Becoming an expert: Highly-experienced allied health professionals' relationships with work

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Becoming an expert: Highly-experienced allied health professionals relationships with their work

Research paper

ABSTRACT:

Purpose Highly-experienced allied health professionals have the opportunity to perform at expert-level by sharing knowledge and skills with more junior staff, with the aim of upskilling the workforce. The study explored the current motivators, aspirations and the role of work in the life of highly-experienced practitioners, revealing factors that hinder or support them to further develop their own expertise and be inspiring role-models and mentors for less experienced staff.

Design Taking a grounded theoretical research design, we report on interviews with 45 allied health practitioners with at least seven years of professional experience from different professions and across organisational sectors. Transcripts were coded iteratively in conjunction with reviewing the literature, and cases were categorised to form a conceptual typology of work orientation.

Findings Four work orientations are characterised capturing the diversity of the allied health workforce, particularly in relation to two dimensions of personal fulfilment and future ambition. The relationship between the types and expert-level performance is discussed, leading to recommendations for support that can be implemented to develop and sustain expert-level performance within a community.

Originality A new view of work orientation is introduced that relates expert-level performance with meaningful work. The findings highlight a diversity of work orientation for highly-experienced allied health professionals, that all require managerial awareness. Once recognised, the four types would benefit from different supports that could develop and maintain expert-level performance in those that seek it. Alternatives are also available for those that do not. Implications for workforce policy are discussed.

Keywords: allied health professions, work orientation, retention, experts, meaningful work

BACKGROUND

"I do get frustrated though because I do, across everywhere I've worked, um, see people who, just don't seem to care about staying up to date. And, I don't know if they've lost the passion or never had the passion, or, are there just because they have to have a job, but you watch it happen to lots of people." [Speech-language therapist (SLT)09]

Allied health professionals (AHPs), such as dietitians (DT), social workers (SW) and physiotherapists (PT) have a relevant tertiary qualification, a professional association, standards of practice and a recognised system for monitoring ongoing competence. To be known as an expert, research reports that AHPs need to be seen by their peers as experienced, knowledgeable practitioners who achieve good outcomes for their clients and who also provide strong personal leadership, teaching and practice contributions to their professional communities (Jackson et al., 2017). In this definition, expertise exists in a relationship between the holder and the consumer, an AHP and their peers (Selinger and Crease, 2006).

Existing evidence shows that experienced health professionals can provide substantially different levels of care compared with new graduates, and are valuable to their professions and organisations (Forbes et al., 2017, Brody et al., 2012). However, research also finds that after approximately five years of work, performance is no longer related to experience; not all highly-experienced practitioners are performing at expert-level, and experience alone is insufficient to attain expertise (Brody et al., 2012). Clearly, developing expert-level performance requires the practitioner to put in effort beyond merely gathering experiences at work. The current study explored factors that hinder or support highly-experienced practitioners to further develop their own expertise and be inspiring role-models and mentors for less experienced staff.

First, we review the extant literature on work orientation and specifically relate it to expert-level performance. Then, drawing on in-depth semi-structured interview data with 45 practitioners, we propose a typology of four different orientations that highly-experienced AHPs have towards their

2

work. This typology offers new insights on the work orientation of highly-experienced AHPs with a

view to them being known as experts in their community.

Work orientation in the health professions

Work orientation captures how individuals differ in their experience of the work they do. It

categorises the interplay between a person and their work. The seminal research on work orientation

proposes three distinct ways people relate to their work: as *jobs*, *careers*, and *callings* (Wrzesniewski

et al., 1997, Wrzesniewski, 2003). According to this research, people who view work as a job earn a

material benefit and do not seek or receive any other type of reward from their work. Work allows

them to acquire the resources needed to enjoy time away from the job pursuing things of more interest

to them. People with careers are more deeply invested in their work and achieve not only monetary

gain but also advancement within an occupation over time. A person who views their work as a career

might gain higher self-esteem, higher social standing and increased power from their work. When

people report that work is deeply meaningful and inseparable from their life, this is a calling. Career

advancement and financial gain are downplayed in comparison to the fulfilment that doing the work

brings to the individual.

Since the initial work of Wrzesniewski et al. (1997), subsequent research has particularly

focused the concept of calling. Living your calling is portrayed as something to aspire to, a way to a

happy life (Sturges et al., 2019). This is despite a recognised dark side that impacts negatively on

personal and close relationships (Bunderson and Thompson, 2009, Oelberger, 2018). The positive

benefits of not just perceiving but living a calling include higher job satisfaction, increased happiness

and greater life meaning (Ward and King, 2017). Around a third of people view their occupation as a

calling (Berg et al., 2010, Wrzesniewski et al., 1997), a similar amount have callings they have not yet

pursued and a number of people, albeit unspecified, do not view any occupation as a calling (Berg et

al., 2010).

The relationship between a calling orientation and meaningful work has been widely

researched. Deeply meaningful work is both self-actualising (fulfills one's talents and potential) and

transcendent (beyond one's self) and is often referred to as a calling by people who experience it (Bunderson and Thompson, 2009, Oelberger, 2018). Meaningful work has become idealised, situating work as the site for fulfilling one's potential and following one's passion (Berkelaar and Buzzanell, 2014). An increasing number of people are seeking meaningful work (Ward and King, 2017).

One way that people can create more meaning in their work is through job crafting. People can proactively shape their work and leisure time to provide meaning through increased personal identity and significance (Berg et al., 2010, Wrzesniewski and Dutton, 2001). A three-level hierarchy of job crafting has been proposed, whereby people proactively change behavioural, relational and cognitive boundaries of their job to alter their experiences at work (Zhang and Parker, 2019). For example, AHPs might seek more meaning through crafting their job; setting new challenges for themselves such as seeking feedback on their performance from a colleague (increasing relationships), or aiming to complete their paperwork within a shorter time period (reducing demands). Not all job crafting options suit all individuals, particularly if they are already disengaged from their work (Bakker, 2018). Where job crafting opportunities are limited, AHPs that stay in their profession often turn to private practice for increased autonomy and financial resources that can lead to increased meaning (Pather, 2016, Valentine and Rahiman, 2018).

There is a popular assumption that AHPs and healthcare workers in general, work out of passion and commitment to helping others - a calling - rather than other motives such intellectual or financial interest (Katz et al., 2013, Graham and Shier, 2013). There is an idealised public view of AHPs as having deeply meaningful work, both highly satisfying and contributing significantly to others. There is an expectation of prosocial motivation and intrinsic reward (Nesje, 2015). Many students entering into allied health entry-to-practice training also hold this expectation (Craik and Napthine, 2001, Whitehouse et al., 2007).

The context of work is important in enabling or restricting opportunities for different orientations to work. Thus, for AHPs in NZ, they are limited by the capacity of their organisational systems to offer advancement whilst remaining in their profession; these limits on career opportunities hinder the opportunity to pursue a career orientation. Some AHPs may be the only practitioner in their

profession, within their organisation, with no opportunity for advancement (Burgess et al., 2016). The nature of NZ's geography and small population contributes to a low number of AHPs being employed in specialist roles, and instead most AHPs are generalists, again limiting career opportunities. AHPs are paid moderately but with little opportunity for substantial financial gains due to restricted salary structures. Finding specialist AHPs with experience is an ongoing problem across several professions, including audiology (Valentine and Rahiman, 2018), OT (Valentine et al., 2017), and PT (McLean et al., 2017). In these circumstances, it is not surprising that the public might think that AHPs would not have a career orientation, and that they are working in these conditions for intrinsic reward, that they are living their calling.

When the context allows, there is opportunity for highly-experienced AHPs to develop expert-level performance, and to take on supervisory roles to support junior staff both in setting professional goals and providing them with feedback on goal attainment – essential features in the development of expertise (Ericsson, 2015). However, experienced AHPs, similar to nurses, are not staying in their profession long-term (Tillard, 2011). Retirement, reduced resources, and lack of advancement options all contribute to AHPs' attrition from their work and from their profession (Tillard, 2011, Valentine et al., 2017). Organisations, particularly public health services, struggle to find highly-experienced AHPs that are willing to mentor new graduates (Pather, 2016, Valentine et al., 2017). Given the importance of a structured transition to work for the newer generation of workers, this is problematic (DuBroc and Pickens, 2015).

Some, but not all, highly-experienced AHPs are seen as experts by their professional communities. Given the limited opportunities for career growth, and attrition factors, our study asked, "why are some willing to share their knowledge, skills and actively engage with their professional community, and others are not?"

METHOD

Interviewees

The university ethics committee granted ethical approval (reference 019482). Adverts were distributed via professional networks, including two national email groups, an AHP professional body

and two health boards. Anyone qualified in a client-facing allied health profession, for example: psychologist, dietitian, social worker, working in that profession for more than seven years was invited to participate. Seven years was the lower limit to include the workforce who were more likely to have a breadth and depth of experience across different jobs, based on the mean length of employment for an AHP within a health board in NZ being 6.5 years (McLean et al., 2017).

In total, 45 practitioners were interviewed, with a mean of 21 years of experience (range 7 – 50 years, SD 10 years). Four potential interviewees were excluded, as they were no longer in employment at the time of interview. Most interviewees had English as their first language ($n = 41$), 27 were born and went to school in NZ. The proportion of women matches the high proportion of women in this workforce. Interviewees were employed across organisational sectors, including public, private and not-for-profit. The majority had had between two and five different jobs in their profession (range 1 – 16, mean 7, SD 4.6). Twelve had only worked in NZ. Six interviewees ran their own private practice; all the others were solely employees. Additional demographic information is in Table 1.

<<INSERT Table 1. HERE>>

Process

Consistent with the method described by Kluge (2000), empirical analyses were combined with theoretical knowledge, in order to construct "empirically grounded types". Prior to the interview the researcher provided the interview topic guide. Interviewees were interviewed face-to-face by the primary researcher at the participant's location of choice. Conversations were audio-recorded and transcribed.

The extant literature was reviewed pragmatically. Empirical findings and theoretical ideas were identified and accessed, as and when necessary to progress the study, a recommended method for an empirically grounded approach (Dunne, 2011). Literature drawn from the psychology of expertise (Ericsson et al., 2007, Gobet, 2015) and the development of professional confidence

(Holland et al., 2012, Jackson et al., 2019) informed the interview questions. The semi-structured interview was iterative in that questions were explored until no new information was forthcoming. Some questions were modified in later interviews to clarify or expand upon responses from earlier interviews.

After a brief description of the research purpose, interviews began with gathering information about the participant's current job and discussing their career history. Questions included: Tell me about your work, in the place where you work now. What is different about you as a professional now, compared to when you started working? Tell me about a recent case that you found affirming in some way. Further questions regarded present work roles (sources of challenge, satisfaction, and worry; professional identity; perceived changes as a practitioner over time) and aspects of professional confidence such as negotiating roles, the significance of their profession, and what they valued about their job, for example, What do you think is the importance of your profession? (Holland et al., 2012, Jackson et al., 2019). Open-ended questions enabled interviewees to discuss their past and future career. The interview guide is available on request from the authors.

Additionally, critical incidents were sought (occasions of success, disappointment, difficulty, change, conflict, and personal growth). Critical Incident Technique has been extensively used in healthcare research (Ferguson et al., 2010, Kvarnstrom, 2008). Interviewees provided detailed descriptions of actual events they considered critical in the sense of significant, rather than crisis or emergency (Ferguson et al., 2010).

Member checking was used to increase credibility of the findings, as recommended by Morse (2015). Some analysis was completed during and between every interview, and later interviews included questions that arose from earlier data. For example, questions were adapted to seek examples of how confidence had changed, or situations that showed how it might have grown.

A professional third party transcribed the audio recordings, and the primary researcher checked each transcript against the audio-recording. Where interviewees had requested, transcripts were sent back for comments or changes. One person made a change of content, regarding self-funding for professional development courses.

7

The primary researcher used reflexive journaling, immediately after each interview, after transcript-reading and throughout analysis, to capture decisions made about the data and as the basis of regular discussions with co-authors to increase the rigor of data analysis (Braun and Clarke, 2019).

Analysis

To develop a typology from a grounded theoretical research design, dimensions and their properties were created during the iterative process of analysis of reflexive journal entries, interview transcripts, and making connections to the literature (Kluge, 2000). Transcripts were kept as whole cases.

Throughout data collection, interviewees commonly used expressions of feelings, particularly passion, in the discussion of work, and in response, an overarching concept was created, termed *Work Orientation*. On the first read of all the data, work orientation appeared to be related to two dimensions. These were: *Satisfied with Successes* – a past-oriented perspective whereby the person felt they had achieved successes and those had been acknowledged sufficiently; *Future Growth Oriented* – a future looking perspective that was embracing of, and to some extent actively seeking, development and progress. On a second pass of the data, the emotions of excitement, contentment, frustration and despair came through strongly for different interviewees and these were integrated into the emerging types.

On a third pass of the data, further terms and themes that described AHP types were identified and then related to literature. For example, AHPs who were satisfied with their past successes and sought professional growth tended to talk about their work as being highly meaningful. Literature on meaningful work was reviewed and comments that suggested self-actualization and self-transcendence through work were highlighted in the transcripts (Lepisto and Pratt, 2017, Lips-Wiersma and Wright, 2012). For some this was consistent with the description of deeply meaningful work (Oelberger, 2018). As the cases were grouped and combined into types, types were more clearly delineated, and the descriptions were created iteratively. The resulting four types, descriptors and type-names were discussed amongst the research team and each member of the team applied the types to the cases separately and then collectively to evaluate whether the typology was a good fit for the data (Collier et al., 2012). The descriptors and names of the types were iterated until the team reached a consensus (see Table 2). The literature on critical perspectives on meaningful work and calling

8

orientation was reviewed and highlighted the role of job and career crafting as a skill and an

opportunity that successful AHPs had employed. The next section details the findings and the

resulting typology.

<<Insert Table 2. Here>>

FINDINGS

In total, four empirically grounded types of work orientation were developed – Achiever (n = 11;

24%), Contented (n = 22; 49%), Striver (n = 9; 20%), and Over It (n = 3; 7%). These types were

spread across demographic factors such as age, profession, workplace, and years of experience. For

example, all four types featured across the age span from 29 to over 70 years old with each type

having AHPs in their thirties as well as their sixties. All four types included a range of years of

experience and professions. They are discussed using interview data to exemplify the types along two

dimensions (Figure 1).

<<Insert Figure 1. Here>>

Dimension 1: Satisfied with Successes

This dimension describes the degree to which the practitioner is pleased with their work so far. All the

AHPs told a story of something they had accomplished – qualifications, new areas of practice, success

for clients, positions of significance on a working group or professional body. For the Contented and

Achiever types, these highly-experienced AHPs were satisfied with their work. They felt capable and

successful:

"I know what to do now! I have transferable skills. I can wing it and walk in to a complex

situation and work through it." [SLT40]

"It's when you can see those things [progress] months down the track, that's when, I feel like

that's when it means the most, you know, you've made a huge difference in that person's

9

life." [OT21]

Satisfaction came from holding knowledge and skills, but also intrinsically from the nature of the work with people:

"I love connecting with my patients, with my people. And… with the wider team I work with as well, so connecting with all sorts of people. I love when we make an impact on patients in their lives." [SLT45]

This was not the case for the Strivers and Over It types. These AHPs were frustrated and disappointed and felt their work was not adequately recognised. DT1 had taken on extra roles in teaching but had not been acknowledged in a way she found satisfying:

"But my frustration is that I end up teaching nurses and midwives to enhance their practice so that they can go on a higher salary grade than me" [DT1]

Similarly, even when an innovative idea was implemented, the manner of implementation often meant that the initiating AHP could not view it as a personal success. For example, SLT6 had campaigned for service change that had only occurred after she had left the organisation:

"I remember my old team leader told me 'you know you remember that time when you gave that speech…and that presentation about how we should be working differently and now we are!' But it was like 5 years later. You know, but that's too long for me and I'm really frustrated with myself that I'm like that." [SLT6]

For those who were not satisfied, the difficulties seemed pervasive, as expressed by SLT31:

"So like for years, we don't know if we're even going to have a videofluoroscopy machine, and that's a very difficult way to live as a speech therapist, isn't it? …now, well I feel, with the workload that I'm just a workhorse, and that nobody wants to use what I have."

She was confident that she had knowledge that could be useful to others, but no-one else recognised it and that negated previous successes that she had had in her career. She reported that others in her community seemed to think that because she was in a small rural organisation, she had nothing specialised to offer. This lack of fulfilment was shared with other Strivers who, despite a belief in the profession, led ultimately to leaving their organisation:

"I just have real problems with the [public] health system. And that's why I left it...It was

driving me nuts. I believe in it, I love it but I couldn't stay. And that was really hard, I was traumatised when I left. I never thought I'd leave. I thought I'd work [there] for the rest of my life." [SLT6]

Dimension 2: Future Growth Oriented

This dimension relates to the degree of personal and professional growth the practitioner is actively seeking, or is willing to take on through work. Achiever and Striver types were all keen to move forward, but characteristics of the two types were quite different. Achievers actively sought out information, ideas and opportunities. Achievers could be flexible and adaptable to keep growing their knowledge and skills, as well as to achieve what was needed for their clients, which included spending their own time and money and seeking alternative sources of support other than the designated leaders.

"Getting PD is hard, looking for advanced things. I'm not a new grad any more. I'm committed to upskilling so I do it in my own time with my own money." [SLT38]

"That changed my career in the sense that I learned that you don't just keep pushing and keep pushing and keep pushing. Um, when you have no support…You can't wish that the leader will support you if it's not going to happen. And you find a gap in the brick wall…um… and you find someone, whoever that is, who will be an ally with you, and you find other ways of doing it." [SLT5]

They were not stopped for long by barriers that would challenge others and found alternative ways to achieve their goals. In this way they acted autonomously from their organisation.

Strivers also had a strong forward momentum but felt constrained, even stuck, by what they perceived as very limited advancement opportunities. Particularly in NZ, given the small population and lack of speciality positions, advancement is typically limited to a non-clinical managerial route rather than offering the possibility of senior or specialist clinical roles.

"Not sure what's next...I love my job, but I also can't imagine, 'cause I'm kind of at the top of my grade, or whatever. There's nowhere to go and that also doesn't feel very good. So there's kind of this… I love my job, I do not want to do management. I do not want to do management." [PT36]

11

This lack of opportunity was strongly evident in the Striver type, where practitioners felt powerless to advance, with many also reporting their aversion to taking a management position.

"You work for 10 years as a speech therapist, you start as a generalist speech therapist, you finish as a generalist speech therapist. After 10 years you don't even increase in pay, they just kind of expect you to do what you're doing and continue doing it, until you decide 'oh I'll be a service manager or a practice adviser'. Or maybe they expect us all to go away and have babies and come back part-time." [SLT33]

Contented and Over It types were not forward oriented. The Contented group were concerned about holding on to existing successes and keeping up with change. These practitioners felt they were performing competently and enjoyed their work but did not actively seek out further growth or development.

"I had more optimism before, now more in for the long haul" [SLT23]

"Oh maybe I could still fit in some more study and one of my colleagues will say, yeah but do you really wanna do anything else? And I'm like, probably not (laughter). Kind of, maybe I've peaked too early. No, I really… I really love my job at [workplace] so yeah, maybe if I did something else it would only be part-time." [OT17]

Although not interested in substantial growth for themselves, they were willing to mentor more junior staff and share their knowledge:

"You could stretch into different areas if you wanted to but you know I prefer not to…I'll carry on here and keep doing what I'm doing at the moment and mentoring and that." [SW2]

For Over It types, they were ready to leave their job but trapped or biding their time. DT3 talked about wanting to specialise but roles being very hard to get:

"And, it does sort of lead to (sigh) feeling like you need a career change, and you're sort of like, hmmmm, I think I'm going to be stuck in this role forever... Like this is the, kind of like, the end, the end." [DT3]

The effort required to keep moving forwards in terms of either change, innovation or advancement seemed unreasonable and the outcome not valuable enough:

"I haven't found anything that I'm passionate about that would meet that, that amount of

12

time needed [to complete the promotion process]." [DT3]

"I kind of stay here, I mean I've been here a long time, so you have annual leave and sick

leave and salary and stuff like that, so couldn't work anywhere else." [SW42]

Limitations within the organisation were highlighted but similarly with the Strivers, there was a strong

sense of not wanting to leave the profession overall:

"I'm not sure if I'll still be working [here], but I did think…it would be nice to do some, not

pro bono, but very cheap speech therapy work for people who can't afford it." [SLT31]

DISCUSSION

All AHPs saw their profession as making a significant and valuable contribution. They all identified

prior successes they were pleased or proud of, and all communicated their love of working with

people, although for some (Striver and Over It) this was not a source of deep satisfaction. A number

of AHPs described working for the fulfilment it brought. Meaningful work involves a set of

conditions that seem highly likely to be present for AHPs: technical skills and knowledge, autonomy,

observable outcomes and task significance, but meaningfulness can be elusive, as the current data

shows (Lepisto and Pratt, 2017). Although some practitioners reported work was meaningful and

fulfilling, for others it was a source of frustration or despair. For some the meaningfulness was

insufficient to maintain a positive perspective in the face of other negative factors.

The work orientations described here capture relationships between practitioners and their

current work that are strongly influenced by their prior experiences. The four types proposed in our

typology have different perspectives on past experiences and future directions.

Achiever Type

Achiever types found work deeply meaningful – both self-actualising and transcendent – a calling

(Oelberger, 2018). Prior research suggests that a person's calling may emerge after working in an

occupation for some time (Hagmaier & Abele, 2012), and that a sense of calling can emerge through

ongoing sensemaking, characterized by seeing positive connections between actions, context and

identity (Sturges et al., 2019). This suggests that satisfaction with prior successes is an important

aspect of fulfilling your calling. Achievers talked about their passion for their work, and about how

13

well their profession fitted with their values. There was nothing else they would rather be doing.

Aside from crafting their job to increase a sense of meaning, individuals commonly also have four characteristics related to crafting their careers over time (Savickas and Porfeli, 2012). These characteristics are willingness to explore career alternatives, resources to pursue alternatives effectively, proactively addressing changing circumstances and judging the resulting outcome. Achievers were highly competent career crafters, not afraid to make changes to pursue their goals consistent with their values, even if that resulted in changing jobs and profession.

Achievers created their reputation by actively talking about their innovations and successes. These actions within their community would make them likely to be known as the experts, given that experts willingly share their knowledge and skills (Jackson et al., 2017). A manager of Achievers could support them to flourish by giving them space to try things, which requires trust. Achievers are intrinsically rewarded by their work and can be intensely focused on what they have accomplished and want to accomplish. If the organisation and manager cannot accommodate their approach, they might not stay in their job, seeking out more fulfilling opportunities. Work situations open to high levels of job crafting, such as university lecturing could be a good fit as they can be flexible, niche and autonomous (Berg et al., 2010, Wrzesniewski and Dutton, 2001).

Contented Type

For Contented types, self-transcendence was evident without self-actualisation, in the sense of being healthy, whole and generally satisfied (Reed, 2009). Contented types were sufficiently fulfilled with their present position, suggesting that any career crafting already done was successful (Savickas and Porfeli, 2012). Contented types are good job crafters who are also crafting their leisure time to enact a meaningful life (Berg et al., 2010). For them the work is sufficient, offering enough meaning and enjoyment without being deeply meaningful.

Prior research suggests two future-facing orientations of mid- to late-career people – forward momentum and maintenance (Arnold and Clark, 2016). Workers with forward momentum seek to expand their personal attributes and try out new things. Achievers and Strivers both oriented to future growth but previous successes were a source of celebration and motivation, or disappointment and frustration. Maintenance-focused Contented types, do not actively seek forward momentum, but they

14

do have generativity: wanting to leave a legacy through investment in the next generation of

professional (Arnold and Clark, 2016). A potential risk of not seeking growth is that generativity

could be stifled (Chen et al., 2019). However, a greater sense of generativity is likely with

intrinsically rewarding work, particularly when work involves training less experienced workers to

complete complex work tasks, which AHPs do when mentoring (Chen et al., 2019).

Contented types could be known as experts, they are prosocially oriented, and generativity

may cause them to share knowledge and skills. Their steady approach may suit more junior staff very

well. Managers can actively inspire Contented types and offer opportunities by noticing things they

are good at and encouraging them to mentor others. Contented types likely prefer small steps forwards

rather than taking the lead in major new projects.

Striver Types

Strivers acknowledged a sense of meaningfulness from the self-transcendent aims of their profession,

but emphasized the structure of the work did not draw upon their personal strengths, thus thwarting

self-actualization. People who experience self-actualization are not just content with their

employment, but view work as providing an opportunity to be personally fulfilled (Lepisto and Pratt,

2017). Not being fulfilled was a concern for Strivers: callings involve work that matters a great deal to

people and is rooted in their values, and strong emotions occur when events interfere with the

realisation of those values (Schabram and Maitlis, 2017).

The positivity inherent in the idea of living your calling fails to acknowledge the effort in

identifying and pursuing your calling (Berg et al., 2010). For Strivers the inability to pursue what they

were meant to do resulted in regret and stress. Literature reports how individuals respond differently

to workplace challenges, ranging from passive acceptance, withdrawal, and sabotage, to active and

creative job crafting (Schabram and Maitlis, 2017). Strivers may pursue alternative work if

organisations are not able to support them effectively.

Strivers had hope. They were trying to grow and develop, but constantly getting stuck, even

when they were doing 'next level' things it was not satisfying. Strivers sought external recognition, to

be acknowledged by others, particularly at managerial level. Although Strivers can be highly

knowledgeable, skilled and willing to share, their somewhat negative attitude may prevent more

junior staff from approaching them as experts. Managers who can help them think around their

constraints and work with them to identify alternative ways forward would support the development

of a positive approach.

Over It Types

Over It AHPs were exhausted, felt the pressure of organisation and social factors and, instead of these

instilling devotion to work, they resulted in anger and disappointment. Work devotion, a sense of the

meaningfulness of the organisation's work, has been found to decrease a sense of overload for

professional women, but was not present for Over It types (Blair-Loy and Cech, 2017). Hands-on

work with clients could still be rewarding, but frustrations of the system were too much for them –

one felt trapped at a low level, and the others struggled with the volume of work and bureaucracy that

impeded them from practicing with the depth they would like. They did not fit within the model of

practice they were being asked to provide and they had been unable to craft their job to increase

meaning.

Importantly, Over It types were not enthusiastic to leave their profession; they were not

cynical about the value of their profession, or what it could offer. They held an idealised view,

believing their profession was important but their work was not currently seen positively as a job,

career or calling possibly reflecting a failed calling, or a calling that was not successfully enacted

(Berkelaar and Buzzanell, 2014, Kolodinsky et al., 2017). Literature has reported psychological

distress and lower meaning if people are unable to pursue their calling or make too many sacrifices in

pursuit of it (Ward and King, 2017). Similarly, as generativity increases, a search for meaningfulness

is also more likely with thwarted goals leading to moments of lower meaning and satisfaction. Over

time, this may spiral downwards and result in workers who are disengaged (Ward and King, 2017).

In turbulent employment environments, calling discourses might compound loss. To leave a

calling rather than a job, requires individuals to recreate themselves and tell their story in different

ways to maintain credibility with their community. Strivers had energy to keep trying to move

forward whereas Over It types were stopped. Low energy and fear of identity change might cause

people to stay in their work despite the negatives (Berkelaar and Buzzanell, 2014).

16

Over It types may be in an emotional state akin to grieving. Compassion and recognition that there is nothing 'wrong' with them because they feel low about their work, may be of benefit. It might help to recognise that at some point this job became not 'what you were born to do'. Acknowledging and supporting the person to take action might involve recognition of an identity change (Berkelaar and Buzzanell, 2014). One of the major complaints of Over It types was 'useless managers', those who did not seem to acknowledge their presence or skills. One person reported a total clash with her manager: if the immediate manager is perceived as part of the problem, the organisational leadership needs to to recognise this. Similar to Strivers, the attitude of Over It types is unlikely to be inspiring, instilling concern from junior staff rather than junior staff seeking them out as experts. Over It types therefore need additional support for their own benefit and also for that of the organisation.

Implications

A successful, sustainable workforce needs ongoing support. In NZ, the Ministry of Health (Te Pou o te Whakaaro Nui, 2017) workforce development framework supports practices that ensure the workforce has the right capacity (number) and capability (knowledge and skills) to deliver services. This recognises that development activities such as clinical supervision and working alongside experienced staff can promote retention. Our findings suggest that the current workforce development framework is not fully enabling AHPs to be recognised for successes and supported to thrive. The typology presented here provides an alternative lens through which to assess the development and sustainability of the highly-experienced AHP workforce.

The typology could support AHPs to work to 'top of scope' of practice (Te Pou o Te Whakaaro Nui, 2015). By developing new roles and ways of practicing for AHPs, workforce capacity and effectiveness can be optimised at a systems-level, which could suit Achievers and Strivers. Practitioners with extended and advanced scope roles require further theoretical and practical training (Thompson et al., 2019). Policy, provider, and service environments need to support these new roles and practices for success, particularly given the known challenges around role clarity and professional boundaries (Holland et al., 2012, Kim et al., 2017). Supporting top-of-scope requires validating and

17

maintaining best practice. Working to top-of-scope offers enhanced opportunities and capacity for practitioners to use specialised knowledge and expertise in a way that benefits clients and their families, and makes efficient and adaptive use of existing resources in a collaborative and ethical manner.

The proposed typology synthesises existing research and new data to create a new categorisation of work orientation amongst skilled health practitioners. The typology is a conceptual starting point for future quantitative study of how work orientation relates to expert-level performance. Further research is needed to explore how work orientation changes over time. Measures of meaningful work and job crafting along with wellbeing and satisfaction measures, could establish whether these types exist across settings. Evaluation using latent profile analysis would provide empirical data supporting this typology of work orientation and strategies to support the development of expert-level performance.

Limitations

The typology and its overarching construct 'work orientation' is subject to change as further theory and analysis offers new insights (Collier et al., 2012). Although the NZ context is unique in its geography and demography, and its publically funded health and education systems, the typology is constructed from stories of interviewees that have lived and worked across the world in English and non-English speaking countries. Participants consisted of a high proportion of SLTs, and practitioners working with children, which introduces possible bias. Diverse work orientations seem likely across different countries and settings. The multidimensional typology presented here contains cases that have systematic regularities which allow them to be grouped and contrasted with other cases (Collier et al., 2012). These contrasts and comparisons are abstractions rather than specific details of individuals, enabling patterns to be highlighted, but not showing individual differences or causal effects.

CONCLUSION

The views of highly-experienced AHPs have been integrated with literature on expert-level

performance and meaningful work to create a new typology of work orientation. Four types are

characterised capturing the diversity of the workforce, particularly in relation to past-focused personal

fulfilment and future-focused ambition. Whilst AHPs have technical skills, autonomy and task

significance as underlying components of their work, not all AHPs found their work meaningful and

fulfilling. A majority had a Contented orientation, characterised by transcendence, satisfaction with

prior successes and a view to continuing to work in their profession in the future. Achievers are self-

actualised and transcendent, and are likely to be already known as experts by their peers. This is

consistent with the view of expertise as being embodied in performance. Given the value of expertise

for patient outcomes, this typology offers an alternative lens for understanding expert-level

performance amongst the highly-experienced workforce. The four types shed light on possible

barriers and enablers of expert-level performance, with consequences for both clients and the entire

AHP workforce. Once recognised, practitioners of each type would benefit from different supports

from colleagues, managers and their communities.

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21

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24

Table 1. Demographics of the interviewees

Characteristic		Count	Percentage
Gender	Female	41	91%
Age	20 – 29 years	1	2%
	30 – 39 years	8	18%
	40 – 49 years	17	38%
	50 – 59 years	7	16%
	60 – 69 years	9	20%
	70 years +	3	7%
Population of current clinical caseload	Paediatrics (0-17 years)	28	62%
	Adults (18 years+)	14	31%
	Mixed (paediatrics & adults)	3	7%
Primary employment sector	Public provider	22	49%
	Non-profit organisation	13	29%
	Private provider	1	2%
	Mixed	9	20%
Age at entry-to-practice	20-29 years	36	80%
	30-39 years	3	7%
	40-49 years	6	13%
Profession	Occupational Therapist	5	11%
	Physiotherapist	5	11%
	Speech-language Therapist	25	55%
	Social Worker	5	11%
	Other	5	11%

		Satisfied with successes	
		Yes	*No*
Future	*Yes*	Achiever	Striver
Growth			
Oriented	*No*	Contented	Over it

Figure 1. A typology of work orientation of highly-experienced allied health professionals

Table 2. Descriptors of conceptual types

Achiever n=11

Enthusiastic and excited about current and future events, readily share their successes

Maybe in positions of leadership or leading from the ground up

Have plans, set goals and work for big gains

Actively seek out new information, make and take opportunities

Don't play strictly by the rules: don't always follow things to their expected logical e.g. not

finishing qualifications

Self-actualised and may also be self-transcendent

Contented n=22

Satisfied and content where they are in their work

Other things maybe a focus of life e.g. non-work activities, family

Work performance is not problematic - *At least* minimum acceptable (maintaining CPD)

Maybe reluctantly encouraged in to leadership, especially mentoring junior staff

Work is somewhat meaningful - maybe self-transcendent but not totally self-actualising

Not future-growth oriented, but not averse to it, not fixed-mindset and have generativity

Striver n=9

Expressing that they want to be successful, and may be successful in other's view, but not their own

Feel stuck, powerless, constrained by practical issues such as family, organisational priorities,

finances

Try new things but don't get the success they are seeking, may see success is somewhere else or not

possible

Maybe resentful of training others, particularly 'outsiders' – those in different professional groups

Play by the rules and don't want to or can't look outside-the-box

Expressing that they want to be leaders, to be acknowledged but may not take on the expected/

authorised routes to achievement recognition as they see them as negative – not worth it

Aren't getting intrinsic reward - may be transcendent when working directly with clients

Report that they don't fit with the organisation

Have past successes that they feel are not currently valued by others

Over It n=3
Exhausted, disappointed and ready to leave but trapped or biding their time
Lack of opportunity, large caseload, and administrative work override the enjoyment they get from working with clients
May take on training roles, but lack energy and enthusiasm
May still occasionally be self-transcendent when working directly with clients
Report that they have loved aspects of their work in the past – particularly direct client contact
Feel constrained by the organisation, but lack energy to take action