

Research

Nonsense, normative or necessity: the purpose of repeating a modified internship for qualified paramedics to move between Australian states: perspective from one state service

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Abstract

Introduction

If a paramedic moves interstate in Australia, they are often required to undertake a local state-specific internship in the state or territory they are moving to. The small differences in roles undertaken between the states and territories are not sufficient to explain this requirement. In order to better understand this expectation, the authors explored the national and organisational cultural factors that could explain its purpose.

Methods

Semi-structured interviews were conducted with six major stakeholders of an internship, and interpreted using organisational and national-cultural dimensions derived from the work of Hofstede, Waisfisz and Minkov.

Results

Seven core themes were identified, layered according to the stakeholders that have the greatest influence over the theme, and discussed using the study's interpretive framework (cultural dimensions). These core themes describe the concerns the respondents had about elements of the paramedic internship, including the culture of the internship, attitudes, education, communication, the profession, the organisation, and recruitment and selection.

Conclusion

The insights gained into the cultural characteristics of the ambulance organisation help us to better understand the need for the internship. From a cultural perspective, paramedics need to be able to balance risk aversion (policy/procedure) with risk taking (unpredictable work demands); structure (militaristic) with independence (autonomy); a hierarchy-based power relationship and a competency-based power relationship and, finally, indulgence (socialisation for organisational acceptance) with restraint (becoming a professional). This balancing of judgement and actions is extremely complex, delicate and organisation-specific, thus explaining the importance for the individual organisation of having a prolonged observation period during which 'a feel' for these 'balances' can be obtained to ensure that the paramedic 'fits' into the specific organisation to become 'one of us'.

Keywords:

paramedic; internship; organisational culture; internship and residency; emergency service

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Introduction

For a long time, there has been no national registration standard for paramedics in Australia and, consequently, each state program has not been fully recognised by other states and territories. The definition of an internship can have many different labels (mentorship, preceptorship, orientation), which can cause confusion between the states and territories. As a result of this lack of clarity, qualified paramedics who wish to move from one state or territory to another are required to take a modified internship program with their new employer. For this study, we have defined an internship as a prolonged observation period with periodic assessments that guide ongoing employment. Given that undergraduate training, the job role and base guidelines and practices are similar between the states and territories, it appears somewhat surprising that incoming qualified paramedics are required to repeat additional training and assessments. Other health professionals, such as nurses and doctors, have a structured process for the quality assurance of their training programs in addition to being nationally registered, which allows them to move freely between Australian states and territories. Although national registration, which commenced in Australia on 1 December 2018 (1), might assist transferability, it is not the only factor that needs to be considered. A pragmatic and logical reason for this perceived need to repeat a modified internship does not seem to exist as the individuals are considered to be competent and practising paramedics in their home state or territory. This is even more puzzling given the increasing demands on ambulance services that require the utilisation of a highly mobile workforce to meet growing demand, especially if local recruitment pathways are unable to maintain recruitment levels.

Recent statistics show an increasing demand for and employment of paramedics in Australia which will have to be managed by employing a mix of graduates and qualified paramedics from other states and territories (2). Requiring qualified paramedics to undertake a modified internship program is a barrier to this necessary workforce mobility. Therefore, understanding these barriers to portability in the ambulance services is warranted. A possible solution would be to simply abolish the state-based internship system and accept the qualified paramedic as is, but this approach might falter without a prior understanding of the underpinning need behind the current system. The development of Australia's state-based ambulance services has been largely independent of one another, designing internships to internally train their own paramedics which encapsulate and reinforce the organisations' own values and belief systems. The paramedic internship, whether it is the full internship (student/ graduate) or a modified internship (for qualified recruits), is an enculturation and induction to the local ambulance organisation. Gaining insight into the relevant organisational values and beliefs from the perspective of organisational and national culture is useful to better understand the internship requirements and to establish

a foundation on which to find a solution. Thus, the aim of this study is to explore the educational need for, and value of, an internship in the paramedic domain (even for experienced professionals moving interstate) through a cultural lens.

Method

Study design

A qualitative exploratory design (3) was used to explore the conceptualisations of various levels of stakeholders about the organisational values and beliefs that influence the internship process within a single ambulance service.

Participants

The participants (stakeholders) were selected purposefully to capture a range of individuals with varying personal experiences and roles who had a direct influence in the design, development, and delivery of the internship. They included both clinical on-road staff who had direct interaction with paramedic interns, and non-clinical education managers. The general manager of clinical education assisted in identifying the participant sample, which assisted with currency of knowledge and the degree to which the participants had influenced the internship. It is reasonable then to assume that their (the participants) values and beliefs align with that of the general manager, whose values and beliefs align to those of their boss, and so on up through the hierarchy. In this way, leaders' values become followers' practices (4), and this is filtered down to every employee, including in their induction into the ambulance service (the internship). Six people were recruited as this was considered to be a sufficient number to reflect the small size of the education sector of the ambulance service (training 36 paramedic interns per year at the time of the study).

Data collection approach

Individual face-to-face structured interviews were used asking questions that focussed on the factors that construct the paramedic internship. This approach was chosen with the aim of tapping into overt perceptions and how these are related to the participant's values and beliefs that reflect the values and beliefs of the organisation. This was achieved by first asking questions that placed the participant in a specific situation, and then probing their rationale for their specific responses. Additionally, questions were asked about the participants' thoughts, feelings and beliefs about how a paramedic internship should be structured and conducted. Finally, experience, influences, the structure of the internship, competency, learning, quality, status, behaviours and the profession were explored. The primary researcher conducted all the interviews, which were digitally recorded and later transcribed by a professional transcription company.

Theoretical framework

To understand the values and beliefs that underpin a paramedic internship, an interpretive framework, derived from

Hofstede's (4) 'national culture model' and Waisfisz et al's (5) 'organisational culture model', was used. Hofstede is one of the most notable researchers of national culture (values held at a national level that are considered societal norms) of his time (1980s), and his cultural model has been used in previous studies as an interpretive framework for cultural measurement within organisations (6), and in the healthcare sector (7-12).

Hofstede's (4) six dimensions of national culture are:

- Power Distance Index
- Uncertainty Avoidance Index
- Individualism versus Collectivism
- Masculinity versus Femininity
- Long-Term versus Short-Term Orientation
- Indulgence versus Restraint.

Hofstede's dimensions are helpful in understanding how national cultures work, but are of only limited value when describing the interaction between national and organisational culture. Waisfisz (5) built on Hofstede's (4) work by defining specific dimensions of organisational culture and demonstrating that the fundamental difference is that national culture consists of values (what is important to people), whereas organisational culture consists of practice (what people do) (5). Eight dimensions of organisational culture have been identified (5) as follows:

- Means versus Goal Orientation
- Internally versus Externally Driven
- Easy Going versus Strict Work Discipline
- Local versus Professional Orientation
- Open versus Closed System
- Employee versus Work Orientation
- Degree of Acceptance of Leadership Style
- Degree of Identification With the Organisation.

Given the different foci of culture, both of the above sets of dimensions are important for this interpretive framework to understand the underpinning values and belief systems that inform a paramedic internship (4). Hofstede showed that values remained the same across a single nation and therefore that it was appropriate to combine the two, as national culture

underpins organisational culture (4). Both are important when discussing the portability of paramedics across a single country between different organisations. The sets of dimensions describe how an organisation balances two opposing (versus) sets of values, and where they fit on this scale is a reflection of the organisation's beliefs which are formed by the collective norms of its people, which furthermore, are underpinned by national culture.

Data analysis

The data were coded, themed, layered (13) and interpreted using the theories of Hofstede (4) and Waisfisz et al (5). Paraphrasing the participants' responses from the de-identified transcripts assisted in enhancing the clarity of the conveyed messages and in developing an understanding of the participants' actions. These paraphrased responses were then analysed using three first-cycle coding methods to yield individual codes (13). These were: descriptive coding, to provide a summary of the points discussed; process coding, to understand human action; and values coding, to reflect the participants' values, attitudes and beliefs (13).

Ethics

A National Ethics Application Form (14) was used to gain approval from the co-operating organisations and the university. In order to promote anonymity and confidentiality, the names of individuals and organisations have not been disclosed. Finally, informed consent was gained from each participant.

Results

Six people were recruited into the study. The length of the interviews ranged from 45 to 90 minutes. From the transcribed data, 132 codes were generated using the three coding methods described above (descriptive, process and value). These codes were condensed into categories and then into themes through a thematic analysis process.

Table 1. Participant characteristics

Participant	Gender	Number of years working in any ambulance service	Number of years working in this ambulance service	Job description includes direct reports (management of staff)	Job description includes educational responsibility	Direct influence to change or influence education	University or private sector educational roles outside of ambulance service
1	Male	25	25	Yes	Yes	Yes	Yes
2	Male	19	19	Yes	Yes	Yes	No
3	Male	27	13	Yes	Yes	Some	No
4	Female	18	11	Yes	Yes	Some	No
5	Male	10	10	No	Yes	Yes	Yes
6	Male	14	14	Yes	Yes	Yes	Yes

From this analysis, the following seven themes were generated:

1. The internship and organisational culture
2. Attitudes
3. Education
4. Communication
5. The profession
6. Organisation
7. Recruitment and selection.

The internship and organisational culture

The respondents suggested that the paramedic internship is not simply a process of consolidating knowledge in order to practise, but is a structured induction program into the organisation, its culture and the profession. For such a program, the experiential learning process is better facilitated through good mentorship that allows the interns to become accustomed to the organisation and to be able to carefully navigate its paradoxical demands. This is done to ensure that the 'products' of the system are not simply technically competent and knowledgeable, but also that they are well inducted and socialised into the local organisation.

'I believe that the [internship] educational process doesn't supply knowledge, but it shouldn't, because educationally you have a university degree, you have a knowledge base and it [internship] should be making you a [organisation] person and [organisation] policy and procedure and [organisation] equipment.' (Int6Pg10)

'I suppose the internship, when you come to the crux of it, what we should be teaching is values and beliefs. They're the values of the organisation, and the values of good patient care. The clinical stuff will come.' (Int6Pg45)

The participants described the purpose of the internship as being to instil core organisational values and to enable identification of potential future employees who embody those values.

Attitudes

The respondents highlighted the fine balance that paramedic interns would have to find in their attitudes. This was demonstrated as a need for balance between over- and under-socialisation within the organisation, and to fit into the performance-based culture to maximise their chances of ongoing employment. This need to demonstrate the 'right' attitude was seen as a delicate situation and one for which a prolonged observation during an internship was most suitable. The respondents concluded this, because simply setting professional workplace standards, even if they are transparent, would not be enough; the balance would have to be developed through lived experience.

'I suppose it comes down to, for me, what's the standard? ...but a nice person doesn't always cut it, so some of those interpersonal things [attitudes] make it very hard of what's the

standard that we want and we expect.' (Int6Pg5)

'Don't give up your life out of [organisation]. Don't stop socialising with people who aren't ambos. Don't stop playing your team sport. I think it's very important a work/life balance to their experience. Because it's so easy to become all about the job and only social[ise] with ambos because you've switched to shift work; it's easier just to see those people when you're off during the week. So, I think work/life balance is really important...' (Int4Pg26)

'...if there's one thing I'd like to change, it would be that degree of performance orientation that leads sometimes clouds learning a little bit, I'd love to be able to take the pressure off these guys so they could just focus on learning and not where they sit in a ranking or how their mates are doing in comparison to them.' (Int1Pg27)

'They worry about that. They get that real 'am I hitting the standard?', knowing that they're going to be rated against each other in a competitive employment process at the end, and I think it is a very pervasive piece of thinking that hits them right the way through.' (Int1Pg38)

Education

The responses highlighted the role of the internship in aligning the preceding education phase with the ensuing practice. It was perceived that this alignment is needed because university education focusses more on teaching the underpinning theoretical knowledge, which is a necessary but not sufficient prerequisite for successful practise. The main reason for this was the universities approach to selecting entrants to the degree programs.

'One of my questions was about what is the degree doing to the culture of ambulance? Because we have taken the gene pool of selection from the whole of society to this, with a few outliers... in that group, you had a whole range of skills and expertise and very broad, from nursing through to trades, through to young school leavers... now we have a degree, where the demographic of selection and that - we are picking from a group that someone else has picked. So we have no control, no say, over that... so you get two different people out of those processes. Two very different people...' (Int3Pg28)

Furthermore, it was perceived that organisational cultural alignment was needed between the educational philosophy at the university and that of the local ambulance service. The perceived current misalignment clearly has its roots in the divide between the differing qualifications (diploma versus degree).

'But they don't necessarily want to learn by doing, they want to know, and I think it's a function of our industry migrating from a highly vocational approach to education, to an undergraduate tertiary approach, somewhat remote from the industry. Because we see in interns this desire to know and know and know and know and know, but not necessarily be able to do.' (Int1Pg28)

Communication

The internship was seen as a conduit for enhancing communication between the organisation's expectations and the interns' understanding of these expectations. This communication was viewed as being essential for learning, as it overcomes the problem of interns dissociating themselves from the organisation's expectations. Establishing a trusted communication pathway requires long-term interaction – such as through an internship – which is crucial because learning from feedback will not take place if communication fails.

'So, you've got some people went 'I'll take it on board'. You had some people who sat there and went 'oh, oh oh'. Then you got the feedback, 'oh they weren't happy with the feedback you gave them'. Well, the feedback was honest. The feedback was honest and was constructive. If you take it personally, that's your problem. What you choose to go and do with it - and I already know that some of them that didn't take it are now struggling out on the lateral teams, because of their inability to change.' (Int6Pg33)

The profession

The participants revealed a tension between the fact that the paramedic profession is progressing its professionalisation pathway on the one hand while on the other, local culture, state-specific habits and deeply embedded organisational origins have a significant impact on the internship today. Historically, each ambulance service in each state and territory has grown independently of one another. It is for this reason that each state-based organisation constructs its own uncertainty about the overall profession by making incoming paramedics complete a modified internship to ensure that they fit in and have the ability to navigate competing cultural demands in the local context.

'Interstate parochialism is one of the first lines. That has gotten a bit less over time, but at the end of the day, a Melbourne paramedic is always better than a South Australian one. Sydney's paramedics from the biggest and largest ambulance service in the world, so they must be better. Queensland, well they are from Queensland, so they're not going to be really much chop. WA, that's run by South Australia - by St John's, so they can't be any good. How are you ever going to get them all to agree? ...So, there's parochialism about who is better and who is not. There - and then they will then hide behind the clinical differences. ...One of the really weird phenomena that I've found... The really weird thing is that the patients all bleed the same. Their breathing difficulties are all the same, and all of that. But apparently, depending on where you're an ambo, as to how good you are or not and all that. ...So that's where I get frustrated around the interstate portability. It's as much around the state-based parochialism, as it is of anything.' (Int3Pg38)
'I think once we're registered, that might be different. I think if all the ambulance services registered and we all got together

as one voice, then I think we'd have far more ability to own our own education.' (Int4Pg32)

Organisation

The participants suggested that the ambulance service is an organisation that has to run as a business. This results in the education of the interns not being a priority of the organisation. The culture is one of a service/business, and so education does not really feature. Therefore the participants perceived that it was in the organisation's interests to see the internship not as an educational phase, but instead, as a probation period, which can be very stressful for the intern. In this way, the organisation can be highly selective of those who fit into the organisation and following this internship period, of those who will become the next generation of leaders (intensive care paramedics [ICPs]) in the organisation.

'But that's the aim, is to put them with the right people in the internship, to develop, coach, mentor and work on them, to bring the product out at the end.' (Int3Pg16)

'...it's clear that they have a very high regard for the title of ICP and, in fact, they're almost pushed down that path by people that educate them. Which seems to be the fact that a lot of the educators are ICP, for where they come in.' (Int2Pg10)

'But you need to have some ability to pick the people for the right reasons, not just because they're an ICP.' (Int6Pg47)

Recruitment and selection

The participants identified that the ambulance service uses the internship to identify the best interns for ongoing employment. University graduates form a predictable cohort, but were seen as problematic as they had been selected by the university to complete their degree and had no prior ambulance-specific organisational enculturation. The internship allows them to consolidate their knowledge and skills and to become enculturated into the organisation. However, when an interstate-qualified paramedic is employed by another ambulance service they are required to redo the internship despite being a competent paramedic in their home state. This process allows for the paramedic to become locally enculturated. It also allows the candidate to be recruited and selected in the same manner as their graduate counterparts to ensure that the organisation selects the best-suited paramedics for ongoing employment.

'So, that's one of the problems that we wrestled with early in the degree, because we were interviewing from a pool that someone else had chosen. So, we had to wrestle with our selection process year after year, to try and get it to the point. Because to be quite frank, if I had been on those interview panels, I probably wouldn't have employed any of them. Because they were all Gen Ys, with that attitude of you'll be privileged if I come and work for you. Me with that baby-boomer attitude, well [expletive] you! But well (expletive) you, I'm the boss. So you'll be grateful that I'm giving you a job.' (Int3Pg29)

'...sometimes, I don't like being an educator in an organisation that employs, because sometimes the employer in me, as a senior manager, goes yep, let's pick the cream because they're the people we want and we've tested them for 12 months. That's who I want on ambulances going to the clients that call us. I'm quite happy to be ruthless about that. Does it make for a great educational environment? Possibly not.' (Int1Pg27)

Discussion

Ambulance culture and the local setting

The ambulance service is an organisation that needs to constantly juggle competing demands. On the one hand, paramedics need to be able to provide the best and most evidence-based and reliable service, and strictly adhere to an almost military organisational style; on the other hand, they need to be able to make individual decisions in ad-hoc situations based on their expertise and tacit situational knowledge. This requires a fine balance between being able to obey the rules of engagement and being able to make critical decisions within implicit boundaries.

Navigating such competing demands in every day work is not easy and requires a fine situational awareness. Therefore, the paramedic internship not only serves the purpose of transitioning knowledge to practice but, more importantly, it serves as a local induction. So, if a paramedic moves from interstate, although there is an assumption they are competent in their home state, concerns may remain as to whether this paramedic would be able to fit into the local organisational culture. This is because the delicate balance described above cannot simply be captured through rules and regulations, but requires a fine situational awareness from the paramedic to act appropriately in every context-specific situation and avoid transgressing occupational boundaries.

In addition, competency is a broadly defined term and its assessment is also based on the unwritten, hidden curriculum of tacit knowledge and intuition. It is therefore logical that an organisation is unable to determine the fine situational awareness that is required in any one-off assessment situation, nor can they rely on the assessment evaluations being conducted in another paramedic organisation because, as previously argued, they are organisation-specific. This means that the organisation sees value in undertaking a prolonged observation of the intern's behaviour in the workplace as a means to gauging whether the intern is able to successfully navigate between competing demands and demonstrating correct situational awareness. From this point of view, it is more understandable that any university graduate, and even an experienced paramedic from interstate, be required to undertake the internship.

Cultural insights

Applying the interpretive framework derived from Hofstede's (4) 'national culture model' and Waisfisz et al's (5) 'organisational

culture model' to the seven themes allows a new perspective to understand these findings. While the seven themes were interrogated through both national and organisational cultural lenses, three national cultural dimensions, the 'uncertainty avoidance index', 'power-distance' and 'indulgence versus restraint' were found to best transcend the thematic findings.

Uncertainty avoidance index

Hofstede described uncertainty avoidance as the 'degree to which the members of a society feel uncomfortable with uncertainty and ambiguity' (4). Uncertainty avoidance includes tendencies towards prejudice, rigidity and dogmatism, intolerance of different opinions, traditionalism, superstition, racism and ethnocentrism (ethnic superiority).

The thematic analysis demonstrated that ambulance organisations need to manage a fine balance between risk aversion and risk taking. The job role requires that paramedics accept uncertainty because 'the unknown', and in fact 'the unknowable', is often a factor when responding to a complex job. This means that organisations need to tolerate and accept a large range of uncertainty within their organisational culture. As well, the pre-hospital environment results in indirect supervision of paramedics, which contributes to organisational risk.

The organisation addresses this lack of direct supervision by using and enforcing many layers of policies and procedures. This is understandable given the militaristic origins of the ambulance service (15). As much as policies and procedures can guide a working environment by predicting workplace situations, the unpredictability of the paramedic environment means that it is impossible to rely solely on policies and procedures. This is supported in the internship through the themes of organisational culture (learning to navigate the policies and procedures), communication (poor communication between managers, staff and interns) and organisation (compliance with the hierarchy). The paramedic job requires a vast amount of tacit situational awareness and knowledge, which is most likely why there has been a transition from explicit protocols to explicit guidelines with implicit boundaries to support autonomous practice. These may support the intern in learning the tacit approach to navigating practices within those boundaries, but they also need to be internalised through lived experience. In addition, as the organisation moves away from protocols to guidelines this increases the risk the organisation will have to accept in relation to individual paramedics' actions. The balance between autonomy and adherence cannot be seen independently from the impact of hierarchy and power in the workforce and the organisation.

Power-distance

Hofstede described a power-distance index that quantifies social inequality within a culture by evaluating particular social factors, including physical and mental characteristics, social status, wealth, power and law (4). In other words, power-

distance expresses the 'degree of which the less powerful members in society accept and expect that power is distributed unequally' (4).

The paramedic profession is a developing profession in Australia and is, in part, a result of an increasing standard of practice, education and autonomy, and the public demand to 'do more'. This is an example of power bestowed on paramedics, whether in law, scope of clinical practice or by the power of the symbol the uniform can hold. In another context, paramedics also hold the power of expertise as they are the people who do the work, but management hold executive power as they co-ordinate the work. Power, and the use or non-use of it, needs to be balanced by the paramedic, and this is taught and observed during the internship.

However, we know that one of the patterns of power-distance is that if subordinates attempt to reduce it, their superiors put in equal effort to maintain the level of power-distance (4). In addition, if the clinical scope of practice is increased for one clinical level there would also be an equal increase in power-distance in those above and below that level in order to maintain the power-distance (4). Therefore, the use of power-distance is maintained to hold overall control of the interns as they are yet to be given authority to practise autonomously, as supported in the research themes of attitude (over-socialisation, highly competitive), organisation (the hierarchy) and recruitment and selection (limited job opportunities, highly selective).

Maintaining power-distance between staff and management is the same as maintaining a risk 'buffer' to complement the high level of uncertainty avoidance that is demonstrated by the ambulance organisation. The high level of power-distance between paramedics and interns can also be explained through the 'indulgence versus restraint' dimension.

Indulgence versus restraint

Indulgence and restraint are opposing values of an individual's desire for actions, and a person's position between these can affect the work culture. 'Indulgence stands for a tendency to allow a relatively free gratification of basic and natural human desires related to enjoying life and having fun. Its opposite pole, restraint reflects a conviction that such gratification needs to be curbed and regulated by strict social norms' (16).

The thematic analysis demonstrated that the focus of management is logically on the boundaries of practice and compliance with the social norms of the organisation within which the interns practise. Within these restraints, paramedics 'indulge' in the freedom to decide their own actions. Paramedic interns are in the process of learning to navigate these boundaries with a mentor during their internship. As they are learning to use their power of expertise within the management boundaries, this requires a fine balance between indulgence and restraint.

As demonstrated in the attitude (over-socialisation, highly competitive) and professional (what a paramedic does) themes, paramedic interns have the ability to exercise a balance between indulgence and restraint when applying power over their peers within their own paramedic intern group. In this context, power is real rather than perceived (for example, operating under their mentor's authority to practice), and the benefits are significant, but also hold measurable risks. The primary example of this from the findings is that respondents held concerns about deliberate over-socialisation by some interns to gain a power advantage. It was perceived that socialisation with other paramedics, mentors and people within their team had the ability to increase power between them and other interns, because they believed they would be accepted as part of the organisation and that this rapid acceptance was perceived to lead to a better chance of ongoing employment. Reducing uncertainty through social relationships is not unknown within paramedicine. Compeau confirmed the complex nature of interacting with other emergency services, people and patients at a complex scene, and this interaction via the use of power (as a paramedic) in scene control is an attempt to manage the uncertainty of the environment (17).

It is well understood that the internship is designed to ensure that the paramedic intern, or a paramedic from another state or territory, is accepted into the organisation. Therefore, interns may be tempted to use any sense of power-distance, or any imbalance between indulgence and restraint, to gain an additional advantage for ongoing employment. To complicate matters further, the over-socialisation of interns would result in their work-life balance being disturbed. The above points show how complex the internship is, both as a learning phase and as an employment induction phase.

In summary, the internship enables the organisation to test competing dimensions that are underpinned by the individual's threshold of indulgence and restraint when using power and managing uncertainty. These cultural practices require careful navigation by the employee. There is no one-size-fits-all approach as the rules and regulations have only limited value, the boundaries are fuzzy, and employees have to be able to navigate between competing purposes that may be different from organisation-to-organisation and from state-to-state. Therefore, the concern is not whether someone from interstate is a competent paramedic, but whether they are a competent paramedic in 'our' context.

Limitations

It is important that the researcher considers taking a reflexive role in their research. During this study the principal researcher continued in his employment as a paramedic, but held no role in the design, development and delivery of the paramedic internship. The participants were selected for the interviews by a manager with an overarching influence on the educational aspects of the internship. We recognise that the sample size

is small and might influence the findings. The researchers held no hierarchical control or influence over the participants or their job role. However, it is acknowledged that the principal researcher's position and experience within the organisation may have had an influence on the interpretation of the data in this study.

In addition, the data were collected from only a single state. As a result, it may not have captured all the themes associated with the values and beliefs that underpin paramedic internships across the nation, nor can the findings be contextualised to the national level.

Conclusion

This study shows that the paramedic internship serves not only to consolidate knowledge and practice but, more importantly, to enculturate new employees. Enculturation into the local organisational values and beliefs is essential from an organisational perspective and therefore requires all paramedics (novice or experienced) to undertake a local internship.

Nevertheless, there are problems with experienced paramedics having to redo an internship and also with the role of the internship itself. There are issues at the organisational level, but given the tensions the organisation has to work within, it is logical that prolonged observation to see whether an intern fits the organisation is essential. Therefore any paramedic, whether a new graduate or an experienced paramedic from interstate, should be required to undertake an enculturation program.

A pragmatic solution or a mandated top-down solution, such as nationalisation, are likely to be ineffective as acceptance of each other's organisational culture will still be required. This study has shown the complexities of this question by looking at competing cultural dimensions that the organisation values highly, and that can only be answered and observed during a period of observation. Enculturation is essential for the ambulance organisation to ensure that the right people fit into the organisation, to belong to 'our' organisation, and to be accepted as 'one of us'.

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Conflict of interest

The author of this paper reports no competing interests and has completed the ICMJE conflict of interest statement.

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