

What Does it Take to Be a Remote Allied Health Professional?

The Attributes of Remote Allied Health
Professionals

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My paper today is based on some of the results of a small qualitative study which aimed to identify the attributes of remote allied health professions. This study which was undertaken in 2004/5 enabled me to talk to more than 20 allied health professionals who worked in remote communities in the tropical north of Australia.

The results of this study provide some answers to the question “what does it take to be a remote Allied Health professional?”

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Aims of the Study

- To identify the attributes required in Allied Health Professionals (AHP) to be effective when working in remote locations in Australia
- To inform employers and educators of remote AHP
- To encourage the right kind of people into the allied health professions

The purpose of this qualitative research study was to identify the attributes required in Allied Health Professionals (AHP) to be effective when working in remote locations in Australia. Previous research has identified the demands, challenges and rewards of remote area practice, the factors which attract people to rural and remote positions and reasons for leaving rural and remote practice (1-4). No previous study has examined the characteristics of AHP in remote communities.

There is a world of difference between rural and remote living and clearly these are both different to metropolitan living. Since moving to JCU, I have grappled with the RRMA and the ARIA systems of classification for Rurality in Australia, neither system effectively differentiates between living and working for example in Rockhampton (a large rural town according the RRMA) and working in Weipa. But anyone who has visited these places would know they are poles apart. The distances one would need to travel to see a Gynaecologist and difficulties of getting even the most basic of services e.g. a good latte are simply not comparable. And yet too often we lump rural and remote health care together and think we are talking about the same thing.

Some of the most commonly referenced research in the recruitment and retention literature identifies the importance of a positive rural experience or familiarity with rural/remote living and this factor is the justification for millions of education dollars being channelled into Rural health departments and ensuring that students have a rural practice experience. However it has been shown that undertaking a rural experience may be equally as effective in putting graduates off or at least confirming for some people that this is not their chosen area of future practice. So what is it about people that responds differently to the remote challenge?

What is different about this study?

- Attribute – ‘natural ability of inclination’
- Can these be taught?
- Inherent or developed?
- Seeing the person in the professional
- Non-reductionist viewpoint
- More than competencies, or skills
- Who we are and how we relate to the world – self-determining by nature

The term aptitude describes a ‘natural ability or inclination’. Alternative definitions include suitability, appropriateness or the capacity to acquire a particular skill. Aptitude has been largely ignored in the recruitment and retention debate, greater emphasis has been placed on skills and competencies, possibly suggesting that anyone can develop the necessary characteristics to work in very rural and remote locations. An underlying assumption of the current research was recognition of the special qualities of health professionals working in very rural and remote locations, in an attempt to identify the characteristics that makes an effective professional.

In the words of Victor Frankl;

“ Man is fully conditioned and determined; he determines himself whether to give into conditions or stand up to them. In other words, man is ultimately self determining. Man does not simply exist, but always decides what his existence will be, and what he will become in the next moment.”

This study was based on a conviction that people are complex and dynamic; their activities or occupations are the manifestation of that complexity in the outside world – by exploring what individuals do and the meaning and interpretation of those actions one gets closer to truly understanding the complexity of the person.

Methodology

- Narrative Enquiry; using individuals stories as the source of information.
- Telling the stories from remote practice contextualises actions and meanings inherent in those actions
- Focus groups – provide support and encouragement, reduces researcher influence
- Thematic Analysis

Findings

- Six themes
 - Being Organised but Flexible
 - Cooperation and Mediation
 - Culturally Aware and Accepting Communicators
 - Knowing the Community and Your Role in it
 - Resourcefulness and resilience
 - Reflectivity

Knowing the Community and Your Role Within it

Breaking the Ice Stories;

“when we go out we stay overnight [I] always used to make a habit of going to the phone booth to ring home to touch base and when her boy started at boarding school she used to be at the phone booth and it was chatting at the phone booth which actually broke the ice”

Many participants talked about how hard it was and how long it takes to become accepted in the remote community. Some stories involved going fishing with community members, doing programs at the school, advocating for a better water supply, doing radio interviews etc. What seemed to be important for all the participants was to find ways to relate to individuals in the community and through that acceptance to establish their role.

This quote came as part of a story about working with a child with a disability, and how being seen as an individual helped this professional to establish a professional role with the mother.

It seemed as I analysed the data over and over again that AHP's were not well prepared for this, perhaps this is not so important in more metropolitan positions, maybe its unique to rural and remote communities – simply being a professional and having professional skills was enough. In remote communities participants were challenged to 'come out of their uniforms', and be willing to be exposed as a fellow human being, with a life including family, hobbies, interests and opinions and something to say.

In addition to the stories about relating to the local people – there were a number of stories that involved providing support to the permanent professionals who live as part of the community but who share a health professional role. I will call these people 'the clinic staff' and they are collectively the source of all things good and bad. The clinic staff were critical to the success of the AHP service; they provide access to clients, they provide information, they provide introductions, they relay information when clients do not have phones, and they follow-up or monitor clients progress between visits, in short they often bridge the gap between the visiting AHP and the community. However they also need support and debriefing, they have tales to tell that need to be heard, and they need support, so AHP's often felt challenged about how to spend their time – time spent in the clinic was often at the expense of spending time in the community, but these relationships and the people involved are important to the overall success of the remote allied health professional.

Professional Roles

"I don't think you can be too precious, for want of a better word, about your profession. You have to be willing to share the information"

"I think the other thing too you don't step inside that circle if you can avoid it, you do have to have a knowledge [of] what could be possible but it is important actually not to try an push too far into specialist things [] you just accept what you can and can't do"

In addition to being able to relate to the community as a person, participants shared stories of working across professional boundaries and though this was done with some caution, it was an accepted part of how remote practice works.

Some stories confirmed that there were situations when, in the absence of the appropriate discipline, one allied health professional would attempt to meet a need for a client that would normally be outside of their role. One example was when a social worker went to visit a client armed with the OT home visit checklist, and then reported back what she had found so that the OT could go out with appropriate equipment on the next visit.

Teams of AHP work closely together and regularly liaise with each other about clients they are working with, instead of everyone seeing the person separately the most appropriate person would see the client and pass on information to the others. Infact as one participant said,

*"*****I would rather someone else see the client than they wait another three weeks before I get there"*.

Having a Sense of Purpose

“I think the people there [are] really happy and grateful that at least we come a month and give them the chance to have a treatment”

“when I go out bush I really do [] feel like this is worth doing. And that helps me to say yeah it’s worth the stress or the conflict and that gives me some sense of purpose and if I’ve got a sense of purpose then it’s okay.”

The stories of working in remote communities seemed to indicate that at least for some staff this was more than a job. I heard a number of stories where health professionals felt disillusioned with their profession and was considering a career change before taking up positions in rural communities. The remote practice experience then provided a new sense of purpose, for some participants this came from the observation that they played a vital role in the health of the community.

Having the sense of purpose negated the challenges and difficulties that were part of the job. It provides meaning and a justification for what they do, and this didn't appear to be associated with a sense of altruism, it wasn't about doing good – it appeared that it was more connected that what they were doing was really worth doing. In this way knowing the community and your role within it seems to be about acknowledging your own worth.

Knowing the community and your role in it

- Helpful attributes;
 - Being 'out-there'
 - Extrovert (lay definition)
 - Energetic
 - Willingness to go the next step
- Unhelpful attributes
 - Being shy or self conscious

Resourcefulness and Resilience

“It’s funny just talking to my friends and family at home and already the things that I’ve seen, a few of them are still saying “why are you doing this?” and it’s hard, like, some people support me a lot and other people just – you’re a freak, get yourself home. But, yeah, it’s just this funny little thing inside and a lot of wet tissues in the drive.”

Many of the stories provided an in-sight into just how hard it is to relocate miles from friends and loved ones, in order to work in remote communities where your best efforts may not be appreciated or valued. There were numerous stories of traveling to see a person only to find that the time isn't right, the community doesn't want visitors, the client isn't home, or they no longer want your help.

How people manage these situations appears to hinge on an inner strength, an ability to see the situation as part of the process and to not be discouraged by set-backs.

This quote from a fairly new recruit demonstrates that taking on a remote position may be largely unsupported by family and friends. The challenge seems to be an individual drive, that somehow outweighs the difficulty of the task.

Being comfortable with being uncomfortable

“It’s not this attempt to become comfortable. It’s like, wow, I’m really uncomfortable, I don’t know what’s going on here. And then that starts you on a journey of talking to people about it and I’m still, I’m very often uncomfortable but I just try to be aware of the fact and just accept that and so yeah, this is normal. This is fine.”

The resourcefulness and resilience could be identified as a willingness to be outside your comfort zone. Interestingly lots of the participants talked about experiences of traveling overseas and living in different cultures, some mentioned thought it was like being on an adventure.

Practical issues like having to sleep in shared accommodation with work colleagues, living closely together, eating meat pies because that’s all they sell at the pub, and dealing with frogs in the toilet. Remote communities mean that the comforts of home are not available and you have to make do with what is there.

But in the work situation you are also out side your comfort zone and as this participant clearly states one important attribute is to be comfortable with the feeling of discomfort.

There were many ways in which participants' stories hinted at positive and deliberate cognitive strategies to deal with the challenges of the position. Reframing their experiences so that they don't get overwhelmed or discouraged. To do that you have to be cognitively robust, and resilient. You have to be able to 'bounce back' or recover quickly from a difficult situation. Its not just dogged determination, although some of that may be needed, it's more like having an antidote to negativity – rather than being put-off by the difficulties they have to see it as a challenge and find inner resources to help them to overcome them.

Resourcefulness and Resilience

- Helpful Attributes:
 - Adventurer, tolerant of discomfort
 - Enthusiastic, Positive Cognitions
 - Manage stress, Emotionally robust
- Unhelpful Attributes:
 - Need for control or familiarity
 - Reliance on others to cope with stress
 - Commitments i.e. to children or sports

Reflectivity

“This is the kind of job where you carry it constantly. You’re always refining and reflecting on what you did. Because you’re never quite sure whether it was appropriate really.”

“If you don’t reflect on that at least one or two times a year, about what that big picture is that you could possibly be working towards, and have that continuing education about how big that picture can be, you can feel like you’re a bit lost.”

Reflection was a theme throughout the focus groups, and the process of sharing narratives in itself was a reflective process. As a researcher I was privileged to hear these stories, and felt grateful for the opportunity to collect this incredible data. However I was surprised by the participants enjoyment of the process. One group suggested I should come back every year to hear stories, another groups commented on how good it was to hear each others stories and to realise how much they have progressed in some communities.

It was generally acknowledged that in order to continue to work as a remote AHP it was necessary to somehow make time to reflect on what goals were achieving and others ways to achieve the goals. This process occurred in a myriad different ways, traveling time is a good debriefing time, learning from situations especially from disappointments, setting time each week to think about your plan, ect. This study confirms that people reflect in different ways, but what was common was the need to reflect.

The thing is, as the participants repeatedly stated “there is no wrong or right way” it’s a matter of seeing the situation from many different perspectives and trying to work out what might be the best way to tackle it. Therefore reflectivity allows the Allied Health professional to reason through a process, or even to give up on what they had originally intended and try something completely different.

This second quote identified that for one participant the fact that they were involved in a post graduate education program which required them to step outside of the actual experience and reflect on it as part of a bigger picture, provided the impetus to reflect. In so doing you see where you are and where you might be going, ‘you don’t get lost’.

Reflectivity

- Helpful Attributes
 - Insightfulness
 - Openness to learn from mistakes
 - Valuing practice knowledge
- Unhelpful Attributes
 - Reliance on recipe approaches
 - Resistance to explore experience
 - Professional defensiveness

So What is New?

“I like this job because it gives me the freedom to be the kind of [health professional] that I want to be and to do the type of [therapy] that I want to do and I have that freedom, I don't have someone saying this is the [equipment] you have to use and this is how we write our notes, and this is what you need to do [intervention]. I can do my work the way I choose to do it and the way my clients inform me that is best for them. And that's what I want, that's what I always wanted to do”

The three themes discussed in this presentation provide some of the picture of what it takes. Certainly not everyone is suited to working in remote practice and I would go as far as to suggest that remote Allied Health Professionals are really quite a rare breed. In-fact I would go as far as to say that they are quite different from the professional stereotypes.

Perhaps this is one reason why a number of the participants were previously disillusioned with their profession and thinking of leaving. As this participants stated this position means she can be the (health professional) that she wants to be. What I am suggesting here is this same person is likely to be frustrated in more routinised work, and would probably not conform to organisational expectations that suppress this creativity. The very attributes that are valuable in a large bureaucratic organisation would be unhelpful in a remote community.

To some degree we would agree that our intervention with client should be in context with their living situation.

We know that evidence based practice needs to be reassessed in remote locations when the evidence is mainly gained outside of a remote context, with people who's life situation are vastly different from the clients in remote areas.

The main point here is that success as an allied Health professional is just as contextually relevant. It is not likely that the graduate or candidates that are suited to working in a busy city hospital are also going to be effective in a remote community. It doesn't mean they are less important to the profession.

Final Conclusions

Employers:

- Recognitions of attributes
- Recruitment of staff
- Retention through education and support

Educators:

- Selection of students
- Valuing attributes
- Providing learning experiences that promote attributes

This study suggest that employers should select allied health professional who are suited to the position, rather than those who have demonstrated success in city based positions. The selection criteria should reflect the skills that are required for the position and recognition of these attributes may help ti find the right sort of person for the job.

Similarly as a lecturer in a tertiary program, recognition of these attributes are equally important in the selection of students into the program and the degree of support and appreciation placed on these attributes within the educational process. All professional educational experiences provides an enculturation experience for students. Through learning activities and feedback, students find out about the professions beliefs and values – if the program doesn't respect those attributes that are commensurate with remote practice potential remote AHPs will not be encouraged to continue in the programs.