



# **Professionalization Strategies for Allied Health**

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# Allied Health

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- Bureau of Labor Statistics:
  - 39 Healthcare Support Occup's: 5.9M Jobs
  - 19 Healthcare Practitioner Occup's: 3.1M Jobs
- Wide range of roles and tasks in all aspects of health care
- Health care depends heavily on Allied Health professionals and paraprofessionals

# Allied Health Issues

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- Confusion about Allied Health
  - Who belongs, who doesn't?
  - Roles and tasks not well understood
- Viewed by some as less important
  - Often less formal or less rigorous education
  - Often subordinate to other professions
  - Tasks sometimes viewed as less important
  - Often lower salaries and prestige

# Importance of Improved Status

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- More respect in the workplace
- Greater independence in the workplace
- Better bargaining positions in negotiations
- More involvement in policy making
- Greater chance for licensing/certification
- Higher salaries
- Opportunities for third party reimbursement
- Greater personal satisfaction

# Professionalization

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- Process that transforms an occupation into a profession
- Shift in status beyond current levels

# Characteristics of Profession

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- Special body of knowledge/skills
- Unique education requirements
- Exam(s) to certify knowledge/skills
- Codes of ethics
- Public safety/altruism themes
- Acceptance by public & other professions
- Autonomy based on public trust

# Barriers to Professionalization

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- Resistance of existing professions
- Proliferation of professions and niches
- Demystification of health care: Increasing access to knowledge by the public
- Overlapping competencies
- “Fool proof” systems and technologies
- “Credential creep”

# Levels of Professions

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- Profession (e.g., physician)
- Semi-profession (e.g., exercise physiologist)
- Para-profession (e.g., certified nurse aide)
- Occupation (e.g., orderly/attendant)

# Levels of Professions, cont.

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- Position on scale is subjective, but higher is generally perceived as better
- May vary
  - Over time
  - By geography/demography
- Movement can be in either direction
- Movement may happen without any action

# Examples of Professional Level

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- Upward shifts
  - PTs, Chiropractors
- Downward shifts
  - Physicians, Dentists
- Struggles
  - Dental hygienists, Mammography

# Multiple Strategies Needed

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- Allied Health professions must act on their own behalf
  - All have different roles in the system
  - Not all have same status or assets
- Allied Health professions should also act collectively
  - Many common threads and themes
  - Opportunities for savings through cooperation

# Six Strategies to Build Status

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- Improve legal status
- Focus on public service
- Create stronger affiliations/partnerships
- Enhance professional image
- Increase effectiveness of organizations
- Improve performance and outcomes

# Improve Legal Status

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- Licensed status is the “grail”
  - Focus on public safety
  - Greater self regulation (e.g., own board)
  - More control over education & entry
  - Standardization across states
  - Less direct supervision on the job
  - Restrictions on others doing “your tasks”
- Certification is important step on the path

# Focus More on Public Service

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- Safety of individual patients/clients
- Meeting needs of society
  - Filling gaps in access
  - Anticipating future needs
- Cost-effectiveness of services
- Participation in policy debates
- Better access to services

# Create Stronger Partnerships

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- Health care is increasingly a team enterprise
- Work effectively with others
  - Superiors
  - Subordinates
  - Referrals
  - Patients
- Seek win-win-win situations
- Consolidate, coordinate, and simplify

# Enhance Professional Image

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- Know all about your profession
- Collect, compile, and share information
- Eliminate questions and uncertainties
- Participate in policy discussions
- Find articulate, confident spokespersons
- Create stable cast of spokespersons

# Increase Effectiveness of Org's

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- Knowledge about profession and issues
- Differentiation from other professions
- Good PR to attract strong candidates
- Standardization across states
  - Less confusion about profession
  - Easier case for licensing/certification
- Accurate data for inside and outside use

# Improve Performance/Outcomes

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- Greater knowledge and skills
- More appropriate education and training
- More emphasis on patient/client safety/services
- Improved access to care and services
- Reduce errors and ineffective care
- Greater cost-effectiveness of services
- Better documentation of performance

# Not an Easy Task

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- Number of requirements:
  - Visions and leaders
  - Facts and evidence
  - Teamwork and partners
  - Resources and priorities
  - Persistence and patience
- Important to take the high road
  - Be positive and supportive
  - Focus on improving services and outcomes

# Questions for Discussion

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- Whither “Allied Health”?
  - More than a label?
  - Command enough respect?
- What about HPN?
  - Standard setter? Source of information?
  - Lobbyist? Catalyst for new initiatives?
  - Central service organization?
- What functions can be consolidated?

# Critical Factors

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- Professionalization will be difficult or impossible if financial incentives for others are not present
- Initiatives in just one area are unlikely to give desired results.
- Public recognition is absolutely essential.

# The “Eleventh Report”

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- Publication describing Allied Health in the U.S., with statistics and projections
- HPN could sponsor/organize this project
  - Broad perspectives on all of Allied Health
  - Highlights about critical trends and issues
  - Detailed chapter on each member profession
  - Comprehensive bibliography

# References

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# For More Information

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