Research Plan Template:

Context:
I am doing this research because I am interested in the intricacy of Aotearoa's healthcare system and where people's negative behaviours towards healthcare come from. I have personally been affected by the public health system and want to make meaningful change.

"Administrative burdens have three categories: learning, compliance and psychological costs:
- Learning costs are the search processes people engage in to determine what services they might need and how they can access them
- Compliance costs shows people's negative encounters with bureaucracy – paperwork, phone calls and administrative hurdles
- Psychological costs are the stress and frustration from navigating these burdens. This could be from retelling traumatic events to try to obtain care."

Source: https://onlinelibrary.wiley.com/doi/10.1111/1475-6773.13858

Currently, the communication across the Primary Healthcare system is disjointed for all stakeholders participating in this service. This means that people who use the healthcare service do not have trust in the system because of how fragmented communication is. The problem I am trying to understand is: "Why don't people have equitable access to Primary Healthcare channels? Is it because of administrative burden of signing up to healthcare systems?" I want to understand this because it's a fundamental service that everyone interacts with along their lifetime.

Aim:
The aim of this research is to see how administrative burden affects all stakeholders within the healthcare system, including healthcare professionals, administration staff and patients. I want to focus on areas that hinder people's accessibility due to paperwork, misinformation, lost data, or transferring to another healthcare provider. I want to focus on the patient experiences as currently in the USA, "…there is relatively limited attention in medical and health care services research regarding how administrative burdens and barriers affect patients" (Herd and Moynihan, 2021) https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/1475-6773.13858. Focusing on this area may determine a solution where it is easy for patients to interact with the Primary Healthcare system to access their own paperwork, easier diagnosis and medication. I am hoping it will give me a broader understanding of why administrative burdens are such a massive problem across the Primary Healthcare sector and why people have such strong negative feelings about the Primary Healthcare system. By identifying a specific issue of why communication between all stakeholders is so disorganised and fragmented due to administrative burden so I can find opportunities to improve the overall service.

<u>Lines of inquiry/themes/topics of interest:</u>

I want to learn about these themes because I feel they will give me a good background into where people's ideologies come from and the inconsistencies within the healthcare service. This also helps me further understand what position of power different stakeholder's have.

Administrative Burden:
- What is administrative burden (in the context of healthcare systems)?
- How is the Primary Healthcare service run?
- Who are the main stakeholders within the Primary Healthcare system?
- Why is administrative burden such a huge problem in Aotearoa's Primary Healthcare system?
  - Is it a global and/or a national issue?
- What areas within the Primary Healthcare system does this effect?
- Are there any runoff effects for administrative burden?
  - Emotional/Psychological cost
  - Learning Costs
  - Compliance Costs

Communication, Data and Stakeholders:
- Why is communication so fragmented between stakeholders?
- What is the state of the current communication between stakeholders?
- Why is patient data so hard to obtain/not accessible for patients and staff?
- What happens if patient data is exposed or lost?
- What is the negative ripple on effects of this? Who does this effect?
- Does health reform decisions made by the Government influence how healthcare systems are run?
- Are other stakeholders who are not directly linked to Primary Healthcare effected by this? (e.g. Pharmacists, secondary healthcare, Government?)

Patient's needs and wants and behaviours:
- Where do patients' behaviours come from?
  - Why do patients' have these negative connotations associated with the Primary Healthcare system?
  - Why do patients currently not trust the healthcare system?
- Are their specific demographics that are more heavily effected than others? (e.g. people with disabilities, solo parents etc.)
- Is there a difference between mental diagnosis and physical diagnosis of administrative hurdles to access the care/medication they need?

- Does administrative burden effect getting a diagnosis and/or medication?
  - Pharmac
  - Complexity of drugs – trial and error

- o   Lack of communication
- o   Lack of accessibility to drugs
- o   Is it timely
- o   Doctors/GP bias
- o   Wait times

Method/s:

I want to do a mixed method using the dissection of journal articles, looking at news articles, observing GP waiting rooms and sending out a questionnaire to participants. Journal articles will give me background context for history of the Primary Healthcare sector and why administrative burden became such a big problem theoretically. Interviews will be useful because I will get to chat to others with personal experiences about the effects and feelings around administrative burden in New Zealand. News articles will allow me to branch out nationally to see if this is specifically related to Wellington/New Zealand or if it is a worldwide issue.

Participant/Target audience

I want to talk to a variety of different people and demographics to gain a broad understanding of how administrative burden works within the healthcare system. I want to focus on voices that might not be in my immediate circle and aren't voiced enough. The participants I have chosen come from completely different backgrounds and are in different stages of their life. One is my mum; one is a mid-20's non-binary citizen and one is a permanent migrant. Characteristics that will be important is whether participants interact with the Primary Healthcare system often and if they are comfortable talking about their personal experiences with the healthcare system. I plan to engage most of my participants through emailing questionnaire to them.

Approach

Emailed Questionnaire:
- -   This method asks participants to fill in a questionnaire regarding their personal experiences with the Primary Healthcare system.

Journal Articles:
- -   This method will give me contextual elements of what administrative burden is and how it relates to the health system in a structured/factual sense

Observing GP waiting rooms:
- -   In person observation
- -   Understand the environment – sounds, smells, sight

My questionnaire is formatted in a google form for easy collation of data and sharing capabilities. Except for question 1, all questions will be a paragraph answer format. These

questions will give me a board understanding of what areas of Primary Healthcare participants interact with, if they have accessibility issues with the system, and their thoughts about the healthcare system.

Questions to ask participants for questionnaire:
1. How often do you go to Primary Healthcare services (e.g. GP's, counsellors, doctors, nurses etc.)? (multi-choice question) Once a year | A few months in the year | Several times in a month | Bi-weekly/Weekly
2. How accessible in your opinion is enrolling into the healthcare system? Why?
3. Do you trust the healthcare system can attend to your needs?
4. Do you think there are barriers to accessing the healthcare system? If so, what intangible or tangible barriers do you think there are?
5. Has there been a time where you have hesitated to go to healthcare services? What was the situation*? (*You can be as vague or detailed as you feel comfortable with.)

Documentation:
I will document my research through notating findings on a Word document and post-stick notes. Word-documents are easy to access on my personal computer and on university computers. Post-stick notes are easy to scribble on, easy to move, and re-organise themes.

Caveats and limitations:
A caveat is that I am very close with my mum, however I have not told her much about my assignment or research to minimise bias. I also am limited to my close friends/family for participants, but have tried to mitigate it by picking people from different walks of life.

Other things often considered:
I asked participants whether they wanted to help me out with an assignment before sending it to them. Since the questionnaire is online, my participants will be filling it out voluntarily. I gave them a week to fill it out with a Friday due date to give them time to sit with the questions and give time to come up with a response. Except for the initial sending of the google form, no emails or names will be collated with the questioner, when I look at the responses, I won't know who each response is from. For data, no personal information will be shown, and if it is visible on a screenshot, I will blur their name to keep them anonymous.