

Chapter 7

Conceptualising Professional Identification as Flexibility, Stability and Ambivalence

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Abstract This chapter discusses physicians' and engineers' professional identity formation through engagement in practice. First, the concept of professional identification as the enactment of life politics is advanced. Professional identification is here viewed as an ongoing process in the context of lifelong learning, where learners' subjectivities and life trajectories are significant. Second, the concepts *flexibility*, *stability* and *ambivalence* are introduced and used dialectically as analytical tools for understanding physicians' and engineers' experiences of learning through their different practices. In discussing these concepts, we illustrate the conception of life-politics by means of empirical examples of how subjectivity, everyday life experiences, and conditions in different practices interplay in the process of professional identification. Third, we show how the processes of *becoming* an engineer or a physician stand as substantially different processes, seemingly more or less articulated and determined. Moreover, *being* an engineer or physician reflects additional aspects of learning through the process of identification with the professional role, including the impact of the work itself and of the personal self. In all, our findings suggest that the engineers identify with the content and nature of the work itself as a flexible strategy, thereby making the identification with the profession ambivalent. The physicians, on the other hand, seem to build a character as a doctor with which they identify permanently, thereby shaping a fragile boundary between their selves and the profession. Finally, an interpretive model is proposed, where the life-politics of the individuals is expressed through *flexibility*, *stability*, and *ambivalence*.

7.1 Learning and Professional Identification as Life Politics

The construction of knowledge and identities through work and everyday life are often described in contemporary research as lifewide or lifelong processes or in terms of personal learning projects.

At least two lines of reasoning representing different viewpoints on how these processes are enacted are discernible in the literature. One line of reasoning is that the reflexivity of human is emphasised – the possibility to reflect, revise, and make rational choices is substantial. The formation of identities can be understood

as a self-reflexive project (Giddens, 1991). Billett (2006) uses ‘the enterprising self’ to describe the idea of the individual’s modelling of the identity in relation to roles in working life that are particularly attractive. The assumption is that human beings are capable of handling themselves and the possibilities of their lives in conscious and wise ways. Billett recognises the relational interdependence between individual and social agencies to understand learning throughout working life. He claims that the personal epistemologies of the individuals are shaping what individuals learn and how they go about their work and learning. Personal epistemologies are defined as the individuals’ ways of knowing and acting formed by their individual capacities, their earlier experiences, and the ongoing negotiations with the social and brute world (Billett, 2009). Some researchers focus on the lifewide aspects of identity development as a learning project. Nyström (2008) claims that the process of personal identity development takes place as a dynamic relationship between different life spheres. In her study of student and novice professional psychologists’ and political scientists’ processes of professional identity formation in their transition from higher education to working life, three different forms of professional identity were discerned. These were (i) a non-differentiated identity, (ii) a compartmentalised identity, and (iii) an integrated identity, that exemplify different negotiated relationships between professional, personal, and private life spheres. Nyström’s study suggests that these three forms of professional identities are sequential; from an individual focus to more relational and integrated ways of reasoning about one’s profession. Nyström proposes that it is through the negotiations between personal and socially derived imperatives that identity formation progresses throughout working lives. Professional identification can also be described as learning processes in life histories (Salling Olesen, 2001a, 2001b, 2007), or connected to ideas of lifelong learning (see Blackmore, 1997; Brennan, Mills, Shah, & Woodley, 2000; Coffield, 1999; Crowther, 2004; Fenwick, 2004). Lifelong learning is also sometimes regarded as a project addressing the need for new competencies in working life. Hence, in this view, what people learn needs to correspond to demands in the labour market.

Another line of reasoning about knowledge construction and identity formation in the literature claims that these processes are not necessarily rational (Bauman, 2001, 2004). Decisions are influenced both by general ideas and by the actual conditions in everyday life, which sometimes de facto limits the possibility of choice. Bauman (2004) claims that these processes can be understood in relation as life politics: as an ongoing process that deals with identity and people’s negotiation related to it. Individuals are expected to apply this kind of politics to themselves, to their identity, and to their entire life. To draw attention to this process Bauman prefers the word *identification*, which is referring to a shaping process rather than an essentialist meaning of identity. To a very small extent, identities are described as predestined – they are assumed to be open to constant alteration (Bauman, 2004, Jørgensen, 2002, 2004). Bauman also discusses the limits of this constant alteration, that is, life politics. Everything that happens in

life is not likely to be understood and explained in terms of choice or reflexivity. The reality and external conditions of life under which humans live, together with the extent to which individuals can have an impact on these conditions, and the extent to which we believe that we can change the situation, also place limits on our options and actions. The complexity of everyday life can also give rise to conflicting emotions or interests, which can put individuals in state of ambivalence. This ambivalence can be understood as subjective dynamics that also may impact on the learning and the development of professional identities at different work places (Salling Olesen, 2003, 2006a; Salling Olesen & Weber, 2001; Weber, 1995, 1996).

In this section, we have pointed out different ways of thinking about learning and identity development through work and everyday life. In particular, the life politics of the individual is relevant to the case we elaborate here. We interpret this life politics as an ongoing, forming process that deals with the individual's negotiation and constant alteration through flexibility, stability, and ambivalence.

7.1.1 Flexibility – Stability – Ambivalence

The learning project that comprises the development of occupational identity can be understood through life politics and the three related concepts: flexibility, stability, and ambivalence. Taking a theoretical starting point in clarifying our analytical concepts, the notion of *flexibility* is a reoccurring concept in texts about today's working life. Sennett (1998) points to personal consequences of modern working life and the call for a more flexible work force. The flexibility of humans is associated with a 'corrosion of character,' in Sennett's point of view. Flexible workplaces, slim-fit organisations, and an unstable labour market have become parts of the normal discourse, and change the meaning of work. Human flexibility is also discussed by Salling Olesen (2001a, 2003) and his colleagues (Siig Andersen, 2001) in terms of subjective dynamics in learning processes, which includes an individual's ambiguity towards learning and flexibility.

Our second analytical concept, *stability*, is reflected through ideas of learning as long-term and sustainable processes (Swedish Governmental Official Reports, 2004). Becoming professional can also be seen as requiring particular values, attributes, and capabilities that are sustainable and part of the personal development of the individual. Sennett (1998) discusses the character of humans and ethical values in contemporary working life. The concept of character focuses on long-term aspects of emotional experiences connected to other people. We use these aspects of Sennett's 'character of man' to interpret stability related to professional identification through work.

Finally, *ambivalence* can be discussed in relation to discourses in society about how to structure and order the good life, and what we ought to be and ought to do. We are here influenced by Bauman's (1991, 2001) critique of individualisation in

society, and his reasoning about ambivalence associated with this individualisation. Our line of reasoning is also influenced by Weber's (1995, 1996) as well as of Salling Olesen's and Weber's (2001) ideas, which stress complex situations in everyday life always produce mixed emotions. In the context of work and working life, the structuring and ordering of the good life might be taken as what constitutes worthwhile work. Yet, individuals' responses to these discourses may be ambivalent.

In the further analysis of empirical data, we elaborate how engineers' and physicians' professional identification are shaped by life politics as ongoing processes. Particularly, professional identification is interpreted and discussed as life politics, and the concepts of *flexibility*, *stability*, and *ambivalence* are used as analytical tools to understand how these dynamics operates in professional practice.

7.2 Empirical Data

Our empirical data is the product of a longitudinal study comprising interviews with workers across the period between 2002 and 2006 (Axelsson, 2008). A selection of engineers and physicians were interviewed at two separate occasions. The first interview was with informants who had recently graduated from their professional educational programme. The second interviews were conducted when the informants had between 2 and 4 years of working-life experience within their profession.

Twenty-two physicians and 21 engineers in information and communication technology participated in the study. At the time of the first interview, most of the graduated engineers were about 24 to 29 years old. The engineer programme was usually their first higher educational experience; also previous working-life experiences were limited among the engineers. About a quarter of the interviewed engineers were females, that is, the most of the engineers were men. The group of physicians was slightly older than the group of engineers. At the time of the first interview, the physicians were between 25 and 40 years old. In contrast to the engineers, a number of the physicians had working experiences and/or another higher education background. In this group, there was an equal gender division. The informants had undertaken their professional education at four different universities in Sweden.

In all, the investigation sought to follow the informants' processes of knowledge development and professional identification. The relatively long periods of time between the interviews (approximately 3 years) enabled us to identify changes in their personal and working lives of importance for the individuals. The interview data were analysed qualitatively through a process of reflexive interpretation (Alvesson & Sköldberg, 1994, 2008), which means three things to the procedure – awareness of (i) interpretation in the analysis of the

empirical data, (ii) the researcher as a subject and interpreter, and (iii) necessity of theories and contextualisation for understanding phenomena. The approach permits richness in description through interpretations on the three levels pointed out in the analysis of the transcribed interviews. Altogether, the empirical material consists of transcriptions of 72 interviews. However, it is acknowledged that these data represent the account of 43 individuals, which to some extent limits the possibility to generalise the findings. Anyway, it is possible to recognise the described phenomena and in that way review the findings qualitatively.

As a means of advancing the analysis, findings, and deductions from these data, the following sections first report the process of *becoming*, before addressing the issue of *being*.

7.3 Becoming an Engineer or a Physician

The process of becoming is a significant learning project that is shaped by life politics. Here we illustrate this shaping by means of empirical examples of how subjectivity, everyday life experiences, and conditions in different practices interplay in the process of becoming a professional.

7.3.1 *Becoming an Engineer*

When we examine the process of becoming from the engineers' perspective, the formal credentials through the educational programme seem not to bring about identification with the profession as such. The formal qualification and title are often deliberately downplayed. Instead, what constitutes the engineer is the nature of their work itself, and how they fit in with the corporate culture. Their position at work and the content of that work are important factors in the identification process, as well as their position in relation to other employees who are not engineers. The engineers also often make a clear demarcation between work and their lives outside work. In this section, we use Peter, Johan, and Anna as examples to illustrate this point. All three are computer engineers with between 6 months' and 2 years' experience of working life after graduation. Peter states that he almost never introduces himself as a computer engineer. Instead, he describes himself as a project leader, to distinguish himself from other colleagues with different positions and also to those with different educational backgrounds.

I almost never introduce myself as a...computer engineer, no; I never introduce myself as a computer engineer. I call myself a project leader. At the work place where I work...there are quite a few computer engineers...and technicians as well, and then there are those who have made a career anyway, without having any kind of higher education. (Peter)

Peter relates to the corporate culture and the importance of not sounding ‘stuck-up’ to the colleagues at work when he explains why it does not work to use the title ‘computer engineer’ when talking about himself. The reference to the corporate culture is a reflection that is repeated in the accounts of the engineers in the study. This makes it clear that the information technology business has a significant influence on the processes of identification with the profession as a computer engineer. The engineering profession has a long tradition of being described as stable and safe with reference to the labour market. In spite of the fact that the labour market for engineers in information technology was not very good in the years around 2000, many of the engineers in the study see themselves as potentially employable – with good opportunities in the labour market in the future. Johan describes that this stability in becoming an engineer is linked to ‘a certain pride, to know that you have a certain background that you can rely on.’ Johan sees this adding to a feeling of safety, a guarantee for a stable knowledge that is respected in society. ‘It is a kind of branding,’ he explains, ‘that you belong to the brand’ of computer engineer. Johan’s assumption can be seen as being typical of many of the interview accounts, referring to the general knowledge base and generic skills of the engineering profession. The study shows that the engineers in information technology are typical holders of general and marketable skills in particular; they are shaped as *flexible generalists* in working life. Anna summarises this typical characteristics of the engineers below:

Well, as a computer engineer I am...yes my deepest knowledge is in information technology and computer science. And I am a generalist and I like to push things forward. Yes I ...solve problems...or I don’t see problems as obstacles, but it is something that you get through. A good engineer is a problem solver who is not afraid of the unknown...and can take new ways...can be innovative and flexible. You have to be able to cooperate and take in new information and develop yourself...all the time. (Anna)

The accounts of Peter, Johan, and Anna can be seen as illustrating a dialectical relationship between stability and flexibility in the professional identification process – a process that produces ambivalence. To be on the move, to learn new things to maintain the generalist competence is seen as a necessary feature of the profession of computer engineering. Anna describes how this ambivalence influenced her choice of work already as a graduate, ‘I chose to join a consultancy company, because I feel I like to learn new things...And I have been lucky in that I haven’t worked with the same things more than 2 years, then I have moved to other things.’ She describes how she moves from becoming a leader for subprojects to becoming a team leader and managing internal projects, and has the aspiration of becoming a project leader. This ambivalent identification seems to remain also after several years in the profession. The identification with the work itself and the position at work in relation to others as described by Johan above is verified throughout the interviews.

In this way, a dialectical relationship between stability and flexibility is seen in the process of becoming a computer engineer. The stable nature of the knowledge base of the profession produces professionals with flexible and generic skills. If

we look at documents postulating the views on skills needed for the workforce of tomorrow, creativity, flexibility, communicative skills, social skills in establishing contacts and networks as attractive and marketable skills, are emphasised (see Brown, Green, & Launder, 2001; Jørgensen, 2002; Högskoleverket, 2003). The process of becoming seems in relation to this at a first scrutiny as matching the postulated view of the workforce of tomorrow. A closer scrutiny of the interviews, however, suggests that the feeling of stability and safety combined with the flexible generalist competencies results in an ambivalent identification process.

7.3.2 Becoming a Physician – Developing a Character and Putting Oneself at Stake

Many of the physicians describe their reasons for their career choice as a combination of traditions and expectations from their families (i.e., in many cases the career choice as a physician was common in the family), a general and perhaps naive preference for working with people, and that their credentials were competitive enough. The informants also emphasise that their personality was a contributing reason for choosing the profession, and also an important part of their professional role – in fact, many of them claim that there are no differences between their personal and professional identification. In this section, we use stories told by Monika, Shora, Henrik, Kenneth, and Annika to illustrate the process of becoming a physician. Monika, a physician with 8 months of working-life experience after graduation, describes her identification with the profession like this: ‘... I’m very much the same as a doctor that I am in general. I don’t have a professional role that differs much from the person. I am...I am like this privately as well. It has never come to my mind that I should change in a way...like taking a certain role when I go to work.’ ‘The way I am as a doctor is intimately connected to how I am as a person’ is another typical statement. Looking more closely at the identification process through the first period of working-life experience reveals, however, that the personality of the physician is challenged through the experiences of clinical work, and the independence, the responsibility, and the numerous decision-makings connected to these experiences. All these features together seem to shape the professional physician. Moving between different clinical placements has brought about a need for repetitiously establishing legitimacy in the professional role in relation to patients and colleagues; some of the informants emphasise that this is particularly needed for young and female doctors:

But I say, every time you introduce yourself – being female and young – you should tell the patient who you are, so that they understand. Cause they don’t always do. Even though you say so, they don’t believe you. There have been periods when I have felt that I begin to master this...Then you feel like a doctor. But during internship, when you change work place all the time, this feeling disappears when you come to a new place. Then when I had finished internship I began to feel like a real doctor. (Shora)

A male physician, Henrik, describes the professional identification as follows:

I think I grew into it very much when I worked in the primary care. That's where I felt most clearly that I was a doctor for real. Because there you take decisions yourself...and work ever more independently/.../In primary care things were quite different. You couldn't ask about everything. You had to take your own decisions. And, I felt that as a great deal of what it means to be a doctor, the decision making. (Henrik)

The informants also make references to the importance of role models in this process, both at an early stage in the educational programme and at different clinical placements. These role models have been important for the informants' identification with the profession in terms of how to think, how to talk with patients, et cetera. Another physician, Kenneth, reflects on how the first period after graduation was particularly important for the influence of role models. 'During the first months after graduation you can be very susceptible in many ways...and that is when you are starting building a character'. People working in today's health and medical care need to handle the pressure to produce more and more care during their working hours and, together with constantly changing methods of treatment and a general public that is increasingly enlightened, this makes the work very demanding – not least for a recently graduated physician. When we met Annika for a first interview in 2002 she described how she thought of herself as a doctor. She says '...how I am as a doctor I think...to me it hangs together with who you are as a person. But that may also be my biggest problem that I have difficulties switching between professional and private'. The second interview, from 2005, continues to describe the difficulties in separating her working day from her private life:

Yes, I have difficulties to switch off work when I leave for home. So if you see many difficult cases, a lot of very sick patients that feel bad and have a tragic social situation. I have difficulties forgetting that when I come home. I feel a need to talk myself out of it when I come home. (Annika)

The seemingly stable construction of the professional identification as uniform with the personal identity is instead very much a question of life politics (Bauman, 2001, 2004) and flexible negotiation with oneself, the real life expectations, and demands at work; thus, mixed emotions are produced. Ambivalence (Salling Olesen & Weber, 2001; Weber, 1995, 1996) appears when the physicians encounter the multiplicity of problems during their working day – failures are often perceived as personal. Physicians' professional identification can be interpreted as a formation of character, according to its relational and moral meaning as pointed out by Sennett (1998). The findings show that failures are perceived as personal when personal responsibility, continuous self-reflection, and flexible alteration associated with expectations and demands at work and life in general are strongly emphasised. The process of becoming a physician is like putting oneself at stake.

Consequently, when personality and professional identification is moulded in the same form, it does not necessarily bring about a stable construction. It is significant that the borderline between the personal and the professional identity is

particularly blurred for these physicians. Therefore, the physicians' professional identification could be interpreted as a brittle or unsustainable construction.

7.4 Being an Engineer or a Physician

So far, we have tried to make it visible that the professional identification occurs in different ways for engineers and physicians, which is not remarkable in itself. What we want to point out here is the personal consequences of the varying ways of developing a professional identity and being a computer engineer or a physician, in different practices.

7.4.1 Identification as a Flexible Strategy or a Permanent State

Being a computer engineer is not usually described as a permanent state in the engineer stories. The informants report that they use their title only when necessary – if at all. It is significant that the engineers' identification with their title and profession is ambivalent. In this section, we illustrate this assumption through examples from the interviews with Peter, Linda, and Helena.

Previously, we referred to Peter who said 'I almost never introduce myself as a computer engineer.' Similar phrases emerge frequently in the interviews. Linda, an engineer with 11 months of working-life experience after graduation, tells us 'it is nothing special to be an engineer.' 'I don't know what it feels like to be an engineer' she continues in a humorous tone. It is obvious that Linda, similar to Peter, does not walk around telling people 'I am an engineer.' At work Linda talks about her self as a programmer – there is 'no difference compared to anyone else who is a system person,' she clarifies. In addition to Peter and Linda's narratives, many of the engineers use their title as a flexible strategy. On the one hand, the interviews indicate that the computer engineers do not think or talk about themselves as engineers. On the other, it is clear that they use their title in a strategic way at work. The computer engineers tell other people that they are engineers only when they think it is of vital importance, such as in contacts with principals, customers, and other companies. It stands out as a flexible negotiation with the professional role in contacts with others. A quote from an interview with Helena, one of the respondents who explicitly express that she actually feels like an engineer, illustrates the strategic use of the title in practice:

I'm glad that I choose to become an engineer, I feel like an engineer – and it feels good. If you are an engineer you know that they don't put you to test...they know what you have gone through. Sometime I say that I am an engineer in this area and I tell a bit about my background, *depending on who the listener is*. Or, when I think that...these *people really need to hear that I'm an engineer*, so, they will not ask the most difficult question, only to test basic things...its kind like that. (Helena)

Other engineers describe parallel work situations and a similar behaviour as Helena. Whether they use the title ‘engineer’ or tell other people something about their educational background depends on the circumstances and what impression they will make. For example, they may mention their qualification when a lack of respect for their competencies comes into sight.

In sum, the engineers’ identification with the professional role is interpreted as ambivalent. Two lines of reasoning are discernible here. First, they do not usually identify themselves as engineers at work. However, *if* the engineers make use of their title at work they do so in a flexible and strategic way in relation to other people. It could be understood as if they are playing a game with the professional identity.

The physicians’ professional identification is different from the engineers’ flexible acting. Descriptions such as ‘I am always a physician’ or ‘I never leave my role as a doctor’ are common in the interviews. To be a physician is often understood as a permanent state. The informants tell that they are doctors all the time; many of them emphasise that they never leave their professional role completely. Said, Erik, and Shora are three of the physicians with that kind of experience. In this section, we use them as examples in discussing what the statement ‘doctors all the time’ could imply. With a first glance at their narratives, their experiences could be interpreted as examples of successful identification or integration – the personal and the professional identity melded together. After a closer look, however, it is obvious that being a physician and the constant association with the professional role can cause problems at work and in spare time. Said draws attention to some of the personal consequences:

You have to be available all the time. You’re expected to listen to anything all the time – you never leave the role as a doctor. You’re always – if you go to a party you’re still a doctor, and at work you’re a doctor and when you have your car repaired you’re a doctor I’m expected to write prescriptions in my spare time...people expect you to do that. (Said)

If you are a doctor, people expect you to ‘listen to anything’ and to ‘do things’ all the time, Said says. That kind of statement is not unusual. The interviews give a lot of examples like this one. Expectations from other people at work and in leisure hours are interpreted as a critical aspect of being a physician. It is evident from the interviews that patients, colleagues, friends, and relatives et cetera have many varying expectations of the physicians. After 3 to 4 years of working at different hospitals and primary health care centres some of the physicians are somewhat ambivalent regarding the solid identification with work and the professional role. ‘Being a doctor and, at the same time, a human being’ is not a matter of course, as Erik, one of the respondent states. The close connection between who they are as a professional and who they are as person is found to be a weak link. In addition to the fact that many physicians experience that they never leave their professional role, the study indicates that it could be complicated to be both a physician *and* a woman at work. Patients, colleagues, and other employees have different expectations of a female physician than of a male physician. The interviews describe young women’s experiences of patients’ lack

of confidence in them – because they are young women. Shora is one of the women with such experiences: ‘You should tell the patient who you are, so that they understand. Cause they don’t always do so, even though you say so, they don’t believe you,’ she clarifies. In addition to that, some examples imply that expectations from other colleagues are of a different kind – the female physicians state that they get less support than male physicians. This view is exemplified in the interview with Shora:

I know that being a female physician patients and relatives expect more of you. Sometimes I feel that the expectations are impossible to stand up to. It’s not only the medical parts but you are also expected to have an overview and be capable to assist in all matters like transportation after the consultation. Sometimes they have difficulties to differentiate me from what is a nurse’s work. They are more restricted in contacts with a male physician. Patients are more emotional in contacts with a female doctor. It takes more time. I can also see that expectations from staff are different on me being a woman. I’m expected to do more things myself. I’m expected not to need as much assistance as my male colleagues. (Shora)

Being constantly available for consultation – even in spare time – is an expectation commonly faced by the physicians in this study. Hence, the data suggest that the physicians are always physicians, which is not always to their advantage.

7.4.2 Engineer – Confined to Workplace, Occupation, and Working Hours

In contrast to those of physicians, the identification with the profession from the engineers’ perspectives is typically confined to their workplaces. Spare time and private lives are influenced by work only to a small extent. Also, and in contrast to the physicians’ experience, the engineers do not sense any expectations from others of what and how an engineer should be like – the vocation does not interfere with their social life. On the contrary, many of them explicitly point out the necessity of separating work and spare time, hence suggesting that the engineers do *not* identify themselves with their work in their leisure time. Johanna gives us an illustrative account of this at the time of the second interview, when she states that it is important to balance work and social life:

I think it’s important to find some kind of balance. I don’t want to work too much. I don’t have any children yet but I want to have in the future... I want to feel that work doesn’t occupy all available time. (Johanna)

The engineers’ data about what it is like to be a professional could be interpreted as their professional identification being weak. They emphasise that ‘I don’t think of myself as an engineer’; and their identification with their profession is confined to their place of work and their working hours. However, we are not suggesting that their ‘weak’ identification necessarily is a sign of weakness – our

interpretation is that they are not firmly rooted in their profession through a canonical knowledge or presupposed professional role. Today's working life offers technological solutions with good opportunities for flexibility, dispelling ideas of work as being confined to time and place. It is obvious that the engineers in this study do not, however, strive to expand their working outside the workplace through the use of technology, in spite of such opportunities. The demarcation between work life and life outside work is kept clear.

For instance, Filip describes at the time of the second interview that the work is important, because a lot of time of your life is spent there, but that there are other things in life that are even more important. 'I think that family is more important than making a career. I have realised that I'm not going to make a beautiful career and become a boss. They have to sacrifice their private life to get there.' In Filip's statement we can trace a similar logic as in Johanna's account about finding a balance through keeping work and life as a whole separated, thereby constructing a stable professional identity. Here, we are suggesting that the engineers' identification with the profession is typically confined to their workplaces and occupations. The computer engineers only to some extent associate their work and profession with their life as a whole. Instead, the professional career is conceptualised as parallel to their life trajectories.

7.4.3 Physician – Profession Associated with Personality

The physicians tell a different story about what it is like to be a doctor. In contrast to the engineers, who emphasise the workplace as where the identification occurs, the physicians associate their profession with their personality. As has been mentioned above, the phrase 'I am always a physician' occurs frequently – the profession can be understood as a permanent companion, or state of being, even in the leisure time. The expectations from other people of physicians to always be on call for medical consultations, no matter when or where, are sometimes not easy to live up to. These expectations are sometimes experienced as being unreasonable, reducing the 'human being' doctor to the 'certificate' physician, always available. Erik contrasts the expectations of the physicians with those of a plumber 'You would not call a plumber at eleven o'clock in the evening to get your pipes fixed, even if he is a friend of yours, because you would not expect him to come running...but I am expected to do so.'

Our explanation of such phenomena is that physicians' professional identification can be indefensibly strong as a consequence of the vague boundary between themselves and the profession. A personal consequence of working conditions and general ideas of what a physician *is* or *ought to be* – the physician as an 'infallible person' or 'almost God' – is described. These expectations produce ambivalence as a more or less always present state of mind in many of the informants. The quotation from Hans's second interview, below, gives a good

example of how the physicians negotiate their profession in relation to themselves, and the difficulties in living up to the expectations of being infallible.

I have two very different sides as a physician...I have one side when I'm with patients and then I'm listening and empathic and I'm quite good at that. I try to reason with the patient and I'm rather professional. I can tolerate almost anything. And then outside the patient I'm quite cynical and talk about them as problematic. Then I don't have this empathy/...) but it takes engagement and concentration to be listening/.../ and then I sort of have to react sometimes to be able to come back to them again. (Hans)

What we have shown through the physicians' accounts is almost an opposite picture compared to the one the engineers provide. The physicians indicate that the close connection between person and profession gives rise to difficulties in separating work from spare time – their profession is strongly connected to their selves.

Consequently, the physicians' career and life trajectories coincide and, thereby, create ambivalence. The 'indefensibly strong' identification with the profession might be seen as one way of the subjects' handling of contradictory expectations at work – a clear identification with professional knowledge, tools, and values can be helpful to reduce the complexities of the situations to a problem that the physician is capable of sorting out (see Salling Olesen, 2006b, 2007), and, hence, to make possible a sustainable life.

7.5 Flexibility, Stability, and Ambivalence in Practice

General ideas in society that emphasise the importance of flexibility, mobility, and people's prompt adaptation to changes are materialised in the informants' narratives. People strive to achieve these abilities and states – the wish to have a flexible life is strongly expressed.

The findings show that personal consequences follow from the physicians' working conditions in the field of health and medical care. Significant and frequent demands from others, as well as from themselves, are experienced as oppressive. The physicians encounter ideas such as 'diseases do not exist' or, at least, 'it is possible to find a cure for them.' Their stories tell us about insufficient management, lack of fellowship in their work, and restricted space for conversation between colleagues. The importance of social dimensions of work, such as cooperation and trust in relations, is emphasised by the informants. A counterbalance to the one-sided emphasis on the individual, human capital, and economy in working life (see Brown, 1995; Coffield, 1999, Sennett, 1998) is described. The physicians' efforts to balance the demands of their work and their private life are experienced as problematic. In spite of a stable labour market for physicians, employment is not guaranteed. For the graduated physicians, it is attractive to stay at the hospital where they have been students. The university hospitals cannot, however, guarantee the physicians an in-service training position or employment for specialisation. Because many individuals are interested and the

number of available positions is far lower there is considerable competition for these positions in the research hospitals. Some physicians state that ‘you have to show your interest in what you are doing’ – producing a thesis in medicine parallel with their education and the general training programme is one way of doing this. For others, showing interest involves moving out to other parts of the country and to smaller hospitals – with or without family and friends. In these cases, flexibility translates to mobility in practice.

During the course for this study, information technology was hit by a slowdown in business activity. Some of the consequences for these engineers were that short-term contracts became more the rule than the exception, and their mobility was more extensive than in the case of the physicians. Consequently, concepts such as flexibility and mobility in the labour market are given very specific meanings in the engineers’ stories. The possibilities for mobility in the labour market, that were often mentioned in their stories about engineering work, were in reality restricted by the slow down in business activities. Flexibility in this case thus refers to the engineers strives to adjust to these changed circumstances. This has little in common with the general idea of the individual as a free mover on the labour market. The findings indicate that the engineers’ work involves achieving results that are acceptable to themselves and others – everything at as low a cost as possible in order to uphold the company’s good name, or simply their own honour as an ICT consultant. There are times when the engineers are dissatisfied with their own work and the products thereof. Satisfying customers is often achieved by not exceeding the estimated costs – this is often felt to be dissatisfying. Some engineers point to personal consequences caused by too much financial, legal, or social responsibility. Insufficient support from colleagues and supervisors during their first years in the profession is also described. Some of the engineers have been on sick leave several times. Nevertheless, the bright side of flexibility – the opportunities the individuals have to move in the labour market – is very much apparent in the engineers’ own descriptions.

The findings indicate that both engineers and physicians consider their education as a solid ground and a platform for their respective careers in working life. The educational programmes can also be interpreted as qualification – an instrument to achieve social status or admission to a position in a field or a profession. A complete awareness that their education and work affect the possibilities of developing in working life as well as their position, social status, and private financial position is shown in both groups.

7.6 Work, Life Politics, and Sustainable Life

Knowledge and learning are essential components in the modern project of society, which strives to attain employment, wealth, and sustainable development (see Swedish Governmental Official Reports, 1999, 2004). Lifelong learning is the

main ingredient in these strategies. The findings indicate that the process of becoming a professional is a significant learning project that is shaped by life politics throughout life. We interpret these findings as an expression of individualised knowledge processes (see Bauman, 2001; Stehr, 1994, 2001); examples such as ‘learning to learn’ frequently occur in the texts written by social theorists. Learning to learn is not only a question of the professional identification and professional career – the whole life trajectory is deeply involved. Also, it is obvious that this concerns lifewide processes, especially in case of the physicians.

Being and working as a physician strongly influences other areas of their life – difficulties in separating work and other activities and time are reinforced by working conditions, for example, working hours. Working evenings, nights, on holidays, and over Christmas does not make it easier to order life during the weekdays – regularity is an exception for the physicians. Another complicating aspect found in data is that it is not unusual for the physicians to live together with another physician. During the course for the study, many of the physicians raised a family. Their descriptions show that it is not an easy matter to arrange their life – home is a place where they ‘stand in for each other,’ taking care of the children when they are off work. Some of the physicians give up full-time work. Here, the results indicate large differences between the two groups – few, if any, comparable descriptions by an engineer are found in the interview material. Hours of work do not encroach to any large degree on the computer engineers’ private life. The results show that working life and leisure time are separated – the engineers’ professional career runs parallel with their life trajectories. They strongly emphasise the importance of striving for ‘balance in life.’ After 2 or 3 years of working, many of them do not see it as a problem.

Consequently, the learning projects and the life politics we point out in our discussion are diverse, which also means different personal and professional consequences for the physicians and the engineers. One significant finding is that lifelong qualification could be understood as an example of exclusion.

7.6.1 Lifelong Qualification as Exclusion

Physicians’ informal qualification – especially concerning their choice of specialisation – may be a career obstacle. Many popular areas of specialisation involve irregular working hours with the physicians having to be on call/duty, and some professionals drop a certain specialisation for this reason; for the sake of their spare time, social life, friends, and family. Our interpretation is that this is a matter of an individual solution to a structural set of problems. When it was time for the physicians in the study to choose and do their practice for specialisation, many of them were at the age when it is usual to raise a family in Sweden. Women made up a significant proportion of the group that dropped out of popular specialisations for these reasons. In their descriptions, we found that both the

formal and informal qualifications in physicians' work are strongly excluding processes. Fenwick (2004) highlights this phenomenon when she asks what happens to the women in a lifelong learning era. Fenwick discusses in a fruitful way women's situation in working life and family life, together with the ambiguous interpretations of a lifelong learning policy and its consequences in different practices. From the physicians' narratives it is possible to suggest that their learning and identity development are gendered processes, shaped by life politics. A nearly equal number of men and women work as physicians. Our interpretation is that the prerequisites in the physicians' workplaces, the informal and vague processes of qualification together contribute to this exclusion. We did not identify the similar excluding processes in the engineers' stories of their work and qualification process, which might be explained by the fact that the engineers' workplaces were heavily dominated by men, and the women's stories were not as clearly emphasised.

7.6.2 Learning and Professional Identification as Life Politics – Unsustainable Life?

The concept of *sustainable development* refers to a goal for development in society that does not run counter to the needs and interests of a world possible to live in tomorrow. The concept involves economical, environmental, social, ethical, and humanitarian and health-related aspects (Swedish Government Official Reports, 2004). The study indicates the need to discuss these aspects further also in relation to the demands of working life and to life in general. Even if the engineers in this study describe periodically high workloads and taxing working conditions, it is unusual that they experience their work and its qualification processes as destructive for themselves or for their private life. The findings indicate, with a few exceptions, that the engineers interviewed in this project regard their work and qualification processes as personal challenges. The difference between the engineers and physicians in this study is striking on this point. The shortage of physicians in small hospitals and primary health care centres results in heavy workloads. The study shows that it is no easy matter to live up to people's expectations and at the same time realise political ambitions in everyday life as a physician. Social and ethical aspects of work run the risk of being minimised under such circumstances, which is something Sennett (1998) has stated. In our view, this is not only a danger – it is more than that for some of the physicians. The findings show that ambivalence in every day work not always implies learning, deeper insights, development, or generative solutions. The physicians talk about depression and anguish caused by their working conditions, responsibility and difficulties in separating work and life – an *unsustainable life* is a conceivable consequence. Our study suggests that ideas about long term life

projects and sustainability are a counterbalance to talk about lifelong learning and flexibility in working life.

7.7 Concluding Remarks

This chapter has highlighted and discussed the processes of learning and, in particular, professional identification through different practices. Figure 7.1 is built on the findings in our study and the model summarises our view of these phenomena and processes. Professional identification is depicted here as an ongoing process in the context of lifelong learning, where learners' subjectivities and life trajectories are significant.

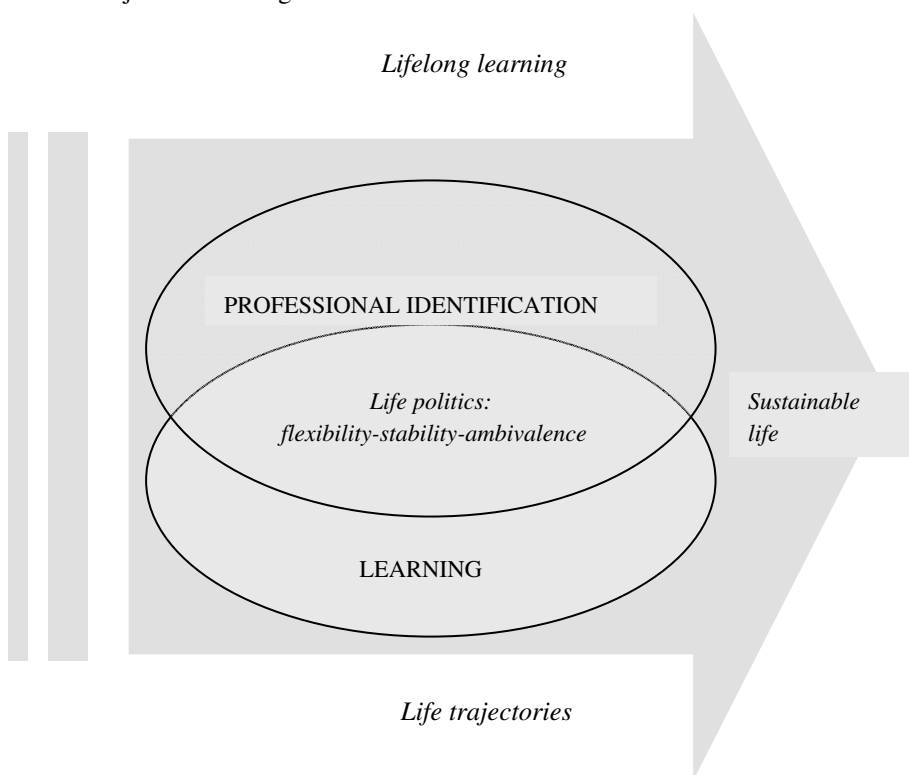


Fig. 7.1 Professional identification and learning through work

We suggest this interpretive model (Fig. 7.1), where the life politics of the individual is expressed through flexibility, stability, and ambivalence. In our view, this model and these concepts can be used as analytical tools for understanding experiences of learning and professional identification through different practices.

In particular, if there is an interest in long-term learning projects or in sustainable aspects of work. Finally, the study indicates that there is a need to discuss these aspects further – in relation to the demands of working life and in relation to life in general.

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