



Learning and teaching in clinical practice

## Telling stories out of school: Experiencing the paramedic's oral traditions and role dissonance



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### ABSTRACT

Role dissonance is an uncomfortable experience for graduate paramedics, and some blame their university education for the problem. For paramedics the conflict is between identifying as a rescuer and acting largely as a care giver. With vocational pathways into so many uniformed professions closing down in preference for graduate entrants, young new professionals have to negotiate a rapidly changing work culture. Their older colleagues may be challenged and threatened by the new order. For paramedics the problem is compounded by the newness of its place in the tertiary landscape. Since 9/11 young people have been increasingly attracted to rescue roles. Yet in Australia there is increasing need and scope for health workers in remote and aging populations, a preference not immediately attractive to young people hoping for a more heroic future. While the near professions such as nursing have established their discourses around culture, role and pedagogy, paramedics is still trying to chisel its identity. The myths of paramedic glories past tend to add to the confusion of graduates. Due to a lack of empirical studies of non-clinical aspects of paramedicine, a *bricolage* methodology was used to refresh data from two discrete qualitative research projects conducted in 2011. Both projects had originally been interested in optimal paramedic preceptorship before and after graduation, but neither had explored the implicit theme which revealed the role of rescue experiences in paramedic culture and identity. The *bricolage* included a new search of literature from near professions and applied new theoretical frameworks to the analysis of the extant data, to demonstrate how storytelling as an element of paramedic collegiality perpetuates rescue stories that are then used to define paramedic work.

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### Background

First responders leapt into the public imagination around the events of 9/11 when hundreds of masked men in their yellow-flashed coats dashed into the choking black smoke of the Twin Towers faster than civilians were evacuating: 343 fire-fighters and paramedics never came home. The role of the first responders on 9/11 made them the heroes of the early 21st century, and Australia's romance with paramedics probably dates to the same events.

Increasingly large numbers of young men and women who want to get into paramedic degree programs have not been discouraged by escalating demands on their fitness and disposition. Consistently named by the Reader's Digest as the most trusted profession, the sight of a paramedic in an emergency prompts the familiar: *Thank God you're here*.

It is not only the media that inspires heroic imagery. Ambo's themselves – the contraction 'ambo' for ambulance officer is more definitive than *paramedic* which is not a protected title – tell anecdotes that highlight their cultural values of lifesaving and rescue during the long hours spent in an ambulance. This paper will show how anecdotes shape paramedic identity and culture, as a rite of passage, debriefing, and training. The impact of rescue myths on student expectations and later role dissonance, will be explored through the lens of Van Maanen's theory of unique occupational communities (Van Maanen, 1984, 1998, 2011).

Many students who go on road for the first time are disappointed to find that a rescue event is more elusive than the fire-fighters cat up a tree, and their time is spent largely in dispensing pre hospital care to the chronically ill and aged (Reynolds, 2008). Disillusioned by exclusion or restraint in a critical event, students sometimes only have negative stories to take back to their peers. The angst to perform well in saving a life emerged as an implicit theme in two discrete research projects, one with paramedic undergraduates and the other with graduates, and that data was used for this paper (Lazarsfeld-Jensen, 2011; Lazarsfeld-Jensen et al.,

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2011). Anticipatory anxiety caused by anecdotes was expressed in undergraduate reflective learning journals in the first research project (Lazarsfeld-Jensen, 2011). The second research project (Lazarsfeld-Jensen et al., 2011) found that graduates blamed their university education for their adjustment difficulties as working paramedics. For example, graduates were frustrated because their education has given them skills that ambulance service protocols will not allow them to immediately use on road. Graduates also feel uncomfortable with the promotion benefits their education brings. These problems can be described as role dissonance.

Academics speculate that role dissonance influences high attrition in university programs and later. However, historical social difficulties in the paramedic workplace are well documented in New South Wales. Psychiatric injury claims had doubled, suicide rates were more than twice as high as the general population leading up to a 2008 parliamentary enquiry that found widespread harassment and bullying, and described the culture as conflicted and dysfunctional (Council, 2010, p. 13). Role dissonance may exist for all paramedics who must rapidly switch from the mundane to the gruesome and work in extreme conditions.

Role dissonance may also be inflated by higher education simply because the discipline is new, and the culture is imported by clinical educators from industry who have not yet developed empirical evidence around the role, culture and socialisation of paramedics. Paramedic researchers prefer to explore the clinical aspects of their work (Campeau, 2008), rather than the aspects that distinguish them from other health workers. There is little discipline specific literature in critical areas such as preceptorship. Researchers make minimal use of cross disciplinary knowledge, such as nursing, believing there is a cultural chasm because nursing is not generally practised in public places where accidents occur. Without empirical evidence of what helps and hinders young paramedics policy planning and educational developments are hampered. While in the UK the relationship between preceptors and novices is defined and governed by the British Paramedic Association, there is no such continuity in Australia. The mentored on-road experience has been defined as the signature pedagogy of the profession in national research (Lazarsfeld-Jensen, 2010; Shulman, 2005) but preceptorship remains a critical area where the educative and supportive relationships, methods and priorities are under explored, despite it being the primary site for belonging, shaping behaviours, and development of values and practices. Story-telling is a defining characteristic of paramedics (Tangherlini, 2000) and when practitioners become lecturers, it may be tempting to dramatise in order to inspire the young. Narrative theorists identify ribbons of deeply subjective material that are perpetuated informally in stories that do not appear in formal meetings, documents or training programs (Mattingly, 1998; Van Maanen, 2011). Practitioner narratives may form part of an unexamined tradition of interpretation that perpetuates stereotypes or myths (Phoenix et al., 2010; Sparkes et al., 2008). Empirical evidence is needed to mitigate this kind of material in a university setting, to encourage a more critical student perspective on storytelling in making meaning of dark experiences.

Campeau (2008) suggests that the critical incident or emergency site is the place where paramedics prove their mettle and win peer regard. Campeau affirms that the critical scene is: “a context rife with chaotic, dangerous and often uncontrollable elements,” (Nelson, 1997:162 In Campeau, 2008). For paramedics who enter this domain for the first time and perhaps save a life, it is both a traumatic and a triumphant moment, and the cultural method of debriefing – telling the story – is like a rite of passage. Tangherlini (2000) says that paramedics use storytelling to debrief informally and to clarify their values. Story telling also fills the long hours spent in a confined space with one other, but these stories have a

“deeply cynical and self-depractory tradition ...” (Tangherlini, 2000). Such stories are not for public consumption.

Stories and anecdotes can become a defining socio-cultural narrative in the shaping of professional identity, and through collective identity, culture. They are less useful as content out of its context in the university setting where the story “posits the narrator as an authority and imbues him or her with power,” (Tangherlini, 2000, p. 47). Unexamined narrative shapes student expectations, challenges their confidence or even fuels undergraduate fears of surviving in the culture portrayed (Lazarsfeld-Jensen et al., 2011). It may indeed be the precursor to role dissonance. For educators the real challenge is to equip students with: “... a sound critique of the social system along with the knowledge necessary for ethical practice,” (Willis and Leiman, 2013).

## Methods

Data from two discrete research projects were refreshed for this paper. Both projects were approved by Charles Sturt University's Human Research Ethics Committees (406/2010/16, 2010/018 respectively). The purpose of the two original projects was to explore the experiences of university-educated paramedics at two different points of their career, firstly as undergraduates experiencing on-road preceptorship or mentoring during clinical placement (Lazarsfeld-Jensen, 2011), and secondly as graduates working as paramedics on road reflecting back on their transition to practice (Lazarsfeld-Jensen et al., 2011). Participants gave informed consent to participate in the projects. Data for the undergraduate experience were derived from de identified donated student reflective journals, supplemented by a focus group discussion of key themes that had emerged as a form of triangulation. The post-graduate project was qualitative and ethnographic based on long inductive interviews that were transcribed verbatim and thematically analysed collaboratively by three researchers.

## Data analysis

The purpose of refreshing the data was to expose implicit themes that had been obscured by more familiar ones. Data refreshing is a form of dual analysis that recognises interpretive anomalies and contradictions arising from cultural perspectives, and it is a method that arises from a post-modern scepticism towards a single objective truth in qualitative research (Savage, 2000). To provide a fresh perspective on the data a bricolage (Denzin and Lincoln, 2003; Kincheloe, 2001, 2005) was constructed using narrative theory. Van Maanen's theory of unique occupational communities was used as a theoretical framework to hypothesise around the cultural dimensions of paramedic socialisation (Van Maanen, 1984, 1998, 2011) Bricolage is a pertinent methodology for the paramedic discipline where there is little ethnographic research (Reynolds, 2008), and a lack of a “sustained and cohesive discourse” on significant aspects of paramedic education for practice (Willis et al., 2009, p. 29). Bricolage is a multi theoretical post-modern approach which Kincheloe says ... “exists out of respect for the complexity of the lived world.” (2005, p 324). Bricolage envisions qualitative methodologies as multiple and interactive to reveal the complexity of social systems.

Narrative theory is both analytical method and methodology which recognises the role of storytelling in making meaning, confirming identity and shaping culture. Derived from assertions of theorists such as Lyotard that meta or grand narratives develop from history to myth as the explanatory model is adopted and endorsed (Rorty, 1985), it is now commonly applied to what have been called “small stories” (Georgakopoulou, 2006), which are

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