Theoretical frameworks used in studying professions

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Abstract: This article outlines some of the main theoretical perspectives used as a basis for providing an analytical framework for understanding how different professions have developed their identity. The focus is upon the delivery of health, social care and education services and a principal consideration is to examine in whose interests professionals work - themselves, their clients, the general public, the State, patriarchy? Also what role does power play in their operations. For example the Neo-Durkheimian framework emphasises ‘disinterestedness’, ‘bringing cohesion’ and implies commitment for instance to welfare state values or particular altruistic codes of behaviour. A Neo-Weberian framework emphasises ‘social closure’ and ‘professional dominance’ and introduces the notion of professionals seeking to exercise power over others. This is developed further in an analysis of Neo-Marxist and Post-Structuralist frameworks which draw out the nexus of power relations that underpin professional relationships including that which a profession holds with the state, specifically with regard to the latter’s capacity as an employing authority. A fourth main perspective, Managerialism, is singled out as a feature of modern times as its characteristics of professional governance have become embedded gradually throughout professional practices to scope demands for increased efficiency, accountability and achieving greater responsiveness to client groups. Linked to this is a separate framework of Democratic or Collaborative professionalism which extends the role of accountability to widen the range of stakeholders. This raises questions about the conduct of professional practice, either directly or indirectly, in terms of upwards, downwards, inwards and outwards accountability processes and techniques. Finally some ideas underpinning the concept of a ‘professional project’ are floated illustrating for example how there is a starting point, overall objectives and sub-goals set and steps outlined towards a monopolization of professional knowledge. A fault line may emerge when one of the eventual outcomes of professions simulating a competing standards narrative leads to a notion of ‘de-professionalisation’, arising for example from a breakdown in public services and failure to achieve high quality standards resonant of the situation characteristic of parts of the UK today.

Keywords: sociology of professions; theoretical perspectives and professional practice; social closure; power structures; specialist knowledge and expertise; professionalisation and the professional project

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**Introduction**

What are our criteria for judging teachers, social workers and health care workers as ‘professional’ and what are the impacts of current changes and challenges on the nature of the ‘professional project’ where professionals need to become accountable to the interests of a changing public, amid a growing background of tighter resources and demands for citizenship rights? There are several rich theoretical perspectives shaping professionalism as a concept, demonstrating that there is more than one valid view of a social action or a social phenomenon. However most social scientists agree on some basic characteristics of professionals:

- Professions are interest groups and engaged in competition with each other and other groups in society, up to and including the state
- The number of professionals has expanded massively in the 20th Century and professions have grown in importance, albeit relatively
- Professionals are concerned with providing services to people rather than producing inanimate goods
- The social status of professionals tends to increases as a function of length of training required to practice
- Professions claim a specialist knowledge about the service they provide and expect to define and control that knowledge
- Professions may pursue economic interests, but often have other motives for their collective action as a strategy of social closure, partly because professions have a distinctive place in the British class system

At the heart of the ‘professional project’ is a belief that professionals need to strive both economically and socially. The services that professionals provide are characteristically different from the goods that are sold by a manufacturer or a retailer in that they are intangible and the purchaser has to take them on trust (MacDonald, 1995). The growing number of people working in professional, managerial and administrative occupations is related to the importance of large-scale public, private and 3rd sector organisations both in the UK and elsewhere. It is also connected with the expanding numbers of people working in sectors of the economy where the state plays a major role – for example, in government, health and social welfare, education and criminal justice.

**Main theoretical perspectives**

The following represent examples of the main theoretical perspectives used as a basis for developing an analytical framework for understanding both the policy and practice dimensions relating to how professionals develop their identity.
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**Neo-Durkheimian**

*Structural, functionalist accounts, which see professions as a static/stable social stratum that offered a socially cohesive role, a disinterested integrative social function.*

This perspective asks of the professional questions such as ‘in performing your role how far do you prioritise being ‘disinterested’, ‘dispassionate’, and bringing ‘cohesion’ ‘unity’ or ‘integration’ to your work? The background UK historical context is located within the Welfare State, whose focus and direction became structured by a commitment to two modes of coordination: bureaucratic administration and professionalism. This Welfare State was a professional state: it depended on professionals both for the expertise needed to formulate policy and to deliver that policy; thereby underscoring the interdependence of professions, the state and the public (Moran, 2004, p.31). Professions continue to play a pivotal role in the concepts of welfare states and their transformation to service-driven societies, which are characterised, on the whole, by an expansion of expert knowledge and professionalism. From an historical perspective the rise of professionalism and the emergence of ‘professional projects’ are characteristic of civic societies (Bertilsson, 1990).

Strong state intervention is needed to ensure at least health, housing, education, training and social security for all workers, research and power for industry and infrastructure for transport such as railways, local government, and other forms of spatial and social democratic integration to make it all work together. The ideological difference is not the intervention which is functionally indispensable, but the underlying values: in the conservative model the social integration is hierarchical, while the social democratic model is egalitarian.

The developing welfare states had a vital interest in the expansion of ‘professional projects’. For instance, as they promised access to social services for the citizens, they had to provide and expand the markets for professionalised work. From the public’s perspective these services offered by the professions became a gauge for the success of the attempts of welfare states to translate the concept of social citizenship into the practice of social services. The mindset around social services represents a generational perception and expectation contrasting pre- and post- World War 2 ‘thinking’; and was deeply ingrained with the creation of local authority social services departments (Seebohm Report, 1968) when personal social services grew to be more embedded in British culture (for example, Sainsbury, 1977). Both the economic and social order then becomes less about production and more about consumption and the emergent professional classes responded actively to new opportunities to serve varied and wide-ranging public interests.

A depiction of the positive qualities of professions was labelled sociologically the ‘trait’ approach, where individual professions were categorized and their
work described fairly uncritically. One of the principal reasons why the trait theorists (for example, Etzioni, 1969; Toren, 1972) identified nursing, social work, teaching and the remedial professions as ‘semi-proessions’ was that they did not appear to have developed dominance in discrete areas of knowledge. Despite the considerable growth of the caring professions, substantially based on claims to knowledge and skills, they still would not satisfy this criterion (Hugman, 1991).

An alternative view is that ‘professional attributes are the symptom and not the cause of an occupation’s standing’ (Howe, 1986, p.96). For instance, the term ‘professional’ implies competence, efficiency, altruism and integrity. An equally uncritical account of professions was that of ‘structural functionalists (Parsons, 1939; Goode, 1957) who tended to view the professions as a stratum of society providing a socially cohesive role. Notions of public service as a set of values, a code of behaviours and forms of practice, became institutionalised, granting a position of considerable privilege which historically has had to be earned. According to Goode (1969) many of the characteristics that have been proposed are derivative, the two core characteristics in his view being a lengthy period of training in a body of abstract knowledge and a strong service orientation. Elsewhere he described the characteristics of a professional community as a sense of identity associated with shared values, an agreed role definition, a common technical language, and a recognition that the professional group has power over its members.

Barber (1963; 1978) looked for characteristics of professionalism which might be regarded as having greater functional relevance for the relationship of professional to client or for society generally. He identified four such characteristics:

• a high degree of systematic knowledge,
• orientation to community interest,
• control through a code of ethics emanating from a voluntary association, and
• a system of rewards which is ‘primarily a set of symbols of work achievement’ (Barber, 1983, p.72).

Inter-actionist perspectives are similarly relevant to such integrative accounts seeing professionalism as a function of a dialogic process between a person’s self-identification and their interactions with others. For example, the interface between the social work profession and nursing is characterised by status, unclear boundaries and public perceptions of the social work task (Wilmot, 2003, p.94).
Neo-Weberian

Frameworks which emphasise professions developing strategies to advance their own social status, persuade clients/potential clients about the need for the service they offer, and corner the market in that service and exclude competitors:

Social Closure

‘Social Closure’ cannot exist unless it is believed that the particular tasks which a profession performs are so different from those of most workers that self-control is essential. For instance, professionals internalise their work, their modus operandi, and continually make judgements about when, where, and how to intervene. This has led to an inherent moral, ethical creed defining their behaviour. Integrity is demonstrated by how tasks become learned, based on standards which individuals internalise to perform a set task effectively, embedded most cogently in ways of mentoring and offering higher-level work supervision.

Features relating to social closure include monopoly, self-regulation, indispensability, self-importance; along with possessing high value and having high rank/status. Monopoly is essential to professionalism, as is freedom of judgement or discretion in performing work, both being intrinsic qualities; constituting an antithesis to a ‘managerialist’ model which opposes freedom of judgement, and asserts that organisational efficiency improves through minimising discretion (see for example, Alvesson (2013); Clarke and Newman (1997); McKimm and Phillips (2009)).

Collective social advancement rests upon social closure. By cornering the market professionals offer a service that is closed off from others. A monopoly is gained to work in a specialised way with a particular group of clients, for example clinicians treating sick people; so that other occupational groups seeking a similar role are excluded. This closing off, self-regulation means that only those inside the boundaries of the profession can scrutinise its practices - others are denied access and are kept in a state of ignorance.

In order for professionals to maintain their social status they must convince those on the outside of their boundaries that they are offering a unique service and so they develop various rhetorical devices to persuade the world at large of their special qualities (high quality of care based on individual qualification; mystique of expert knowledge and self-importance; manipulation of the media). To do this they must justify a peculiar knowledge base that has a technical or scientific rationality on the one hand, but that on the other, is not so easy to understand that anybody can use it. Medicine as a whole can be seen to provide such accounts to the world. However this persuasion is precarious, taking the examples of alternative medicine and psychiatry, with regard to their coherence and credibility of scientific knowledge.

Exclusionary patterns of professionalism are characterised by hierarchical, bureaucratic patterns of self-regulation and self-administration: ‘tribalism’ and...
occupational closure; claims for ‘autonomy’ and self-determined decision-making; identity construction based on ‘belonging’ to a professional community; an expert-lay divide; and specifically within the context of delivering health and social care, a gendered division of the workforce. For example, although within the UK there may have been evidence of a breakdown of tight gender divisions in the NHS, in social care a pervasive pattern of de-professionalisation as a result of poor working conditions has become particularly noticeable due to its associated gender pay gap along with the feminisation of care work (Gray and Birrell, 2013; Manthorpe, 2002).

**Professional Dominance**

Professionals exercise power over others in three ways:

1. They have power over their clients - the latter convinced of the need for the service they are offered or seek, are dependent on professionals. An imbalance of specialised knowledge keeps the client in a state of ignorance, insecurity and vulnerability. This power balance is reinforced if the professional operates on their own territory rather than that of their client, for example by treating people in hospital rather than their own home. The development of professional specialisms, associated with the middle rather than the working class, led to the coming of the ‘expert’ and the ‘technician’. The new ‘occupational professions’ emerged, some evolving from the old ‘status professions’: for example, bone-setters into orthopaedists, domestic workers into trained nurses (see Friedson, 2001). The few intellectual occupations trained in the medieval universities, the original ‘status professions’ (Elliott, 1972) of law, medicine, the ministry and university teaching, expanded in size and were either transformed or split up into separate disciplines. This development towards so-called esoteric knowledge, typifying specialisation, ingrained the separation of professionals from their client base.

   Taking accountancy as an example of a ‘professional project’ (see MacDonald, 1995; 187-204), as the economic world became increasingly complex and the legislation required to regulate it followed suit, professional practice came to entail an esoteric collection of areas of knowledge, rather than having a foundational basis in esoteric knowledge. Accountancy includes a basic skill of book keeping, auditing and legal provisions, and provides services in the fields of taxation, insolvency and bankruptcy. To become a knowledge-based occupation, it was necessary to assemble, define and isolate a particular cognitive domain to which it could restrict access, and in the journey towards professionalisation the difficulty in defining the occupation, its jurisdiction and its knowledge base was one of the stumbling blocks that halted progress.

2. Professionals exercise power over their new recruits – thus a dominance hierarchy is common in professions, with senior practitioners and trainers exercising control and discipline over their juniors. Power enjoyed in the upper
ranks of a profession can only be secured by submission and deference in early junior days, as trainees are dependent on their superiors for career progression. This does not apply in many public sector and private organisations where a culture of managerialism is predominant and career progression becomes more dependent on the whims and persuasions of general managers rather than senior professionals acknowledged for their expertise and experience of working within a specific discipline. Cultural work to establish the legitimacy of their practice must set about ‘producing the producers’ (Larson, 1977, p. 71), that is, ensuring that all future entrants have passed through an appropriate system of selection, training and socialization, and turned out in a standardized professional mould. This will involve the attempt, at least, to control the educational input and is closely connected to the development, definition and monopolization of professional knowledge.

3. Professionals seek to establish a dominant relationship over other occupational groups working with the same clients. They may seek to exclude existing equal competitors or they may seek to usurp the role of existing superiors. In medicine in addition to excluding competitors they also subordinate them (obstetricians directing the work of midwives) or limit their therapeutic powers to one part of the body – for example, dentistry or optometry. The profession pursues its ‘professional project’ where there are other actors in the field. Relations with them may have both market and status consequences and none is more fateful than those with the state, with whom a regulative bargain must be struck (Abbott, 1988; Cooper et al 1988). The occupation must also have dealings, sometimes cooperative, sometimes competitive, with other occupations in and around their potential jurisdiction and with educational institutions. Both may have impact on the course of the ‘professional project’. The new ‘occupational professions’ emerged, some evolving from the old ‘status professions’, some from the informal economy, as uroscopers evolved into urologists, bone-setters into orthopaedists, and domestic workers into trained nurses (see Dingwall and Lewis, 1983). In social work, a professional hierarchy of training as applied to different contexts arose with therapeutic case-work as the ‘gold standard’ compared with residential work, day-care and domiciliary work.

The pursuit of professional dominance may be achieved through ‘discretionary specialisation’ involving tasks where discretion or fresh judgement must often be exercised if they are to be performed successfully. Different occupational groups may offer different solutions to problems. A dominance over other occupational groups is created by recognising an overarching expertise to the task at hand which no matter how narrow, minute or detailed requires a broad knowledge of the current evidence to discover what type of intervention will likely produce the best outcome. The tasks and their outcome are believed to be so indeterminate as to require attention to the variation to be found in individual cases. Inevitably such tasks will
almost certainly engage in some routines that can be quite mechanical; it is believed that they must be prepared to be sensitive to the necessity of altering routine for individual circumstances that require discretionary judgement and action. Such work has the potential for innovation and creativity, thus distinguishing it from mechanical work (Freidson, 2001, p.19). The two most general ideas underlying professionalism are the belief that certain work is so specialised as to be inaccessible to those lacking the required training and experience, and the belief that it can be standardized, rationalized or, as Abbott (1991, p.22) puts it, ‘commodified’. These distinctions are at the foundation of the social processes which establish the social and economic status of professional work.

As an exemplar with regard to reflecting on personal identity, it therefore becomes the case that an individual employed in health, social care or teaching sectors chooses to focus on ‘specialist knowledge and expertise’ along with possessing a kind of monopoly of resources in the paid-work environment. This framework might include how far one sees oneself as belonging to an interest group or ‘professional community’ and therefore in competition with other occupations for business, contract work and the like. Additionally this perspective questions individual professionals on how far they believe that their identity would have become shaped through performing different roles.

**Neo-Marxist**

*Frameworks with a focus on power relations where professionals fit into a social structure characterised by two main groups: those who work to produce wealth in society and those who own the means of production and exploit these workers and expropriate surplus value as profits:*

The Marxian sociology of the professions is chiefly concerned with two problems:

1. professions in relation to the state and
2. the ‘proletarianization’ of professional occupations.

For example, social workers would be seen in a contradictory position as being both agents of social control acting on behalf of the capitalist state and employees of that state and so vulnerable to the same problems of any group of workers. Upholding a Marxian tradition of analysis, Oppenheimer (1975) has claimed that the ‘knowledge-based’ professions have had control over their work eroded by the state bureaucracies that employ them since they have been subjected to ‘bureaucratic subordination’. As a result their control over their specialised skills has diminished (‘deskilling’) and consequently they have become part of the working class (‘proletarianization’). Gough (1979) highlighted the contradictory
position of professionals in capitalist society – they are not capitalists but they serve the interests of the latter. There is little controversy over the role of professions as ‘mediators’ between the state and its citizens. Their employment is in the gift of state-funded services, now all too often privately outsourced. With private companies having taken over large chunks of public services in the UK, many professionals have been co-opted to swell the entrepreneurial ranks, and have complemented their professional practice for example by engagement in lucrative jobs at private health care firms (see for example, Jones, 2014). The Inquiry Report on the Mid-Staffordshire NHS Trust (2013) which focused ‘on doing the system’s business – not that of patients’ offers evidence to illustrate that power lies in a cult of managerial ideology.

Professor Mike Saks’ account of the neo-Marxist perspective upholds the notion that our understanding of professions should be based on the relations of production, rather than the relations of the market, as he regards the activities of professional occupations as being either partially or wholly tied to the interests of the bourgeoisie (Saks, 1995, pp.11-34). As the work of Braverman (1974), Carchedi (1975) and Poulantzas (1975) demonstrates, the precise nature of the linkage here depends on where the line of class cleavage is drawn between the bourgeoisie and the proletariat. The adherents of this more critical Marxist approach agree that professional groups in one way or another play a significant role as agents of capitalist control in contemporary Western society. Somewhat cynically, Marxist authors may view the public service ethos of professions

as a convenient myth which conceals not simply occupational self-interests, but also the supervisory and disciplinary tasks that professional workers perform for the dominant capitalist class. (Saks, 1995, p. 27)

It seems fairly clear that the role of professions is Western industrial societies like Britain and the United States is largely compromised, assuming that the state, which has increasingly acted as a formal employer of professionals and effectively underwritten the privileges of professions, is relatively autonomous of any particular fraction of capital but represents the long-term interests of the capitalist class as a whole. For structural Marxists such as Saunders (1983) the prospect of professions ultimately functioning in anything but the long-term interests of the bourgeoisie is theoretically precluded. However authors such as Abbott and Sapsford (1990), who accept the social control dimension of the operation of professions and deny professional altruism, do not see this as irrevocably linked to dominant class interests. Ultimately these assumptions need to be based on carefully formulated and empirically grounded argument. This neo-Marxist framework emphasises power relations insofar as, for example the origins of de-professionalisation are seen as based on ideas taken from Taylorism (or scientific management) which came to dominate managerial
ideas about how best to control alienated labour (Edgell, 2012, p. 57-61). Braverman’s ‘de-skilling’ thesis, focusing on the USA, in the twentieth century the most advanced capitalist economy, draws upon Marx’s theory of work on industrial capitalism in that he starts from the proposition that in such a society workers are constrained economically, by the absence of alternatives, to sell their labour to employers who are similarly constrained to seek a profit or go out of business. This is the capitalist mode of production, at its core is the unequal relationship between employer and employee, and Braverman’s aim was to examine ‘the manner in which the labour force is dominated and shaped by the accumulation of capital’ (1974, p. 53). Power is just one of a number of topics which have been pursued in the sociology of the professions (Macdonald and Ritzer, 1988) and probably the most prominent of related theoretical approaches derive from Marx and from Foucault.

As Marxian sociology is primarily structuralist in nature, the explanation of what happens to the professions in these contexts is seen as the outcome of the workings of a society based on capitalist relations of production. In his discussion of professions – ‘Work and Power’ – Johnson (1980) emphasises the plurality of processes at work in modern society and the lack of coherence of the objectives of dominant groups and the state. He draws attention to the new-found militancy of British junior doctors and other professional groups and relates this to the tensions which occasionally occur between professions and the capitalist state in the continuous process of class formation. Later he discusses the ‘processes of professionalization’ which are integral to state formation (1982, p. 188), the state becoming a dominating actor in the narrative of professional development. Marx’s materialist theory of human society, based on analysis of structure and system, demonstrates that the basis of stratification (and every other aspect of society) is to be found in the means of production and the relations of production that are based on them. It follows that state formation, polarization of social classes, monopolization of the means of production constitute processes in which the professions are bound up. For the professional seeking to resolve issues relating to personal identity the focus becomes how far a person sees oneself as an agent of social control, or whether the ‘outcomes’ or results of one’s work might be seen as based on a model of capitalist relations of production. The state is a dominating partner in the narrative of professional development, and professionals may feel vulnerable due to perceiving themselves as dependent on the state.
Eclectic/Post-structuralist

An eclectic/post-structuralist perspective demonstrates power as dispersed, and not simply located in any elite group; which involves mapping out discourses associated with particular social periods and places:

This notion of ‘discursive practices’ characterises an account without endorsement of any self-conscious collective activity of professionals, to advance their own interests or to act say on behalf of the state (Rogers and Pilgrim, 2014, p.111). The post-structuralist perspective is embodied for example in the work of Foucault (1973; 1980). A key characteristic is to deny the possibility of universal explanation – ‘incredulity towards meta-narratives’ – which include both philosophical positions (such as the ‘isms’ previously alluded to), along with economic theories such as Keynesianism. Foucault uses the term ‘discourse’, not just of language but of thought and action; and his ideas have appeal for the sociologist of the professions because his central concern was with the relationship between knowledge, power and authority.

His exposure of the power structures intended to control us and how power is used to control knowledge demonstrates that what authorities claim as ‘scientific knowledge’ is really just a means of social control (controlling the mind is a more effective means of social control than punishing the body). In Power/Knowledge (1980) he considers that social analysis entails examining a heterogenous ensemble consisting of discourses, institutions, architectural forms, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral and philanthropic propositions- in short the said and the unsaid.

This perspective asks of professionals whether they feel subjected to ‘bureaucratic subordination’; and as part of a post-Structuralist or Eclectic framework, goes on to demonstrate power as dispersed and not simply located in any elite group.

Foucault’s view is that the emergence of modern society was accompanied by an epistemic shift from a ‘classic’ to a ‘modern’ form of knowledge, which is organised into ‘disciplines’. Power in modern societies does not depend on the prowess and prestige of individuals but is exercised through an impersonal administrative machinery operating in accordance with abstract rules. Individuals are constituted by power relations, power being the ultimate principal of social reality. Power should not be conceptualised as the property of an individual or class, not a commodity which may be acquired or seized but rather it has the character of a network; its threads extend everywhere – the processes by which subjects are constituted as effects of power. ‘Power produces; it produces reality; it produces domains of objects and rituals of truth’ (Foucault, 1977). His reflections on psychiatry and medical knowledge, for example Madness and Civilization (1965) deal with structured
inequality and ideology, where he conceptualises the relationship between forms of applied knowledge and their external environment, and later between the constitution of professional expertise and the organisation of professions as social entities. In the movement into community-based services it is possible that the institution is dispersed rather than dismantled (Foucault, 1973; Scull, 1979).

Much of Foucault’s work however is concerned with the body and doctors’ relation to it through what he calls ‘the gaze’ (*le regard medical*), so that it is actually of more interest to sociologists of medicine and of health and illness, for example: Bowling, (1995); Gomm and Davies (2000); Nettleton (1992). Health care professions have had a central role in this regard with their interests in diagnosis, testing, assessment and observation and the treatment, management and surveillance of sick and healthy bodies in society. However, in the post-structuralist account there is a failure to endorse the notion of self-conscious collective activity of professionals, to advance their own interests; instead the level of abstraction at which Foucault operates may be gauged from the terms he uses.

Power derives its bases, justifications and rules to define subjection of man as an object of knowledge for a discourse with a scientific status. (Foucault, 1977, p.23)

It poses the question to individual professionals: ‘Is your authority/power in the work-place defined more by your professional expertise than by the organisation or by both?’

**Managerialism**

A contemporary perspective relates to ‘managerialism’ and the changing patterns of professional governance which are embedded in professional practices, and which are associated with demands for increased efficiency in the provision and delivery of services and greater responsiveness to user demands:

Scientific management was seen as a way for managers and owners of industrial production to control labour in order to increase the productivity of profit-based organisations (see F.W. Taylor: *Principles of Scientific Management*, 1911). Thus, this theoretical school developed a narrow focus on the needs and concerns of management in industry. Taylorism emerged from this manufacturing production context embodying principles of work organisation, notably the transfer of all discretion from workers to management and the fragmentation and simplification of tasks, including managerial control over the pace of work. It involves a mechanistic view of organisations: through time and motion studies and careful observation, specialised tasks could be set for workers to maximise productivity. Managers could better govern the organisation by using their secretive knowledge
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of goals and processes. Managers’ first priority was productivity and setting goals, followed by other aspects of work culture, such as the well-being of workers. The theory assumes that the interest of managers and workers are the same and that unions are unnecessary.

Managerialism, as part of an enormous architecture of performance management visible for example in hospitals, schools, community care, probation and legal services, is a trait shared across areas of public policy and is illustrative of a progressive shift away from a simple concern with policy outputs and a move towards policy outcomes (Newburn, 2012). This perspective is based on efforts to measure and compare governance arrangements and governance performance. Its key objective is to consider how governance frameworks can be translated into operational indicators, and how these might be used in decision-making processes (Savedoff and Smith, 2016, p.85-104). There are significant challenges of measuring governance in health, social care and education sectors, and typically the UK offers a fairly rudimentary framework for developing relevant metrics, based on the concepts of the structure, processes and outcomes of governance. Decentralisation, contractualisation and competition between providers are key elements of all current social policies, along with incentive structures (see for example, 2010 UK White Paper Building the National Care Services; 2012 White Paper Caring for Our Future, Reforming Care and Support; and indicative legislation, for example, the Health and Social Care Act (2012) and the Care Act (2014)).

It has been claimed that power has shifted too far towards big business and managerial unitarism since 1979

politicians seduced by neoliberal economics have enabled the dominance of a financialised model of corporate governance serving short-term profitability and shareholder value, detrimental to even minimalist industrial democracy. (Dobbins. 2016)

Public sector managerialism is perhaps not sympathetic to the demands and expectations of a workforce of trained, independent, self-actualising professional people. Increases in managerial control and the participation of service users mean that the classic exclusionary tactics of professions are no longer appropriate, resulting in transformation towards more integrated and collaborative caring systems. One impact of managerialism has been the creation of new agendas for accountability in organisations as a response to wider social policy trends and economic and political developments in service delivery, specifically within the realm of professional accountability. This issue looms large in services that are contracted out, and in many cases where accountability criteria are set by governments. For service providers, these are sometimes difficult to comprehend and unwieldy and have therefore resulted in tragic consequences for clients and
families in the delivery of services, such as in the areas of ageing, disability, homelessness and mental health, to mention only a few (Hughes and Wearing, 2017, p.141-164).

This ‘managerialism’ perspective seeks to understand whether changes taking place in individual professional practice have led to greater collaborative working with other types of profession; also furthering an understanding of main barriers to inter-professional working. The ‘making’ of a collaborative health and social care workforce is a key element of international public and social policy (Dubois et al, 2006). There is strong evidence that multi-disciplinary care models and teamwork approaches are more effective compared with existing models of medical care based on the fragmentation of services, even though there are well-documented barriers to inter-professional working (see for instance, Sicotte et al, 2002; Quinney and Hafford-Letchfield, 2012). The importance of inter-professional and inter-agency practice in health and social care was at the heart of New Labour’s Third Way ‘modernisation agenda’, as described, for example, by Hudson (2002) who offers a sceptical view of whether it is possible to have effective collaborative practice between professional groupings that are different in style, tradition, skill-sets and power within the workplace. A series of empirical studies, for example: Barr and Ross (2006); Belsky, Barnes and Melhuish (2007); Lacey (2001); Malin and Morrow (2008) have demonstrated that the staff who make up the inter-professional teams and organisations operate on an individual, personal level using professional discretion as well as operating as part of an organisation and that the acting out of these two roles is often in conflict.

One central goal of developing health and social care policies in the modern era has been the accountability and control of professionals, which in turn has called for tighter regulation and new forms of professional development. International directions in workforce changes and expansion of the public debate on professional governance have involved a broad range of providers, stakeholders and professional bodies (Hood, 2010; Klein, 2010; Marmot, 2015). This framing of professional development in the context of broader societal trends involves increasing flexibility, mobility and individualisation as well as changing gender arrangements and ethnic diversity, achieved mainly through the introduction of internal markets and managerialist regimes (Kuhlmann and Saks, 2008). A main aim is to improve user participation and to broaden the scope of stakeholders and interests involved in the policy process. This perspective asks whether increased management has led to a diminution of professional discretion and judgement, more centralised regulation and monitoring; and most importantly, whether it will achieve greater professional accountability and trust in an organisational sense. As a counterintuitive measure such policies of outsourcing, marketization and consumerism may instead have given rise to a climate of de-professionalisation.
Democratic or Collaborative Professionalism

This forms a perspective that seeks to demystify professional work and to forge alliances between professionals and excluded constituencies of patients, users, students, parents, voluntary and third sector organisations and members of the wider community with a view to building a more democratic education or health care system and ultimately a more open society.

This framework involves being sensitive to a wide range of stakeholders, some of whose voices have traditionally been silent in education or health and social care decision-making (Whitty, 2008). Within lies a critique of Managerialism as ‘reactive’, ‘demanded’ or ‘prescribed’ and insufficiently proactive or ‘enacted’ (Leaton-Gray, 2006). The framework requires individual professionals to conceive themselves as ‘agents of change’ rather than ‘victims of change’, although some have argued that ‘democratisation of the professions’ has diminished the intellectual leadership that professionals once provided (for example, Furedi, 2004). Ironically, the managerialist attack on traditional modes of teacher professionalism has opened up new possibilities, for example the increasing recognition of the importance of ‘student voice’ in school decision-making (Fielding, 2004).

This perspective extends the notion of accountability specifically insofar as it translates into a dilemma of how to maximise democratic surveillance or control. Corbett’s (1991) framework for public sector accountability identifies four broad dimensions to organisational accountability in the human services. Such a framework, as discussed in Hughes and Wearing (2017, p. 154-156), raises questions about the conduct of professional practice, either directly or indirectly, in terms of upwards, downwards, inwards and outwards accountability processes and techniques. This model acknowledges four dimensions: accountability to the government executive and parliament (upwards); accountability to the user, client and consumer, as in traditional community development and the managerial model (downwards); accountability to the organisation, which includes processes of internally-driven evaluations and internal audits (inwards); and accountability to the public, for instance by leaking certain information to media outlets, or ‘whistle-blowing’ (outwards). This framework raises certain tensions and dilemmas such as how do democratic and ‘user’ focused accountability mechanisms conflict with each other?

In professional practice, responsibility is a more all-embracing concept than accountability. One can be accountable without taking responsibility as in ‘just doing our job’. However, we cannot be responsible without demonstrating accountability; and the framework of democratic professionalism augurs a more robust foundation for pursuing a course of action based on democratic values and the support of a broader constituency. Managerialist and consumerist approaches to public services stress individual values and downplay collective values such as
social justice, fairness, proportionality and employee solidarity. Outsourcing of services and moves towards community run services remove direct democratic control. Each time that the UK central government has attempted to shift public services out of direct control, there has been a parallel move to increase regulation. This tension between direct control of services and arms-length rule making is an intrinsic feature of accountability (Gulland, 2012, p.271-277).

Professionals such as doctors, nurses, teachers, and social workers have traditionally relied on self-regulation and professional standards to provide accountability to their fellow professionals. The role of self-regulatory bodies is to use peer or elite knowledge to ensure that the standards of the profession are maintained. However pure self-regulation by the professions has come under increased pressure in recent years as trust in professionals has declined (Donaldson, 2006; Jay, 2014; Jones, 2014; Rogowski, 2016; Smith, 2004). This has led to an increase in independent or semi-independent regulatory bodies, covering wider areas of professional practice and including more ‘lay members’ as individual professionals increasingly become guardians of the public conscience. The effective realisation of inter- and multi-agency working has significant implications for future professional training and continuing professional development needs, and this represents one outcome from developing a model of collaborative professionalism. Even though, in England, collaborative professionalism has been initiated by managerial reforms, it potentially offers individuals new professional opportunities ‘by achieving a balance between defining the (individual’s) proper role and staking out the territory too rigidly….. by identifying the contribution of (individual) expertise as deployed differently in collaborative contexts’ (Whitty, 2008).

**Summary**

Above are set out briefly some of the main frameworks used to understand professions from a sociological perspective. It is possible to compare and contrast different perspectives from the sociology of the professions and apply them to a specific field, for example mental health work or working within the English National Health Service. The perspectives can be used to understand and validate the work of professionals, and each framework may have a different emphasis and contextual location. As Rogers and Pilgrim (2014, p.107) conclude: ‘When sociologists first began to investigate professionals they provided a set of rather flattering descriptions. This was because, by and large, they were prepared to accept definitions provided by professionals themselves. These tended to emphasise that practitioners have unique skills, which are put altruistically at the service of the public (the ‘trait’ definitional approach). For many ordinary people the word
‘professional’ still tends to imply both special skills and ethical propriety. It implies competence, efficiency, altruism and integrity. Hence, the converse of this is the everyday notion of what it means to be ‘unprofessional’ - to behave incompetently, inefficiently or unethically.

The Neo-Durkheimian framework stresses ‘disinterestedness’, ‘bringing cohesion’ and implies commitment to welfare state values or similar, particular codes of behaviour whereas the Neo-Weberian framework emphasises ‘social closure’, where professionals develop strategies to advance their own status, place a premium on specialist expertise and show a concomitant desire to corner the market for that service. Another feature of this model, ‘professional dominance’ focuses on how professionals exercise power over others, for example, over clients, new recruits and other occupational groups where there is competition for serving a particular client group. The Neo-Marxist and Eclectic/Post-structuralist models tend to focus on the web of power relations that underpin professional relationships, including that which a profession holds with the state which traditionally may have been a main employer or commissioner of professional activity. This is particularly so in the Marxian account which stresses the ‘proletarianization’ of professional occupations where there is manifestly a clear dependency on the contract with the state. The Post-structuralist account demonstrates power as dispersed and not simply located in any elite group, but lying in administrative machinery and discerns key ‘discourses’ or events associated with particular social periods and places as having a formative impact. The penultimate model, Managerialism, is presented as a feature of modern times as its characteristic patterns of professional governance have become ubiquitously embedded in professional practices to scope demands for increased efficiency, professional accountability and achieving greater responsiveness to clients and users. This framing of professional development in the context of broader societal trends involves increasing flexibility, mobility and individualisation, arguably giving rise to a climate of de-professionalisation - an analytical framework for defining this concept will be mapped out in a subsequent chapter. A final framework, Democratic or Collaborative Professionalism extends the ambit of professionals where their directions and ideals become sensitive to the interests of a wide range of stakeholders, for example service users, patients, students and community representatives. Of relevance is the notion of extending the realm of accountability to collectivist values such as social justice, gender equality and employee solidarity.

The above might be partly-illustrated colloquially by reference to a number of recent media quotations where the notion of professionalism becomes exemplified:

‘the decision to dismiss the bell ringers was taken in line with advice from safeguarding professionals on minimising risk to children, young people and vulnerable adults.’ (in line with Durkheimian notion of collectivist values and considering the wider public interest)
'as a profession, journalism has always had an ambivalent relationship with respectability. The noblest ambition of the press is to hold power to account on behalf of the powerless, which means behaving in a way that sustains the trust of a wide audience while sometimes upsetting those in authority' (in line with Neo-Weberian notion of social closure, exclusionary power and codes of behaviour which include professional integrity)

‘the professional politician has come about through hundreds of middle-class political careerists supplanting working-class MPs after finishing school. This spawned a pervasive pattern of entryism in (the party’s ) recent history.’ (in line with the Eclectic/Post-Structuralist framework of evidencing the notion of professionalism as dispersed power involving mapping out discourses associated with particular social periods, events and places)

‘Ms X trusts the police officers involved, believes they are working to the highest standards operationally and professionally, and wishes there to be no disruption.’ (in line with the ‘trait’ approach - neo-Durkheimian, where characteristics of professional activity are categorised and their work is described fairly uncritically, allied with the notion of public service as a set of values and forms of practice)

‘X footballer has become a recurring theme in the Italian's post-match media briefings, whether he has been explaining the playmaker’s omission from the side, praising his professionalism in striving for a recall or hailing his impact from the bench’ (in line with the notion of Democratic/Collaborative Professionalism where a player puts the team and its strategy above the ‘personal’ and considers the wider interests of other stakeholders)

‘A professional is someone who doesn’t lie. The English lie so much because they care so much more about the feelings of others. Almost everything an upper-class English person says will be manipulative or insincere despite hardly any of it being literally untruthful’. (in line with the notion of supporting high ethical standards -and implicitly trust - as a feature of both the ‘trait’ approach, drawing on the concept of 'social citizenship' (neo-Durkheimian) and the framework of Managerialism which draws on a notion of professional governance as embedded in professional practices)

‘Greater penalties have been urged for failure to report FGM cases- the Government should impose harsher punishments on professionals who decide not to report female genital mutilation in children, saying they are complicit in a crime being committed according to a group of MPs - a failure of the UK to make it mandatory for professionals to report it is ‘beyond belief.’ (in line with the neo-Weberian framework of a profession seeking exclusionary power to advance their own status or collective social advancement where they are required to be ultra-vigilant, proactive and not reactive; and therefore succeed in establishing a legitimacy over and above that of competing occupational groups).
'The professional politician needs to show humility on both sides, as we could incorporate careerist structures without relinquishing the expectation of civic responsibility. Instead, we have the worst of both worlds: a carnival of amateurishness in which the only discernible professionalism is the exit strategy. (Need to) see this more as a job rather than an act of public service and it would entail some proper training' (in line with the need for acceptable codes of behaviour, specialist training, for example advanced educational requirements or expert knowledge (neo-Weberian framework of social closure); coupled with a dependence on the administrative machinery of the state as a legitimising force - viz the neo-Marxist framework encompassing the ‘proletarianization’ of professional occupations)

‘She really wanted to build on the foundations laid by our previous leader, to professionalise our operation and make sure someone was standing ready to hold the government to account on Brexit’ (in line with aspects of the Managerialism framework towards improving governance, increasing efficiency and accountability, and improving user participation)

‘Italian police officers treat migrants with professionalism and care’ (in line with a Durkheimian non-judgemental, ethical approach, representing public service as a set of values; also Democratic Professionalism which seeks to forge alliances between professionals and excluded constituencies, conceiving themselves as ‘agents of change’)

Finally, changes in the governance and management of social policy implementation potentially affect the organisational standards for service provision and, as a consequence, reflect competing theoretical frameworks which mirror the performance of different professional roles. These might include the redistribution of responsibilities for policymaking and implementation, for example between professionals and professional managers, along with the introduction of quasi-markets for service delivery. Additionally they cover the stimulation of inter-agency cooperation, for example among health, social care, housing and financial sectors, and overall the introduction of new management methods within agencies. With respect to the notion of de-professionalisation simulating a competing standards narrative, an illustration can be found from a definition of performance management in the workplace. On the one hand, output targets, as well as the external definition of these targets by policymakers or managers, may conflict with occupational standards, may be at odds with professional ethics and may be experienced as an attack on professional discretion. On the other hand, performance management may go hand in hand with deregulation and less bureaucratic control, thus actually increasing room for occupational standards (Hill and Hupe, 2015, p. 263-278).

The concept of a ‘professional project’ draws upon a number of ideas (see for example, MacDonald, 1995, p.187-208), where there is a starting point, overall objective and sub-goals and steps outlined towards a monopolization of professional
knowledge. For example, the occupational group is required to hold educational qualifications which provide an opportunity for income; also to have an overall objective where members have to keep up a continual effort to maintain and enhance the position of the group. The starting point is a drawing together of ideas from various sources, for example Max Weber’s general conception of society as an arena in which classes, status groups and other social entities, such as political parties, compete for economic, social and political rewards. One category of competitor is the occupational group, and he draws attention to the holders of educational qualifications, which provide an opportunity for income. The overall objective is where the occupational group is seen not just as a fact of social life, but as an entity whose members have to work at bringing it into existence, and who then have to keep up a continual effort to maintain and if possible, enhance the position of the group. In other words, the group has to pursue a project. In ‘Science as a Vocation’, Weber (1948) states that if the natural sciences are not tied to such irrational assumptions of meaning then the only products are technical results for their own sake and unhelpful in a vocational sense. In practical terms, the occupational quest is for a monopoly in the market for services based on their expertise, and for status in the social order, as Weber terms it. These dual objectives can be seen as manifestations of the underlying strategy of social closure, whereby ‘ineligibles’ are excluded from the group and thus denied access to its knowledge, its market and its status. There are a number of other objectives, or sub-goals, that the aspirant profession must strive because, for instance, it has to carve out for itself a jurisdiction, retaining of a market which involves competition and accommodation with rivals, and also ‘cultural legitimacy’. A professional monopoly is dependent upon state recognition, but at the same time such acknowledgement confers status and moral authority. The evolution of a professional project acknowledges a social, political, and cultural context composed of factors which range from social values to legislation alongside discovering the impacts of the history, tradition and power position of technological innovations that impinge on professional work.

References

Barber, B (1963) Some Problems in The Sociology of Professions’ Daedalus, 92, 669-688
Barber, B (1978) ‘Control and Responsibility In The Powerful Professions’, Political Science Quarterly, 93, 599-615

Barber, B (1983) The Logic and Limits of Trust. New Brunswick, NJ; Rutgers University Press


Carchedi, G (1975) On The economic identification of the new middle class. Economy and Society, 4, 1, 1-86


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Hudson, B (2002) Interprofessionality in health and social Care: The Achilles’ heel of partnership. *Journal of Interprofessional Care*, 16, 1, 7-17


Parsons, T (1939) The professions and the social structure. Social Forces, 17, 457-467
Report Of The Committee On Local Authority And Allied Personal Social Services (Seebohm Committee) (1968) Cmnd 3703, July
Sicotte, C, D’Amour, D and Morealt, M (2002) Interdisciplinary collaboration within Quebec community health care centers, Social Science and Medicine, 55, 991-1003
Taylor, F (1911) Scientific Management. New York: Harper and Brothers