland
Investigators: Unger, B., Kendall, E., Catalano, T. & Hunter, B.
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**Grant:** Harold Mitchell Foundation  
**Title:** 'Living histories' of individuals who have recovered from brain injury: A record of opportunities, life decisions and turning points.  
**Investigators:** Muenchberger, H.

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**Grant:** Griffith University Community Partnership Grant  
**Title:** Acquired Brain Injury Community Resource Development Project  
**Investigators:** Bursnall, S.

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Unsuccessful Grants (6)

Grant: Australian Rotary Health Research Fund
Title: Psychological Illness at Work: A model for the prevention and management of psychological injury in the Queensland Police Service.
Investigators: Kendall, E. & Muller, J.
Year: 2004
Amount: $60000

Grant: Mercy Foundation
Title: Explore, Share and document cultural considerations regarding best practices in disability and rehabilitation services for Indigenous women with disabilities.
Investigators: Kendall, E.
Year: 2004
Amount: $14031

Grant: Griffith University New Researcher Grant
Title: Engaging men in their healthcare: A pilot study to explore men’s concepts of health, illness and participation in health promoting activities
Investigators: Catalano, T.
Year: 2005
Amount: $20000

Grant: ARC Indigenous Discovery
Title: Self Management for Individuals with Chronic Conditions: A Cultural Validation
Investigators: Canon, C., Kendall, E., & Ingamells, A.
Year: 2005-2006
Amount: $211000

Grant: NHMRC Indigenous Grant
Title: Culturally Safe Services for Indigenous Australians with Disabilities: Developing Decolonizing Rehabilitation Services,
Investigators: Kendall, E.
Year: 2005-2007
Amount: $334000

Grant: Australian Health Ministers Priority Grants EOI
Title: Engaging men in their healthcare: A pilot study to explore men’s concepts of health, illness and participation in health promoting activities
Investigators: A/Pr Elizabeth Kendall; Prof. Stephanie Short, A/Pr. Justin Kenardy
Year: 2004
Amount: $352550
DISSEMINATION OF RESEARCH

Conference Presentations and Posters (15)


Waters, L. & Muller, J. (2004). Voluntary and involuntary job redundancy: Hope or helplessness?


Industry/Community Partnerships and Consultations

Research Partnerships have been maintained with the following organizations, departments and academic units locally, nationally and internationally.

Q-COMP
WorkCover Queensland
Queensland Police Service
Arthritis Queensland
Princess Alexandra Hospital – Rehabilitation Unit
Indian Health Service
University of Hawaii
CRS Australia
Inergise Rehabilitation
Queensland Council of Carers (QCC);
Disability Services Queensland;
Department of Families Youth and Community Care;
Education Queensland,
Mater Children’s Hospital,
Rehabilitation of Brain injured Children and Neuromuscular disorders (ROBIN);
Stroke Support Group
National Stroke Foundation
Wesley Hospital Multi-disciplinary Pain Program
Queensland Police Service
Several small businesses in Logan
Loganlea State High School
Department of Industrial Relations
Work Directions Australia
Brisbane Southside Central Division of General Practice
PriceWaterhouse Coopers
North Brisbane Division of General Practice
Department of Corrective Services

Publicity and Public Materials