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# **The role of community and professional engagement in teaching allied health higher education: the academic perspective**

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## **Abstract**

Community and professional engagement describes a collaborative model of interaction between institutions of higher education and the communities in which they operate. This qualitative study aimed to examine how professional and community engagement is understood and incorporated into the role of staff members within the School of Health Sciences of one University. Twenty-one academic and professional staff were interviewed. Participants identified a range of definitions for both ‘community’ and ‘professional’ engagement, as well as the

benefits and limitations of such engagement. Ability to conduct engagement was limited by time capacity when competing with other role requirements. Integration of community engagement with research and teaching requires development of a framework that addresses both the common barriers and facilitators to engagement.

## **Introduction**

Academic activity in allied health areas of practice traditionally focuses on research and teaching within each respective institution (1, 2). Dissemination of academic information into the community often takes indirect paths and, as a consequence, longer time periods to reach their target community, as few have access to academic or policy journals or other avenues in which this material appears in the first instance (3). A collaborative model of interaction, coined 'engagement' is a bi-directional approach to knowledge sharing between an institution and the external community; enriching interaction between institutions and the general public with and about research, teaching and preparation of graduates (4, 5). Community engagement is defined as 'the collaboration between institutions of higher education and their larger communities (local, regional/state, national, global) for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity' (6). Professional engagement includes the integration of workplace and academia to the benefit of students, the workplace and the academic institutions (7).

Ensuring that engagement becomes a core business activity, rather than an extraneous activity, requires the integration of engagement into research and teaching activities (8), as well as the commitment of organizational leaders to identify it as a strategic initiative pledging concomitant support. This recognizes the contribution that members of the community, external to the institution, can make to academic knowledge, rather than being recipients of knowledge or services (4, 9). Although academics may be involved in teaching aspects of engagement to students in preparation for careers in allied health, the collaborative relationship between institutions of higher education and the external community is less clear and remains inconsistent in timing and in format. The aim of this qualitative study was to develop a consensus understanding of professional and community engagement by staff within the School of Health Sciences at Flinders University, Adelaide, Australia. This project was undertaken as a first step towards the development of a functional and participant-driven model of engagement. This knowledge will

enable clear and timely progression of activities related to both professional and community engagement, with a common understanding amongst staff of the meaning of these terms and significance of these activities within their roles.

## **Methods**

Twenty-one academic (n=14) and professional (n=7) staff members were invited to participate in 30 minute semi-structured interviews. Three were male. Of those classified as academic staff members: three were in education focused roles, one was research focused and the remaining 10 held combined education and research roles. Questions sought to understand the meaning of professional and community engagement within the staff member's role; the benefits and barriers to engagement; previous experience and future desires in respect to engagement related activities to meet the aforementioned aim of the study (Supplementary table 1). Participants were encouraged to describe professional and community engagement through examples of successful and unsuccessful experiences. Interviews were conducted by a single interviewer, in a location of choice of the participant and audio recorded. Recordings were transcribed verbatim, de-identified and analyzed using thematic analysis (10). Key themes were coded with a view to gaining an understanding of participants' perceptions of professional and community engagement within their roles. This project received ethics approval from the Flinders University Social and Behavioural Research Ethics Committee.

## **Results**

### ***Defining community & professional engagement***

Understanding of the terms 'community engagement' and 'professional engagement' differed substantially among participants. The meaning of the terms 'community' and 'professional' also overlapped for some. Reasons for engagement included academic and research activities, particularly accessing funding, as well as health service delivery and student practicum opportunities. Engagement was described between colleagues, community based organizations, service users and students.

Community was defined by several participants as '*general members of the population*' (P4). For those working in clinical engagement, the community was '*the patient, obviously, and their family, any carers*' (P3). Three participants identified prospective students, while community based organizations, including advisory boards (P4), expert panels (P4), non-government organizations (P12 & 15), local councils (P5) and government departments

(P4), were also identified as groups external to the university that were avenues by which to connect with the general population. Colleagues and students, were seen as separate community groups, but this was not consistent between participants, with some suggesting both groups were under professional engagement.

The professional aspect of engagement was categorized into three broad concepts. Firstly, professional engagement was described with respect to professional behavior and how one acts as a professional when engaging with community groups. *'So professional engagements I see as, you know, how we work with and relate to and liaise with our professional colleagues'* (P17). Secondly, it was defined as the interaction between professionals, such as colleagues or research collaborators. Thirdly, it was defined as the professional responsibility to engage with relevant associations, committees or boards. The last of these was seen to most readily overlap with the idea of community engagement.

Some partnerships or collaborations were notably strategic. This was particularly relevant for research purposes, where an expert or holder of data or funds was sought out for benefits related to the project of interest. Funding was also noted in non-research-based engagement; for example co-investments for University staff to support supervision of students on placement. Student practicum was a key reason for community engagement. Within the school, courses require students to undertake relevant placements to ensure eligibility for registration or accreditation with relevant bodies, and to be workforce ready. The need to engage with suitable groups to support student placements is critical for the continued running of allied health programs: *'...almost all our [professional] courses would fall over if those clinical placements dried up'* (P9). In several courses, student placements also provide the opportunity for students to work on research topics set by organizations or professionals in their area. Research opportunities through professional and community engagement were therefore considered as staff and student engagement activities.

### ***Benefits and barriers of engagement***

Participants' descriptions of the potential benefits of engagement varied. Most frequently highlighted was the need for mutual benefit, or a *'win/win'* (P5, 8, 13, 20); for the university and the community member/organization with whom the relationship was being formed. Benefits for the University included student placements, research opportunities and opportunity to keep in touch with relevant and important sections of the wider community: *'our opportunity to see what the real world is really like and as academics we don't always know that'* (P19). Additionally, engagement assisted with research reputation and the reputation specific courses have

amongst their relevant professional associations. For the 'community', benefits included resource provision with regards to staff/student expertise, time, funding, research and information.

Lack of time (and therefore capacity) to conduct activities promoting or developing engagement was noted as a key barrier. Almost all (17/21) of the participants reported being overworked due to other role requirements which then '*detracts from efforts to continually reinforce or strengthen [professional and community] engagement*' (P11). Although there was desire amongst participants for more engagement, particularly with the general community, time limited this opportunity. Changes in the health system added challenges to the complexity and time intensive nature of organizing student placements and maintaining relevance to health service delivery within both teaching and research. The importance of timing and clarity of information sharing in the community was reflected in comments that regular, open and reflective communication is a key attribute required for successful engagement; as well as mutual understanding of goals, roles and responsibilities. Lack of these attributes could lead to breakdown of relationship.

## **Discussion**

Engagement, whether community or professional engagement, varies in its delineation among university staff members. Definitions of 'community' suggested that staff members are active in a wide array of activities within the one institution; benefiting from engagement with respect to graduate workforce development, research stakeholders and student practicum placements. Consistent with literature, one of the key attributes for engagement is mutual benefit (6), however limited time for engagement was a key barrier.

Although engagement with communities, or those outside of the institution of higher education, has real world value for staff as well as students (11, 12), time is seldom allocated amid competing priorities in staff work for these tasks. This was noted by participants who perceive that they are under constant pressure to ensure that classroom learning is applicable to workforce needs, and that their research is relevant. Role commitments and demands on time as barriers to community engagement have been well documented in the literature (11). While some suggest the pressure to publish is a barrier to community engagement (11, 13), this study found that several disciplines represented by the study cohort include research practicums within their curriculum. Allocation or integration of community engagement into staff roles was also perceived to be critical. In many cases, professional staff members, rather than academics, are taking on responsibility for organizing and overseeing student placement

and engagement with relevant organizations. This in turn provides time release that may be required to build effective relationships through engagement-specific roles.

Engaging with the general community, whether directly or through organizations and students, is important for the reputation and relevance of the University (13, 14). This may impact on the institution's reputation for research, teaching and graduate education. However, it also seeks to re-address the stereotype of university institutions being inward-looking 'ivory towers'(5, 8). The key attributes to successful professional and/or community engagement identified in this study were consistent with those in prior literature (4, 15); a two-way approach involving the co-creation of knowledge between universities and the partners to address the needs of the community structures.

A framework is sought for incorporating engagement into academic and professional staff members' roles and that overtly addresses time and process. Benefits and barriers identified in this paper will facilitate such a framework. Staff members' engagement in different levels of community, both internal and external, is an important consideration when devising methodology for engagement. Factors such as the institution's strategic goals for engagement; governance by a committee and senior staff members; as well as capacity to integrate professional and community engagement into scholarship, must also be considered (4, 5). The development of a Professional and Community Engagement Committee within this institution, as well as the introduction of community engagement roles under select disciplines, demonstrates the commitment to engagement and early consideration of governance, resources and strategic planning.

This study was conducted within one Australian tertiary institution and we acknowledge the potential participant bias this implies. Staff members in research and teaching positions at Flinders University are required to complete hours of professional and community engagement towards their annual workload, and therefore may have been more aware of their work in this area than other staff. This project did not seek to involve representatives of community groups. It is also a small study; this and the inclusion of one site only limit the ability to generalise to a wider population.

This study set out to investigate the perceptions of staff working in the area of allied health with respect to professional and community engagement. Community engagement between an institution of higher education and the external community is mutually beneficial and may be best framed as a bi-directional activity that requires time and resources for its successful implementation. Integration of community engagement with research and teaching

also requires development of a framework that addresses both the common barriers and facilitators to engagement. A framework should also consider the different forms and levels of community engagement which present within individual institutions.

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