Analysing Professional Work in the Public Sector: The Case of NHS Nurses

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Abstract

Analysis of the terms profession and professional is problematic, and this limits our understanding of professionalisation as a process. On the one hand, there seem to be no necessary or sufficient criteria to define a professional, yet there are undeniable status markers between existing professions. This paper suggests that confusion arises because of the legacy of *naïve functionalism*. Naïve functionalism describes a focus on work content at the expense of understanding interactions between professionals and organizations, and interactions between professions and society. Acknowledging the role of these interactions allows social scientists to continue to use these terms in an analytic sense. This is illustrated in relation to the professionalisation of nurses.

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Introduction

In the last three years, there has been a resurgence in interest in studying professional work (Brunetto 2001; Burrell 2002; Cohen et al 2002, 2003; Dent 2002; Evetts 2002; Greenwood et al 2002; Hallam 2002; Harris 2002; Hodgson, 2002; Käreman et al 2002; Kitchener et al 2000; Leicht and Fennel 2001; McLaughlin 2001; Neal and Morgan 2000; Squires 2001; Sullivan 2000; Watson 2002; Wilkinson et al 2002). In response to Macdonald and Ritzer's (1988) paper, ('The Sociology of the professions: dead or alive?), this indicates a resounding 'alive', and is to be welcomed, since the study of professions touches on important themes: social closure, exclusion and mobility; discourse and identity; cultural capital; power, patriarchy and class.

However, amid the recent flurry of interest, there is a danger that existing insights into professional work may be overlooked, in part because of the sheer size of the existing literature relating to professional work, but also because this literature is fragmented. This paper offers a way of organising these insights in response to an ongoing challenge; namely, the difficulty of defining what we mean by professional. It develops a tripartite framework, and applies this to a contemporary problem: the professionalisation of nurses in the UK National Health Service. This makes four contributions. First, it demonstrates the continuing validity of using professional as an analytic concept. Second, it reiterates the importance of studying interaction, in addition to work content, in the study of professional groups. Third, it offers a way of organising the existing, fragmented sociological literature. Fourth, it grounds this debate in a current social context, thus illustrating the potential to apply this framework.

<u>The Problem of Definition</u>

The label 'professional' holds out promise to disenfranchised groups because it is associated with: autonomy (Friedson 1994), expertise (Schön 1983), a body of knowledge (Etzioni 1969). These are bound up with notions of status and cultural capital (Bourdieu and Passeron 1977), which can be translated into power and economic resources, and are synonymous with a 'folk concept' of professional (Becker 1970). Because it is part of a shared discourse, the label constitutes a rhetorical resource, and source of power (Foucault 1977). However, a precise definition of the label remains beyond reach (Squires 2001). This imprecision is troubling from an analytical standpoint, and recent work acknowledges this (Evetts 2002: 351; Harris 2002: 558; Hodgson 2002: 804-6; Squires 2001: 483; Watson 2002). Early, influential accounts focused on enumerating core traits (Etzioni 1969) or tried to lay down a path to professionalisation (Goode 1969; Wilensky 1964). The search for necessary and sufficient criteria to define words is often misguided given the web-like, inter-relational structure of language (Wittgenstein 1953; Mauws and Phillips 1995). Though this is true of even simple words (e.g. 'game'), attempts to define professional face a further challenge. Since social structures evolve and change, any attempt to specify a historical roadmap is doomed, because it seeks a unitary, static account of a diverse, unfolding process 'only that which has no history is definable' (Nietzsche, 1967 [1887]: 80). The shadow cast by these two problems continues to affect contemporary accounts of 'professional', and to frustrate definition. Indeed, Watson (2002) invites social scientists to abandon the use of the term 'professional' in an analytic sense, since its usage is slippery and ambiguous. I agree with Watson's own assessment that this invitation is unlikely to be heeded (ibid.: 104) but rather than lay claim to a superior methodology, as Watson does, I suggest an alternative definitional framework. This explicitly builds on, rather than jettisons the large, sociological literature that uses an analytical construction of professional.

It is impossible to analyse any label without at the same time using it. However, if a conscious effort is made to transcend definitional accounts of contested terms, this makes a broader sociological analysis more realisable. This is the rationale for identifying what Elias refers to as the 'figuration' (Elias 1970), within which many

problems in sociology are framed. The figuration can be understood as the extant meaning- and value-laden context. Any effort to break out from this can lead to a greater appreciation of the aetiology of a contested term, as well as improving understanding of the way that this term is used within the existing figuration. So, rather than abandon the use of concepts because they are 'slippery and ambiguous' (Watson 2002), this process can result in greater awareness of the reasons why, and ways in which terms are slippery and ambiguous, as well as encourage care in their subsequent use as analytic concepts (Alvesson 2001).

For example, Watson (2002: 104) advocates replacing the term professional with 'expert occupation' or 'knowledge-based occupation'. These retain the functionalist sense of the term professional, but completely lose insight into structure and struggles for power that analyses of the 'system' of professions offer (Abbott 1988; Lamont and Molnár 2002; Macdonald 1995). What makes Watson's terms less slippery or ambiguous also makes them anodyne. Though 'expert' and 'knowledge-based' describe work content, they fail to acknowledge that, 'individual professions exist in interdependence. They compete with one another for jurisdictional monopolies, for the legitimacy of their claimed expertise, thereby constituting a constantly changing system of professions.' (Lamont and Molnár 2002: 178). For example, Alvesson also recognises knowledge is 'slippery' and 'ambiguous' (2001: 863), in choosing the analytical label 'knowledge-intensive firm'. He acknowledges the overlap between this category and professional organizations, but also points out the limitations of defining an occupational group solely in terms of work content. Emphasis on knowledge work ignores the features ascribed to a 'typical profession' (ibid.: 864), which he goes on to list, 'a code of ethics, standardized education and criteria for certification, a strong professional association, monopolization of a particular labour market through the regulation of entry etc' (ibid.).

These features are central to understanding professional work. Clues to the character of the existing figuration for professional can be found in previous projects that attempt to transfix the terms profession and professional, or to describe definitively the process of professionalisation. These approaches share a basic epistemological assumption, namely that occupational characteristics and the content of professional work hold the key to resolving fundamental questions in the sociology of professions.

This assumption leads to an analysis that is insensitive to interaction, in other words an account based on naïve functionalism.

Naïve Functionalism

Naïve functionalism results from the assumption that fundamental questions in the study of the sociology of professions: 'what is a professional', 'what constitutes a profession', 'how does an occupation become a profession'; can be answered by identifying a list of criteria based on the occupational characteristics of the archetypal professional. The focus on work content is what makes these approaches functionalist. Naïve is frequently used in a pejorative sense but here serves an analytic purpose, because it signifies a lack of awareness of interaction, since these professionals are analysed as individuals, and members of a discrete occupational group, rather than as actors in complex social networks.

To illustrate, the questions 'what is a professional' and 'what constitutes a profession' have in the past prompted enumeration of core traits relating to work content: e.g. expertise, autonomy, length of training, code of practice etc. (Etzioni 1969). Similarly, the question, 'how does an occupation become a profession' has prompted a comparative analysis between one occupation's predicted route to professional status, and an ideal comparator (Wilensky 1964). Both approaches are misguided. As mentioned above, the search for set criteria is insensitive to the nature of language (Wittgenstein 1958; Mauws and Phillips 1995). The search for ideal comparators fails to account for discrepancies between theory and practice, and complex historical processes. For example, Wilensky's steps to professionalisation (Wilensky 1964) are not sufficient conditions for professionalisation (Goode 1969). In addition, these analyses focus on work content and on the un-mediated world of the individual professional. This is at the expense of understanding: interactions between professionals; the way professional roles are constructed within organizational contexts; and the relationship between the system of professions and regulatory structures. This makes it impossible to illuminate the 'increasingly complex dynamics and contested pressures' (Dent and Whitehead 2002) that characterise the contemporary arenas within which professions are constructed. The legacy of these definitional projects continues to affect latter day analyses.

The Legacy of Naïve Functionalism

Attempts to transfix profession, or *the* process of professionalisation are futile. Accordingly, contemporary accounts do not typically rely on such an approach - for example they acknowledge that definition is problematic, or contentious (Harris 2001; Squires 2002). More tellingly, theorists also identify how professions are affected by processes of change, and historical contingencies, such as the emergence of new organizational forms (Leicht and Fennell 2001). However, the legacy of naïve functionalism continues to influence contemporary analyses of profession, since these pay insufficient detail to interaction. Specifically, contemporary analyses do not integrate insights from the study of three different spheres of interaction:

1. First, the way in which professional knowledge is constructed as an element of a discursive practice (Abbott 1988; Foucault 1977; Friedson 1988; Katz 1984; Joseph 1994; McLaughlin 2001; Mashaw 1983);

2. Second, the way in which professional roles are negotiated and constructed within and across organizational boundaries (Exworthy and Halford 1999; Forbes and Prime 1999; Hudson 1987; Lipsky 1980; Minzberg 1990; Thompson 1967);

3. Third, the role the professions play in creating and maintaining systems of value and power (Althusser 1969; Illich 1970; Johnson 1972; Macdonald, 1995; Nettleton 1995).

The study of these interactions sheds more light on the aetiology, status and future of professions than analyses that study work content alone. To illustrate this, this paper organizes the insights from each sphere of interaction, encapsulating them into summary *arguments*. The argument from *knowledge* signals the arbitrary nature of professional expertise. The argument from *organization* undermines professional claims to authority. The argument from *power* identifies how professional groups mirror and reinforce social inequalities. I suggest that a rounded analysis of any profession, professional group, or any project of professionalisation, comes through integrating insights from each argument. This analysis could inform contemporary

debates, for example the debate on management as a professional discipline (Hodgson 2002; Leicht and Fennell 2001; Squires 2001) or the debate on the nature of new public sector management (NPM) (Bolton 2002; Exworthy and Halford 1999; Kowalczyk 2002). To provide analytical focus, this discussion illustrates the application of each argument in the UK healthcare sector, with reference to nurse professionalisation (Banham and Connelly 2002; Bone 2002; Traynor 1999). This is a topic of current interest in light of the wide ranging reforms to the healthcare sector, and to nurses' work (Department of Health 2000, 2001a, b, 2002). It is also pertinent given historical parallels with earlier periods of reform, that influenced the status of the nursing profession (Hallam 2002: 36); and because of concerns within nursing, that professional status is under threat (Scott 2003a, b; Smith 2003). After developing the core insights from each sphere of interaction, and applying them to this problem, the three arguments are synthesised in table form, thus providing a tool for studying other professions.

The Argument from Knowledge

Schön (1983, 1988) identifies the dominant model for discussion on professions as 'Technical Rationality'. This is, 'instrumental problem solving made rigorous by the application of scientific theory and technique'. Glazer's (1974) and Etzioni's (1969) analyses of profession are underpinned by technical rationality; for instance, Etzioni (1969) stresses the primacy of knowledge in abstract, and application. Similarly, Goode (1969) argues there are two 'central generating qualities' of a profession, the first being, 'a basic body of abstract knowledge'. Schein (1973) also stresses the role of an underlying science. Time and again, in analyses of professionals the following two characteristics of professional work are emphasised:

1. the type of knowledge (e.g. abstract, codified, expert)
2. the way professionals apply that knowledge (i.e. to solve particular problems)

Schön develops both these themes, but argues that there is a limit to 'technical rationality'. His construction also includes elements of experience and practical wisdom; in other words, it calls attention to the arbitrary nature of what constitutes expertise. This is a departure from naïve functionalism, because it goes beyond an

analysis based solely on the content of work, to include analysis of one sphere of interaction: the way in which knowledge is situated and constructed as part of a discursive practice.

Identifying the limits of one kind of knowledge can legitimate other forms of expertise (Abbott 1988; Abbott and Wallace 1995). This in turn can improve understanding of practice (Squires 2001), or form the basis for critique (Degeling and Colebatch 1984: 358; Habermas 1971; Johnson 1970). The evolution of expertise can also be understood as being the development of a discourse (Foucault 1977); for example, knowledge can constitute a rhetorical resource (McLaughlin 2001) and a codified language can be a protective barrier, as well as evidence of an abstract body of knowledge (Joseph 1994; Mashaw 1983).

To illustrate, Katz shows how doctors do not communicate their uncertainty over even 'routine problems' to patients (Katz 1984: 545). Katz concludes that inherent uncertainty results in a system of professional defences. Coupled with a codified language, this leads to the development of discursive practices that mediate the doctor patient relationship. Katz argues this is more damaging to healthcare than the consequences of patients having to cope with uncertainty. Management of uncertainty would be mutually beneficial, by opening up 'paths for trust' that could travel a 'two way street, from patient to doctor and from doctor to patient' (Katz 1984: 563). The basis for this trust, should be a, 'mutual recognition of the capacities and incapacities of both parties for coping with… vulnerabilities engendered by uncertainty' (ibid.). The image of a two way street leading to mutual recognition, describes a process whereby professional status is not rescinded, but re-appraised. Widespread reappraisal could lead to a more inclusive construction of professional that counts other groups as professionals by virtue of their own 'capacities and incapacities for coping with human vulnerabilities' (ibid.).

These insights are summarised below as the argument from knowledge, ($_A$K):

$_A$K involves reconstruction of the account of professional as expert via re-valuation of other forms of expertise, such as the provision of care, and calls attention to the limits

of expert 'knowledge'.

Applying the Argument From Knowledge to Nurse Professionalisation

This argument can be applied as follows: widespread recognition of uncertainty, and the importance of experiment and heuristics in everyday treatment could reframe the notion of medical expertise (Abbott 1988; Katz 1984). Situated expertise could become more valued, and simultaneously, reference to a body of codified, abstract knowledge would become less impressive (Joseph 1994; McLaughlin 2001; Mashaw 1983; Schön 1988). Widespread recognition of this could influence perceptions of the relative status of the professions. This process could mean collective reappraisal of the role of nurse, in effect a re-labelling by stakeholders outside the health service.

There is some empirical evidence to suggest that changes in patient perceptions can influence the appraisal of nurses (Traynor 1999). Broadbent (1998) has shown how in the wake of changes to the General Practitioner contract in 1990, responsibility for health promotion was assumed by practitioner nurses. This increase in responsibility can be associated with a project of professionalisation. Aiken and Sloane (1997) have shown how in areas where medical expertise has widely recognised limits, traditional elements of nursing (provision of care) may be positively reappraised.

The argument from knowledge is perhaps the most widely understood way in which a naive functionalist treatment of professional can be undermined; hence it is not explored in as much detail here as the arguments from organization and power. It emphasises that the situated, constructed nature of expertise is inconsistent with claims to absolute authority (Macdonald 1995). Although it identifies the limits of rationality and shows how uncertainty and professional defences can lead to the development of a discursive practice (Foucault 1977), it does not address how professional identity is negotiated and constructed in complex domains. The second argument addresses this sphere of interaction, analysing the interaction between professionals within and across organizational boundaries.

The Argument from Organization

Leicht and Fennel assert (Leicht and Fennell 2001: 2) that, 'managers and professionals are changing places in an increasingly unified elite division of labor'. This chimes with Squires' equation of 'management as a professional discipline' (Squires 2001), and with the debate on managerialism (Bolton 2002; Bone 2002; Brunetto 2001), where rationalisation and market-driven initiatives are seen as reordering relations between professions and management (Cohen et al 2002: 7). These analyses emphasise the content of professional, or managerial work, and thus focus on changes in *jobs*, rather than examining the interactions between different occupational groups across organizational boundaries. This is a legacy of naïve functionalism, and the public sector is a useful context in which to illustrate the limits of this approach.

Many public sector organizations are examples of what Minzberg calls professionalized bureaucracies (Minzberg 1990). This usefully conflates two competing sources of authority (situs in a bureaucracy, status as a professional). The interplay between these is complex. For example, Forbes and Prime (1999) describe how many NHS workers are 'hybrid managers', neither wholly professional, nor manager. Similarly, Exworthy and Halford (1999: 12) note that, 'professionals will adapt to incorporate new managerial skills … new managerialism is not merely an external imposition.' This suggests that such change could in turn influence institutions, where, 'the intersections between discourse and identity bring about mutations in … public sector organizations themselves' (Halford and Leonard 1999: 120). Exworthy and Halford (1999: 122) suggest that in some ways 'hybrid' is an oversimplification, implying as it does a crossing or mix of factors. Instead, '[d]octors are taking on managerial responsibilities and, *at the same time*, maintaining both clinical autonomy and professional identity' [original emphasis].

However, the idea that 'hybrid managers' are truly able to be both professional and manager is open to challenge. This can be explored with reference to Thompson's (1967) idea of *domain consensus*, which addresses the complexity of relations between different occupational groups. Since many professionals work in multi-disciplinary teams, one cannot analyse the professional in terms of an occupationally

specific hierarchy (as is implied by the label manager). Instead they are more accurately seen as part of a domain, or web of professionals and para-professionals. This wider network comprises different actors with potentially conflicting interests. For example, a single case might involve all the following: social worker, probation officer, psychiatrist, GP, community psychiatric nurse, police officer, solicitor, barrister. Collaboration between these different actors can be problematic, given their conflicting aims, conflicting ideologies and different claims to authority. These claims are more sensibly understood as reflecting relative status, rather than position in an organizational hierarchy, since domains often involve professionals from different organizations. Domain consensus can be jeopardised by actors' competing views of professional authority and their differential evaluation of claims to such authority. How expertise and relative status are constructed will depend on the characteristics of a given network, and set of interactions, rather than a situation, or hierarchical structure. Relatedly, Hudson (1987) argues that 'network awareness' is a key component to service provision, given a, 'history of distinct administrative divisions, separate patterns of accountability and isolated patterns of training and professional socialisation' (in Hill 1997: 345).

The theme of complexity in the organizational context also finds expression in Lipsky's (1980) idea of the 'street level bureaucrat', which offers insight into what it means to be a professional, as part of a wider social arena. Lipsky's point is that street level bureaucrats (who include doctors) have enormous power because they have discretionary scope. This power is not simply a function of legislative or social sanction, nor does it arise solely from their organizational situs. Instead, it is a consequence of their need to accomplish complex tasks and to mediate between clients and institutions, in the face of resource constraints. Lipsky argues that the scale and extent of this power goes unanalysed. This model is less critical than other analyses of the system of professions (Abbott 1988), because Lipsky does not imply that the source of power results from professionals' seeking to further their own interests, instead, it arises from complexities in the context. However, this raises issues about the accountability of such street level bureaucrats to organizations, clients, the law, and professional norms. Developing this, Hudson (1987) argues that professional monopolies may be no less harmful than the forms of street level behaviour they ostensibly regulate. There is a further source of danger, given the

complex roles of both bureaucrat and professional. Mashaw (1983) indicates that whereas the bureaucrat operates via procedures that are designed to 'render transparent the connection between concrete decisions and legislatively validated policy', the professional's operation is more akin to an 'art', that, 'remains opaque to the lay man'. Even this understates the extent of the street level bureaucrat's freedom to act. Domain complexity is such that not only is the layman unsure of the link between decisions and validated policy, even well versed para-professionals are unclear as to the limits of this discretion. So, the dilemmas do not end with the professional *in officia*, but extend to a wider social network.

Domain complexities apply to professional workers irrespective of how we understand the manager – professional dynamic. The danger of settling on the term 'hybrid manager' is that it hints at a new type of job – the combination or crossing over of professional and bureaucrat. This loses sight of the web of interactions professionals experience in the course of their daily work. The individual, occupational and organizational contexts are all complex, and together these undermine a simple account of the role and authority of professionals within bureaucratic organizations. The significance of these interactions is another powerful argument against a purely functionalist analysis.

These insights are summarised below as the argument from organization, ($_A$O).

$_A$O undermines accounts of identity that are based on work content. Individuals also construct and negotiate their identity in the process of interacting with others.

Applying the Argument From Organization to Nurse Professionalisation

There is some empirical evidence to suggest that nurses' professional status, in relation to other professions has been renegotiated. This can be found where expert authority is challenged by virtue of patients or patient groups having equal, or superior expertise. Nettleton (1995) gives the example of HIV patients, citing Walker and Waddington (1991: 128). They, 'represent a particularly potent challenge… to the authority which doctors have traditionally claimed over patients'. Aiken and Sloane (1997: 472) point to the need for restructuring the system for healthcare

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provision, in turn increasing the levels of clinical autonomy for nurses involved in AIDS care. This is warranted, given the high levels of uncertainty, and intensity of emotional labour. Perhaps in the face of such manifest uncertainty, the 'technical'-skills versus 'care'-skills value-gap is less significant, or reversed, and there may also be greater need for clinical autonomy given the scarcity of established procedures.

An alternative analysis would be to consider an area that is often neglected in the debate on nurse professionalisation, namely the provision of emotional labour and caring. Failure to appreciate these holistic elements of nurses' work may also be a legacy of naïve functionalism, because equating professional status with work content implies that a professionalisation project may become aligned with a desire to develop specific professional attributes. This suggests that more diffuse, though core components of nursing (provision of care) can be overlooked. There is evidence to suggest that the acquisition of technical skills, or attributes is associated with enhanced recognition and status relative to existing professional groups. For example in radiography, where nurses have responsibility for requesting examinations (Hardy and Barrett 2003: 203). There is evidence of role expansion in other areas too, for instance where accident and emergency nurses can 'order diagnostic tests, take blood, and suture… once considered medical tasks' (Pidduck 2003: 377). Though in some senses this represents a redistribution of technical expertise, this may still be a threat to professional identity, either where the status of the nurse is reinforced as a 'sub-medic' (ibid.), or where the importance of providing 'expert nursing care' Scott (2003a) is lost. The danger of emphasising attributes of professional work (a legacy of naïve functionalism) is well summarised by Scott, 'Nursing must never be considered merely a collection of activities' (Scott 2003b: 1000).

To recap, the first two arguments undermine a naive functionalist treatment of professional, because they emphasise the situated, constructed nature of expertise ($_A$K), and the complex contexts which professionals negotiate ($_A$O). The first of these identifies processes leading to the development of a discursive practice and thereby an ordering of power relations, the second illustrates how domain complexities influence the construction of identity. By themselves, these are not enough to explain the social processes resulting in current, received status differentials. Status difference is embedded in our shared, 'folk' understanding of (for example) what it means to be

nurse and what it means to be doctor. Such differences can be explained with reference to the final sphere of interaction, and by analysis of power.

The Argument from Power

There is an established strand of literature exploring the role of professions in society (Althusser 1969; Durkheim 1957; Evetts 2002; Macdonald 1995). Althusser (1969) sees welfare agencies as ideological state apparatuses (ISA's), who maintain order by fostering fragmentation and preserving dependence and docility among the citizens. Following this interpretation, professionals in the health service would be seen as state-owned forms of control predicated on dominant ideologies such as: current constructions of disease; and perception of doctor as expert. This is a far cry from Durkheim's (1957) vision of the professions as a force helping society to cohere, but the mechanism is identical. The difference is that Althusser portrays professions as a link in the chains of bourgeoisie hegemony, whereas Durkheim sees their ideological base or 'moral particularity' as the bedrock of civil order. These diametrically opposed analyses, delimit a third departure from functionalism, the argument from power.

One way to explore the contrasting views of Durkheim and Althusser is to construe the professionals as a class, or a source of regulatory power (Evetts 2002). As Friedson suggests (1988), division of labour within the health service is highly stratified, and, all occupations have 'less prestige than the physician'. This difference in social status means that, 'the backgrounds of those recruited into all paramedical occupations are likely to be lower than those recruited into medicine itself' (ibid. 52-3). So, status differentials seemingly occasioned by the label professional are less an outcome than they are an input. Constrictions on social mobility result in the professional classes merely being one aspect of the bourgeoisie. This influences lay-professional relationships, which, 'reflect and reinforce wider social relations and structural inequalities' (Nettleton 1995: 131).

This strand makes it easier to illustrate the limitations of the first two arguments. As well as being ostensibly value free, both $_AK$ and $_AO$ are less able to describe changes in structure. Accounts emphasising power explicitly address ethical themes, and

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relate the dialectics of change. They thus offer an important, complementary third perspective. This can be brought out further by simplifying and collapsing contrasting views on the role of the professions into two opposing frames. In the first value-laden frame ('pro'), professions are, 'a positive force in social development, standing against *laissez-faire* individualism and state collectivism' (Johnson 1972: 12). In the second ('anti'), professions are 'harmful monopolistic state oligarchies whose rational control of technology would lead to some form of meritocracy' (ibid). The latter is more elegantly phrased by Shaw's aphorism, 'every profession is a conspiracy against the laity'.

The prime 'pro' case is made by Durkheim (1957: 7-8):

> Since… society as a whole feels no concern in professional ethics, it is imperative that there be special groups in the society, within which these morals may be evolved, and whose business it is to see they are observed. Such groups are and can only be formed by bringing together individuals of the same profession, or professional groups… Each branch of professional ethics being the product of the professional group, its nature will be that of the group… the greater the strength of the group structure, the more numerous are the moral rules appropriate to it and the greater the authority they have over their members.

More formally, this describes two trajectories:

1: From work specialism to professional ethic

Specialised work > Need for specialist monitoring

Need for specialist monitoring > Grouping of specialists

Grouping of specialists > Ethical consensus

2: From professional ethic to civic order

Ethical consensus > Stability and better organization

Widespread Stability and better organization > Civic order

This analysis reveals a curious dialectic. The complexity of medicine leads to the establishment of an expert cadre. This cadre establishes a large body of knowledge, so no individual can be truly expert, but practice must be observed by 'special groups'. So, authority as a professional resides less in knowledge, the analysis of

many writers, but more in traditional structures that legitimate status, and institutionalise boundaries (Lamont and Molnär 2002: 178; Polleta and Jasper 2001). However, Durkheim's account overlooks the potential for these groups to act in their own interests and not in the interests of society. Any potential to do this would surely increase as the 'strength of the group structure' increased. Evidence that professional groups do act in their own interests can be found in Bevin's comment at the inception of the NHS that he had to 'stuff the doctors' mouths with gold' (Timmins 1995). Johnson (1972: 14) relates a common 'pro' allegory, 'centres of resistance to crude forces… the great professions, stand like rocks against which the waves… beat in vain'. This allegory has several shortcomings. An obvious though significant point is that the professions are man-made, and have evolved, hence the rock metaphor conceals themes of power and process. The metaphor also simplifies the relations of these groups to other constituents. Although the image of professions as a bulwark against change is accurate, it fails to capture the dynamic of an essentially dialectic process. The 'great professions' do not merely form a static barrier they also beat back the waves. Indeed, to the extent that they stand as a symbol of power and status, the professions also invite envy. Hence they do not simply resist the waves, they also encourage them.

From the 'anti' frame, Illich offers a more striking allegory.

> We are incapable of imagining what free men can do when equipped with modern tools respectfully constrained. The Post-Professional Ethos will hopefully result in a social panorama more colourful and diverse than all the cultures of past and present taken together (Illich 1977: 14).

Though sincere, this plea for a social panorama is somewhat whimsical, and the language would probably be pilloried by Illich if used to support a rival ideology. Even to side-step the process and mechanics of an awakening, it is unclear what form 'respectful constraint' should take. Equally it is unclear which person or body of persons would decide and enforce this. To imply as Illich does, that this group consists of everyone seems hopeless if we allow any notion of particular (albeit non-'professional') knowledge, which is surely the basis of 'modern tools'. But to allow these tools to be 'respectfully constrained' by a morally secure group collapses Illich's post-professionalism to a Durkheimian concept of civic morality, or

professional ethics by another name. Even so, Illich's argument for reform are clear, and so is his departure from a functionalist analysis. This is worth emphasising, given that the ongoing character of the lay-professional relationship reinforces the dominance of professionals. For example, Hagan (1986: 342) relates the following response from one of her interviewees, whom she asked about the nature of advice her doctor gives, 'What do you mean, advice… he just telt me to go up to clinic and take these pills'. Giving advice, itself a function of expert / authoritative power implies a greater degree of parity and dialogue than is real in this case. This shows how discretionary power can be used to reinforce gender inequality. Though clinicians are uncertain about common problems (Katz 1984), they 'contribute to the perpetuation of dominant value systems', because of, 'presumed technical expertise' (Nettleton 1995: 137).

These insights are summarised below, as the argument from power ($_A$P).

$_A$P draws attention to social equity, the perpetuating and reinforcing influence of established professions on ideology, and problematises received accounts of the professions as a source of social good.

Applying the Argument From Power to Nurse Professionalisation

That professionals perpetuate dominant values such as patriarchy is salient given the highly gendered nature of the NHS, and the far larger proportion of women nurses. This is not only relevant for patients (Hagan 1986), but influences the attitudes and roles of nurses (Mackay 1992). Claims to expertise legitimise the ordering of power relations, and enhance the ability of professional groups to reinforce structural inequalities (Macdonald 1995). This suggests that measures that increase technical autonomy for nurses are likely to be significant in terms of raising status via gradual reconstruction of the role, though this may undermine a coherent professional identity and ignore other elements of nurses' work, namely the provision of care (as above).

Degeling and Colebatch (1984: 358) suggest how wider social change could reorder power relations. Using a Habermasian (1971) framework, they argue for the 'development of a critique' of professions, which will have three consequences: to,

make us aware of 'existing structures of our domination' and of their 'deleterious effects'; to show how these structures are 'constituted and maintained by … those who are subject to them'; to show how these 'can be displaced by social forms… to the mutual benefit of both individuals and society'. On this analysis, the medical profession would stand as an example of a 'structure of domination', one that by virtue of exercising professional authority prevents and inhibits 'inter-subjectivity in social relations' (ibid.). Dominant structures could be displaced, to result in a more inclusive panorama, with nurses afforded equal status. Recent attempts to bring about change in the NHS can be understood as concrete examples of 'social forms'. Interestingly, these seem built on a rational, mechanistic project of displacement, *a la* Degeling and Colebatch; in the sense that they aim to redesign social structure with an end in mind, 'shifting the balance of power' (Department of Health 2001b, 2002); and marry resources to change, 'a plan for investment, a plan for reform' (Department of Health, 2000). Although the change mechanisms heralded by Degeling and Colebatch ('self-awareness and action') are less mystical than Katz's (1984) 'two-way street' of trust, there are a number of problems with this analysis, and hence with reforms that are similarly mechanistic.

One problem is that one of the presumed motors of this critique is individual actors, who are situated within existing structures of domination. However, these individuals may well pursue their own interests, or the interests of their professional bodies. It is also possible that any restructuring would result in a new set of power relations that simply replace one set of dominant – sub-dominant configurations with another. Most problematically, this application of Habermas is internally inconsistent. On the one hand it argues that rational and instrumental constructions of society conceal a coalition of interests and power relations, so that conceptions of how society is ordered are inadequate. On the other hand it proposes a rational and instrumental system for change. Though critical discourse can provoke insight into the limitations of rationality and instrumentality, the assumption that relations between social institutions can be restructured to a particular end, is also rational.

A key implication of the argument from power is that valuing of expertise is a function of ideology, that reflects structures of domination. Expertise that is codified or in the form of technical skills, is more easily valued than that which is tacit, such as

the provision of care. Codification makes it easier to sanction and legitimate experts. Recognised authority figures are subsequently afforded with enhanced social status, thus perpetuating a system which reinforces hierarchies of power. There are various ways in which these structures may be reordered, potentially through the intervention of the state (Degeling and Colebatch 1984). There is scope to encourage the diffusion of expert knowledge. Also, there is potential to develop critique by recognising the dangers of having a professional class (Friedson 1988; Burrell 2002). Finally, external contingencies can shape constructions of expertise and lead to re-evaluation of other professions, and reappraisal by other stakeholders (Aiken and Sloane 1997).

The table below organizes these arguments, thus providing an analytical tool and a summary of the literature. This demonstrates how the terms profession and professional retain analytical merit.

TABLE 1 HERE

Conclusion

This paper has emphasised the continuing value of using contested terms in the sociology of professions as analytic concepts, by addressing simultaneously themes of knowledge, organization and power. To illustrate these themes, the paper explored a particular, contemporary debate, namely the project of nurse professionalisation (Traynor 1999). The paper undermines functionalist accounts (that are based on work content), that are naïve (pay insufficient account to interaction). This in turn warranted analysing professionals in terms of their power relations and as a social class. Below are summaries of the insights from each of the three spheres of interaction, here labelled arguments:

1. The *argument from knowledge* involves reconstruction of the account of professional as expert via re-evaluation of other forms of expertise, such as the provision of care, and calls attention to the limits of medical 'knowledge'.

2. The *argument from organization* explores how individuals construct their identity as more than simply manager or professional in the interface between bureaucracy

and clinical autonomy, and in a complex web of relations to other individuals.

3. The *argument from power* draws attention to social equity, the perpetuating and reinforcing influence of established professionals on ideology, and problematises received accounts of the professions as a source of social good.

These *arguments* are summary, mnemonic tools. They emphasise the complexity of interaction in the occupational, organizational and social contexts for professional work. This represents a shift away from trait accounts of professional, and goes beyond simple, process accounts of professionalisation. Both of these are a legacy of functionalism. This interactionist perspective redirects analysis towards the relationally constructed nature of professional, through three lenses: knowledge, organization and power.

Table 1: Studying Professional Groups and Professionalisation using the Three Arguments

Dimension	Naïve Functionalist focus	'A'	Insight	Interaction	Change via…	Implications (Nurses)
The Task	The professional has access to, and applies a discrete body of expert knowledge	$_A$K	Discursive practices mask the constructed, situated nature of expertise and hide disclosure of uncertainty or doubt	Professional – lay relations	Re-construct expertise (Foucault 1977; Friedson 1988)	Changed patient perceptions where medical expertise has widely recognised limits, reappraisal of value of care
Role at Work	The professional has power by virtue of their situs (in a hierarchy), *and* status (as a professional)	$_A$O	This overlooks great discretionary power, which is implicit in the street level bureaucrat's web of relations and dilemmatic context	Professional – para-prof'nal and client relations	Recognise domain complexity (Hudson 1987; Lipsky 1980)	Expansion of nurses' roles; challenge to coherent professional identity; potential loss of holistic element.
Role in Society	The professions influence relations in society via peer sanction and professional ethics	$_A$P	The nature of the influence of the professions is problematic because they mirror and reinforce inequity, and act to serve their own interests	Professions – Para-Professions and the State	Redistribute power (Illich 1970; Johnson 1972)	Gender inequity; role of state in reordering power relations; diffusion of expertise and power;

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