PROFESSIONALISM

Is Prehospital Care Really a Profession?
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ABSTRACT

The movement of the ambulance industry toward a professional standing has been gaining momentum for some years. This has been in part due to the education of the paramedics, the formation of the Australian College of Ambulance Professionals and the recognition of interstate qualifications.

This paper takes a formal definition of professionalism to evaluate the changes that have taken place over time and further, what changes need to take place. Even so, this article argues that while significant progress has been made further developments are required to meet a formal definition of professionalism. Undertaking such an evaluation may seem a fruitless exercise nonetheless such an evaluation highlights areas that can be addressed with minimal resources.

INTRODUCTION

The Australian ambulance industry has undergone dramatic change over the last ten years. These changes have been singly reflected in the number of tertiary degree courses being offered throughout the Australia. This has predominantly occurred after the meeting of Education Subcommittee of the Convention of Ambulance Authorities in 1996.[1] While some of the resolutions of that meeting have come to fruition, however, others have not been realised.

This single step could be viewed as a strategic move toward professionalism. Some authors publishing in pre-hospital care journals frequently use the word profession or professionalism.[2] However, prehospital care has yet to formally undertake an evaluation of its professional status.[3,4] Hence, undertaking this exercise provides the emerging "profession" with an opportunity to analyse further.

In searching for a formal definition of prehospital care, a number of seminal studies have been undertaken over the years.[4-12] These studies have focussed on the nature of the working environment of pre-hospital care and personnel. Other definitions can include those industry based, such as "Standard Occupational Classification" or the Occupation Information Network.[13-15]

WHAT IS A PROFESSION?
Social structures within civilised society demonstrate that professions occupy positions of importance.[16] Society is dependent upon the smooth functioning of professions, for the integration of the new knowledge and its applications, which is necessary for maintenance and progression of our social fabric. It therefore would be hard to imagine how society would perform if the basic structural changes were impaired.

When asked what the basic characteristics of professions, authors differ in there responses. Greenwood[17] offers 5 succinct characteristics of what a profession possesses:

1. A systematic body of theory

2. Authority

3. Community sanctions

4. Ethical codes

5. A Culture

By examining each of these criteria against the past and current developments of Australian Ambulance Services, achievements are clearly seen. The following highlights that against one formal definition, that pre hospital care possesses some professional characteristics.

A SYSTEMATIC BODY OF THEORY
In viewing Greenwood's first characteristic, a systematic body of theory is a chief distinguishing measure between a professional and non-professionals.[17] This body of theory is a collection of abstract ideas situated around a phenomenon, which comprises the professions core focus. Theory then serves as a basis upon which the profession rationalises what its core operations. Skills are acquired and incorporated prior to or simultaneously as mastery over theory, which underlies the skill.

Therefore, professional services presumably involve a series of complicated operations, mastered over a long period of training. It could however be said that many non-professional occupations have a degree of mastery over such skills, such as diamond cutters or engravers, but to focus on this element per se is missing the fundamental notion of the uniqueness of a profession. That being, the execution of this skill is being supported by a foundation of knowledge that has been organised as a body of theory.

Prehospital care practices have long been supported by theory generated by the medical profession. With the emergence of degree qualified paramedics, it can be anticipated they soon will be able to direct research pursuits that describes their experiences and develop new models of practice. Therefore, researched-based inquiry will generate new knowledge that is owned and directed by paramedics in distinguishing pre-hospital care in its own right.

PROFESSIONAL AUTHORITY
The attribute of professional authority has some interesting features in comparison to a non-professional. Firstly, whom they serve. A non-professional serves customers, a profession also serves customers, but they can be distinguished as a client. The term, customer, denotes that the individual determine what services or product she wants, and will shop around until it is found. They have the freedom to decide what they want on what is available and what the need is required to be met. Further the customer is able to discern as to the quality of service they receive.

In the professional relationship, the clients accedes to the fact that there is a knowledge differential, with the professional being viewed as the expert. Although they acknowledge, that they are open to a second opinion, the client can not diagnose their own needs or discriminate among the range of possibilities that are available. Similarly, a client receiving a professional service may not be able to discern the calibre of professional service, but is capable of evaluating the outcome of the service and how it was delivered.

Greenwood states that when an occupation strives toward professionalisation, one of its aspirations is to acquire a monopoly. This raises an interesting scenario in terms of ambulance service provision in most states of Australia being administered and funded by state governments.

SANCTION OF THE COMMUNITY

Within a community, a profession strives to gain sanctioning authority to practice. This sanctioning is in the form of powers and privileges, of which can be formal and informal, whereby formal authority is reinforced in the form of policing power. Power may extend of training, accreditation (the granting, withholding, and withdrawal), the regulation of numbers admitted to school, location, curriculum content and the calibre of its instructors.

The profession also then acquires control over admission into the profession. It does this through, firstly convincing the community that no one should be allowed to wear the professional title those that have not been accredited through the professional school. Secondly it persuades the community to institute on its behalf a licensing system for screening those qualified to practice the professional skill.

In the ambulance service, admission to the profession is currently not through the academic avenue, but through the employment screening system. It is based on medical, physical and logical thinking testing. Further maintenance of employment is through the successful passing of examinations throughout the course. Thus the service has control over its admission through the academic requirements. However, with the emergence of the pre-employment model, a system of assimilating newly graduated students into an internship period to facilitate their training.

REGULATIVE CODE OF ETHICS

Whilst a monopoly may be in the best of business interests, it may make a community a little nervous in that it may be exploited or privilege abused. This self-interest may result in exorbitant charges for fees, restriction of numbers entering the profession, dilution of the calibre of the personnel within the profession and thus frustrate the community for which it is meant to be serving. This could ultimately result in the community revoking its monopoly. The profession having a self-regulatory code of practice, will compel ethical behaviour on part of its members, and usually avoid this situation.

The Australian College of Ambulance Professionals has a code of ethics, which it imparts to its members. Although not compulsory to swear allegiance, it outlines what are acceptable behaviours for paramedics. Ambulance Service's also places boundaries in terms of practice in the form of treatment protocols or guidelines. So too, they have various Codes of Conduct which outlines appropriate behaviours for employees.

PROFESSIONAL CULTURE

The fifth part of Greenwood's (1984) definition is that of identification of what is the professional culture of a group. While a culture contains elements such as observed language, customs and traditions, group norms, espoused values, formal philosophy, implicit rules for getting along in the organisation, unique paradigms, shared meanings and symbols.[18] The documentation of one ambulance service's culture is near completion.[19]

The language of an Ambulance Service is an interesting means to communicate amongst each other. It can also be a means to exclude others that are not part of the group. Kits, trucks, crib, consult, camel lift, delta oscars, comms, ANR's, jobs, not to forgetting what our equipment is called and how to use it! While some our language and practices are shared with our medical colleagues, it can still be quite excluding even to our clients.

The social values of a professional group are the basic and fundamental beliefs, which are unquestioned, premises upon everything else rests. This is seen in the Mission Statements which underpins the essential premise of the core business operation. Increasingly ambulance services are being administered as a health business, with leaner corporate structures, thereby removing the paramilitary influences of hierarchical bureaucracy.

Group norms are those that guide its behaviour in social settings. Within this there are an elaborate system of role definitions. Paramedics have a unique code of behaviour, when faced with frequent traumatic and emotionally challenging situations. The pre-hospital care environment has been described as containing "unnatural and repugnant stimuli".[20] In being able to cope with such an environment, paramedics have been characterised as developing an emotional fortress.[21] Critical incident stress debriefing then enables paramedics an opportunity to be counselled by peers in dealing with their work experiences.[22]

The other significant element of this professional culture is the notion that a profession is a career. Greenwood[17] defines this "calling" as a devotion to good works. It can be undeniably said that pre hospital care is daily full of good works, and it is primarily for each individuals satisfying of their psychic need and secondarily for the monetary compensation. It is then seen that the demarcation between work and leisure dissipates, as work becomes more demanding this cross over point is viewed that the person's life becomes their work.

The implications for pre hospital care workers of whether or not this is a profession is merely as side argument of a larger picture. Ultimately, the question should be directed to whether or not our clients needs are being met. If they are being met, then the service being offered should be performed in a professional manner. This is something that each practitioner should take ownership over, that they perhaps are aware of their community responsibility, which they act in an ethical manner, and sense their importance to their community. Since the community has ultimate ownership of their ambulance service, especially in the government funded scenario. I believe that we are embarking on interesting times, and the argument of professionalism is an important one, as this evaluation has shown, that our journey is near completion.

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