

European Sociological Association

Interim Workshop

'Sociology of Professions'

29 March to 1 April 2006, Bremen



Globalization and the building of a European nation are inevitably linked to the professions; professions both react to changing contexts and initiate change. The classical professional project developed within the nation-state that protected professional titles and markets, whilst, in turn, the professions undertook the provision of welfare state services for citizens. In the wake of globalization and European unification, however, new patterns of governing the professions, more flexible markets and new demands on professional practice as well as new forms of professionalism are emerging. The European project is based on promises of inclusion, participation and citizens' rights, thereby preparing the way for new claims from various nations and social groups of citizens. These changes call for new professional projects that better serve the demands of twenty-first century societies and take into account diversity of interests. Shifts are caused in the balances of power between states and professions, between professions and the users of professional services, and also within the system of professions itself.

Within a globalized Europe the spheres of opportunity for the professions are transformed and re-arranged in various ways. These developments place new challenges on the study of professions and call for expanded empirical investigation that includes the variety of geopolitical perspectives and diversity of professional and public interests. It is with such a perspective that this conference brings together researchers from different countries and different fields in the sociology of professions. The conference aims to clarify the interplay of globalization, European unification and changes in the field of professions, and to further analyse social change, on both theoretical and methodological levels.

Programme

Wednesday, 29 March 2006

17.00 Welcome

Guided Walk Old City Centre and Dinner

Thursday, 30 March 2006

Building Europe, Transforming the Professions

8.45 Registration

9.15 Introduction

Professions, Globalization and the European Project

Ellen Kuhlmann

9.30 Session 1

East Meets West: Linking Theoretical and Geopolitical Approaches on Professionalism and the Professions

Chair: Charles Gadea, University of Rouen, France

Global and Local Professionalism: Centralized Regulation or Occupational Trust

Julia Evetts, University of Nottingham, UK

Western Professionalism and Russian "Intelligentsia"

Valery Mansurov, Olesya Yurchenko, Russian Academy of Science, Russia

Social Anthropology of Professions: The Development of a New Perspective in Russia

Pavel Romanov, Saratov State Technical University, Russia

11.00 Coffee / Tea Break

11.30 Session 2

New EU Policies and Changing Strategies of the Professions

Chair: Julia Evetts, University of Nottingham, UK

The EU Education Project and its Challenges to European Professions

Vittorio Olgiati, University of Urbino, Italy

From 'Culture Professions' to 'Media Work'? The Impact of the European Project on the Regulation of Culture Professions in Germany

Christiane Schnell, University of the Arts Bremen, Germany

European and State Regulations of the Globalization. The Case of the Architectural Profession in France
Florent Champy, Ecole des hautes études en sciences sociales Paris, France

European Regulation of Professional Education: A Study of Documents Focussing Architects and Psychologists in the EU
Lennart G. Svensson, Goteborg University, Sweden
Thomas Le Bianic, Ecole des Hautes Etudes en Sciences Sociales Marseille, France

13.00 Lunch

14.30 Session 3
Remaking Governance, Remodelling the Professions

Chair: Viola Burau, University of Aarhus, Denmark

Protecting Patients: International Trends in Professional Governance
Judith Allsop, University of Lincoln, UK

Changing Patterns of Trust in Portuguese Society:
The Medical Profession and the Public
Helena Serra, Technical University of Lisbon, Portugal

Governing the Health Professions: Global Reform Models and National Patterns of Change in Germany
Ellen Kuhlmann, University of Bremen, Germany

16.00 Coffee / Tea Break

16.30 Session 4
Remaking Governance, Remodelling the Professions

Chair: Judith Allsop, University of Lincoln, UK

Global Markets in Health Care and National Pathways of Medical Re-regulation
Viola Burau, University of Aarhus, Denmark

Social Capital and the Remodelling of Medicine and Nursing across Europe
Mike Dent, Staffordshire University, UK

The 'Crisis' in the Health Workforce: Opportunities for System, Regulatory and Occupational Change
Rosalie A. Boyce, University of Queensland, Brisbane, Australia
Susan Nancarrow, University of Sheffield, UK

19.00 Walk along the river Weser and conference dinner

Friday, 31 March 2006

Professional Boundaries Revisited: Between Exclusion and Social Inclusion

9.00 Session 5

Contesting Professional Boundaries: Knowledge, Identity and Strategy

Chair: Pavel Romanov, Saratov State Technical University, Russia

The Global Standardization of Deviance? The Rise, Expansion, and Hegemony of the Neuropsychiatric Profession

Thomas Brante, University of Lulea, Sweden

From 'Liberal Profession' to Specialized Service Work. Recent Trends in the Organization and Occupational Self-understanding of Advocates' Work in Germany

Ulrich Heisig, University/Arbeitnehmerkammer Bremen, Germany

Atrocity Stories in Social Work

Andreas Liljegren, Goteborg University, Sweden

Professionalism in a Knowledge Society: The Academic Drift of Professional Education in the Semi Professions

Jens-Christian Smeby, Oslo University College, Norway

Competencies and Features of Professional Ethics in Graduate Students in Valencia University (UV) and the National and Autonomous University of Mexico (UNAM)

Anita Cecilia Hirsch Adler, National and Autonomous University of Mexico

10.30 Coffee / Tea Break

11.00 Session 6

**Towards a Collaborative Health Workforce?
New Demands and Changing Professional Relationships**

Chair: Mike Saks, University of Lincoln, UK

Collaborative Care and Professional Boundaries:

A Comparative View of Canada and the U.S.

Ivy Lynn Bourgeault, McMaster University, Canada

Interprofessional Relationships in Health Care: Survey in Slovenia

Majda Pahor, University of Ljubljana, Slovenia

Welfare Policies and the Dynamics of Workforce Change:

Challenges for Professional Identity

Lea Henriksson, University of Tampere, Finland

12.30 Lunch

14.00 Session 7

Changing Regulatory Frameworks and Professional Strategies in New and Existing Health Professions

Chair: Ellen Kuhlmann, University of Bremen, Germany

Professionalization, Policy and Health Support Work in the UK

Mike Saks and Judith Allsop, University of Lincoln, UK

Being a Temporary Nurse in the Era of New Public Management

Rannveig Dahle, NOVA, Norway

Rearranging Interprofessional Relationships within the Health Services

Gaia di Luzio, University of Göttingen, Germany

The Flexibilization of Finnish Auxiliary Nursing: A Case Study in how Organizational Professionalism Shapes Professional Identities

Sirpa Wrede, University of Helsinki, Finland

15.30 Coffee / Tea Break

16.00 Election and Discussion: Future Prospect, EU Research Opportunities

18.30 Guided City Walk and Conference Dinner

Saturday, 1 April 2006

**Transforming Professions from “Below” and from “Above”:
Shifting the Lines of Division**

9.00 Session 8

Towards Equality? Changing Gender Arrangements and Work-Life Balances in the Professions

Chair: Rannveig Dahle, NOVA, Norway

Professionals in Transition: Physicians' Careers,
Migration and Gender in a Post-Soviet Era

Elianne Riska, University of Helsinki, Finland

Aurelija Novelskaite, Institute for Social Research, Vilnius, Lithuania

The Changing Face of Hospital Medicine in Britain:

A Hospital Operating Theatre Case Study

Ruth McDonald, University of Manchester, UK

Female Professionals' Labour Market Participation

Bente Abrahamsen, Oslo University College, Norway

10.30 Coffee / Tea Break

11.00 Session 9

Migration and Mobility: Challenge or Chance to the Professions?

Chair: Lennart G. Svensson, University of Goteborg, Sweden

Globalization, Professions and Discriminations

Gilles Verpraet, CNRS GRASS, France

From Health to Tourism: Being Mobile in the Wellness Sector

Katalin Formadi, University of Veszprém, Hungary

The Professional Integration of Foreign Health Care Providers:

Agency Opportunities versus Structural Barriers

Joana Sousa Ribeiro, University of Coimbra, Portugal

13.00 Closing of the Conference

Abstracts

Female professionals' labour market participation

*Bente Abrahamsen, Oslo University College, Norway
Email: Bente.Abrahamsen@hio.no*

In Norway, as in other European countries, the supply of welfare state services depends on women's labour market participation (Esping-Andersen 1990, Hagen 1991). In Norway, seven out of ten professionals employed in the welfare state sector are women (Hagen 1991). Compared to most of the European countries, Norwegian women combine high labour market participation and high fertility (OECD 1998). However, part-time work seems to be more common in Norway than in other European countries. The aim of this paper is to examine female professionals' working hours, particularly the tendency to work reduced hours. The central question is why working hours vary significantly between different welfare state professions – even if most of them are female dominated professions. This study covers five professions pertinent to the welfare state: nurses, physicians, school teachers, preschool teachers and social workers. The analysis is based upon the Database for Studies of Recruitment and Qualification in the Professions in Norway (StudData) which includes 2500 persons in 15 different professions.

Protecting patients: International trends in professional governance

Judith Allsop, University of Lincoln, UK, Email: jallsop@lincoln.ac.uk

The paper argues that the way in which the professions are governed is changing. Areas that were once the preserve of the professional group itself are being subject to more external control within the nation state and by European and international institutions which create pressures for common standards in education and professional governance. It will draw on the findings from a study across seven countries (Australia, Canada, Finland, France, the Netherlands, New Zealand, USA) related to two key aspects of professional governance in medicine: how doctors continuing fitness to practise medicine is maintained and how poor practice is identified and acted upon. The study was funded by the Department of Health in order to inform two advisory groups set up by government. The findings indicate, and for the purposes of this paper the UK is added, that there are some common trends across countries although there are also national differences. In many countries there is now a common framework for health professional regulation with greater accountability of the professional governing body to government. The professional council tends to be appointed; the disciplinary function carried out by an external and independent tribunal. The safety of patients has become a paramount concern and many countries are actively engaged in developing ways of assessing for continuing professional competence and detecting poor practice. Furthermore, health regulators are emerging as a separate profession with their own esoteric knowledge, international organisations and political networks. The paper aims to interpret these common trends in terms of international economic, social and political forces and differences are attributed to the national political economy of the particular health system.

Collaborative care and professional boundaries: A comparative view of Canada and the U.S.

Ivy Lynn Bourgeault, McMaster University, Canada, Email: bourgea@mcmaster.ca

Whether the impetus is an attempt to curb rising health care costs or to respond to real or projected shortages of physicians, there has been a renewed interest in collaborative models of health care delivered by teams of providers in both the Canadian and American contexts. This is particularly the case where shortages are most salient - rural and remote locations. Such models implicitly draw upon health care providers that are considered to be substitutable for the dwindling numbers of physicians. This raises a host of issues related to the management of professional boundaries. In this paper, I undertake a critical analysis of the factors both promoting and impeding collaborative care models of primary, mental health and maternity care in Canada and the U.S. through the conceptual lenses of occupational closure, and medical dominance in particular. The data my arguments are based upon include a combination of documentary data from key stakeholders influential in various collaborative care model initiatives and interviews with key informants involved in these decision-making and implementation processes. What is revealed in this analysis is the importance of the structural embeddedness of medical dominance. For example, one of the key elements impeding such models in primary and mental health care has been the funding - or lack thereof - for so called 'substitute providers' such as nurse practitioners and psychologists. That is, informants say it is difficult to collaborate or integrate with NPs and psychologists into collaborative care models because of the lack of public funding for their services. Public funding is very difficult to extend to other health care providers in the Canadian context, despite being allowed under the Canada Health Act, because of concerns over rising health care costs. This means that public funding usually only covers the most expensive forms of care/care providers - hospitals and doctors - that came under Medicare in the late 1950s and 1960s. This is implicitly supportive of Gerry Larkin's (1983) crystalization thesis - that is how the establishment of the NHS in the U.K., crystalized medical dominance in that health care system. Further support for this argument is that in the U.S. where medical dominance is less crystalized in funding arrangements, collaborative care models and 'substitute health providers' are far more extensive.

The 'crisis' in the health workforce: Opportunities for system, regulatory and occupational change

Rosalie A. Boyce, University of Queensland, Brisbane, Australia

Email: r.boyce@uq.edu.au

Susan Nancarrow, University of Sheffield, UK, Email: S.Nancarrow@sheffield.ac.uk

As momentum gathers toward the designation of workforce related issues as a key policy "crisis" in the health sector, there is a climate conducive to change in the established order of the professions. Workforce planning and development typically proceeds at the level of government or its agencies. Recent shifts in workforce planning techniques are stressing a greater focus on integrated inter-professional or service-focused approaches rather than traditional profession-centred planning methodologies conducted in relative isolation of adjacent profession workforce needs. These shifts in planning methodology are also being accompanied by attempts to critically appraise the types of roles and expertise needed for the workforce of the future. Remedies to the projected workforce crisis include attempts to:

- stimulate the supply of new workers, including greater reliance on overseas-trained professionals
- release greater capacity from the existing workforce through a more focused emphasis on retention strategies
- design new occupational work groups that cross boundaries of the existing workforce categories
- introduce new support worker roles to amplify the capacity of the professions
- examine the structural and regulatory frameworks that act as capacity blockers

In this paper we address the question of how senior allied health profession managers and clinicians in Australian and the UK perceive the relative importance of workforce dilemmas and locate the results within the policy context described above. We also discuss the implications of the rise in interest in workforce reform for the sociology of the professions from the perspective of the health professions.

The global standardisation of deviance? The rise, expansion, and hegemony of the neuropsychiatric profession

Thomas Brante, University of Lulea, Sweden; Email: Thomas.Brante@soc.lu.se

During the 1970s, psychiatry underwent a paradigm shift. Dynamic psychiatry, which was based on Freud and psychoanalysis, was replaced by diagnostic psychiatry. Today, the latter, i.e. neuropsychiatric explanations of deviant behaviour and mental disorder, dominate the field. Mental disorders are defined by the *Diagnostic and Statistical Manual*, published by ASA, and neuropsychiatry provides organically based explanations to the disorders. The theoretical superstructure to neuropsychiatry is provided by evolutionary psychology. However, scientific evidence for this new type of diagnosis is far from compelling and definitely insufficient to account for neuropsychiatry's nearly world-wide or 'global' hegemony in the field. Hence, social explanations of the dominance of the neuropsychiatric profession are necessary. Crucial causal mechanisms involve the profession's struggle for jurisdiction, its networking with strong supportive social interests like pharmaceutical companies and the state, the current tendency to explain human behaviour in general in biological terms, and more. In order to explain this extra-ordinary phenomenon, I employ modern theory of the professions together with recent elaborations of three classical sources: Thomas Kuhn's paradigm theory in order to analyse the scientific status of neuropsychiatry, Pierre Bourdieu's theory of social fields in order to analyse the development of the neuropsychiatric profession in a wider social context, and Norbert Elias' theory of the civilizing process in order to discuss the evolution of neuropsychiatry's object, that is, the phenomenon of mental disorder.

Global markets in health care and national pathways of medical re-regulation

Viola Burau, University of Aarhus, Denmark, Email: viola@ps.au.dk

The market enjoys global currency. In health care, the market has been central to reforms across many countries, as evident in the prominence of managed competition. At the same time, experiences with markets in health care suggest that the reforms not only have included considerable re-regulation, but that such re-regulation also remains firmly embedded in country-specific contexts. The present paper aims to open the black box of 'global mar-

kets' by analysing country-specific pathways of re-regulation in relation to markets in health care in a cross-country comparative perspective. The analysis presented in the paper draws on an international research project on the dynamics of medical regulation, which includes Britain, Germany, Italy together with Denmark and Norway. The more specific aim of the paper is two-fold: first to identify, compare and contrast country-specific pathways of re-regulating medical services; and, second, to assess to what extent institutional contexts in each country help to account for the existence of such pathways. A first part of the paper critically reviews the international literature on markets in the public sector and how studies conceptualise institutional contexts. Against this background, the second part of the paper presents paired comparisons of the dynamics of medical regulation in different European countries and identifies institutionally embedded pathways of re-regulation. The analysis highlights the importance of institutions related to traditions of professional self-regulation, the organisation of health care states and the decentralisation of power in regulatory arrangements.

European and state regulations of the globalization. The case of the architectural profession in France

*Florent Champy, Ecole des hautes études en sciences sociales Paris, France
Email: champy@ehess.fr*

The presentation will be devoted to the regulation of architectural activity in Europe and especially in France. The globalisation of this activity has generated a strong consciousness that this supranational regulation is necessary, both among architects' professional associations and in the governments. One of the main arguments is the differences in the division of labour from one country to the other. But the European regulation (two directives have been made) supposes that the national States will adapt their own law. France gives an example of a very light adaptation if any. This is all the more surprising that the architectural profession in France is characterized by structural weaknesses to resist international competitions. The reasons for this difficulty to adapt can be found in the history of trade unionism, and in the structure of firms. A consequence is the development of individual strategies of adaptation to the increasing international competition, without the professional associations and their representatives being able to control these adaptations. This shows that different sources of regulation are not exclusive. A weak capacity of control of their evolutions by the professions leads to individual strategies of adaptation that begin to reshape the profession.

Being a temporary nurse in the era of New Public Management

Rannveig Dahle, NOVA, Norway, Email rannveig.dahle@nova.no

Modernisation and flexibilisation of the work force may be regarded two sides of the same coin. The flexibilisation take on many forms, and is sometimes regarded an advantage, sometimes a burden. In the Norwegian health sector there is presently both an increasing unemployment rate among nurses and nurses aids and simultaneously an expanded, although non-planned use of temporary nurses. The New Public Management (NPM) regime that has governed the development in both public and private sector over the last decade is rooted in political liberalism and deregulations and means increased individualisation. NPM implies an increasing marketisation even within the health sector and a strong weight on effi-

ciency. Obviously, these reforms have an impact upon the work and the employment conditions among professionals generally, and are likely to affect the women's professions in gendered ways. Also professional autonomy, their knowledge base, ideological and internal control systems are challenged by the new reforms. Of particular interest are the close relationships between part time female health care workers and an expanded use of temporaries. In this paper I will use the narratives of *temporaries* to discuss the construction of a professional role as a temporary nurse, how they see their role and how they reflect on their present and future careers and career options. Rhetorically we may ask: Are they Free Riders in a fluent, liberalistic and individualistic system, or are they trapped in new female roles?

Social capital and the remodelling of medicine and nursing across Europe

Mike Dent, Staffordshire University, UK, Email: mike.dent@staffs.ac.uk

The health systems of Europe have been subjected to the pressures of reform over the last two decades or more. A dominant view has been a response to the globalising potency of New Public Management (NPM) in its various guises. To a greater or lesser extent the medical profession has been subject to challenges to their autonomy and dominance within the health care field, while nursing apparently, and by contrast, has seen its professional status enhanced in the wake of European directives to extend and improve nursing education and training. However, this has not led to any significant isomorphism across Europe, moreover, European states do not appear to be about to adopt the same systems of management and governance of either health services or professions with the result that regional and national differences remain very evident. This paper explores some of these differences and the implications they have for the inter-relationships between the professions of medicine and nursing as well as the patients and their families. The paper draws on qualitative research carried out across a number of European countries to underpin the discussion of how these networks of relations in connection with social capital, inclusion and governance and the role of medicine and the nursing professions play in sustaining socially embedded inequalities.

Rearranging interprofessional relationships within the health services

Gaia di Luzio, University of Goettingen, Germany, Email: gluzio@uni-goettingen.de

The aim of this paper is to explain a partial loss of dominance of the German medical profession over other professions in personal health services over the past twenty years. It is shown that there are basically three aspects of this loss of dominance: First, the competence of the medical profession to give instructions to subordinate professions and refer patients to them was restrained. Second, the knowledge systems of some subordinate professions have increasingly been recognised. Finally, doctors no longer head schools of all associated professions, and no longer train the students of these professions or head their examination boards. In examining the way this change has come about the health professions are regarded as a set of actors reacting to external changes and thus functioning as an intermediate. The paper identifies several external causes affecting the set: the international development of the knowledge system of nursing as well as medical insights, rising professional standards, the predominance of the client groups of the elderly and chronically sick, the introduction of Disease Management and Managed Care programmes, and an internationally changed cultural understanding of health. It is argued that the medical profession has been

affected by an increasing orientation of the health system towards preventive care. This has promoted professionalisation strategies among professions that traditionally worked in the field of preventive and rehabilitative care.

Global and local professionalism: Centralized regulation or occupational trust

Julia Evetts, University of Nottingham, UK, Email: julia.evetts@nottingham.ac.uk

The paper considers some of the wider implications of the development of common regulatory regimes for professions and professional work at national and international levels. This is contrasted with the more traditional and local models of professionalism operationalized for a period particularly in Anglo-American societies. These localized forms involved the occupational control of work and were operationalized by practitioners and controlled by professional institutes and associations. The contrast indicates and is reflected in two ideal types of professionalism: organizational and occupational professionalism. The paper then explores the links and connections between these two ideal types of professionalism and the classical interpretations of Weber and Durkheim. The first, organizational professionalism, can be located in the work of Weber where the emphasis is on increased bureaucratization, organizational, rationalization and more centralized control of professional work. The second, occupational professionalism, can be more closely linked with Durkheim's interpretation of professionalism as a form of moral community based on occupational membership.

From health to tourism: Being mobile in the wellness sector

Katalin Formadi, University of Veszprém, Hungary, Email: formadi@turizmus.vein.hu

With the raising preferences of being healthy, fit, environmentally sensitive, wellness became more popular in our societies. This loosely defined term includes desirable ends such as a dynamic lifestyle, mental and physical harmony, but also the means enabling the achievement of the ends: services related to spending leisure time and holiday actively. Wellness became a diversified and a holistic product: includes various health and beauty treatments. Wellness – besides being aimed at in everyday life – also constitutes a motivation for a certain type of tourism: the health and wellness tourist product. This can take various forms, including both indoor and outdoor activities. In Central-Europe however spas represent an important element of the wellness offer. Professionally spas represent trans-sectorial employment – optimally employees gained experiences both in the health and the tourism sectors. At present there is no existing information on the wellness sector' employee's professional background, there is no standardized inventory or even approach to wellness professions and competencies. This paper will examine this new emerging field of employment from a 'sociology of professions' point of view. Based on a series of biographical interviews carried out in various spas in Austria and Hungary, I will focus on a dynamic examination of cross-mobility between the health- and tourism sector. With in-depth analysis of former career paths patterns of movements between and within these sectors, regions, and countries will be outlined. This will include analysis of various human, organisational and social factors enabling or blocking movement on the local, national or global level.

From 'liberal profession' to specialised service work. Recent trends in the organization and occupational self-understanding of advocates' work in Germany

Ulrich Heisig, Universität/ Arbeitnehmerkammer Bremen, Germany, Email: uheisig@iaw.uni-bremen.de

Until the near past advocates in Germany have been a relatively stable profession that was strongly protected by law. The legal consultation law ("Rechtsberatungsgesetz") guaranteed a monopoly of professional practice that was widely undisputed. As long as the number of advocates only increased in accordance with the expansion of service demand the profession remained homogeneous. These ideal conditions for stability and harmony within the profession have changed dramatically and increasingly within the last decade. This was due to different developments which mutually reinforced one another: a strong increase of new entrants into the profession and an accelerating increase in the number of advocates; liberalization and the deregulation of professional standards and rules of performance (including e.g. the allowance of advertising); mergers and acquisitions of small and medium sized professional partnerships and the formation of large law firms with Anglo-Saxon partners or owners especially within the field of business law. As a consequence of these simultaneous developments the organization of advocates' work, the division of work within the profession and the division of work within the single firm have changed. This has led to a deep change in the self-understanding of advocates. Whereas advocates formerly recognized themselves as members of a predominantly "liberal profession" that delivered comprehensive services in personal contact with clients, the work of advocates today more and more consists of specialized work performance within larger organizational settings. By describing these changes the paper will give a short overview of recent trends in the development of advocates' work and will sketch the professional strategies that are used in order to cope with the changes within the profession and the wider societal setting.

Welfare policies and the dynamics of workforce change: Challenges for professional identity

Lea Henriksson, University of Tampere, Finland, Email: lea.henriksson@uta.fi

The dynamics of workforce change is highlighted in the context of welfare state change and the institutional reorganisation of welfare service work in Finland. In focus are the links between welfare policy and the shaping of occupational groups. Arguments and trends on the new divisions of labour between paid and unpaid care workers and among professional groups are introduced from the perspective of lower-level professionals. Trans-national demands on employability, flexibility and cross-sector competence change the position of 'old' professionals but make the position of a new-comer even more vulnerable. The "mismatch" between education, labour market and welfare policies creates a challenging context for the analysis of reconfiguration of welfare service workforce. Besides the policy pressures on the impending labour shortage and the loss of attraction of care occupations, the purpose of this paper derives from the interest in the 'cultural turn' in the sociology of professions. How does reconfiguration challenge professional identities within the interplay between 'different professional tribes'? How is professional identity being constructed in institutionally and culturally embedded complex interaction through conflict, action and differentiation? The paper introduces empirical analysis of identity politics. The case study introduces the unionist per-

spective: How does the union leader as a kind of 'identity entrepreneur' construct the subject position of a new lower-level occupation titled practical nurses for social and health care? How are the occupational positions legitimated, and the mission and the cohesion of the occupational group constructed?

Competencies and features of professional ethics in graduate students in Valencia University (VU) and the National and Autonomous University of Mexico (UNAM)

Anita Cecilia Hirsch Adler, National and Autonomous University of Mexico
Email: hirsch@servidor.unam.mx

In the two previous Conferences of the European Sociological Association, in the Research Network: Sociology of Professions: Murcia 2003 and Torun 2005, I presented different types of results from the application of an Attitude Scale about Professional Ethics – constructed as part of the Research Project: Professional Ethics – to groups of graduate students in two universities: Valencia University in Spain and the National and Autonomous University of Mexico. I would like to present the outcome of the application of the Scale in each of the 15 graduate programs in Spain and in the 40 graduate programs in Mexico, classified in four types of competencies: cognitive and technical, social, ethic and affective – emotional and in sixteen combined features. I selected the most and the least valued features chosen by the graduate students from both universities, in each of the graduate programs. As in UNAM, also, the 40 graduate programs are classified in four Knowledge Areas (Physics and Mathematics Sciences and Engineering, Social Sciences, Biological and Health Sciences and Humanities and Art).

Governing the health professions: Global reform models and national patterns of change in Germany

Ellen Kuhlmann, University of Bremen, Germany
Email: e.kuhlmann@zes.uni-bremen.de

Changing health policies in Europe and beyond attempt on tighter control of providers and the making of a more collaborative health workforce. This paper highlights the context dependency of medical power, and the tension between changing regulatory frameworks and actor-based change in the professions. The German health system, particularly ambulatory care, serves as a case study to assess the dynamics of health reform in a non Anglo-American context and corporatist health system. I will explore a pattern of country specific institutional regulation and a set of policy 'drivers' for change. This pattern is linked to changes within the professions and interprofessional dynamics. My empirical material covers document analysis and qualitative data, and different positions in the health workforce, namely physicians, physiotherapists and surgery receptionists. The empirical research reveals the rise of a new professionalism that carries a potential towards a more inclusive health workforce, and at the same time, is shaped by conservative forces. However, conservatism does not only derive from medical-self regulation and exclusionary tactics. As to whether and how the rise of a new professionalism creates 'citizen professionals' more accountable to the interests of the public, is targeted by institutionally embedded regulatory frameworks. A greater diversity of professional projects of formerly subordinated health care

workers and more plural regulatory bodies may counteract the hegemonic claims of the medical profession in more sustainable ways than marketisation and managerialism, thus providing new policy options in the scenario of reform in health care.

Western professionalism and Russian 'Intelligentsia'.

Valery Mansurov, Olesya Yurchenko, Russian Academy of Science, Moscow, Russia, Email: mansurov@isras.ru

The main theoretical approach to the professions within the Russian sociology of occupations has focused to a large extent on the social-psychological or "personally-oriented approach. This has become the most popular strand in the study of intellectuals. This has been at variance with the interests of Western scholars, who have mainly concentrated on the professions as corporate entities or the social standing of the professions. Soviet research within this theoretical tradition has been rich in drawing a social portrait of the various professional groups. Research tends to be descriptive rather than analytical. The connection between the technological advancement of society and the level of qualification of intellectual workers has been analysed within a "work-oriented" approach. Thus, at the micro level of analysis, a "work-oriented" approach has broadly followed the Marxist theoretical tradition and dealt with the state and profession relations from this perspective. The late 1980s though, were marked by a switch from the Marxist view on society-professions relations towards functionalist theory. Professional occupations could, in the eyes of functionalist and former Marxist writers secure a unity between personality and the state and thus satisfy state and society needs. The hierarchical relations between the state and professional groups were not analysed. The political elite based on state administrative personnel were excluded from the analysis of stratification on the principle that this was the part of intelligentsia that had the highest qualifications, and carried out the most difficult and responsible work task. Two important dimensions of the social standing of intelligentsia were omitted from the attention of social scientists: the scope of professional autonomy and power, and the economic resources of professional groups.

The changing face of hospital medicine in Britain: A hospital operating theatre case study

Ruth McDonald, University of Manchester, UK, Email: ruthmcd13@hotmail.com

Hospital doctors in the British National Health Service face a number of challenges to their professional identity. These include attempts at increased standardisation of medical work and changes to junior doctors' hours following the implementation of the EU Working Time Directive. This paper presents findings from an ethnographic study of a hospital operating theatre department, which examines doctors' attitudes towards and resistance to policies perceived as threats to the medical identity. Whilst doctors have been successful in resisting attempts at standardisation and the Government's attempts to introduce a restrictive contract of employment have largely failed, the irony is that the biggest threat to the traditional medical identity may come from within the medical profession itself. The British Medical Association recognizes the need for more flexibility and work-life balance for all doctors and is actively promoting part-time and flexible training for hospital doctors. These moves reflect an acknowledgement that those who find the demands of hospital medicine incompatible with

the maintenance of a reasonable work-life balance are voting with their feet and leaving the profession. The doctors in our study stressed commitment and dedication in the context of a vocational identity. However, in order to attract the doctors of tomorrow, it seems, there must be a move away from these, together with a rejection of the long hours culture, and traditional ways of training, which are key components in the replication of the traditional medical identity.

Atrocity stories in social work

Andreas Liljegren, Goteborg University, Sweden

Email: andreas.liljegren@socwork.gu.se

The purpose of the paper is to present results from an ongoing research project about professional boundary work in social work. Social welfare offices in Sweden are usually divided in one section for handling social assistance (the economy group) and one or more sections for administrating other issues such as child welfare (the treatment group). This division of working tasks demands a lot of collaboration between these two segments of social workers. Authors like Davina Allen have focused on how professions negotiate boundaries between each other by telling atrocity stories. The aim of the paper is to describe and analyze how a profession constructs internal boundaries between two professional segments to regulate jurisdiction in a professional bureaucracy. What themes are brought up in the atrocity stories? How are they constructed? How do they present themselves and the others? What role do the atrocity stories play in the construction of work place situated boundaries? To answer these questions both individual and focus group interviews with social workers have been conducted. Preliminary results indicate that key boundary work evolves around themes like treatment and money. Working with treatment in contrast to administration is perceived as having high status which both groups make claims on. Another issue concerns the relation to money. The economy group is perceived and presented as bureaucratic and mean with money and the treatment group as wasteful. The results also indicate that professional competition is not only a matter of rivalry between professions, but is also a matter of internal competition about jurisdiction.

The EU education project and its challenges to European professions

Vittorio Olgiati, University of Urbino, Italy, Email: olgiati@soc.uniurb.it

As is well known, European professions endured an intense and ticklish seasons of reforms in the last decade. After the Maastricht Treaty, EU Directives on Services, Public Tenders and Supplying, Mutual Recognition of Professional Qualifications and Domestic Service Market, on the one hand, and EU Court of Justice's jurisprudence and Charter of Human Rights and Fundamental Freedoms, on the other hand, not only provided a specific "response" to a number of OCSE's programmatic recommendations, but put at a general test the role and function of European professions as human resource and organized agency fit for either global-local socio-economic competition or socio-institutional order. In this respect, two main questions are at stake now: to what extent traditional standards are still necessary and useful to promote professional services and guarantee professional performances; what sort of new standards deserve implementation to better protect EU public/private, collective/individual, interests and values? In turn, the increasing constitutional instability at international eco-

nomic and political level, on the one hand, and the increasing social impact of information and transgenic revolutions, on the other hand, add up to the above a further question: to what extent EU institutions are and / or will be able to relate and/or drive the system of European professions to EU programmes such as those of EU sustainable development and EU precautionary governance of science & technology innovation? Given such a problematic context, the aim of the paper is to decipher the contours of an emblematic arena: that of the EU process and policy about European higher education. Firstly, an account of major issues affecting at present either World-system or European Union will provide an analytical entry-point to discuss official EU value-based strategic orientations about European cultural capital vis-a-vis EU political, economic and institutional goals. Then, an attempt will be made to enlighten the mismatch between some historical-cultural patterns of EU higher education and most advanced scientific debate about science-in-the-making in order to test the actual consistency of such EU value-based strategic orientations. Lastly, a detailed analysis will be carried out about the type of professional "reconversion" that European professions have to endure to deal with EU risk-knowledge policy.

Interprofessional relationships in health care: Survey in Slovenia

Majda Pahor, University of Ljubljana, Slovenia, Email: majda.pahor@vsz.uni-lj.si

Collaboration in health care work is an important factor of patients outcomes. However, the relationships between the two largest professional groups in health care, nurses and doctors, have been traditionally hierarchical. The changes in social context and consequently in the health care sector like democratization, women emancipation, higher level of education challenge the rigid structure of the health care organization. An important element of changing or sustaining this structure are the perceptions that members of these two professional groups hold about themselves and each other. As Slovenia has recently joined the European Union, it is of interest to look into the ways relationships within health care are inscribed in general trends of inclusion and participation as intended aims of the European project. In order to analyze these processes, a survey of Slovenian nurses' and doctors' perception of their collaboration was designed as a part of a larger multimethod study. Research tools, developed at the UWE in Bristol were adapted and used on the random sample of the members of the Slovenian Nurses Association and the Slovenian Medical Association. Three scales were used: Experience of Interprofessional Relations, Characteristics of Interprofessional Relations and Communication and Teamwork scale. Nearly 700 questionnaires were returned, and the paper will present some of the results of the statistical analysis.

The professional integration of foreign healthcare providers: Agency opportunities versus structural barriers

Joana Sousa Ribeiro, University of Coimbra, Portugal, Email: jsr@net.sapo.pt

This presentation main aim is to analyse the obstacles to the mobility of less (basic nursing) and more (medical specialists) skilled migrants, from within and outside the European Union countries, considering one of the social mobility strategies, the occupational one. This study of the professional mobility of healthcare providers is focused on the analyse, in a longitudinal way, of 58 biographical interviews made to physicians and nurses, coming from Spain

and Eastern European countries (Moldavia, Rumania, Russia and Ukraine), taking in account the integration in the workplace (e.g. a possible internal labour market segmentation), the barriers that they have to overcome (e.g. cultural, linguistic, administrative ones), the process of job search and the gender effects. Additionally, for the analysis of the institutional reception of these migrants, we will take in account interviews made to institutional actors (Professional Physicians Association, Professional Nurse Association, Trade Unions) and a Non-Governmental Organisation, which has some experience in dealing with diplomas recognition process of foreign nurses and physicians. The comparison between the occupational mobility of an EU and a non-EU professional, of the same geographical area (Europe), allows us to understand how different supranational, national and local institutional arrangements, policies and civic interventions result in different professional incorporation processes. Moreover, the professional incorporation is perceived as the result of a process of integrations. In fact, political integration, social integration, cultural integration, institutional integration and multi-space integration have an impact on the immigrants' professional opportunities.

Professionals in transition: Physicians' careers, migration and gender in a post-soviet era

Elianne Riska, University of Helsinki, Finland, Email: eriska@mappi.helsinki.fi
Aurelija Novelskaite, Institute for Social Research, Vilnius, Lithuania

This paper examines the intention to migrate among female and male physicians in Lithuania. A survey (N=137) and interviews (N=34) were conducted with physicians in Kaunas and Vilnius in Lithuania in 2005. The results show that the gender difference in the physicians' views on opportunities to leave for practice outside the country was not statistically significant. By contrast, male physicians considered their opportunities for having a career in a foreign country in much more favourable terms than women physicians. Two main characteristics – gender and specialty – were found to predetermine physicians' intentions to emigrate and have a medical practice abroad. The most pessimistic were women surgeons, although surgeons in general were the ones who were most likely to think that they would have a successful career abroad. It is concluded that even in a female-dominated medical profession, like the one in Lithuania where women constitute 70% of all physicians, the effects of gender segregation within the profession extends the borders.

Social anthropology of professions: The development of a new perspective in Russia

Pavel Romanov, Saratov State Technical University, Russia Email: romanov@jsps.ru

The paper is about the development of social anthropological studies of profession in Russia. By the anthropology of professions the author means the studies of implicit social interactions, informal relations, cultural practices of occupational groups, which are hidden from the eyes of outsiders. Ethnography of professions in narrow sense is understood as a method of data collection and genre of describing cultures, while in broader sense it is a synonym of anthropology, when a researcher develops theoretization of the observed various practices and phenomena, including politics of professional identity, professionalization of work, institutionalization of new professions, power of professionals, everyday life of working place, rites and traditions, folklore, inside life of the communities of the professionals. Several research

groups in today's Russia conduct their projects based on the analysis of field research data of various professional communities and occupational groups in aspects of the structure of everyday life experience and forms of professional knowledge, identity, culture and language of a group, processes of professionalization. They are focused on different sides of professional life in contemporary society in a context of social transformations, changes in sphere of labor relations. The conferences and publications foster the creation of a research community of scholars of sociocultural practices and processes in today's Russian society, those working in anthropology, ethnography, sociology and cultural studies, who are interested in issues of labour, work, employment, occupations and professions, whose interests are within the diverse and changing world of professions and occupations, the development of critical analysis of the problems devoted to work and labour.

Professionalization, policy and health support work in the UK

Mike Saks and Judith Allsop, University of Lincoln, UK, Email: msaks@lincoln.ac.uk

This paper analyses the much neglected area of health support work in the United Kingdom. Typically, social scientific studies of professionalization have focused on fully-fledged professions, at the expense of occupational groups with a less developed professional structure. Within health care, the predominant focus has been on medicine, the first group of health workers historically to become a 'self-regulated' profession. In the contemporary context, and in light of media publicity given to incidents demonstrating poor performance by doctors, medical regulation is once more driving policy change in the interests of public protection. However, at lower levels of the pecking order, the occupations that undertake a range of health support work, but are not systematically regulated, have also concerned policy makers. These workers carry out various forms of face-to-face care or support of a personal or confidential nature, often unsupervised in people's own homes, and therefore pose a potential risk to vulnerable clients and patients. Furthermore, policy makers see economic and social gains in breaking down the hierarchical divisions in health work and creating a more flexible work force. The paper draws on a review of the roles and functions of health support workers carried out by the authors in 2000 for the UK Departments of Health. The research team adopted a variety of methods to collect evidence from a range of stakeholders and made recommendations on further regulation in the interests of public protection. This included proposals for the registration of health support staff. By 2005, the regulation of health support workers was being considered again as part of the wider Foster Review of the regulation of the health and social care labour force – paralleling the review of medical regulation following the recommendations of the Shipman Inquiry into the regulatory gaps following the conviction of the serial murdering general practitioner Harold Shipman. The case of health support workers illustrates the political, social and economic forces driving the policy debate on professional regulation. It directly raises questions as to whether likely changes arising from this debate represent incipient moves towards professionalization for at least some categories of health support workers. It also highlights the wider dilemmas and risks inherent in professionalization itself, as well as the costs and benefits for health workers and the general public in further regulation.

From ‘culture professions’ to ‘media work’? The impact of the European Project on the regulation of culture professions in Germany

*Christiane Schnell, University of the Arts Bremen, Germany,
Email: c.schnell@hfk-bremen.de*

The paper discusses the regulatory framework of freelance work in cultural professions in Germany and the new demands arising from European unification. Although the institutional arrangements do not provide a privileged status comparable to that of the established professions, they give rise to a specific pattern of professionalism in the field of culture. This pattern is shaped by two regulatory mechanisms, namely the freedom of arts and culture, and the social security for freelancing professionals in Germany. One central feature of institutional regulation is the German copy right law, which defines an individual property right of ‘intellectual property’ (*Geistiges Eigentum*) in order to protect individuals from abuse of intellectual work and economic exploitation. The concept of ‘intellectual property’ stands in contrast to the Anglo-Saxon model that is created as an investment protection. However, structural changes of the media in the 1990s – in particular, the digital revolution and a tremendous expansion of the global media market – the EU furthered the reform of copy-right law on national level. The growing importance of free use of information and easy access in the so called information society put new pressures on the institutional framework of culture professions in Germany. The paper highlights an interplay between changing regulatory frameworks and changing patterns of professionalism.

Changing patterns of trust in Portuguese society: The medical profession and the public

Helena Serra, Technical University of Lisbon, Portugal, Email: hserra@iseg.utl.pt

The aim of this paper is to present the outlines of a research project (started on September 2005) on changing patterns of trust between medical profession and the public in Portugal. The interest on this issue is particularly relevant since in Portugal there has not been a tradition of sociological research on this subject. Although, the available data, limited to newspapers articles or television debates, reflects changes in the social relations on health care systems. The same kind of changes seems to occur in other European countries where globalization’s phenomenon plays a crucial role in terms of changing contexts and emerging new patterns of professionalism. In the case of medical profession is particularly important to understand better public preferences about changes in health care delivery. Then, we try to explore the potential loss of public confidence in the medical profession and the authority of science, the increasing role of media and information technologies in informing patients and, finally, a change in the state’s relationship with health care professionals. This study attempts to add empirical evidence to better understand the changes occurring in the nature of professional practice that suggests a fundamental shift in social relations of health care and the role of medicine in Portuguese society. The main focus of this paper is to explore a particular dimension of this research: the relations between people’s trust in their physicians and their desire for a participative role in the construction of diagnosis and medical treatment.

Professionalism in a knowledge society: The academic drift of professional education in the semi professions

*Jens-Christian Smeby, Oslo University College, Norway
Email: Jens-Christian.Smeby@hio.no*

A central argument in this paper is that a greater emphasis on knowledge and epistemological cultures is needed to understand the challenges of professionalism in modern globalized knowledge societies. A knowledge society is not simply a society of experts or an increasing production and flow of knowledge, but rather a society into which knowledge cultures have spilled and woven their tissues into society as a whole (Knorr Cetina 1997, 2001). We live in a world of increased reflexivity mediated by expert systems. Individuals engage with the wider environment and with themselves through information produced by specialists which they routinely interpret and act on in everyday life (Giddens 1990). The democratisation of knowledge has been accompanied by a growing contestability of knowledge claims. As more and more actors are being drawn into the field of knowledge production, the self-legitimation of the older knowledge elites becomes less certain. Professionals do therefore not just need knowledge as a basis for carrying out their tasks; they also have to a much greater extent to defend their professional practice scientifically towards other professional groups as well as the lay audience. The paper discuss the extent to which the move of professional education in the semi-professions from a vocational apprentice based model to an academic model institutionalised as part of higher education may be considered as part of a new professional project that serve the demands of the 21st century societies.

European regulation of professional education: A study of documents focussing architects and psychologists in the EU

*Lennart G. Svensson, Goteborg University, Sweden,
Email: lennart.svensson@sociology.gu.se*

*Thomas Le Bianic, Ecole des Hautes Etudes en Sciences Sociales Marseille, France,
Email: lebianic@ehess.fr*

Governmental authority on professions concerns: Regulation of the market governing the exchange of services, that is regulation of market entry, of competitive practices, and of fees and payment; regulation of professional education by public or private producers of education; regulation of public employment and production of public services. National governing and regulation in these respects is to some extent challenged by contemporary international regulation, and partly replaced by considerable international re-regulation – firstly by the European Union, and secondly by globalisation of the markets for capital, goods, services and labour. Issues regarding professions are more and more negotiated at the European level between European professional federations and EU public authorities. These new trends raise a series of questions for the sociological analysis of professions regarding standards of professional education, forms of public regulation, strategies of market closure or autonomy in the daily work. This paper is a summary of the policies for and the formal regulation of professional education in the European Union in general. The data are based on policy documents, directives and agreements. There is a particular focus on the cases of architects and psychologists as a preparation for a major comparative study of these professions in France and Sweden.

Globalization, professions and discriminations

Gilles Verpraet, CNRS GRASS, France, Email: verp@ehess.fr

The globalization process challenges the processes of discrimination. The development of scientific and technical professions in the globalization of informational technology and open market coexist with numerous inequalities and discriminations (Beck, 2005). This requires new analytical frames and new construction of social surveys on professional groups. The individual dimensions of discrimination (as inequalities of treatment, as inequalities of biographic and career opportunities) take place inside the social and collective dimensions of inequality process. This argument can be developed on the inequalities of incomes, on the discriminations of gender, discrimination of nationality and migrations. Fieldworks on professional group can inform the discrimination processes in occupational situation, in professional relations, in service relations; such as teachers and pupils relations in precarious situations, such as gender and male relations in the career opportunities (as E Hughes). Globalization process tend to enhance new hierarchies of profession, of income and added value and so the related inequalities. So discrimination processes appears more visible at the level of professional group, at individual levels. It tend to question the professional citizenship (merit, recognition), the social citizenship (social rights as career guarantees). The new patterns of discrimination in the professional governance can be clarified inside this sociological framework between individual discrimination perception, new global hierarchies and construction of professional groups. It is the place to question the new patterns of professional governance (specifically diploma certification and work evaluation) inside this framework between globalization, profession and discrimination: pattern of flexibility in employment relation; pattern of mediation and management in public service; pattern of project management and autonomy of conception.

The flexibilisation of Finnish auxiliary nursing: A case study in how organizational professionalism shapes professional identities

Sirpa Wrede, University of Helsinki, Finland, sirpa.wrede@helsinki.fi

The flexibilisation of Finnish auxiliary nursing as discussed in this paper refers to the educational reform of the early 1990s, when the training for health care assistants, social service assistants, paramedics, child care workers and few other occupations occupying similar occupational roles was renewed in Finland. Nine previously separate curricula were merged into one new degree. The central aim in combining health and social care orientation in one occupation was to make it more flexible from the point of view of service management. The new flexible workers were to be given insights in multiple tasks at the same time as their education did not include specialization in any particular tasks. Later, the curriculum was modified so that some specialization has been introduced, but at the same time the emphasis has remained in practical learning and a competence-based examination has been added. The resulting situation is that the paths to the new degree and the actual skills acquired through education vary greatly. The creation of the new practical nurse as an official occupational category recognized by the relevant legislation is an example of organizational professionalism as practiced through public policy. This paper examines how the discourse of flexibility is reflected in the professional identities of members of the new occupation. The qualitative analysis of 15 thematic interviews explores how practitioners themselves operationalize different understandings of professionalism and what kind of professional identities

they produce. The paper will argue that even though the care workers still take pride in their work and in their professional identity, the flexibilisation in their case hinders the development of collective notions of occupational professionalism. Instead, professional identities are fragmented and engagement occurs, when it occurs, towards the workplace rather than towards the occupation itself.