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Wesley Vernon
Alan Borthwick
Lisa Farndon
Susan Nancarrow
Jeremy Walker

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ABSTRACT
In consideration of concerns expressed over the relative status of podiatrists in the UK, a focus group interview was conducted with UK-based podiatrists to explore podiatrists’ perceptions of their own status. Thematic analysis of the data suggested factors affecting the status of podiatrists and the effects of perceptions of low status in this professional group. While podiatrists do have problems with status in the eyes of other professionals, patients and self alike, there are actions that podiatrists can take to improve this situation. Such actions may include campaigns to raise awareness of the role and work of podiatrists, with emphasis on the change of name from chiroprapy. It is suggested that the study of the relative status of podiatrists in other countries may improve the understanding of podiatry status further, and inform any subsequent strategies directed at improving this situation.

INTRODUCTION
Podiatry exists as a clinically independent profession involving the diagnosis and treatment of the whole foot independently of medical practitioners.6 At the same time, the incidence of foot problems in the population is believed to be high, especially in older people, with between 52% and 90% of older people complaining of foot problems.6,7 In the National Health Service (NHS), podiatry departments treated a total of 2.2 million people in 2000–2001, 826,000 of which were new referrals.8

There has also been an expansion in the scope of practice of podiatry, which has included the development of more curative treatments and preventative strategies,9 typified by the introduction of podiatric surgery, podiatric biomechanics and empowerment developments. The situation is one in which there is high demand for podiatric care at all levels and, as such, would be anticipated to reflect a situation of a developing profession with expanding numbers of recruits in order to meet the increasing popularity of this form of professional intervention.

There have, however, been recent concerns expressed with regard to the relative status of podiatrists in the UK. Borthwick10 described the concentration on more specialised areas of podiatric practice as being directly related to low status and the resultant need for podiatry to improve its image. Such perceptions had been reported earlier. Larkin11 considered negative self-perceptions amongst podiatrists, and in the following year, in the USA, Skipper & Hughes12 conducted a study in which, when podiatrists were asked to rank themselves in terms of status in relation to other health professionals, they consistently ranked themselves lower in terms of income, authority and prestige.

Later, Borthwick13 noted that podiatrists have difficulty in dealing with the foot, which is perceived as ‘difficult to glamourise, with its own symbolic associations with dirt, smell and ‘impurity’ rendering it unattractive within dominant cultural norms’. This situation may also be compounded by a number of impinging factors. The past failure to close the profession has allowed private sector practitioners to work without state registration, resulting in confusion amongst the public in the roles and responsibilities of podiatrists.14 Competition and dominance from medicine is also believed to have affected the expansion of podiatry in terms of scope of practice and image development.15

A recently completed project to consider workforce planning and development in podiatry16 considered matters relevant to podiatry, which may impact on its development, and provided a rich description of issues affecting the profession today. In terms of outside perceptions, the picture presented of podiatry was that of a poorly understood and somewhat isolated profession, confirming the continuation of problems relating to image and status. The study itself arose because podiatry is believed to have a recruitment crisis nationally, which may be fuelled by this reported lack of understanding and a perception of low status.

There may be other important implications of such negative self-perceptions. A recent comparison of burnout and occupational stress in podiatrists from Australia and the UK noted an association between lack of professional status and occupational stress, and suggested that levels of burnout in podiatrists were higher than previously indicated.17 This may further compound the podiatry workforce recruitment problems reported above.

Such problems in recruitment are particularly unwelcome at this present time as there is a stated government intention through various sources to increase numbers of health care staff employed in the NHS. The NHS Plan specifically covers the need for ‘more...staff’ as required by the public through consultation18 and Agenda for Change considers the need to create a workforce to meet the demands being placed on the NHS.19 A more specific intention had been stated previously in the document ‘Meeting the Challenge’,20 in which the government published a commitment to increase the number of Allied Health Professions by an additional 6,500, to train an additional 4,450 and to introduce new consultant therapist posts into the NHS. If recruitment problems are apparent, then even if funding should be made available, this intention would be severely compromised.

Reflecting this situation, the strategic plan of the Society of Chiropodists and Podiatrists (SCP) state the raising the public’s awareness of the value of podiatry as a major objective.21 While this objective is topical, specific ways in which this would be achieved are not considered. SCP has expressed recent concern

Correspondence to:
Professor Wesley Vernon, Podiatry Service, Centenary House, Heritage Park, 55 Albert Terrace Road, Sheffield S6 3BR.
that ‘the recruitment of students to fill available places in schools is still a challenge, and with the future of podiatry being dependent on student recruitment has stated that the situation is ‘far from satisfactory’.23

A case can therefore be made for improved understanding of the status of podiatrists in the UK. Perceived low status may be affecting recruitment to the profession at a time when opportunities for professional expansion are available, and may also be affecting staff retention and work satisfaction through factors associated with burnout and occupational stress. If recruitment to the profession is in decline, this could be seen as an urgent problem, which would compromise government intentions to increase the numbers of Allied Health Professionals employed in the NHS, and in turn, affect anticipated improvements in patient care. Such improved understanding would also assist with initiatives aimed at improving working lives in line with the Department of Health standard for the NHS.24

A study of factors affecting the status of podiatrists in the UK should also be of value to the profession itself, with the findings of such a study potentially informing any future recruitment strategy in line with the stated SCP business plan intention. Importantly, knowledge improvements in this area, which may benefit the podiatry workforce, should also in the medium term lead to improved clinical accessibility for patients in all sectors.

RESEARCH AIMS

As the preliminary phase of a larger planned study, the planned focus was on the perceived status of podiatrists in the UK, specifically to provide a rich description of the reasons underpinning this low status situation. This informed further work involved an international workforce comparison with other countries, where, anecdotally, it was believed that podiatrists may enjoy higher relative status.

METHOD

Research involving international comparisons of the status of the podiatry workforce is relatively new, with minimal previous research having taken place in this area, suggesting that an overall qualitative approach is required. Particularly relevant to the suggested approach is Habermas’ ideology critique in which group dominance and disempowerment of less powerful groups are considered.25 Habermas suggested that an ideology critique has four stages:

Stage 1. Description and interpretation of the existing situation
Stage 2. Penetration of the reasons that brought the existing situation to the form taken
Stage 3. An agenda for altering the situation
Stage 4. An evaluation of the achievement of the situation in practice

The research reported in this paper relates to the first two stages of this approach, providing a description and interpretation of issues affecting podiatry status in the UK. The findings of this early phase of the work provided a foundation for a following phase of the work (Stage 3) in which suggestions for improvement would be made. Stage 4 of the Habermas ideology would form part of a much later study after implementation of the findings anticipated through the Stage 3 work.

In this reported phase of the work, a focus group interview was conducted with UK-based podiatrists, following the approach advocated by Paton.26 The group interview aimed to explore podiatrists’ own perceptions of their status, along with reasons for these perceived status levels. The focus group structure allowed the interviews to cover areas of pre-conceived relevance to the study in depth, while at the same time, allowing sufficient flexibility to explore resultant themes and unexpected areas of interest in more detail.

Subjects were identified through the Podiatric Research Forum (PRF), with eight interviewees participating. The subjects involved were selected to cover wide areas of podiatric practice including participants with NHS, private practice and academic backgrounds. The focus group interview questions considered various aspects of status, including the role of professional autonomy, professional closure and protection of title, employee roles, professional dominance, organisational hierarchy, prestige, and public versus private sector work.

Descriptive and interpretative approaches were utilised for analysis of the focus group interview data, which included data reduction, display and verification activities with the use of matrix clustering as outlined by Miles & Huberman.27

FINDINGS

Analysis of the interview transcript produced themes relating to factors affecting the status of podiatrists and also the effects of a perception of low status in this professional group. The various emergent themes are considered below.

Factors affecting the status of podiatrists

‘Patients get the wrong impression from medics and nursing staff’

Views were expressed in the focus group of other professions looking upon podiatrists as having low status. It was believed that the medical and nursing professions held this general opinion, but that also, this perspective was communicated to the public, who formed similar opinions. This is consistent with the wider literature, in which the public, other professions (particularly more powerful professions) and the state are viewed as ‘audiences’ to impress the case for greater status.28-30

Such a perspective was believed to exist beyond the simple patient/practitioner relationship and as such may have wider implications for the profession. One such example was given by a member of the focus group with a background as a podiatry educator, who noted that many potential students have been discouraged from pursuing a career in podiatry through such unfavourable opinion.31

This suggests that if members of the medical and nursing professions are perpetuating unfavourable opinions of podiatry, any campaigns to improve the status of podiatry should focus on those professions for greatest impact.

‘We need to stop using the title chiropody’

A number of factors were identified, which were believed to have affected the status of podiatrists. Issues around the past non-closure of the profession were viewed as having been detrimental to podiatric status. Linked to this was the expressed belief that the profession needs to discontinue the use of the title ‘chiropody’ in favour of ‘podiatry’, with the existence of both titles concurrently serving to confuse and maintain a link with the days of non-closure.

However, through derogatory comment within the group, this appeared to be more than simply a concern about the public confusion of terminology, and possibly more about the symbolic value of the label. It is possible that removal of the term may be a statement about the desire to abandon a title that broadly connotes the...
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traditional, historical version of the profession – that is, one which is associated with paring hard skin and clipping toenails – the bedrock of therapeutic function. Wilensky noted the practice of abandoning and replacing professional titles in a bid to establish a distance from the low status associations as an attempt to invest new titles with higher status. In the context of improving the status of podiatrists, there is therefore a belief that the profession should now adopt the universal title of podiatrist as part of any campaign for improvement.

Conversely, recent changes linked to title were seen to have had a beneficial effect on status, especially from the public perspective. Examples given included the use of the title ‘consultant’ for specialist posts and the use of academic titles in line with the profession’s rapidly strengthening academic position. It is suggested that on the basis of this finding, status would be enhanced by maximising the use of such titles to punctuate academic and hierarchical achievement.

‘As we work at the foot, this aids the view of low status’

The nature of podiatry practice was considered to have had a predominantly negative effect on the status of podiatrists in the UK. The symbolism of the foot as a body part associated with demeaning factors such as smell, uncleanness, and other non-glamorous representations has been well documented and this focus of podiatric practice therefore carries an inherent negative effect on status, which was highlighted by the participants. This is in marked contrast to dentistry, which established a high status in part through a symbolic association with a gate-keeping role in the prevention of epidemic disease entering the body via the mouth – the mouth was constructed as a ‘vulnerable margin’, which required secure guardianship. The foot has no equivalent symbolic association, and therefore no recourse to a similar high status.

Other factors relating to practice were also considered by the group to underpin this perspective. It was noted that much of the work is routine and of a maintenance-type nature. Podiatry work was also viewed as overtly practical and unlike other disciplines, the underpinning intellectual aspects are not evident. This apparently practical, maintaining activity, focused on a non-glamorous aspect of the body was believed within the group to have been further affected by the predominantly elderly client base, who have been associated with their own right with low-status health care delivery.

Despite these inherent status-reducing factors, some aspects of practice were also seen as serving to raise the status and profile of podiatry. The act of clinical diagnosis was one seen to elevate status, although it was believed that this should be overt and delivered prior to hands-on treatment in order to demonstrate the intellectual processes involved to the observer. It was also believed that this status is also enhanced through practices that accept higher levels of responsibility. The example given was that of podiatric surgery, which has elevated the status of podiatry through the acceptance of higher levels of risk in practice. Although not fully exploited, it was suggested that the role of podiatrists in rehabilitation and mobility could be used to demonstrate higher levels of responsibility than usually perceived from outside the profession, with accompanying enhancement of status.

Routine podiatry work was also stated to ‘look unscientific’ when compared with the work of other disciplines, with optometry and dentistry being specifically named, reflecting previous considerations in this area. This may relate to the technical nature of the supportive equipment required to perform the work of these other professions, when compared with the minimal needs of routine podiatry. Alternatively, the comparator professions named are those in which the patient being treated cannot view the task being performed on themselves in the same way as many podiatry interventions can, and this may serve to enhance the mystique of these professions.

‘We don’t sell ourselves enough’

Fundamental to the issue of status in podiatry is the issue of ‘marketing’ of the profession. There was a general consensus that podiatry is not well understood, with a need to demonstrate what podiatry is and what its scope of practice entails to the general public and specialist careers advisers alike. Contact with children was singled out for attention, with a belief being expressed that there has been less focus of practice on schoolchildren in recent times, with the result that they no longer have the same awareness of the profession as in the past.

Improvements in marketing, it was believed, should operate at a number of levels, including self-marketing, specific initiatives targeting careers advisers, and the need for careers champions to enhance the status and image of the profession. It was noted that individual podiatrists enjoy different levels of status, supporting the potential for individuals to take their own responsibilities for status improvement. Problems of communication with patients were noted as being responsible for misconceptions over the purpose and practice of podiatry, and members of the group iterated a need to explain their approach more fully from an evidence-based perspective and to take time with patients to give a quality of care and dispel misconceptions.

‘Remove cardboard signs from the clinic doors’

It was considered that improvements in the working environment would also bring about improvements in the status of podiatrists in the UK. Here, the group considered that there was much that podiatrists could do to help themselves. ‘Tatty equipment’, toenails not swept away, poor signage, cramped treatment facilities and general unprofessional environmental considerations were named in this context. This was said to be further compounded by long access times for care, which were reported as giving out impressions that departments were poorly organised, although the availability of free care through the NHS was not believed to impair status. Suggestions were made as to how to improve the working environment to enhance status. These included the routine use of a desk facility to mirror the approach of consultants and the use of reception and support staff to improve the image of the service provided.

‘Podiatric surgeons drive big cars and have personalised number plates!’

Traditional symbols of status were considered by the group in relation to status. Here, the opinion was expressed that while maintaining a professional image is important, traditional trappings of wealth can send out the wrong signals that we are being paid too much for the work that we undertake. This lends further support to the need to market podiatry so that the public are more aware of what podiatrists do and therefore be able to justify the true value of podiatry clearly. The comments expressed here also reflect low self-perception, which had been noted earlier amongst podiatrists by Larkin.

‘Medical dominance has restricted our professional development’

While professional autonomy was seen as being beneficial to status, competition with other professions and control by dominating medically based professions were noted to have held back podiatrists’ status. This situation is well understood and a number of significant past studies have described this phenomenon.

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Despite these restrictions based in rivalry and dominance, it was suggested that where podiatrists work with others in multi-disciplinary situations, our status can become elevated (although this was said to depend very much on each individual team). The group considered that such working has the potential to erode negative images of podiatry, as the other professions are given an opportunity to observe the work of podiatrists first hand and improve their understanding of our role, purpose and abilities.

It was suggested that the new multi-professional learning initiatives at undergraduate level should have further beneficial effects for the same reasons.

‘Status is improving due to extension in our scope of practice’

Many of these developments in podiatry were reported to be improving the status of the profession. Of particular mention was the effects of specialisations such as that practised in the field of diabetes. Podiatrists working in such specialised areas were believed to have a higher status than those practising routine work only, although it was suggested that the profession could capitalised on this more. It was suggested that perhaps working with older people could be made a specialty in its’ own right, thereby improving the perceived status of routine work. However, this has been found in practice not to elevate status, but ensure its reduction.26

Although specialisation in podiatry was said to enhance status, career progression still needed to be improved and it was believed that the new AHP consultant roles should help in this respect.

‘A shift has been seen since degree level and higher degrees have been introduced’

Academic improvements in recent years were considered by the group to have had a beneficial effect on podiatric status. This had been noted as relating to the development of degree level training and the higher degrees that followed. The training route of podiatric surgeons was also noted in this respect. There was, however a viewpoint expressed that a higher entry level for podiatry students would be required to improve educational status further.

Linked to educational improvements were considerations of the effect of research and evidence-based practice on podiatric status. Here, concerns were expressed that the understanding by podiatrists of core aspects of their work was limited because of a weak scientific and evidence base. It was suggested that those podiatrist with a more developed understanding and use of research and audit would have associated higher status, with one example of podiatric surgeons being given in support.

Effects of perceived low status

The group highlighted a number of effects of perceived low status in podiatry. These effects could be considered in terms of the effects on services and the effects on self. The effects on self have been recently studied24-26 and emergent themes from the focus group echoed a number of findings from this work. Participants reported embarrassment and humiliation when informing others as to their occupation and a general defensive attitude was adopted in this respect. Mention was also made of burnout being associated with perceived low status, although this was related to knowledge of publications as opposed to direct personal experience.

Another reported effect of perceptions of low status was a willingness to accept low rewards for professional work undertaken, with one participant noting that private practice fees can often be lower than those charged for plumbing or electrical repairs. The group, however also noted that there could be positive effects associated with perceived low status. Particular mention was made of low status acting as a catalyst to challenge this position, with resultant change, and of the relative ease with which it was possible to create a personal strong reputation in this climate.

Various negative effects were reported on service and patient care, with low status being particularly linked to reduced recruitment and retention, which in turn would affect service access and availability. Low status was also said to impair the effectiveness of patient care, where inappropriate referrals were made as a result of misconceptions over the true role of podiatrists. It was also noted that the low morale associated with low status can also affect the clinical working environment, where dissatisfaction leads to the acceptance of lower environmental standards. This was noted above under causes of low status and it would be useful to investigate whether poor environmental factors lead to low status, or vice versa. It was also reported that through low status perceptions, conflicts with other professionals and low compliance from patients could also result, where challenges were made based on an understanding that podiatrists’ knowledge base was limited.

CONCLUSION

It was apparent that podiatrists do have problems with status in the eyes of other professionals, patients and self. These problems do appear to affect self and clinical services alike, although there are clearly actions that podiatrists can take to improve this situation. Such actions may operate at both local and national level, with the potential for marketing campaigns. There is also the suggestion that podiatrists could take personal responsibility for developing improvements in this respect. It has also been suggested that podiatrists in other countries such as the USA and Australia may enjoy improved perceptions of status, when compare with the UK, although it has been reported that some problems in status may exist at least in the USA.25 Study of the perceived status of podiatrists in these countries may therefore serve to suggest appropriate actions, which may also lead to status improvements for UK podiatrists.

REFERENCES

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