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2. PROFESSIONAL PRACTICE

Professional practice is a social phenomenon in essence and in realisation. How we view professional practice in any era is influenced by the sociocultural and historical influences on that era. “There is no single, ahistorical set of professional practices” (Broadbent, Dietrich, & Roberts, 2005, p. 1). Contextual change is dynamic rather than linear, embedded rather than objective, conditional rather than predictable, and is amenable to influence rather than inevitable.

Social constructionists hold that the way we experience everything is shaped by personal, historical and cultural influences (Gergen, 2009). The term *social constructionism* was introduced by Berger and Luckmann (1966), building on the work of Schütz. Schütz (1964, 1967, 1970) was concerned with the social world, specifically the social nature of knowledge. He argued that, within the “life world”, people create social reality and are also constrained by the existing social and cultural factors and structures they inherit from previous generations.

Social constructionism refers to a theory of knowledge in sociology and communication theory; it proposes that knowledge is not individually generated but is created collectively as a result of the fluid, subjective and relative nature of our interpersonal processes (Schwandt, 2001). In this theory, people interacting in social systems co-create meaning and knowledge. This meaning-making process involves people using language as the core system of constructing reality, and creating a model of the social world to make sense of their experiences (Leeds-Hurwitz, 2009). Through shared understandings, members of society develop habitual, reciprocal roles that embed meaning in society and construct social reality.

ORIGINS AND EVOLUTION

In essence, the word *profession* refers to the idea of professing or declaring publicly, which was linked to taking solemn vows on entering a religious order (c.1200, Middle English) and went on to be associated with an occupation one professes to be skilled in, and a body of people engaged in an occupation. The word is derived from Latin *professio* from *profitēri* (declare publicly).¹

In medieval times three professions, the “learned professions”, were recognised by society: medicine, law and divinity. Of interest is the evolution from society’s need (e.g. for law), to practices (e.g. in using laws), to recognised practitioners, then to occupations which through professionalisation emerged into professions. Brundage (2008) examined the history of Roman law in antiquity and identified the development of a legal profession in the last two centuries of the Roman republic. This was preceded by laws existing in many civilisations including Ancient Egypt

(3000BC). Medicine, including the use of herbal remedies, existed in prehistory and was practised in an advanced form by the ancient Egyptians and ancient Greeks and in both India and China (Metcalf, 2007). Religious leadership was born in prehistory and the study of theology was part of ancient academies as far back as the Platonic Academy founded in Athens in the 4th century BC (Morgan, 2010).

Hamilton (1951, p. 141) described two important developments occurring in medicine in the 1700s: a revolution in science and training, and “a growth of professional feeling, which led to a struggle for improved status and for reform of the profession”. She contended that these two movements, along with the significant expansion of the middle classes, meant that “by 1800 the professional scene of a hundred years before had been completely transformed: the apothecaries, once mere tradesmen and the “servants of the physician”, had become practising doctors; the surgeons had dissociated themselves from the barbers, and the “pure” or hospital surgeon had become a specialist of high reputation (p. 141). What emerged was a professional class replacing the distinction between gentleman physicians and the craftsmen apothecaries and surgeons. As a result of these changes, “professional honour, etiquette and status were now matters of the liveliest debate” (p. 141). We discuss issues of ethics and professional conduct below.

From these earlier days the rise of professions as occupational groups has escalated, particularly from the 20th century, in terms of the number of professions, the percentage of professions in the workforce, and the influence of the professions in society leadership and governments (Saks, 2013). Today, society recognises many professions across a range of fields including education (academics and teachers), commerce (accountants, actuaries, economists), healthcare (doctors, dentists, allied health professionals, nurses), the social and justice services (lawyers, psychologists, social workers), the construction industries (urban planners, surveyors, engineers) and religion (clergymen).

RECENT CHALLENGES TO THE PROFESSIONS

In recent years, questioning of the future of the professions has become a regular occurrence. Broadbent et al. (2005, p. 1) observed, “we are all facing and coping with ... the stresses and contradictions of changing work and organisational practices. ... and we are in the course of developing new understandings of what is meant by the term professionalism”. They cautioned that we need to understand the dynamics of change rather than assume we can deal with the messiness and uncertainties of our changing world using intuition and common sense. The authors in their edited volume argue that the restructuring of professional work encompasses:

- adopting a fundamental rationale for professionalism that means the professional organisation might evolve and blur but that it cannot be viewed as an optional extra in society

- seeing professionalism as a diverse set of practices grounded in the contexts of different professions and informal norms grounded in society norms as well as explicit rules; professionalism is subtle and complex and should not be oversimplified
- recognising both the common roots and the diversity in professionalism in order to understand the current change era
- recognising the dynamism of the current era and the historical location of the set of institutional practices that requires change agents.

Within today's economic, technological and organisational trends (Fournier, 2000), developments such as market liberalism and commercialism challenge the foundations and legitimacy of the professions. The impact of these changes is evident in blurring boundaries between different professions, for instance, through multi-functional teamwork in the search of the flexibility deemed requisite for the turbulent environments of work and the commodification of professional labour. Similarly, boundaries between managers and professionals are becoming blurred in the pursuit of entrepreneurial opportunities. Increasing external and institutional demands for accountability have resulted in less attention to individual accountability and personal responsibility for quality of care and professional conduct. With the increasing availability of Internet information, clients are becoming empowered consumers and, at the same time, they face escalating costs for professional services. This has led to clients questioning professional advice and decisions and seeking value for money. The authority, mystery and monopolies of the professions have been challenged, and professions face declining respect and status. Professionals have been challenged for their increasing self-interest over public interest (Saks, 2013). The present context of the professions is one of contradictions and paradoxes, and their future robustness remains to be seen. We await the next phase of the confrontation of market-economy and expert-disseminated knowledge.

Key questions raised in this challenge to the professions are, "Why should there be occupational groups controlling expert knowledge?" and "Will professionalism spread throughout the occupational world?" In answering such questions, Abbott (1988) conducted a historical comparative study of the system of professions as a whole. He identified the important concept of jurisdiction, or the link between an occupation and its work, and the way professions are interdependent and occupy a space of contested jurisdictions. He argued that the division of labour in society creates the need for an expert division.

Beck and Young (2005) drew on Bernstein's (2000) interpretation of how particular knowledge structurings may be related to the formation of occupational identities through what Bernstein referred to as "inner dedication" and "inwardness". Challenges to these identities come from genericism and the regionalisation of knowledge. Beck and Young contended that, beyond "mere criticism", the recent challenges facing the professions have resulted in the radical restructuring of professional practice by governments and by marketisation. They reflected on the profound consequence of these changes and influence for

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professionals, particularly in terms of their relationship to knowledge, clients and organisational structures.

PROFESSIONS AND THEIR CHARACTERISTICS

In general usage the term *profession* has many connotations, ranging from a highly specialised and skilled occupation to any full-time paid job (Freidson, 1986). In the context of this book we refer to professions that are recognised as such by society. Interpretations and definitions of established professions as a social construct vary considerably. A profession is:

an occupation that regulates itself through systematic, required training and collegial discipline; that has a base technical specialized knowledge; and that has a service rather than profit orientation, enshrined in its code of ethics. (Star, 1982, cited in Cruess & Cruess, 2008, p. 1)

an occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice, and the privilege of self-regulation. Professions and their members are accountable to those served, to the profession, and to society. (Oxford English Dictionary, 1989)

a self-regulated occupational group having a body of knowledge, an inherent culture and a recognised role in serving society. Professions operate under continual scrutiny and development, and are self-regulated, accountable, and guided by a code of ethical conduct in practice decisions and actions. Membership of a profession requires completion of an appropriate (commonly degree-based) intensive educational program. (Higgs, Hummell, & Roe-Shaw, 2008, p. 58)

Most definitions of professions refer to the following characteristics: a specific knowledge base, a service orientation, formal education and a code of ethics. More complex definitions also include advanced features such as culture, professional evolution and professional status being a social contract with society.

Recognised, established professions arise when an occupation transforms itself through “the development of formal qualifications based upon education, apprenticeship, and examinations, the emergence of regulatory bodies with powers to admit and discipline members, and some degree of monopoly rights” (Bullock &

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Trombley, 1999, p. 689). According to Perks (1993), the major milestones that may mark the identification of an occupation as a profession include:

1. an occupation becomes a full-time occupation
2. the establishment of a training school
3. the establishment of a university school
4. the establishment of a local association
5. the establishment of a national association
6. the introduction of codes of professional ethics
7. the establishment of state licensing laws.

PROFESSIONAL PRACTICE

Building on the above discussion, we now turn to a reflection on professional practice. According to practice theory, “practice is [seen as] an organised constellation of different people’s activities. A practice is a social phenomenon in the sense that it embraces multiple people. The activities that compose it, moreover, are organised” (Schatzki, 2012, p. 13). Activity “is the idea that important features of human life must be understood as forms of, or as rooted in, human activity – not the activity of individuals, but in practices, that is, in the organised activities of multiple people” (Schatzki, 2012, p. 13). Practices prefigure individual actions (Schatzki, 2002).

The term practice can refer broadly to social practice, and more precisely, it frequently denotes professional practice. Practice is inherently situated and temporally located in local settings, lifeworlds and systems; it is embodied, agential, socially-historically constructed and it is grounded and released in metaphor, interpretation and narrative. Practice models come in many shapes and forms: technical-rational, empirico-analytical, evidence-based, interpretive, and critical emancipatory models, for example. In action, practice, can be collective (e.g. a profession’s practice) and individual (such as an individual practitioner’s practice). A (collective) practice comprises ritual, social interactions, language, discourse, thinking and decision making, technical skills, identity, knowledge, and practice wisdom, framed and contested by interests, practice philosophy, regulations, practice cultures, ethical standards, codes of conduct and societal expectations. An individual’s practice model and enacted practice are framed by the views of the practice community as well as the practitioner’s interests, preferences, experiences, perspectives, meaning making, presuppositions and practice philosophy. (Higgs, 2012, p. 75)

Enacted Professional Practice

Professional practice can be interpreted as “the enactment of the role of a profession or occupational group in serving or contributing to society” (Higgs,

McAllister, & Whiteford, 2009, p. 108). The term *practices* refers to customary activities associated with a profession, and to the chosen ways individual practitioners implement their practice/profession. Examples of practices are ethical conduct, professional decision making, client-practitioner communication, consultation and referral, and interdisciplinary teamwork (Higgs, 2012). As we explore this book on relationships in health practices, an important lens to facilitate the reflection on challenges faced by those enacting and embodying professional practice is to see how these practice expectations are addressed and how they are re-created in the changing context portrayed above.

Communities of Practice

Consistent with the previous discussion that highlighted the inherent social nature of both professions and professional practice, we now focus on the central role of practice communities to the development of practice capabilities and practice identity. In their landmark work on situated learning, Lave and Wenger (1991) articulated a model of workplace learning in which development of practice capabilities unfolds in opportunities for practice. In this model, practice capabilities are developed through the process of becoming a full participant within a community of practice. Communities of practice have been defined broadly as groups of people who share a concern, a set of problems, and a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis (Wenger, McDermott, & Snyder, 2002). This model highlights participation, social interaction, and consequently relationships as key features contributing to the successful development of practice capabilities and practice communities in workplace contexts.

Health practitioners are active participants in social (professional) communities, constructing their identities in relation to those communities, with participation shaping not only what they do but also who they are and also how they interpret what they do (Wenger, 1998). A community of practice shares existing knowledge and provides an arena for the development of new knowledge and transformation both of practitioners (Candy & Mathews, 1998) and communities (Ranse & Grealish, 2007). Effective participation in supportive communities of practice supports the development of health practitioners as effective team players capable of forming meaningful professional relationships and engaging in collaborative problem solving (see Baldry Currens & Coyle, 2013).

Development of practice capabilities can thus be understood as both an embodied process (through action) and an embedded process (in practice communities), with transformative potential for both learners and communities. This is important because it highlights the importance of social interaction to transformation of the practice(s) of both individual practitioners and practice communities. In this way, health practice relationships play a central role in the formation of individual practitioners and practice communities capable of meeting the complex and fluid demands of 21st century health practitioner practice.

CONCLUSION

This chapter has presented professionalism and professional practice as a mixture of known, familiar expectations and practices, alongside major challenges from society (local and global), knowledge and technology dynamics, profession–workforce tensions, and organisational and system responses. We have sought to provide a backdrop against which professional practice relationships can be examined and illuminated. How these relationships react, suffer or triumph is the subject of the stories and analyses in this book.

NOTE

ⁱ <http://www.etymonline.com/index.php?term=profession>

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