Review

Professionalism and professionalisation in the discipline of paramedicine

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Abstract

Background
Professionalisation was cited as one of the key drivers for the recent addition of paramedics to the National Registration and Accreditation Scheme (NRAS) making paramedics the fifteenth health profession in the NRAS. Self-regulation inherently shifts the basis of establishing professional identity and the formal authority for determining professional standards. This has increased discussion of professionalism in paramedicine, however, professionalisation and professionalism are often poorly defined concepts with a myriad of interpretations.

Method
A scoping review was conducted to determine the available literature about professionalism and professionalisation in paramedicine. The review utilised 10 academic databases augmented with Google and Google Scholar to capture grey literature; 2740 results were refined to 53 sources for review.

Results
Several works on paramedic professionalisation explore elements such as autonomy and occupational characteristics. Others consider the process of professionalisation for paramedics in the United Kingdom (UK) and Australia. Education is discussed as a key factor in professionalism, while the increasing scope and diversity of roles in paramedicine is explored as indicative of professionalisation. Several UK papers relate professionalisation and culture to change processes within paramedicine and paramedic organisations.

Discussion
Academic work on professionalisation and professionalism in paramedicine appears sporadic and may benefit from exploration of a wider range of theories. Paramedicine has been described as constantly and rapidly developing around its practitioners rather than being a stable profession where practitioners enter with clear expectations of their ongoing identity. Further work is needed to understand the process of professionalisation that paramedicine is undergoing within its cultural and professional context.

Keywords:
paramedic; paramedicine; professionalism; professionalisation; regulation; registration

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Introduction

The concepts of professionalism and professionalisation are often discussed within the context of emerging professions and are part of the discourse of professional evolution. With the recent registration of paramedics in Australia under the National Registration and Accreditation Scheme (NRAS) for health professionals in 2018 (1-3) there has been increased interest in better understanding the relationship between paramedicine and both professionalism and professionalisation. This discussion occurs in two facets. Firstly, there is discussion of the readiness of the profession to engage with what is considered a milestone of professionalisation (3). Second, there is debate over how the occupation will function within the paradigm of a registered profession, and thus operating in the environment of self-regulated professions with a range of standards and accountabilities which have not been previously applied to paramedicine (4,5).

Professionalism and professionalisation
'Professionalism' and 'professionalisation' are both concepts related to the conduct of a profession within a spectrum of occupational behaviours and status. These terms are sometimes used interchangeably but are distinct elements of a profession or discipline. These concepts have been difficult to define and have been subject to academic discourse for decades (6,7).

The profession of medicine has engaged in significant discussion around professionalism over the past three decades, both in terms of attempting to define the concept and establishing how to assess it within an educational context (6,8). Despite these efforts, a unifying definition of professionalism has been elusive in medicine and the health professions. Professionalism is a complex construct as it is influenced by situational, cultural and organisational elements with a range of theories underpinning its discourse (9,10). However, a number of frameworks have been established to help conceptualise professionalism (8). By looking at the behaviour of practitioners through various lenses, including their individual traits and behaviours, interpersonal interactions and societal-institutional context, professionalism can be seen as a constructed set of behaviours and expectations (6). In essence, professionalism is doing what is appropriate in a situation based around personal, societal and disciplinary values and expectations.

Professionalisation is the process by which a vocation evolves through a conceptual occupational hierarchy. As such professions exist on a continuum of status or occupational development rather than a 'profession' being a fixed point in the development of an occupation (11). In this way, the concept of a 'profession' can be applied broadly and in different ways to a range of occupations (7). There are a number of frameworks through which this process can be viewed. Earlier works by Greenwood and Flexner concentrated on trait-based theories which looked at a list of attributes a profession required.

Flexner's work involved an early attempt to establish an empirically based set of conditions to determine a profession. Often the 'established' professions of law, medicine and clergy were referenced due to their historical longevity and social status (12,13). Much of the academic work around professionalisation emerging in the 1960s, 1970s and 1980s, notably by authors such as Freidson, Wilensky and Klegon, suggests that power and autonomy are key elements of a profession (11,14,15). A profession experiences developments which propel it along the continuum (7). Additionally, the profession must concurrently maintain specific boundaries and occupational values while its membership must reflect the values of the profession and equally evolve within the paradigm of that profession (16).

All vocations undertake some journey of evolution and development and, inevitably, challenge. While traditional professions such as medicine, law, clergy and engineering have had significant writing on their journey, there is also value in considering the journeys of other health and caring disciplines such as nursing, pharmacy, physiotherapy and social work (17). While paramedicine is unique in its historical, cultural and industrial context, elements, such as the establishment of paramedic academics, do mirror developments in medicine and nursing (12,18).

This scoping review seeks to clarify the existing literature around paramedicine and the concepts of professionalism and professionalisation. The results will help establish the current level of discourse around these topics and establish a baseline of our current understanding of the concept of a profession as it related to paramedicine. It is through examining how paramedics conceptualise the profession and by understanding the sociological theories of professions that a clearer understanding of paramedicine's journal of professionalisation can be established. All professions change and evolve over time due to a range of factors such as culture, regulation and role in society, however, it is critical to understand the specific professionalisation journey paramedicine has undertaken and what elements impact on the growth of the profession. Such understanding helps guide the profession in its inevitable professional evolution.

Methods

This scoping review provides a broad overview of the available literature concerning paramedicine, and professionalism and/or professionalisation. Scoping reviews provide the opportunity to map existing literature to survey a topic area to both assist in defining a research question and as a precursor to a more extensive systematic review (19). This scoping review follows the six-stage approach outlined by Arksey and O'Malley: 1) identifying the research question, 2) identifying relevant studies, 3) study selection, 4) charting the data, 5) collating, summarising and reporting the results, and 6) optional consultation (20).

By using this method, a systematic approach to screening available literature was undertaken utilising a range of sources common to the study of professions and paramedicine. These sources included both peer-reviewed and grey literature. For academic literature, EBSCOhost was used to access a range of databases (Table 1).

Table 1. Databases used in EBSCOhost search

CINAHL Plus with full text
E-Journals
ERIC
Health Business Elite
Health Source: Nursing/Academic Edition
MEDLINE
PsycARTICLES
Psychology and Behavioral Sciences Collection
PsycINFO
SocINDEX

EBSCOhost searches were undertaken by starting with a core search of 'paramedic OR EMT OR Emergency Medical Services OR ambulance'. This encompassed the key terms for both practitioners (paramedic and EMT – meaning emergency medical technician) with the key terms for services (emergency medical services and ambulance) which cover most services operating in Anglo-American models. These terms were

combined with 'professionalism' and 'professionali?ation' to capture regional spellings of professionalisation. Google and Google Scholar were used to search for academic literature not found in EBSCOhost and for grey literature (eg. reports or government documents). Identical search terms were used using Boolean operators. For Google, the 'verbatim' function was used to limit to the search terms (Table 2).

Table 2. Search terms by search tool

EBSCOhost: 'Paramedic OR EMT OR Emergency Medical Services OR ambulance' in combination with a search for 'professionalism or professionali?ation'
Google Scholar: Advanced Search combining 'Paramedic OR EMT OR Emergency Medical Services OR ambulance' with 'Professionalism OR Professionalisation'.

The inclusion criteria included only sources in English and where full text could be obtained. Google Scholar was limited to available full text either through open access, the Western Sydney University Library, the University of Wollongong Library, the Clinical Information Access Portal or the National Library of Australia. EBSCOhost results were screened for language and then duplicates removed. Initial review of Google and Google Scholar showed results past the first hundred provided no new content and a rapidly diminishing level of relevancy. As a result, Google and Google Scholar results had the first one hundred search results manually reviewed for inclusion. The process is shown in Figure 1.
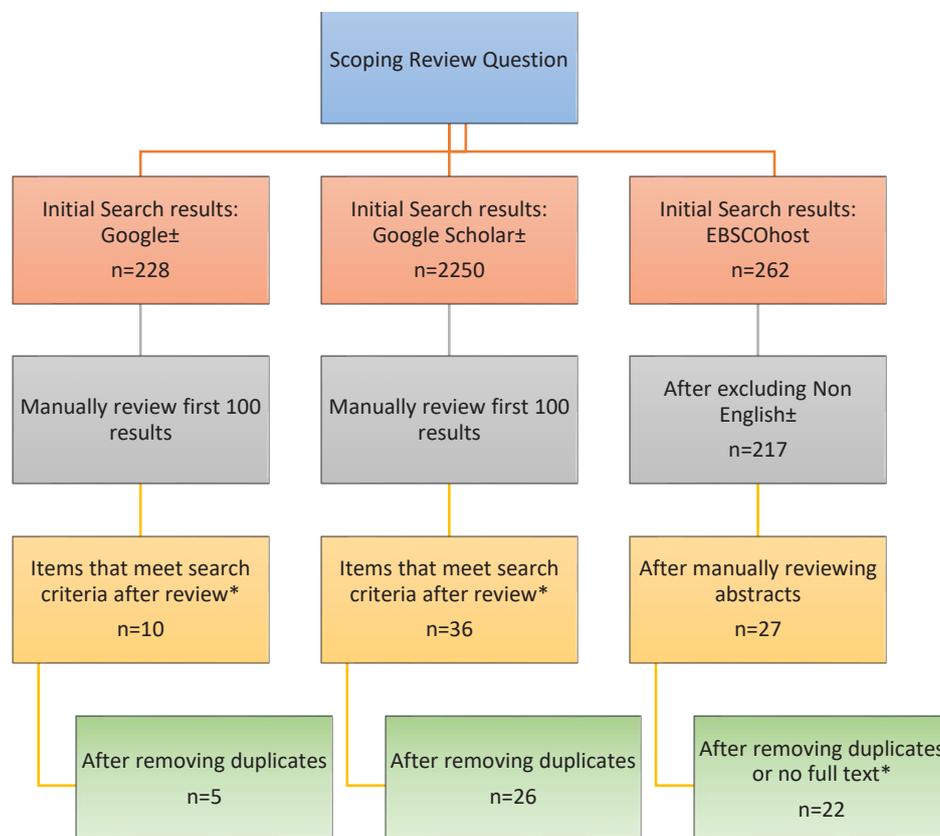

Figure 1. Search process by search tool
* Results without full text removed at this point; ± Non-English results removed at this point

The search was undertaken in early January 2019. As a result, items which were published or were entered into databases during 2019 were not available in this search.

Results

Through the three search processes, 53 results were found (Table 3).

Table 3. Search results by search tool

EBSCOhost	Google Scholar	Google	Total
22	26	5	53

The results were largely journal articles (n=40) followed by PhD theses (n=5), book chapters (n=3), conference proceedings (n=3) and reports (n=2) (Figure 2).

It is noteworthy that within the discipline of paramedicine, discourse around professionalism and professionalisation is a relatively new phenomenon. This scoping search was not date-limited and no full text results were found before 2003 (although a small number of citations without full text were noted back to 1999). In this sample 77% of results (n=41) were published between 2012 and 2018 and the remaining 23% (n=12) were published before 2012 (Figure 3).
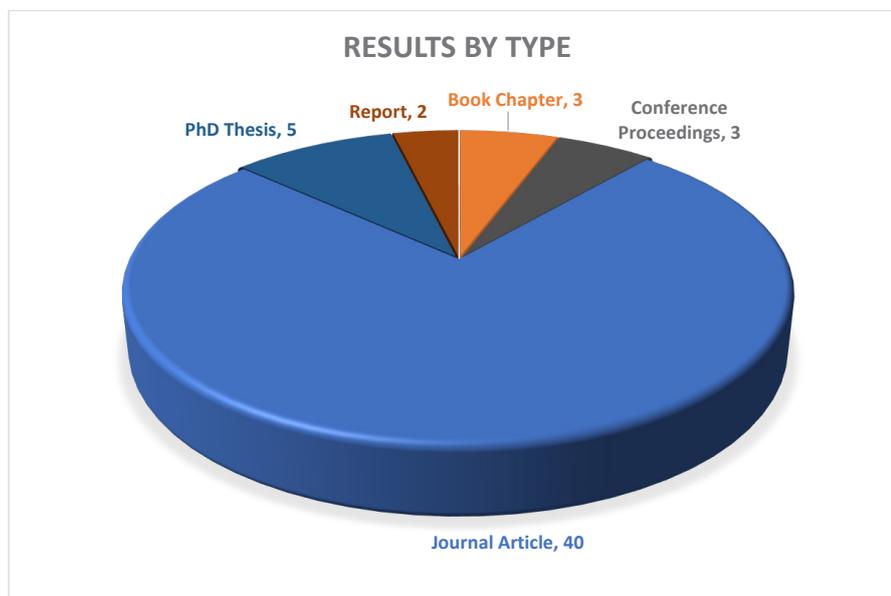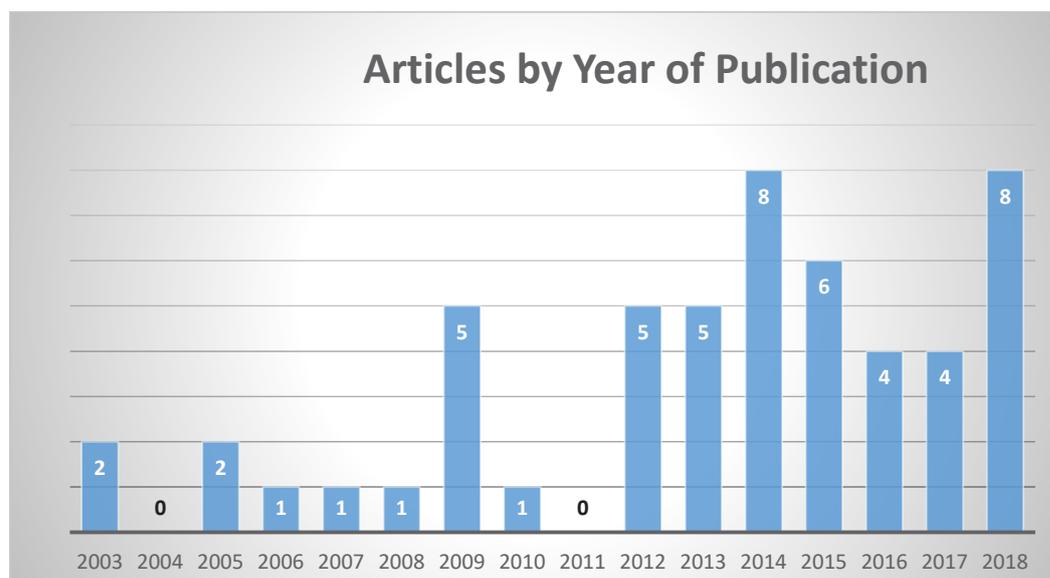

Figure 2. Results by publication type

Figure 3. Articles by year of publication

Results were categorised thematically as shown in Table 4.

Table 4. Search results by theme

Theme	No.
Professionalisation of paramedicine (including defining paramedicine as a profession and the development of the profession)	2
Professionalism of paramedicine (including discussions of the development of professionalism and professional identity)	20
Roles of paramedics (including discussion of paramedic roles in the community and the development of extended roles)	7
Regulation (including registration and professional regulation)	3

The professionalisation of paramedics
Like all professions, paramedicine has been engaged in a journey of professionalisation. This process has been poorly understood from a sociological point of view both generally and within the profession of paramedicine itself. Two PhD theses, by Margolis and Newton respectively, examine professionalisation in some depth (11,21). Margolis provides a comprehensive synthesis of the literature around the various models of conceptualising professionalisation with a focus on Eliot Freidson (11). The author then explores the use of tertiary education as an agent of professionalisation but finds a lack of consensus among academics of both their role in professionalisation and the definition of profession. Newton explores the concept of the professionalisation of paramedics as an innovation, given paramedics are a fledgling profession. Like many innovations, paramedics are unsure of their place in their environment. In a similar vein to Margolis, Newton (21) sees increasing education in the tertiary sector as a key element in the process of professionalisation and notes the lack of certainty around paramedic professional status. Newton's work looks into the future of paramedicine and addresses the emergence of a healthcare environment where disruption and the challenging of traditional models is common. In this environment, paramedics will need to be adaptable and creative. Newton considers how well paramedics are prepared for this environment of rapid change in the context of a profession often steeped in tradition and tied to a traditional means of production (21).

As well as these theses, several papers focus on the role of education in the professionalisation of paramedics. These explore the increasing 'academisation' of paramedicine and the increasing role that education will play in legitimising the profession, creating the body of knowledge, and forming the basis for future practice (22-24). Tertiary education is now common in many countries such as Australia (24) and the UK (25), and is emerging in the United States (US) and Canada. In these jurisdictions, university education is being discussed as an enabling factor for paramedics and critical in recognising the unique body of knowledge, and professional autonomy of paramedics (3,26).

The remaining papers discuss paramedic professionalisation from a theoretical perspective using trait theories, operating under a structuralist approach examining the current paramedic occupation and consider gaps in these lists of traits to suggest areas in which paramedics could increase their professionalism (23,27,28). Authors exploring a trait-based approach look primarily to Greenwood's structuralist approach that outlines a checklist of traits which an occupation requires to be considered a profession (13). While these papers are limited in their discussion of professionalisation theory, it is important to note that they are among the first articles in this vein and represent an important early exploration of the question of paramedic professionalisation and the frameworks which may help the profession determine its status. Likewise, several recent papers discuss competency structures for paramedics with a view to developing a framework of competencies or domains for paramedics which will help ground both clinical and professional practice (29,30).

McCann and colleagues undertook two ethnographic studies which examined the professionalisation of UK paramedics. These studies focus on education and change management respectively. Within this work McCann explores the impact on 'street level' paramedics (that is, front-line practitioners engaged in direct patient care) of change and professionalisation. Within this context they compare the change resulting from professionalisation in terms of its impact on the daily activities of paramedics and larger policy or organisational impacts (31,32).

Two Australian studies look at the readiness of paramedics and stakeholders in paramedic practice to embrace professionalisation (33,34). The first examined the readiness of undergraduate students for professionalisation and found students to be strongly positioned to further professionalisation (34). The second examined the perceptions of community members who universally perceived paramedics to be part of a profession, despite substantial role confusion and variances in nomenclature around paramedics (33). This confusion is further highlighted by Lyndon-James who discusses the importance of paramedics enhancing their accountability and education to meet public perceptions of their professionalism (35).

The impact of community perception and service to the community has on paramedic practice is highlighted in a number of papers. Tonkens et al indicated that paramedics sometimes report undertaking actions based on perceptions of what the community considers professional conduct rather than their own professional judgement (36). This creates a tension between external pressures from the community and its concept of what professionalism should look like, based on an increasingly transactional relationship with health professionals, and intrinsic concepts of professionalism and professional

behaviours held by paramedics (36). Newton, with Hodge (37), link professionalisation to flexibility in service delivery, suggesting that paramedicine needs to grow as a profession and adapt to changing service requirements of the community. Innovation is seen in the context of both health outcomes and economics as indicators of health care effectiveness. Professionalisation of paramedics facilitates the attainment of these outcomes. An early paper by Mahony (38) considers the potential paths by which paramedics can consolidate their autonomy and develop their occupational identity through capitalising on their unique paradigm and environment of practice.

Paramedic professionalism

There are nine papers which broadly look at the issue of paramedic professionalism and consider future development of the profession principally in Australia (5,23,27,28,39-43), Canada (3,29,44), Ireland (3), and the UK (37,45,46). The complexity of professionalism is outlined by Burford et al who explored professionalism through a range of approaches (10). The authors posit that professionalism can be based on individual values which predate joining a profession, through situational interactions between the professional and others and through social norms set by the community or the professional group. They suggest that professionalism is not so much a set of actions or outcomes as a capacity for situation-specific decision-making which is grounded in a normative set of values. This sentiment is echoed by van der Gaag and Donaghy (46) who indicate that only 8% of the complaints managed by the regulatory body in the UK are based on clinical competency (46). The remainder are concerned, in various ways, with conduct-related issues suggesting that professionalism is a more significant area of risk to the profession than clinical skill. They further suggest that for professionalism to exist paramedics must believe that their work is unique, requiring it to be underpinned by a unique body of knowledge and educational processes (46).

Bowles, Newton and Hodge, and Knox et al highlight the importance of education in building professionalism (37,47,48). The challenge of incorporating professionalism into curricula is discussed given the transient, situational and subjective nature of professionalism. It is noted that while foundational education lays the groundwork for core professional practice, continuing education is a significant driver in professionalisation (48). If viewed in the context of Burford et al, professionalism is the capacity to make situational decisions based against a social and professional context. Thus, as that context changes, paramedics need to adapt to make appropriate situational judgements in an ever-changing context. Paramedics and paramedicine will need to grow professionally to stay relevant and adaptive (10). Trede further suggests that in a modern society, education is critical to exposing paramedicine students to the complexities of real world practice which helps support their development as a professional and this will assist in their ability to adapt as professionals to real situations (4).

Regulation

Fitzgerald and Bange present one of the earliest discourses about regulation in the Australian context (49). Townsend explores the potential learnings from other jurisdictions, especially from the UK for Australian and Irish paramedics. Townsend highlights recent work by the Health and Care Professions Council (HCPC) and the University of Surrey to better understand how paramedics interacted with and understood the regulatory regimen in the UK (2). These findings highlighted frustration with varying understanding of professionalism and a culture of fear with the regard to the regulator. It was suggested that this was heavily influenced by the unique culture of paramedicine and historic factors around accountability and rapid rise of the profession (50). Likewise, a study of paramedic reporting to the HCPC found higher levels of non-work related incidents being self-reported to the regulator. These were often incidents resulting from risk taking behaviour and might be influenced by cultural factors such as punishment of breaches and low rates of performance feedback and coaching (51).

The role of paramedics

The expanding role of paramedics is examined in a report and a journal article by O'Meara (52,53). Both explore the movement of paramedics into new occupational roles to provide a broader range of professional engagement with the health sector. These papers highlight the expanding roles of paramedics which helps to emphasise the evolution of the profession. O'Meara explores the development of the paramedic as a more holistic health provider, primarily in a rural context. This work discusses frameworks to utilise the growing capacity of paramedics to address inequities in rural health service provision and thus develop a health professional with both a broader scope and function (52). Examples of these models are described to support the diversity of roles and health service delivery outcomes of such approaches (53).

Four papers from Wankhade explore professional culture in paramedic organisations often in their response to change (54-57). He identifies a number of professional sub-cultures within paramedic organisations and discusses the dynamic between them in terms of change management and explores the response of paramedics to change around professionalisation and changing roles. The author suggests that one of the unique challenges of paramedicine in its current period of evolution is that many longer-serving practitioners have had a profession form around them rather than intentionally joining a profession at the outset of their careers (54-57). While it is critical that paramedics continue to professionalise to ensure they are adaptive to an ever changing workload and health care demands (37), the response of practitioners to this change can be widely varied based on their individual worldview of the profession's role. Paramedicine has long struggled with a dual identity in health and public safety.

Discussion

Evaluating paramedicine as a profession

Determining if an occupation is a profession is not a process with clear boundaries. The range of theoretical perspectives on professions provide different views of an occupation's status based on different constructs and characteristics. Varying views of professions allow for multiple contexts such as autonomy, economic power, political power and status. Of the available literature, only the structuralist approach, relying on lists of traits and characteristics rather than other constructs of professions, has been applied to paramedicine. Functionalist models (ie. Carr-Saunders's view that a profession was defined by its function in society) (58), monopolist models (where professions exist through entrenched exclusivity) (59), and culturalist models (where professions are defined by a sense of community of practice beyond simple control of the means of production) have not been investigated within the reviewed literature although McIntyre discusses the role of control of technology as a means of paramedics controlling their work (11,60). Aside from the work of Margolis, and mentions in Townsend and van der Gaag and Donaghy, the impact of other key theorists on professionalism such as Freidson have not been extensively explored (7,14). More contemporary approaches are absent (9). Professionalisation of paramedics is further complicated by the various iterations of the profession existing in different geographic, historical and cultural contexts (61). Even among jurisdictions operating within the Anglo-American model, the dominant service-delivery paradigm for most English-speaking countries, there is a range of education standards, funding and governance models and community expectations (62).

Paramedics and professionalism

While there has been some attention to socialisation and perceptions of students (10,34), and one paper on external views of paramedics (33), there has been limited consideration of how paramedics navigate professionalism. Works by Devenish explore how new practitioners transition into professional roles and the challenges they face balancing culture and professional values (63-65). Margolis identifies some unexpected confusion among academic leaders which suggests clinicians themselves may not have a clear view of the process or framework of professionalisation (11). This view is later supported by Burford et al (10). The lack of consensus highlights the challenge of defining professionalism in a nascent profession as well as the complexities of education providers producing new entrants to the profession with varying understanding of professional practice. This bears out the observations found in Townsend's review of the 2017 report on HCPC paramedic complaints (2). Givati, Markham and Street (25) note that a tension exists between emerging concepts of professionalism developed from within the profession (often espoused by academics), and organisational/managerial concepts of professionalism. This clash of discourses pitches a traditional organisational set of standards and practices against more nascent concepts of value-based professionalism. At a local level, it represents a pragmatic conflict between practitioners who relied exclusively on organisational and cultural norms and newer practitioners who emerge with a more constructed view of professionalism from their education.

Roles and evolution

Newton (21) and O'Meara (52) explore the potential of paramedics to engage more fully as a newer player in the healthcare professions. A number of papers consider expanded roles for paramedics and see this expansion as both a de facto indication of professional evolution and as a more tangible driver for professionalisation (52,53,66). Likewise, the impact of change and evolution on a workforce which has been historically grounded in structure and hierarchy creates tensions with a natural professional evolutionary process driven by modernisation, innovation and changing service delivery requirements (54,55,57,67).

Future direction

As paramedicine moves into a regulated environment in Australia and continues to evolve as a health profession in other jurisdictions, issues of professionalism will continue to be of importance as self-regulation relies on established professional norms, values and behaviours. Likewise, the development of the profession is not a single direction journey on the professionalism continuum. Paramedicine, like any other profession, risks the possibility of de-professionalisation if the profession loses its control of its social mandate or means of production through failure to maintain professional standards or failure to maintain its social contract with the society it services (16,36). It is clear that as paramedics increasingly operate in an environment of higher accountability, a clear understanding of professionalism will be critical to navigating an increasingly changing and complex world and educating emerging practitioners. Scholarship continues to grow in the area of paramedic professionalisation. Several publications have become available outside of the timeframe of the scoping review including a PhD thesis by Townsend which address a number of the elements discussed as gaps in this scoping review (68-71).

Conclusion

Professionalisation and professionalism have been rarely studied with reference to paramedicine. It is critical to understand the process of professionalisation and consider how paramedicine fits into the theoretical frameworks of professionalisation. Much work on professionalisation in paramedicine has come from academics within the profession and focussed on finding a paramedic professional identity or defining status of paramedics within the occupational evolutionary process. Paramedicine could benefit from application of much of the work being undertaken in sociology to understand more fully the nature of professions and how professions interact with societies.

On a more pragmatic level, professionalism underpins regulatory standards which shape a profession as well as providing a key element in professional identity. Equally, professional standards shape public perception of a profession and help shape public expectations. As such, it is crucial that there is a shared understanding of professionalism. Continued discourse on these two important elements of the profession are critical for further evolution of paramedicine and to help shape the trajectory of both its occupational development and professional practice.

It is unclear if professionalisation drives expansion of the profession or vice-versa, or whether the development of both is symbiotic. What is clear is that paramedicine is beginning to occupy a new place within the health care spectrum with expanding scope and increasing complexity and accountability within its practice. In Australia and many other jurisdictions, the regulation of paramedics as a registered health profession provides both a mechanism for ensuring standards and an opportunity for paramedicine to examine how it engages with the communities that paramedics serve, especially in an ever-changing world where health services increasingly rely on disruptive innovation rather than tradition.

Conflict of interest

The authors declare they have no competing interests. Each author of this paper has completed the ICMJE conflict of interest statement.

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