



Are paramedic students ready to be professional? An international comparison study



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ABSTRACT

Introduction: The last decade has seen rapid advancement in Australasian paramedic education, clinical practice, and research. Coupled with the movements towards national registration in Australia and New Zealand, these advancements contribute to the paramedic discipline gaining recognition as a health profession.

Aim: The aim of this paper was to explore paramedic students' views on paramedic professionalism in Australia and New Zealand.

Methods: Using a convenience sample of paramedic students from Whitireia New Zealand, Charles Sturt University and Monash University, attitudes towards paramedic professionalism were measured using the Professionalism at Work Questionnaire. The 77 item questionnaire uses a combination of binary and unipolar Likert scales (1 = Strongly disagree/5 = Strongly agree; Never = 1/Always = 5).

Results: There were 479 students who participated in the study from Charles Sturt University $n = 272$ (56.8%), Monash University $n = 145$ (30.3%) and Whitireia New Zealand $n = 62$ (12.9%). A number of items produced statistically significant differences $P < 0.05$ between universities, year levels and course type. These included: 'Allow my liking or dislike for patients to affect the way I approach them' and 'Discuss a bad job with family or friends outside work as a way of coping'.

Conclusions: These results suggest that paramedic students are strong advocates of paramedic professionalism and support the need for regulation. Data also suggest that the next generation of paramedics can be the agents of change for the paramedic discipline as it attempts to achieve full professional status.

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1. Introduction

A profession has a number of distinguishing characteristics that usually revolve around the application of specialised esoteric skills and knowledge obtained through formal training and education (Williams et al., 2009). Professions have a direct or fiduciary relationship with clients and are required to deliver services with a high degree of personal integrity (Fitzgerald and Bange, 2007). Professionalisation on the other hand is the political process of an occupation attempting to achieve the distinction and recognition of a profession (Freidson, 1970; Vollmer and Mills, 1966). Where the Australian and New Zealand paramedic discipline is located in this process is hotly debated among practitioners and scholars (Williams et al., 2012) and thus forms the basis to this paper.

In order to ensure the professionalisation of the workforce, the Australian Health Workforce Productivity Commission research report released in January 2006 recommended the registration of all health professionals under a single national registration board (Australian Government Productivity Commission, 2005). In response to this report the Australian Intergovernmental Agreement for the National Registration and Accreditation Scheme for the Health Professions was established on 1 July 2010, which is currently regulated by the Australian Health Practitioner Regulation Agency (2013). All those registered under this scheme are considered professionals and are recognised as such by law. Regrettably, the role of the paramedic discipline is not part of this registration scheme and thus paramedics are not considered professionals.

Currently there are 14 professions recognised by AHPRA. These include: aboriginal and Torres Strait Islander health worker, chiropractic, Chinese medicine, dental, medical, medical radiation, nursing and midwifery, occupational therapy, optometry, osteopathy, pharmacy, physiotherapy, podiatry and psychology professions (Australian

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Health Practitioner Regulation Agency, 2013). The primary purpose behind professional registration is occupational regulation; to protect the public interest by ensuring that only suitably trained, competent, qualified and ethical practitioners are registered and permitted to practice (Australian Health Practitioner Regulation Agency, 2013; Eburn and Bendall, 2010). The purpose of the registration is not specifically to protect the interests of health practitioners, though it is arguable that registration will benefit health practitioners in a number of indirect ways; including making it easier for paramedics to access specific medications and equipment that are required for their practice (Eburn and Bendall, 2010). Benefits of regulation for the health care system include helping to deal with pressures/workforce shortages experienced by Australian health workers, reducing red tape and increasing health workers' responsiveness, flexibility, sustainability and mobility (Australian College of Ambulance Professionals, 2010; Australian Government Productivity Commission, 2005; Fitzgerald and Bange, 2007).

In New Zealand, sixteen health professions are regulated under the Health Practitioners Competence Assurance Act (Medical Council of New Zealand, 2011). An all-party parliamentary health select committee recommended in 2008 that paramedics be regulated under the Act and an application for regulation was submitted in September 2011 (Ambulance New Zealand, 2008). A strategic review of the Act has been undertaken in 2012–2013, and at the time of writing, no public response has yet been made to the paramedic application.

Paramedics have also been registered in other countries such as the UK (Health Professions Council, 2013; Woollard, 2009), Ireland (Pre-Hospital Emergency Care Council, 2013) and South Africa (Health Professions Council of South Africa, 2013) for a number of years. Additionally there are moves towards national registration in Canada (Bowles, 2009), therefore it is of little surprise that the national registration of the Australian and New Zealand paramedic sector is constantly being mooted in academic, industry and government circles. The application for regulation in New Zealand was made on behalf of the profession by the employer representative body Ambulance New Zealand, after extensive consultations, including a comprehensive survey of ambulance officers' views, government reports, and analysis and discussion periods (Clapperton, 2008; Cotton, 2012; Health Committee, 2008). Although Australia's appeal for registration is independent, information, documentation and viewpoints from the New Zealand process could potentially assist Australian paramedics in their approach to professionalisation. The issue of recognising professionalism of paramedics is not just isolated to Australasia with a number of other countries also highlighting similar struggles (Ambulance New Zealand, 2003; Bowles, 2009; Woollard, 2009). The Productivity Commission's Report on Governmental Services 2012 (Australian Government Productivity Council, 2012) noted that 130 per 1000

people in Australia were assessed, treated or transported as patients by ambulance services. Yet many of the clinical interventions performed by paramedics under these conditions would fall under the scope of requiring professional accreditation if it was performed by a registered medical practitioner. This raises the question of whether paramedic interventions are monitored to the same standards as their professional and registered counterparts, indicating the potential for a severe and dangerous gap in the Australian and New Zealand health care systems. Registration would be a step towards ensuring that Australasian paramedics are regulated by the same administrative standards that govern other health care professionals. Fortunately for those disciplines yet to be registered, a clear national registration blueprint exists. In Australia and New Zealand a number of criteria have been set out to guide and measure professional registration requirements. In Australia, this has been developed by The Australian National Registration and Accreditation Scheme (NRAS), and in New Zealand by New Zealand Ministry of Health (Ministry of Health, 2010). As can be seen in Table 1 a number of commonalities exist between both countries.

To be considered a health profession by AHPRA or under the HPCA it is expected that these criteria are met. The proposed profession must be considered a health-related field that, if unregulated, could potentially cause harm to the public. Additionally the current regulation of that profession must also fail to protect patients from sub-optimal care and the registration of that profession should be both practical and beneficial (Council of Australian Governments, 2008). Taking all of these factors into consideration it would appear that many of these criteria have direct application and/or potential consequences for the paramedic sector. Obtaining a better understanding of professionalism in the paramedic sector is vital for the protection of the public and for the future of emergency healthcare.

The aim of this paper was to explore paramedic students' views on paramedic professionalism in Australia and New Zealand. Students at the three institutions all examined professionalism at some point in their respective curricula. For example, syllabi includes: professional development, mentoring, legal and ethical issues for example. These students will form the next generation of paramedics and thus interpreting their views on professionalisation will give an indication of the direction the Australian and New Zealand paramedic discipline is heading.

2. Method

2.1. Design

This was a cross-sectional study using a convenience sample of undergraduate paramedic students using a paper-based questionnaire.

Table 1
Australian and New Zealand registration criteria.

Australian National Registration and Accreditation Scheme (NRAS)	New Zealand Ministry of Health
It is appropriate for Health Ministers to exercise responsibility for regulating the occupation in question, or does the occupation more appropriately fall within the domain of another Ministry?	The profession delivers a health service as defined by the Act
Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?	The health services concerned pose a risk of harm to the health and safety of the public
Do existing regulatory or other mechanisms fail to address health and safety issues?	It is otherwise in the public interest that the health services be regulated as a health profession under the Act.
Is regulation possible to implement for the occupation in question?	Existing regulatory or other mechanisms fail to address health and safety issues.
Is regulation practical to implement for the occupation in question?	Regulation is possible to implement for the profession in question.
Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?	Regulation is practical to implement for the profession in question.
	The benefits to the public of regulation clearly outweigh the potential negative impact of such regulation.

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