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## Professional Self-Regulation and the Public Interest in Canada

**Abstract:** The regulation of professional groups has often been justified as being in the public interest. In recent decades, policymakers in Anglo-American countries have questioned whether self-regulating professions have truly served the public interest, or whether they have merely acted in their own interests. This paper draws on legislative records and policy reports to explore meanings attached to professional self-regulation and the public interest in Canada by state actors over the past 150 years. The findings point to a shift in the definition of the public interest away from service quality and professional interests, towards efficiency, human rights, consumer choice, and in some contexts business interests. Changing views of the public interest contribute to regulatory change.

**Keywords:** Professions, public interest, self-regulation, Canada, historical change, state actors.

Over the last 50 years there has been considerable debate amongst Anglo-American policymakers and academics alike about whether professional self-regulation is truly in the public interest (Devlin & Chang, 2010; Rees, 2013; Paton, 2008). Self-regulating professions including medicine and law have been rocked by scandals. Formerly among the most trusted people in society, increasingly the public views lawyers, medical doctors, and other professionals more cynically, as individuals who too often put their own interests above those of their clients (Paton, 2008). The rising costs of professional services, combined with scandals surrounding professional misconduct, have provoked a complete restructuring of professional regulation in law and medicine in the UK (Flood, 2011; Paton, 2008; Dixon-Woods, Yeung, & Bosk, 2011). Here, medical doctors, lawyers, and other professionals are no longer technically self-regulating; while they have a voice in the regulatory process, the majority of people on regulatory boards are non-professionals (Dixon-Woods et al., 2011; Paton, 2008). Australia has recently implemented similar legislative change to reduce self-regulation and enhance government oversight (Rees, 2013; Paton, 2008). Threats to professional self-regulation have also been identified within the US (Paton, 2008). Regulatory change has been justified on the grounds that it is necessary to serve the public interest. Despite these challenges, professional self-regulation persists in Canada (Rees, 2013; Paton, 2008), which some law scholars have labelled “the last bastion of unfettered self-regulation” in the world (Rhode & Woolley, 2012, p. 2774). Legislation regulating professions in Canada charges professional bodies with the responsibility of upholding the public interest.

In debates about professional regulation, many commentators write about the “public interest” as if it is easily and objectively defined; however, the elasticity with which the term is used suggests that it is a social construction and therefore subject to contest and change. Both defenders and challengers of professional self-regulation

Tracey L. Adams,  
The University of  
Western Ontario

**Contact:**  
Tracey L. Adams,  
The University of  
Western Ontario,  
Canada  
[tladams@uwo.ca](mailto:tladams@uwo.ca)

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make their case on public interest grounds (Paton, 2008). While research has focused on professionals' public interest claims (Saks, 1995a, 1995b), there has been little attention to state actors' views on professions and the public interest. To enhance understandings of the changing nature of professional self-regulation, this study draws on legislative records and policy reports in three Canadian provinces from the 19th century to the present day. The paper explores whether state actors have historically viewed professional self-regulation as serving the public interest, and what public interests self-regulation has been seen to serve.

## Professions and the Public Interest

Sociological theories provide contrasting views of professions, regulation, and the public interest. Various scholars from Durkheim (1984) to Freidson (2001) hold that self-regulating professions can serve the public interest. In this vein, Dingwall (2008, p. 74) explains that regulatory legislation establishes a contract between professionals and the state to regulate a field of activity and a group of practitioners for the benefit of society more generally. Self-regulating professions contribute to society not only through the provision of professional services but through their social governance roles. Streeck and Schmitter (1985) see professional associations and other similar groups as one of four institutional bases of social order (along with the community, the market, and the state). Like Durkheim (1984), they believe such associations can occupy a “distinct role between the state and ‘civil society’” (Streeck & Schmitter, 1985, p. 16). While professions are private interest groups, their regulatory legislation encourages them to be “responsive to general or public interests” (Streeck & Schmitter, 1985, p. 21). In this manner, professions can contribute to social order and function in the public interest, even as they pursue their private interests (see also Freidson, 2001; Saks, 1995a, 1995b).

In contrast, many scholars writing from a neo-Weberian perspective emphasize professionals' pursuit of social closure to monopolize markets, rewards, and status for themselves (Murphy, 1988; Saks, 2012). For some of these scholars, professional self-regulation is not about the public interest at all—although professionals may claim it is—but rather about the monopolization of rewards for self-gain (Haug, 1980; cf. Saks, 1995a, 2012). Regulatory legislation granting professionals a privileged place in the market is a prize awarded to organized professional groups with connections and status who have managed to convince legislators that they deserve market privileges (Murphy, 1988; Saks, 2012). Through regulatory legislation, professionals restrict access to professional practice and accompanying rewards.

In this view, claiming to serve the public interest is nothing more than a tactic used within professional projects or inter-professional battles. Abbott (1988) documents how professional groups fight for jurisdiction and dominance in their fields of practice. In their conflicts with competitors, they seek to win over key audiences: employers, the public, and the state—with their claims to expertise and authority. For Abbott (1988, p. 60), claims to fulfill social obligations have been less important: “merely paraded in the preambles to codes of professional ethics.”

Although scholars differ in the motivations they ascribe to professionals, many hold that professional self-regulation was historically the product of a regulative bargain between professions and the state (Dingwall, 2008; Flood, 2011; Freidson, 2001). Under this bargain, professions were granted autonomy and the ability to manage their own affairs as long as they used their power for the benefit of the public. Historically, models of professional self-regulation in Anglo-American contexts were based on trust (Dingwall, 2008; Brint, 1994). State actors and members of the public trusted that self-regulating professionals like medical doctors and lawyers would “act in the interests of citizens” (Kuhlmann & Saks, 2008, p. 2; Evetts, 2002; Brint, 1994). However, this trust has deteriorated over time, undermined by scandals

and evidence of professional self-interest, negligence, and even crime (Kuhlmann, Allsop, & Saks, 2009; Evetts, 2002; Dixon-Woods et al., 2011). In Brint's (1994) words, by the 1960s and 1970s, professionals' claims to uphold the public interest were harder to sustain since they "obviously served interests defined and even directed by others [and] the idea of occupationally defined contributions to the public good seemed increasingly dubious to a skeptical new generation" (Brint, 1994, p. 9).

Growing skepticism is reflected in legislative change that has reduced or eliminated professional self-regulation. Policy makers in some Anglo-American contexts, especially the UK and Australia, have implemented new forms of regulation—forms that place consumers and state-appointed actors in the positions of regulatory authority (Flood, 2011; Dixon-Woods et al., 2011; Kuhlmann et al., 2009; Rees, 2013). In the UK, self-regulation in medicine and law has largely come to an end (Dixon-Woods et al., 2011; Paton, 2008). In Australia, co-regulation has become more common: professions are regulated by independent government-appointed bodies with input from professionals (Rees, 2013). Further, the principles behind professional regulation have been redefined. For instance, UK legislation regulating the legal profession lists several regulatory objectives: "protecting and promoting the public interest" is only one of eight (Terry, Mark, & Gordon, 2012, p. 2697). Other objectives include improving access to justice, increasing understanding of citizens' legal rights, and promoting competition in legal services. In Australia, regulatory objectives have broadened to include attention to efficiency and assisting clients to make informed choices, but protection of the public and clients is still highlighted (Terry et al., 2012; Legal Profession Uniform Law, 2015).

The decline of professional self-regulation has not eliminated the relevance of public interest claims. Such claims continue to be at the very heart of regulatory debates. An array of professional groups seeks legislative privilege predicated on claims "to serve the wishes, needs, and demands of the citizens and users of their services" (Kuhlmann et al., 2009, p. 513). Public interest claims continue to be valuable weapons for professions involved in inter-professional conflicts and negotiations with state actors (Saks, 1995b). Nevertheless, the term itself is ambiguous. It has rarely been defined and operationalized in sociological research (Saks, 1995a), and it has been variably used by professional groups (Baker, 2005). Further, conceptualizations of the public interest appear to vary across time and place (Kuhlmann et al., 2009). Although studies have explored definitions of the public interest on a theoretical and empirical level (Saks, 1995a; Dingwall, 2008), or as used by professions themselves (Baker, 2005), there is a dearth of research exploring meanings attached to the concept by state actors and policymakers when they regulate professions.

Scattered evidence indicates that the concept is variable, flexible, and complex. It is not simply reducible to consumers' interests, although these are taken into account (Bourgeault, 2006; Kuhlmann et al., 2009). As Freidson (2001, p.127) shows, professionals have traditionally served their clientele not by responding to their demands, but rather by combining professional knowledge with a "commitment to a transcendent value that guides and adjudicates the way that knowledge is employed." These values include health, justice and truth (Freidson, 2001). In a similar vein, Saks (1995b, p. 60) links the public interest with broader social values including justice, general welfare, and freedom. Studies of regulatory change in the UK highlight concerns for public safety (Kuhlmann & Saks, 2008; Dixon-Woods et al., 2011). Studies of the public interest in the realm of law mention "access to justice" (Paton, 2008; Terry et al., 2012). Service cost and access have also been linked to the public interest (Bourgeault, 2006; Adams, 2004).

The present study explores legislators' and policymakers' views on professional self-regulation and the public interest, with a focus on Canada where professional self-regulation persists. State actors pass the legislation regulating professionals, and hence largely determine regulatory outcomes; however, they are too frequently overlooked in scholarly accounts. Our understanding of trends in professional regulation

may be enhanced by considering state actors' views concerning professions and their ability to serve the public interest. The central research questions driving this study are as follows:

- 1) Have policymakers historically viewed professional self-regulation as serving the public interest? If so, how do they conceptualize the public interest?
- 2) How have state actors' views about professional self-regulation and the public interest changed over time?

## Methodology and Data Sources

To explore the meanings attached to professional self-regulation and “the public interest” by legislators, policy makers, and advisers in Canada, this study utilizes historical sociological methods, relying predominantly on legislative records and policy reports. The current study forms part of a broader historical sociological research project on professional self-regulation in Canada exploring who was regulated historically, and why state actors chose to grant self-regulation to some claimants but not others. To answer these questions, I analyzed legislation passed in several Canadian provinces, as well as bills considered and not passed, legislative debates, and policy reports, alongside professional records. I analyzed over 1,000 pieces of legislation, along with scores of draft bills, and hundreds of records on legislative debates. Approximately two dozen policy reports were also analyzed. The term “public interest” emerged frequently in these records, and it became the subject of further analysis. For this present study, records directly mentioning public interest were extracted. This included about 60 pieces of legislation, a dozen policy reports and government commissions, and various records on government debates. These records were reviewed carefully to determine if professional self-regulation was deemed to serve the public interest, and how the public interest was defined in these contexts. The analysis was restricted to Canada's three most populous provinces: Ontario, Quebec, and British Columbia that are home to 75% of the nation's population.

Records available for analysis varied by era. In the 19th century, legislation and newspaper records of legislative debates were the best sources of information about state actors' views on this subject. By the mid-twentieth century, legislation less often explained the rationales underlying it. For this era, legislative debates and government reports provided more information. More recently a number of policy reports on professional self-regulation have been published, and these records proved most helpful for understanding recent conceptualizations of the public interest.

During the analysis, it became clear that conceptualizations of the public interest varied somewhat across time and place. In particular, there was a significant shift in policy discourse, beginning in the 1960s, shaped by both the civil rights movement and the establishment of Medicare. More recently, there appears to be a further shift in the discourse (at least in some provinces), influenced by neo-liberal ideologies, New Public Management, and a continuing concern for the rising cost of health care. In the next section, I present the findings by era, to capture these shifting discourses. Inter-provincial differences also emerged, and these are considered briefly in the discussion.

Before presenting the findings, it is necessary to provide a brief overview of professional regulation in Canada. In this country, professions are regulated at the provincial level, and each of Canada's ten provinces regulates professions slightly differently (Adams, 2009). British Columbia, Ontario, and Quebec regulate approximately 50 professional groups each. Most of these professions are closed (only the licensed or registered may practice), and self-regulating. In the early 1970s, Quebec embraced a regulatory structure that might be more accurately labelled “co-regulation” since regulatory responsibility is shared between professional groups and a



state-appointed body. Professional self-regulation dates from the late 18th and 19th centuries in Canada. Among the first closed and self-regulating professions established were medicine, law, dentistry, pharmacy, and land surveying (Adams, 2009). In the twentieth century, the powers and privileges of self-regulation were extended to many other occupations. Several restricted title professions—in which practice was not closed—were also created (such as, until recently, chartered accounting). Because this type of legislation was often passed to benefit the profession (more than the public), I excluded these professions from the present analysis.

Traditionally self-regulating professionals in Canada were incorporated into regulatory colleges, societies or institutes, governed by a board, which was elected by licensed practitioners. As in other Western countries, beginning around the 1960s the participation of state actors and members of the public on these regulatory boards increased. Regulatory bodies and professional (advocacy) associations are usually separate in the Canadian provinces discussed here, although historically this has not always been the case.

## Findings

Legislators in the three provinces frequently (but not always) made reference to the public interest when regulating professions. Meanings attached to the term and the extent to which professional self-regulation was believed to serve the public interest varied across time. Although in each era a variety of opinions were expressed, a dominant view emerged.

### *Nineteenth and Early-to-Mid-Twentieth Century Views*

Preambles in legislation regulating professions, and recorded debates about the legislation, reveal that, for the most part, state actors believed closed, and self-regulating professions served both the public and the profession. This is most evident in the earliest bills establishing self-regulating professions in the 19th century. For instance, the preambles for Ontario's (1868), Quebec's (1869), and British Columbia's (1886) acts to regulate the dental profession state that such legislation was "expedient for the protection of the public" and further that "certain privileges and protection should be afforded" to dental practitioners (see, for example, *An Act Respecting Dentistry*, 1868). Here, professionals' interests and the public interest were seen to coincide. The public would be protected by enhancing "the standard of qualification" of practitioners (*An Act Respecting Dentistry*, 1868). Justifications for legislation establishing self-regulation in medicine were similar. The Ontario legislators promoting the 1869 Medical bill in parliament said that it was "in the interest of the public and the medical profession" (*The Medical Bill*, 1869, p. 4). One commentator editorialized that the main question surrounding the proposed act was "will the public be benefitted?" He continued to explain that this question could only be answered through another: will the act "tend to elevate the profession?" (*An Allopathic View of the New Medical Bill*, 1869, p. 4). In this view, protections for the profession led to protections for the public.

The public interest in these statements is defined primarily in terms of practitioner qualifications and service quality. A speech by a British Columbia legislator in support of the 1886 Medical Act provided this rationale:

The public were not always in a position to judge the qualifications of a physician and if they discovered incompetency in such persons it was generally at the expense of experience when the mischief had been done. The bill was not to create a monopoly in the medical profession but was to protect the public. (*Medical*, 1886, p. 1)

Regulation would establish qualifications, and prevent those without those qualifications from practicing. Similar statements were found in legislation (and debates) affecting the professions of pharmacy, land surveying, and engineering, and in government reports (see, for example, Harper, 1946). Professional self-regulation was said to benefit the public by advancing the profession and raising entry standards.

Although elevating entry standards was the dominant public interest consideration in the late 19th century, it was not the only one. Legislators also periodically expressed concerns over access to services. For instance, in the 1886 debate on the British Columbia Medical Act, one legislator said that while he supported any measure to protect the public from “quacks,” legislators must also “consider the difficulty of obtaining medical assistance in remote districts,” and another hoped that the bill would not “prevent the medical treatment of Indians and Chinese by their own countrymen” (Medical Bill, 1886, p. 1). In this instance and others, legislators voiced reluctance to restrict practice in such a way that public access to needed services would be curtailed. Legislators also supported consumer choice. For instance, the 1869 Ontario medical act recognized and regulated three branches of medicine: regular, homoeopathic, and eclectic. Both homoeopathic and regular doctors were regulated in Quebec. By the mid-1920s, the British Columbia medical act regulated regular and homoeopathic doctors, as well as osteopaths and chiropractors. Justice Hodgins (1918) who conducted a study of health profession regulation for the Ontario government between 1915 and 1918 also highlighted choice as a component of the public interest: he claimed regulatory decisions should take into account “the point of view of the public,” and must allow “the individual citizen reasonable freedom of action” (Hodgins, 1918, p. 4). The concern with choice, however, was typically tempered by the over-riding concern for competence and qualifications. Consumers were allowed choice amongst skilled and regulated service providers who could meet the prescribed level of qualification.

Most legislation in the 19th and early 20th centuries referred simply to “the public” in a general sense, but some legislation appeared to have a subset of consumers in mind. For example, the preamble to the 1940 Quebec Optometry Act claimed that the legislation was “in the interest of the profession and of all who need to have recourse to it” (Optometry Act, 1940), and the British Columbia land surveyors act of 1905 was passed for the “better protection of the interests of the public who may require their services” (An Act respecting Provincial Land Surveyors, 1905).

Sometimes, however, the public was divided. Such was the case in the 1920s when legislation regulating engineering was sought and passed in British Columbia and Ontario. Mining companies were vociferous in opposing the legislation, arguing it was not in the best interest of the mining industry (Sharp Criticism for Engineers’ Measure, 1920). Their opposition led the British Columbian premier to declare that the bill was not in the public interest because it negatively affected the mining industry, and could prevent the “non-professional man ... from gaining a living” (Sharp Criticism for Engineers’ Measure, 1920, p. 9). Other legislators countered that this was not the case, and further that the legislation would both protect engineers and the public by raising service quality (Speak Good word for Engineers’ Bill, 1920). In the end, the bill passed, with a preamble stating simply that the engineers had requested that “qualifications be established” and the legislature found it “expedient to grant that prayer” (An Act to incorporate the Association of Professional Engineers, 1920).

In this case and several others, it is not entirely clear the bills passed were truly accepted as being in the public interest. The preamble to the 1920 British Columbia architecture act was identical to the engineers’, identifying only professional interests behind the bill. In a similar vein, the 1945 Quebec Act amending the regulation of Veterinarians in the province was passed “to allow the said corporation [regulatory body] to achieve its object and the purpose for which it was formed” (An Act to amend the Veterinary Surgeons Act, 1945). In one instance, the British Columbia

legislature passed a bill—the 1936 act to regulate Naturopathy—even though the premier had publicly stated that he did not believe it served the public interest; he and many other legislators voted for it regardless (Naturopaths Bill, 1936). In this instance, and a few others in this era, it appears that gains for professionals and their clientele were sufficient for the legislature to regulate the field.

By and large, from the 1860s through the 1950s, most legislation establishing self-regulating professions was viewed as being in the public interest, because it raised the quality of services provided. Here, the public interest was defined primarily in terms of practitioner qualifications, so the public's interest and professionals' interests were seen to go hand-in-hand. The emphasis on qualifications was accompanied by occasional concerns over access to services and consumer choice. These attitudes persisted into the late twentieth century, but by the 1960s social attitudes and legislative approaches to professional regulation began to change.

### ***1960s-1990s***

Legislators and policy advisers increasingly challenged the prevailing system of professional regulation from the 1960s on. The view that emerged can be summarized as follows: while professional self-regulation has many advantages, professionals cannot be trusted to put the public interest above their own; as a result, there needs to be more government oversight to restrict professionals' excesses. Although some legislators had accused professions of being self-interested since the 19th century, beginning in the 1960s, this view came to be the dominant one. Also in this era, shifts in the definition of the public interest became apparent. While a concern for service quality and practitioner competence persisted, the discourse shifted to include a consideration of efficiency and cost effectiveness.

These views became more evident in legislative debates. For instance, in a 1966 debate on a bill to amend the Law Society Act, several Ontario legislators criticized the Law Society for requesting too much power, saying the regulatory body had become too insular and not “responsive to public opinion” (Ontario Legislature 1966, p.1085). According to government commissions, the rise of new professional groups, turf battles amongst professions in neighboring jurisdictions, and media attention to abuses of professional privilege resulted in a decline in the public's trust (McRuer, 1968). The broader civil rights movement highlighted inequalities inherent in professions and barriers to entry to practice (McRuer, 1968). These concerns, combined with discussions over the implementation of Medicare, led state actors in several provinces to establish commissions to investigate and critically evaluate professional regulation and health services beginning in the mid-1960s (Committee on the Healing Arts, 1970; McRuer, 1968; Castonguay-Nepveau Commission, 1970; Foulkes, 1973). Debates over professional regulation continued for several decades as these commissions were soon followed by others (Health Professions Legislative Review [HPLR] 1989; Royal Commission on Health Care 1991; Trebilcock, Tuohy, & Wolfson, 1979). These commissions and their reports captured the shift in meanings attached to professional self-regulation and the public interest in this era best—although the same trends were evident in legislative debates and new legislation passed. While the commissions endorsed self-regulation for professions, they argued that provincial state actors had to take a much more active, hands-on approach in regulating professions to protect the public interest.

Ontario's Committee on the Healing Arts conducted an extensive study of health professions in the province. The committee's 3-volume final report made 354 separate recommendations to the Ontario government about the regulation of health professions in the province. Throughout it all, the committee reported, its “overriding concern has been to point the way towards what may be ‘best’ for patients and for the public interest,” although it also considered “what would be ‘best’ for physicians, dentists, nurses, and other practitioners” (Committee on the Healing Arts, 1970a, p.



1). The committee did not define exactly what it meant by the public interest, but it did specify the factors that should “characterize a sound and socially acceptable health system” (Committee on the Healing Arts, 1970a, p. 9). These factors appear to reflect the committee’s assessment of the public interest in health care: quality services (protecting the public against the incompetent), accessibility, co-ordination of services, flexibility, economy, complementarity of services, and “a maximum degree of freedom of choice consistent with public safety” (Committee on the Healing Arts, 1970a, p. 9). For committee members, the prevailing system of professional self-regulation had protected the public by ensuring practitioner competence, but it was not economical or efficient, and there were problems with accessibility, co-ordination, flexibility, and complementarity. The current system encouraged professional groups to pursue their own interests (see also McRuer, 1968); the result was insufficient co-ordination of services. As the government would increasingly have to be concerned with the costs of health care, it was time to make the system more efficient, and to ensure that less costly care providers were utilized whenever possible (Committee on the Healing Arts, 1970a, pp. 5, 11-12, 109-110).

The Committee on the Healing Arts (1970b, p. 55) criticized self-regulating professions arguing that they were unable “to be objective in discerning the public interest as opposed to professional interest,” assuming “that the two interests coincide because the profession is public-spirited.” In the opinion of the committee, professional interests and the public interest did not coincide, but were often in direct conflict (Committee on the Healing Arts, 1970a, pp. 141, 77). As a result, the committee recommended that no new professions be granted self-regulation without compelling reasons, consistent with the public interest (Committee on the Healing Arts, 1970b, p. 79), and further that self-regulation be curtailed by increased government oversight of regulatory bodies, lay representation on regulatory bodies, and through the removal of some of the professions’ regulatory privileges, especially the right to determine entry to practice. Ultimately though, the Committee on the Healing Arts supported professional self-regulation (with enhanced government control), arguing that it functioned to ensure practitioner quality. The Committee’s report and other similar reports concluded that self-regulating professions could be trusted to govern in the public interest, as long as there were “effective mechanisms” in place for accountability and supervision (McRuer, 1968, p. 1166; Trebilcock et al., 1979).

Two later reports reached similar conclusions but advanced slightly different definitions of the public interest. Ontario’s Health Professions Legislative Review (1989, p. 2) claimed its recommendations sought to advance the public interest in four ways: (1) protect the public from unqualified and incompetent health care providers; (2) develop mechanisms to ensure high-quality care; (3) permit the public freedom of choice “within a range of safe options”; (4) promote evolution in the roles played by professions and flexibility in how professions were utilized, so that “health services are delivered with maximum efficiency.” Like the Committee on the Healing Arts, then, the Health Professions Legislative Review emphasized both quality care, consumer choice, and efficiency. In contrast, a report for The Professional Organizations Committee (on non-health professions) argued that there were several components to the public interest: 1) professionals’ interests; 2) clients’ and employers’ interests; 3) “affected third parties and citizens at large” (Trebilcock et al., 1979, p. 33). The latter included people who were indirectly affected by the provision of professional services, such as public users of the buildings and bridges that architects and engineers designed, and those who, as citizens, might “benefit from ...[professions’] functioning in a manner that is fair and equitable, civilized and humane” (Trebilcock et al., 1979, pp. 39-40). The report’s authors noted that there was general agreement that the interests of consumers, third parties and citizens should be granted the most weight, but that the cost and feasibility of policies, and service providers’ interests (especially relating to fair treatment) also deserved consideration. While the latter group differed from others in including the interests of

professionals, they too highlighted fairness, cost, and consumers' interests.

Overall, in Ontario definitions of the public interest shifted significantly between the 1960s and 1990s. Government reports resulted in significant legislative change that brought more lay membership to professional boards and implemented mechanisms to make professional bodies more accountable.

Quebec's Castonguay-Nepveu Commission (1970, p. 9) also prioritized the public interest, contending that through its investigations it "sought to reconcile the public interest with the incontestable advantages of a certain autonomy of the professions with regard to public authority." That is, "the Commission was guided above all by its wish to assure, as effectively as possible, the protection of the public without, however, abolishing what is valid in the present institutions, and to propose a flexible framework which allows the adaptation necessary in a constantly changing society" (p. 9).

The Castonguay-Nepveu Commission (1970, p.17) found that professional regulatory bodies in Quebec had two functions: they promoted professional interests and they "assumed a public role in the functioning of the state." The Commission declared these roles incompatible (p.18) and recommended a clearer separation in roles between professions' regulatory bodies which would serve the public interest, and professional associations. The commission also found the current system "incoherent" (p.23), inflexible, lacking in co-ordination, rife with discrimination, and unable to meet the needs of a rapidly changing society.

The solution proposed by Castonguay-Nepveu (1970) was a different regulatory framework in which the state took an active role, and professional bodies were subordinate to it. All professions were to be placed on an equal footing, have identical status, and regulatory bodies would be charged with serving the public, not the professions (p. 32). They would be governed by overarching legislation, The Professional Code, and a state bureau established specifically for this purpose. Professional regulatory bodies could continue, but they would be more closely regulated by the state than ever before, to protect the public interest and to ensure that the government did not abdicate its responsibility to govern society effectively. The resulting 1973 legislation altered the structure of professional regulation in Quebec.

In British Columbia there were two commissions during this era focusing on health care services; both briefly touched on professions and professional regulation. In 1973, Richard G. Foulkes' sweeping report declared the "day of absolute 'professional autonomy'" to be over (p. III-5-8). Further, he called for greater oversight of professions, more accountability, and a greater focus on the needs of consumers. The goal, moving forward, he claimed was to "establish a framework of operation under which the professions will be able to accept public regulation and accountability without crushing their professional autonomy and pride, and without diminishing professional standards of quality which are so essential to the public interest" (Foulkes, 1973, p. III-5-8). Neither Foulkes nor a 1991 commission explicitly defined the public interest; however, the latter commission emphasized public safety, practitioner competence, as well as service flexibility (Royal Commission on Health Care, 1991). These commissions encouraged legislative changes that brought more accountability for professions in the province. However, these changes were implemented slowly, and were hotly debated by legislators in the 1970s and beyond (see, for instance, British Columbia Legislature, 1976). In direct contrast to Quebec, British Columbia legislators upheld a commitment to autonomy for professional groups, arguing that the government should not tell "professions how they should and should not practice" as long as "they have provisions ... which protect the public as well as their own interest" (Mazari, 1987, p. 1951).

Overall, we can see that from the 1960s to the 1990s, policy advisers and provincial leaders supported professional self-regulation, but they argued that professions needed greater oversight to ensure that they acted in the public interest. Although not every commission formally defined the public interest, there was continued the

emphasis on service quality and consumer choice, and new emphasis on fairness, efficiency, accountability, and cost.

### *The Twenty-First Century*

Recently, there are signs that state actors' definitions of the public interest are shifting. In this era shaped by neo-liberalism and New Public Management, governments increasingly applied private sector business models to the public sector. In doing so, they expressed concern over the cost of regulation and sought ways to be more efficient and cost-effective (Hawkins, 2002; Ontario, 2012). There has been less emphasis on qualifications as essential to service quality, but rather a growing tendency to see entry restrictions as barriers to business and the foreign-trained. In Ontario, especially, the public interest is increasingly discussed in the context of business interests and money. This shifting definition has led Ontario policy advisers to question whether professional self-regulation is in the public interest. Similar developments are less evident in British Columbia and Quebec.

A catch-phrase used by the Ontario (2012) government is telling: Ontario is "open for business." This phrase and several variations have crept into policy discourse about professions and professional regulation. For example, referencing engineers, one legislator in 2010 explained that her government recognizes "that we can do more to protect the public interest without creating unnecessary barriers to business" (Pupatello, 2010). Self-regulating professions are criticized for erecting barriers for entry to practice, inhibiting competition, and restricting consumer choice (Ontario, 2012, p. 26; Competition Bureau, 2007). In some policy statements, the public interest remains pertinent, but when it is mentioned, it is combined with another goal like economic growth or efficiency. Documents mention reducing barriers and increasing efficiency in order to realize financial savings, while protecting the public interest (Ontario, 2012; Hawkins, 2002). While policy advisers between the 1970s and 1990s argued that the public interest had to come first, in more recent policy documents the emphasis is placed on fiscal goals and efficiency. Now policy makers are "focused on finding a balance between protection of the public and facilitating efficient market activity" (Ontario, 2012, p. 9). They seek to "protect the public interest and support economic progress" (Ontario, 2011, pp. 9, 14). Policy advisers increasingly emphasize efficiency although they are willing to acknowledge that "there may be legitimate public interests other than the efficient allocation of resources" (Competition Bureau, 2007, p. viii).

In this new usage of the term public interest, there is a blending of old and new meanings. The term appears to retain its meaning respecting public safety. Consumer choice and access are still mentioned as concerns especially in health professional regulation (Ontario, 2012). However, these goals are balanced with a concern for efficiency, flexibility, and business growth. Service quality is not entirely forgotten, but it is not central to discussions and debates either. Practitioner qualifications are portrayed as barriers, more than as standards that protect the public.

This emphasis on being "open for business," reducing barriers, increasing market competition, and maintaining consumer choice could pose a threat to professional self-regulation, and legislators are increasingly exploring regulatory alternatives. Policy advisers are considering whether alternate regulatory strategies such as those adopted in Australia and the UK are suitable for Canada (Ontario, 2012, 2011; Rees, 2013; Devlin & Cheng, 2010). It is believed that these systems may do a better job of balancing the public interest with economic goals. However, alternate regulatory systems bring extra costs, which the Ontario government is reluctant to absorb (Ontario, 2012, p. 6).

In contrast, Quebec's system of professional regulation continues to place the public interest at its heart. In the 1970s, Quebec moved to a system where a state-appointed body oversees self-managing professional "orders" (Code des professions,

1973; Conseil Interprofessionnel du Quebec [CIQ], 2016). Although the core value of professional regulation in Quebec is the protection of the public, the meaning of the public interest is guided by fundamental rights defined in the province's Charter of Human Rights and Freedoms (CIQ, 2016). These rights include the following: (1) "the right to physical and psychological integrity"; (2) "the rights to professional secrecy and privacy"; and (3) "the right to safeguard personal property" (CIQ, 2016). Quebec policy debates and materials do not reference "business interests" to the extent that their Ontario counterparts do. In fact, recent legislative change continues to emphasize high quality service ("pour offrir un niveau toujours plus élevé de services de qualité aux citoyens"), and ensuring that disciplinary procedures are fair and effective (Dupuis, 2008).

In British Columbia, reports reaffirm a commitment to professional self-regulation (with government oversight) and see it as serving the public interest (Health Profession Council, 2001). Recent uses of the term public interest pay some attention to access to services and efficiency (Hawkins, 2002), but there is little mention of restricting competition. In British Columbia (as in Ontario) there is some evidence that professional self-regulation has been recently extended in the legal services and health services fields (Paton, 2008).

Overall, policy makers in all three provinces have continued to endorse professional self-regulation and link it with the public interest in recent years, despite the significant regulatory change in the UK. Definitions of the public interest have shifted slightly over time, especially in Ontario (and to a lesser extent British Columbia) where there is increasing emphasis on reducing barriers to business, and service costs, while enhancing consumer choice. In Quebec, such changes are less evident; service quality and the rights of professionals are still identified as important values.

## Concluding Remarks

This look at professional self-regulation and the public interest in Canada has shown that state actors' and policymakers' perceptions of the public interest have changed over time, and currently appear to vary across the province. Historically, professional self-regulation was believed to meet both professionals' interests and the public interest, since raising the quality of services benefited all. Concern for access to services and consumer choice was also demonstrated by early state actors. Since the 1960s and 1970s, state actors have emphasized professional accountability, costs, and service co-ordination. The public interest became tied to efficient provision of services, and restrictions on professional autonomy. These principles were still seen as compatible with professional self-regulation in all three provinces considered here, although the province of Quebec restricted professional powers significantly. More recently, Ontario has begun to link the public interest with business interests and more open competition. As in the United Kingdom, competition is seen as best for consumers and therefore the public. This belief has encouraged the Ontario government to consider alternate regulatory forms, but the province is reluctant to make changes for financial reasons. Professional self-regulation is an economic bargain for the government since professionals support regulatory bodies through their annual registration fees.

Inter-provincial differences in definitions of the public interest have emerged over time. Business-oriented conceptualizations are less evident in British Columbia than in Ontario, and not evident in Quebec where public protection has been tied with human rights, including the rights of professionals. Although there is not space in this paper to explore such differences in depth, they are likely linked with the history of professions in each province as well as differing political cultures. Professional self-regulation in Quebec has long been linked with civil rights movements.

In contrast, in Ontario and to a lesser extent British Columbia, self-regulation historically entrenched the position of elites. Moreover, political scientists have argued that Ontario's political culture has tended to privilege business interests, economic success, and efficiency (Wiseman, 2007, p. 118). In contrast, Quebec's political culture emphasizes "universal values" (Wiseman, 2007, p. 163), while British Columbia politics have had a more radical character, which has encouraged the emergence of a large number of self-regulating professions. Such differences across locale—both in Canada and internationally—are worthy of future consideration.

Previous research and theorizing on professional self-regulation has emphasized a regulatory bargain between the state and the public, whereby the state grants professions privileges as long as they act in the public interest (Dingwall, 2008; Freidson, 2001). Scholars contend that self-regulating professions' inability to serve the public interest has provoked regulatory change (Dixon-Woods et al., 2011; Paton, 2008). In contrast, this study suggests that regulatory change is actually linked to changing conceptualizations of the public interest. When professions' interests and the public interest were viewed as compatible, granting professions self-regulation and considerable autonomy made sense. In the 1960s and 1970s when state (and social) discourses tied the public interest with human rights (McRuer, 1968; CNC, 1970), and cost (CHA, 1970; CNC, 1970), professional self-regulation in Canada was altered to bring about more accountability. In Quebec, today, the public interest is still tied with human rights, and hence self-regulation persists in modified form. It is in Ontario, with its increasingly business-focused definition of the public interest, that alternate regulatory forms are being explored. An emphasis on open markets and competition does not appear to be compatible with professional self-regulation. Thus, this analysis suggests, it is not so much professions' inability to serve the public interest, but the changing definition of the public interest away from service quality and towards open competition and cost reduction, that contributes to the decline of self-regulating professions. The persistence of more traditional definitions of the public interest in some parts of Canada may help explain the persistence of self-regulation in this country, despite its decline elsewhere in the world. Future research should explore this proposition further, across national contexts, to enhance our understanding of the changing nature of professional regulation.

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Devin Rexvid and Lars Evertsson

## Non-problematic Situations in Social Workers' and GPs' Practice

**Abstract:** This study aims to describe and analyze written accounts of non-problematic situations by 28 social workers and 24 general practitioners (GPs). The results show that non-problematic situations were connected to professionals' control of the intervention process. Non-problematic situations were described by social workers as situations where they had control of the relationship with the client either by the use of coercive means or by the client's active cooperation. GPs referred to non-problematic situations as situations where they had control of the intervention process mainly by the use of professional knowledge. One main conclusion is that the ability to control the intervention process through control of the relationship with the client may be of significance to those professions where a central part of the professional jurisdiction involves changing clients' behaviors. This conclusion means that professional knowledge is not the only way to control the professional intervention process.

**Keywords:** Non-problematic situations, social workers, general practitioners, professional knowledge, intervention process, jurisdiction, tasks, technologies

In research on professions, non-problematic situation has received little attention. By non-problematic situations we mean situations where professionals perceive that their professional practice runs smoothly and without any rupture or breakdown. In this article, we will take a closer look at social workers' and general practitioners' (GPs) perception of non-problematic situations.

The literature on professionals in human service organizations tends to emphasize that a central aspect of professional work is to deal with uncertainty (Hasenfeld, 1983; Molander & Terum, 2010). This uncertainty is to a considerable extent related to the fact that clients, as thinking, feeling, and acting subjects, are unpredictable (Hasenfeld, 1983). Clients can neutralize and undermine the professional intervention process by acting in a non-compliant way (Aaker, Knudsen, Wynn, & Lund, 2001). By showing resistance or reluctance towards interventions suggested by professionals (Bremberg, Nilstun, Kovaca, & Zwittera, 2003; Calder, 2008) clients can rupture professional practice. Therefore, in human service organizations, client compliance is closely related to professionals' ability to carry out their everyday professional practice (Hasenfeld, 1983; Lipsky, 2010).

In a previous article on social workers and general practitioners, we showed that the perceptions of problematic situations were connected to the disruption, lack of continuity, and loss of control of the intervention process (Rexvid, Evertsson, Fors sen, & Nygren, 2014). These disruptions occurred in situations where clients were perceived to be reluctant, distrustful towards the professionals and unable to articulate their problems or comply with the proposed treatment (Rexvid et al., 2014). However, in the same study, we also collected data from social workers and general practitioners on their perceptions of non-problematic situations which we present and analyze in this article.

*Devin Rexvid,*  
Department of  
Social Work,  
Ume  University,  
Sweden

*Lars Evertsson,*  
Department of  
Social Work,  
Ume  University,  
Sweden

**Contact:**  
*Devin Rexvid,*  
Department of  
Social Work,  
Ume  University,  
Sweden  
[devin.rexvid@umu.se](mailto:devin.rexvid@umu.se)

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In this article, we study how social workers and GPs perceive non-problematic situations and how these situations relate to control of the intervention process comprised of the recruitment of clients, diagnosis, treatment, and termination of the case (Abbott, 1988; Hasenfeld, 1983). The aim is to describe and analyze social workers and GPs' perceptions of situations in their practice that they have experienced as non-problematic. The specific research questions are:

- What situations are experienced by social workers and GPs as non-problematic?
- How can the differences between social workers and GPs' perceptions of non-problematic situations be analyzed theoretically?

## Literature review

The question of what constitutes non-problematic situations has received scarce attention. Previous research does not give a clear picture of what makes a situation non-problematic. In the literature that touches the area of “non-problematic situations,” the emphasis is on “easy cases” (Dunér & Nordström, 2005; Socialstyrelsen, 2004) or “simple problems” (Blom, Morén, & Perlinski, 2011; Glouberman & Zimmerman, 2002). Easy cases are contrasted with complex and “revolving-door cases” that is, cases that due to frequent occurrence cannot be closed (Dunér & Nordström, 2005). More specifically easy cases refer to cases where the client, his/her relatives, and professionals are generally in agreement about what support the clients need and how it should be worked out (Dunér & Nordström, 2005). Characteristic of easy cases also, according to Dunér and Nordström, is that professionals can handle them quickly and the execution of the intervention can be carried out quickly. Easy cases also refer to cases where the client's need is clear-cut, the rules are clear, and the required support can be offered (Socialstyrelsen, 2004). The focus in the literature on easy cases tends to be on the relationship between clients and professionals.

Unlike easy cases, simple problems are contrasted to complicated and complex problems (see Blom, Morén, & Perlinski, 2011; Glouberman & Zimmerman, 2002). Simple problems are described as problems where “recipes,” that is, detailed instructions on how to solve a problem, are of central importance. Recipes are tested to ensure replication and produce standardized results. The characteristic of simple problems is that the best recipe gives good results every time (Blom et al., 2011; Glouberman & Zimmerman, 2002). In the discussion on simple problems, the main focus is on technical skills and less on how the relationship between the professionals and clients affects the experience of simple problems.

As we show in this section, the literature on non-problematic situations is not very rich. However, it provides some guidance on how to theoretically approach the phenomenon. The importance of technical skills and knowledge and a cooperative relationship makes it reasonable to assume that non-problematic situations mirror problematic situations in that it concerns the stability and continuity of the intervention process.

## Theoretical framework

Based on the literature review we argue that social workers' and GPs' descriptions of non-problematic situations reflect situations where the professionals experience that they have control of the intervention process, that is, situations where the professional work does not break down but continues without serious disruptions. For professionals in human service organizations, this control may have both a knowledge dimension (Brante, 2014) and a relational dimension (Rexvid et al., 2014). The knowledge dimension, in a narrow sense, concerns the professionals'



knowledge of the client's problems, or how to gain knowledge of the client's problems and how to solve it (Brante, 2014). The relational dimension can include trust, distrust, truce, cooperation, and compliance (Rexvid et al., 2014). Both dimensions can be seen as indistinguishable parts of social workers and GPs' practice. Our basic assumption is that knowledge is of fundamental importance for all professional work. However, depending on the two professions' specific jurisdiction, the knowledge and relational dimensions of their practice can imply different impact on how they perceive the control of the intervention process in non-problematic situations.

Jurisdiction in this article refers to social workers and GPs' publicly acknowledged right to through the use of professional knowledge perform certain tasks and monopolize certain domains of work (e.g., Abbott, 1988; Molander & Terum, 2010). Professional knowledge of social workers and GPs stands for both codified knowledge, obtained from education, scientific research, practice guidelines, legislation, and textbooks, and for personal knowledge comprised of codified knowledge in its personalized form as well as knowledge about procedures, processes, and knowledge based on experience (Eraut, 1994). Our basic assumption is that both professions use different types of knowledge to perform their tasks. However, in a Swedish study (Brante, Johnsson, Olofsson, & Svensson, 2015) of a number of professions, doctors highlighted scientific knowledge as the most important source of knowledge, then new research findings followed by everyday knowledge and knowledge of laws and legislation. In comparison, social workers emphasized knowledge of laws and legislation as the main knowledge source, followed by everyday knowledge, scientific knowledge, and finally new research findings (Brante et al., 2015). One way to understand this difference is that social workers as a profession with an extended right to exercise public authority in order to integrate and regulate clients is in need of knowledge of laws and legislation (see Brante et al., 2015; Levin, 2013). In comparison, the doctors' highlighting of scientific knowledge as the main source of knowledge can be understood as an expression of the status of scientific knowledge as an ideal for doctors as a classic profession (Brante et al., 2015).

The jurisdictional tasks that social workers and GPs perform through the use of professional knowledge are human problems (see Abbott, 1988). The specific jurisdiction of these professions has a significant impact on the tasks that they are expected to perform and which clients they should serve (Hasenfeld, 1983). The jurisdiction of both professions has a moral character and includes tasks that involve the exercise of public authority because they are expected to be guardians of normality that is, normalize clients' behavior or condition (Brante, 2014; Hasenfeld, 1983; Levin, 2013; SOU 2003:30, 2003; Svensson, 2015). Nevertheless, a considerable difference between the two professions is that many of the tasks that social workers carry out imply the exercise of public authority (Levin, 2013; Svensson, 2015). The social workers' jurisdiction includes tasks that entail helping clients to change their behavior, either by active cooperation or by coercive measures (Levin, 2013). In comparison, the question of what tasks involve the exercise of public authority by GPs is not as clear as in the case of social work (see SOU 2003:30, 2003). GPs' jurisdiction only in exceptional cases allows them to carry out tasks involving coercive intervention in the client's life (SOU 2003:30, 2003; Svensson, 2015). To these exceptions belong the Communicable Diseases Act and Care under Compulsory Psychiatric Care Act (SOU 2003:30, 2003).

Social workers and GPs encounter a considerable degree of complexity in the enactment of their practice as the tasks they perform are to manage human problems (Hasenfeld, 1983). Although GPs' jurisdiction means that they deal with medical problems as well as psychological problems, their work is often composed of management of physical problems, while the jurisdiction of social workers covers tasks involving management of social, economic, psychological, and behavioral problems. Social workers' jurisdiction implies that they through the exercise of public authority in many cases change the clients' behavior while GPs only in exceptional cases are

allowed to take measures to change the clients' behavior. Predicting and modifying human behavior, is according to Shanteau (1992) representing another kind of difficulty than predicting and resolving physical problems. This means that social workers in many situations can deal with another kind of complexity since their tasks more often than those of GPs involve not only an individual client but also several tentative clients from a whole family (see Mosesson, 2000) and modification of clients' behaviour (Hasenfeld, 1983; Levin, 2013).

Moreover, both professions use different types of technologies in performing their tasks and to gain control of the intervention process (see Hasenfeld, 1983). Technologies stand for approaches and methods used by social workers and GPs to solve clients' problems (see Hasenfeld, 1983; Perrow, 2014). Generally, welfare professions employ different types of technologies, including Client attribute technologies, knowledge technologies, interaction technologies, client control technologies, and operation technologies (Hasenfeld, 1983). Which technology in which situation is used by social workers and GPs' can be decided of the character of the tasks they perform that is, the stability versus instability and predictability versus unpredictability of the tasks (Shanteau, 1992). The task characteristics are according to Shanteau also essential for professionals' control of the intervention process, even in cases where the professionals possess relevant knowledge. Social workers and GPs' use of certain technologies does not only touch the knowledge dimension of the practice but also the relational dimension as the professionals' relationship with the clients in many situations implies a decisive impact on which technologies should be employed.

## Methodology

In this study, we conducted a qualitative content analysis of 52 written accounts of situations perceived as non-problematic by social workers within personal social services, and by GPs within primary health care clinics in Sweden (see Table 1). All of the social workers and GPs were employed by Swedish local government: the GPs by the county councils and the social workers by the municipalities. As shown in Table 1, the social workers in this study worked with child protection, monetary benefits, and addiction. These areas represent a large segment of social work in Sweden since the majority of social workers in Sweden are employed by municipalities and work within Personal Social Services. The professional practice of social work within these areas typically involves the exercise of public authority. However, it is worth mentioning that publicly employed social workers are present within other areas of the welfare state in Sweden.

Table 1  
*Sample overview*

	<i>Social workers</i>	<i>General practitioners</i>
<i>Sex</i>	Female = 24, male = 4	Female = 12, male = 12
<i>Age</i>	Median = 37.5, youngest = 27, oldest = 66	Median = 50, youngest = 28, oldest = 66
<i>Work experience</i>	Median = 6.5 years, max = 40 years, min = 2 years	Median = 12 years, max = 35 years, min = 2 years
<i>Area of professional work</i>	Child protection: 16, monetary benefits: 8, addiction: 4	Primary health care

### ***Data collection***

The data was collected between May 2011 and February 2012. The recruitment of social workers and GPs was carried out by email. Our aim was to capture a wide variety of experiences of non-problematic situations which was the reason why we only contacted social workers and GPs with at least two years' work experience. The e-mail message was comprised of a brief presentation of the study, the ethical principles concerning confidentiality, voluntary participation, and informed consent. The email message also contained a questionnaire that covered the respondents' professional background and instructions on how to report situations that they had perceived as non-problematic. The respondents were given the following instruction:

We ask you to give an example of a situation, or different types of situations, where you feel that your work with the client runs without problems. We want that you clearly address: 1) What makes the work non-problematic in such situations? and 2) If you have several options regarding the way of handling and selection of measures, how do you choose between them?

As the quotation shows, we did not provide the respondents with any definition of a non-problematic situation.

Our aim was to collect a relatively small body of data containing pregnant and credible accounts of non-problematic situations (see Patton, 2002). We sent an email to professionals in several municipalities and counties at different times and received 52 responses.

### ***Analysis***

The written accounts were analyzed by using a conventional content analysis (Hsieh & Shannon, 2005). Initially, the codes were derived from the data and defined during data analysis. More specifically, the conventional content analysis was aimed to provide a multifaceted understanding of non-problematic situations.

In the first stage of the analysis, the researchers separately read and coded the data. This first stage resulted in several codes covering different aspects of what made a certain situation to be perceived as "non-problematic." The codes were the outcomes of a process where sentences and paragraphs in the accounts were condensed. This means that the codes were generated from a reading of the data with an open attitude (Alvesson & Kärreman, 2007). An open attitude does not mean that we avoided theory or postponed theory utilization; rather it included a broadening of our vocabulary and theoretical repertoire in order to consider more and less self-evident aspects of the professionals' perceptions of non-problematic situations (Alvesson & Kärreman, 2007). The self-evident aspect was that non-problematic situations referred to situations where the professionals experienced that they had the intervention process under control. The codes from the first analytical step were rearranged into three analytical main categories that are used in the article and elaborated further in the next section.

In the discussion section, we analyze our findings within a theoretical framework of the sociology of professions and human service organizations. This will guide our analysis and deepen our understanding of what it is that makes certain situations to be perceived as "non-problematic."

### **Results**

As mentioned initially, non-problematic situations stood for situations where social workers and GPs were in control of the professional intervention process. In this

section, we show that social workers perceived that they gained control of the intervention process through control of the relationship with the client. GPs, however, experienced that non-problematic situations were linked to the control of the intervention process through control of professional knowledge and knowledge utilization.

### ***Social workers' perceptions of non-problematic situations***

Common to social workers' descriptions of non-problematic situations was, as noted earlier, control of the relationship with the client. More specifically, for social workers non-problematic situations referred to situations where they perceived that they were dealing with clients who exhibited a competent behavior or misbehaved to such an extent that the social workers were left with no other option than to use statutory coercive means. In the following two sections, we begin with a description of non-problematic situations due to competent clients and end with depictions of non-problematic situations due to situations of "left with no choice."

#### **Non-problematic situations due to competent clients**

Working with clients who respected social workers' professional authority, took a positive stance towards suggested interventions and showed motivation, self-awareness, and a willingness to change, was central to social workers' descriptions of non-problematic situations. The situations were experienced as non-problematic as these clients were perceived as behaving competently, rationally and did not challenge social workers' control of the professional intervention process. According to the social workers, these competent clients typically lacked "real" social problems or only had minor social problems, which did not require interventions aiming at changing the clients' conduct or lifestyle. Unaccompanied refugee children, as in the quotation below, were an example of clients who were described as being without real social problems and at the same time positive towards the work of social workers.

I think it is non-problematic to handle unaccompanied refugee children. Children who lack severe social problems and where my work is more about planning where they should stay and provide for their basic needs. What makes it non-problematic is that they are motivated to get help and support, and they rarely have negative prejudices towards social services. (SW18)

Clients with minor social problems involved those who, due to sudden and unforeseen life events, were in temporary need of help and support by social workers. These clients were often seen by social workers as victims of circumstances beyond their control, for example, in the case of sudden unemployment. Working with these clients was non-problematic since they were regarded as responsible and resourceful clients and made active efforts to become self-sustaining and stay out of trouble in the future.

I had a family that was both mentally and physically healthy; they had no addiction problems. They wanted to have monetary assistance in order to make ends meet during a period of temporary unemployment. They lived below the national norm for social assistance and wished to supplement their low income. They were economically competent and cooperated well with me throughout the whole process of finding work. I believed in what they said. They were trustworthy, and I could help them without any doubts. (SW<sup>1</sup>12)

But even some situations where clients had more complex social problems such as

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<sup>1</sup> Social worker

drug abuse or child abuse that called for interventions aiming at changing the clients' problematic behavior or lifestyle were described as non-problematic if the clients showed a competent behavior by taking a responsible attitude and a willingness to change. In the example below, the situation is described as non-problematic, as the client, suspected of child abuse and deficient parenting skills, exhibited self-awareness and a willingness to change.

What makes it non-problematic is that the mother shows that she is capable of taking charge of her own life and the life of her children. She shows that she is capable of identifying and working with her problems in a promising manner. So the situation has gone from an increased need for control and intervention by the social services to a situation where we can let her decide how she wants to carry on with her life. (SW4)

Social workers also described situations in which they felt that they could rely on the clients' own responsibility and trust during the intervention process as non-problematic.

Work with families where there is a sincere desire to change usually goes without problems.... The situation becomes non-problematic as the family decides what they want to change and how which often creates a greater commitment and greater probability of success than if the social workers decide what the problem is in the family.... If there is a collaborative alliance, it is also possible for the social worker to raise difficult questions that require trust and confidence in the social workers to manage. (SW15)

In this section, we have shown that central to social workers' perception of the non-problematic situation was that clients granted social workers' control of the intervention process, by expressing a cooperative attitude to the intervention process and by displaying competence by staying out of trouble or being motivated to change a problematic life-style.

### **Situations of "left with no choice" as non-problematic**

Social workers' perception of non-problematic situations was not limited to dealing with competent clients. Situations characterized by dealing with clients with complex social problems and a reluctance to cooperate and change were also perceived as non-problematic when the social workers were left with no other options than conducting coercive actions. Typically, this involved situations where clients' behaviors posed a danger to themselves or others.

A non-problematic situation is, I think when you do not have any other options. For example, if a client is in such a bad condition that he or she must be admitted to hospital. Or if someone needs to be cared for under LVM [the Care of Substance Abusers Act] in order to survive. (SW6)

Through legal coercive actions, social workers gained control of the intervention process. The use of coercive actions left clients with no or little opportunity to protest or object to the intervention suggested by the social worker, hence leaving them in control of the intervention process.



## *General practitioners' perceptions of non-problematic situations*

### **Non-problematic situations due to competent GPs**

Social workers' accounts of non-problematic situations differed from the GPs' accounts. Where social workers' accounts of non-problematic situations referred to situations in which they gained control of the intervention process by control of the relationship with the client, GPs' accounts mainly referred to situations where they gained control of the intervention process by access to and use of professional knowledge and their ability to act competently in accordance with that knowledge when handling the client's problem. In their accounts, GPs' referred to different forms of professional knowledge such as experience-based knowledge, evidence-based knowledge, pattern recognition, guidelines, and diagnostic codes.

Individual patients who only have a single medical problem—high blood pressure or a sprained foot. It is quick. It's just listening to the patient and taking action based on evidence and my long professional experience. (GP<sup>2</sup>)

The handling of well-defined ailments covered by evidence and diagnostic codes is non-problematic. These include the treatment of respiratory infections, hypertension, bowel investigations, hypothyroidism and many musculoskeletal problems. (GP6)

In the GPs' accounts, knowledge codified in decision aids such as diagnostic manuals or different kinds of practice guidelines appeared to be an important resource to make an accurate diagnosis as a competent GP. Non-problematic situations were thus, as the following excerpt shows, perceived as situations where GPs experienced that they had access to relevant knowledge which made it possible to interpret the clients' symptoms, what the symptoms represented, and the severity of the client's medical condition.

Old man with a sore shoulder. Had received a cortisone injection a month ago, but the symptoms have returned now. Classic impingement. Non-problematic due to clear somatic complaints that were in accord with a clear diagnosis that leads right up to treatment; thus, simply a straightforward decision. (GP13)

Treatment of medical problems for which there are clearly formulated guidelines for medical intervention, for example, heart failure, dementia, hypertension, etc. (GP3)

Knowledge codified in diagnostic decision aids was also described as decisive for GPs' choice of treatment, and decisions whether the client would be referred to more specialized care.

An obvious referral case—acute or non-acute— for example, referral to the eye clinic for cataract surgery, to the surgeon for an inguinal hernia, to the children's clinic/pediatric clinic when a child has an RS virus, etc. It is non-problematic when it is easy to diagnose and when there is help available within a reasonable time. (GP7)

Moreover, situations were also experienced as non-problematic when GPs through access to relevant knowledge could easily make a diagnosis. This is because in such situations GPs were enabled to carry out their professional tasks effectively without wasting time or medical resources.

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<sup>2</sup> General practitioner

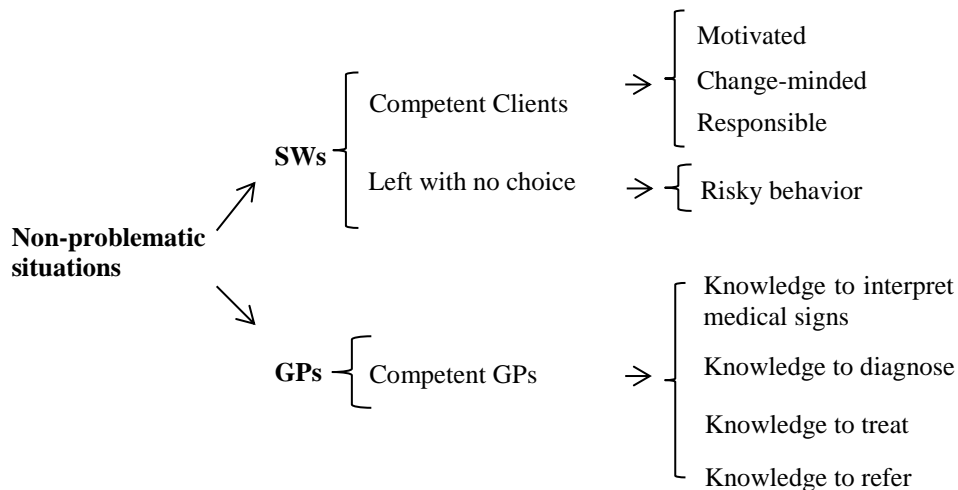
The patient is already diagnosed over the phone, and I just have to meet the patient briefly to confirm the diagnosis. It is time-saving for me and satisfying for both me and the patient. (GP5)

In the non-problematic situations above, access to different sorts of knowledge gave GPs control of the intervention process since access to relevant knowledge codified in decision aids and guidelines and the use of knowledge was linked to core professional activities such as interpreting symptoms, making a diagnosis, and choosing the right treatment for the client.

## Summary

In the previous section, the first research question was addressed. We showed, as Figure 1 below summarizes that non-problematic situations were connected to being in control of the intervention process. The social workers perceived non-problematic situations as situations where they had control of the relationship with the client, either by the use of coercive means or by the client's active cooperation. Dealing with situations where the clients posed a danger to themselves or others was described as non-problematic since it left social workers with no other choice than the use of coercive means to bring the intervention process under control. Dealing with clients taking a positive attitude towards the social worker's suggested intervention was referred to as non-problematic since the social workers did not experience that they had to exercise public authority in order to have the intervention process under control. In comparison, GPs perceived that they gained control of the intervention process by the use of their professional knowledge. GPs described the use of professional knowledge as a key factor in bringing the intervention process under control since it was intimately linked to the interpretation of the client's symptoms, and to the GPs' ability to make a diagnosis and to choose a treatment.

Figure 1  
*Non-problematic situations in social workers' and GPs' professional practice*



It is interesting to notice that in their accounts of non-problematic situations the social workers did not refer to use of professional knowledge and the GPs did not make references to the importance of the relationship with clients. Does this mean that knowledge is of no importance to social workers in handling non-problematic situations, or that the relationship with the clients is unimportant to GPs? We do not believe it is, and in the next section, we will argue that this difference between social workers and GPs reflect differences related to the professions' different jurisdiction, tasks, and relationship with the clients.

## Discussion

In this section, the second research question is discussed: How can the differences between social workers' and GPs' perceptions of non-problematic situations be analyzed theoretically. The differences are analyzed within a framework that highlights: 1) social workers' and GPs' different jurisdiction, 2) how these differences in jurisdiction affect the professional tasks performed by social workers and GPs, and 3) the factors that condition these professions' encounters with their clients (see Table 2).

### *Jurisdiction and tasks*

As mentioned earlier, the major difference between the two professions, in this study, was that social workers' perceived that non-problematic situations were intimately linked to the control of the relationship with the client. In comparison, GPs perceived that non-problematic situations were linked to access to and use of professional knowledge.

To understand how two welfare state professions can have such different perceptions of non-problematic situations, we first turn our attention to the jurisdiction that their professional practice rests on. Within welfare states like Sweden, the state is a central actor in shaping the jurisdiction of welfare professions (Evertsson, 2000). As these professions have close ties to the welfare state, it is not surprising to see certain similarities between them. One of these similarities is that the professional practice of social workers and GPs has a moral character (Hasenfeld, 1983). Another similarity is that both professions are exercising public authority in relation to their clients (Hasenfeld, 1983; Levin, 2013; SOU 2003:30, 2003). Despite these similarities, the jurisdiction of social workers and GPs differs in many respects. The two professions exercise public authority in different ways and to various extents in order to perform their professional tasks. One of the focal aspects of social work as a professional practice, especially relevant to social workers exercising public authority in personal social services, is the jurisdictional task to help clients to change or modify their behavior (Akademikerförbundet SSR, 2013; Hasenfeld, 1983; Levin, 2013; Svensson, 2015). The social workers' jurisdiction ultimately rests on their right to make decisions and take action that in specific cases go against the will of the clients, ultimately by the exercise of coercive means (Levin, 2013). As mentioned earlier, the jurisdiction of GPs is also moral in its character. However, even though preventive medicine can be argued to have a moral character, the professional practice of GPs is generally more focused on changing the medical status of the patients than the patients' way of life. Central to GPs' jurisdictional tasks is to cure, relieve, and comfort on a voluntary basis (Akademikerförbundet SSR, 2013; Freidson, 1961). Only in exceptional cases, GPs in Sweden are allowed to perform tasks which involve coercive interventions in a client's life. To these exceptions belong, for instance, the Communicable Diseases Act and Care under Compulsory Psychiatric Care Act (SOU 2003:30, 2003).

Given these differences in jurisdictional tasks, it could be argued that in non-problematic situations, it is of greater importance for social workers than GPs to

control the relationship with the client in order to successfully fulfill their jurisdictional commitments (Biestek, 1957). For social workers exercising public authority to change or modify clients' behavior or lifestyle is a daunting task that becomes even harder in situations where clients oppose or reject such change. Against this background, it is understandable that social workers in this study perceived situations where clients acted responsibly and cooperated or where they could use coercive means as non-problematic.

### ***Professional technologies***

The different character of the social workers and GPs' jurisdiction and tasks is reflected in the professional technologies that the professions rely on. Following Hasenfeld's (1983) typological concept of technology in his theory of human service organizations it could be argued that, given that one of the central tasks of professional social work involves changing or modifying clients' problematic behavior or lifestyle, social workers heavily rely on interaction technologies and client control technologies. Social workers' jurisdiction and professional tasks are thus based on the use of technologies in which the relationship to the client plays a central role. Once again, it is understandable why social workers in this study perceived situations where clients complied or could be brought under control as non-problematic.

Compared to social workers, the jurisdiction and professional tasks of GPs' rest to a lesser extent on the exercise of public authority, which reduces the likelihood that the relationship between GPs and their clients becomes tension-filled in non-problematic situations (see Freidson, 1961; SOU 2003:30, 2003). It is reasonable to believe that clients of GPs more often seek help voluntarily than do clients of social workers, which means that in order to control the intervention process GPs in non-problematic situations do not need to make use of interaction and client control technologies as often as social workers (Freidson, 1961). In the forefront of GPs' jurisdiction and professional tasks is the improvement of clients' clinical (medical) status, rather than the modification of the clients' conduct if not changes in clients' lifestyle are medically motivated. In non-problematic situations, the performance of tasks which involve working with clients' medical status is, therefore, more likely to be a matter of applying medical knowledge rather than controlling the relationship with the client.

### ***Social workers' and GPs' encounters with clients***

It is reasonable to believe that social workers and GPs' different jurisdiction, tasks and use of technologies color their encounter with clients. Previous research shows that clients of social workers experience a lack of control of how and when to exit the relationship with social workers (Hasenfeld, 1983; Hirschman, 1970) and that many are involuntary in the sense that they only reluctantly seek help from social workers and do not wish to identify themselves with the social problems that social workers attribute to them, since many social problems are attached with shame and stigma, especially problems that the client is held accountable for (Hasenfeld, 1983; Levin, 2013; Smith et al., 2012). Claims from social workers to be the expert and holder of professional knowledge on the clients' social problems are, therefore, often met with objection and distrust, and social workers constantly need to work actively to transform an institutionalized distrust into a trusting relationship with the client (Levin, 2013; Smith et al., 2012). Against this background, it is not surprising that social workers can perceive cooperating and trusting clients or situations in which they can take coercive action as non-problematic.

The difference between the two professions can be understood when we consider that many clients of GPs often come voluntarily to seek help for their health problems (Freidson, 1961). In comparison to many of the clients of social workers, they have greater control of their entry into and exit from the professional encounter

(Freidson, 1961). The relationships between GPs and their clients in non-problematic situations tend to be based on trust and “truce” (Nelson & Winter, 1982), which means that the parties involved tend to try to downplay conflicts of interest and the power imbalance (Rexvid et al., 2014). Moreover, in non-problematic situations, it is also common that clients and GPs are often in accord that it is the GP who is the expert, holder of professional knowledge and who should have the privilege of defining the client’s problems (Freidson, 1961; Johnson, 1972). Furthermore, medical diagnoses are, unlike social problems, more often detached from shame and stigma, and clients of GPs are, with the exception of lifestyle problems, not usually held responsible for their medical problems. For GPs, the problem to be managed is often the client’s medical condition rather than the clients’ behavior (Freidson, 1961). Against this background, it is understandable that the GPs in our study perceived non-problematic situations to be a matter of utilization of professional knowledge rather than of controlling the relationship with the client.

To summarize, it is our understanding that the observed difference has something important to say about the conditions that shape the professional practice of social workers and GPs.

First, the emphasis social workers put on the relationship with the client reflects that professional social work practice or social workers’ professional tasks are to a considerable extent conditioned by the client and how the interaction between social workers and clients is played out. Seen from the perspective of professional social work practice, the relationship with the clients represents an element of uncertainty that needs to be managed (Jutel & Nettleton, 2011). The greater the uncertainty about the client’s openness to change, motivation and cooperation, the greater the social workers’ need to control the relationship with the client (Hasenfeld, 1983). Against this background, we argue that the relationship between social workers and their clients is at the heart of professional social work practice (Carla & Grant, 2009; Hasenfeld, 1983; Knei-Paz, 2009) and that control of the relationship with the client may constitute the single most important aspect of professional social work practice in non-problematic situations. It indicates that control of the relationship with the client is prior to and conditions social workers’ choice and use of professional knowledge and knowledge-based interventions. The professional practice of social workers and their tasks rest on different kinds of professional knowledge, but the possibility to use that knowledge is conditioned by having control of the relationship with the client in non-problematic situations. Put differently the professional social work practice rests on both social workers’ ability to control the relationship with the client and the use of professional knowledge. The same might be true of the professional practice of GPs, but we would argue, to a much lesser extent with regard to the relationship with clients. In comparison to the practice of social workers, it is the knowledge dimension of GPs’ professional practice and not the relational dimension that is stressed by GPs, since control of the relationship with the client is less likely to constitute a problem in non-problematic situations. Primarily they are applying professional knowledge to symptoms described by clients (Jutel & Nettleton, 2011). In non-problematic situations, professional knowledge is the key asset to control the intervention process (Jutel & Nettleton, 2011; Michailakis & Schirmer, 2010) as the clients do not tend to disrupt GPs’ professional practice by questioning their expertise (Rexvid et al., 2014). In such situations, GPs become aware that being in control of professional knowledge mean being in control of the intervention process.

### ***Methodological and theoretical reflections***

We believe that this study has something important to say about the different conditions that shape the professional practice of social workers and GPs. However, from a methodological perspective, it is important to consider that this study does not cover all areas of social workers’ and GPs’ practice. It is possible that our findings



would have been somewhat different if we had studied areas of social work less characterized by the exercise of public authority such as preventive work or social support to the elderly and disabled. Therefore, when studying other areas of social and medical professional practice, our findings should only serve as a starting point for further investigation.

Although our aim has been to describe and analyze social workers' and GPs' perception of non-problematic situations, it is, given our findings and analysis, necessary to theoretically reflect on the concept of knowledge. We are aware that knowledge is a complex phenomenon that involves more than cognitive aspects. Furthermore, we recognize that social worker's ability to build and maintain supportive and meaningful relationships with involuntary or unmotivated clients can be considered as a matter of knowledge utilization. Despite this, we argue that it is sometimes important—as in this study—to make an analytical distinction between knowledge and relationship.

Our decision to make an analytical distinction between knowledge and relationship, as two different aspects of professional practice, is twofold. Our first reason is to remain close to our empirical data. In our empirical data GPs link problematic situations to knowledge, while social workers connect non-problematic situations to control of the relationship with the client. This means that the distinction between knowledge and relationship is present in our empirical findings. We find it difficult to ignore this fact. The second reason is that the analytical distinction contributes to new knowledge by showing that there are different ways for professionals to gain control of the professional intervention process. For GPs professional knowledge seems to be a key tool to gain control of the intervention process while control over the relationship with clients seems to be of substantial importance for the social workers. Based on our findings we suggest that gaining control over the intervention process through establishing control of the relationship with the client represents another and different mode of professional control than the use of knowledge. Without an analytical distinction between knowledge and relationship, this insight would be lost.

## Conclusions

In this study, we have shown that non-problematic situations were perceived as situations where the professionals experienced that they had control of the intervention process but in different ways. More specifically the findings indicated that the two professions put different emphasis on the knowledge dimension and relational dimension of their practice.

Our findings are both in accord with, and differ from previous research and theory, on professions. The results are consistent with previous research on professions by showing that professional knowledge is a key resource through which professions build jurisdiction and gain control over the intervention process (see Abbott, 1988; Brante et al., 2015). However, this study has also shown that there are more ways for professions to establish control over the professional intervention process. Following Hasenfeld (1983), we argue that control over the relationship with the client is essential to any profession that is engaged in changing or modifying clients' moral conducts, problematic behaviors or lifestyles. In the article, we refer to this mode of control as the *relational dimension* of professional practice, and we understand client compliance to be a key mechanism (Hasenfeld, 1983) to this mode of control.

However, this does not necessarily imply that professional knowledge is of less importance to professions where a core jurisdictional task is changing or modifying clients' moral conducts, problematic behaviors or lifestyles. A more reasonable interpretation is that, for some professions, such as social workers, the use of professional knowledge is conditioned by the relationship with the client. Professions that are more likely to work with unmotivated, involuntary and non-compliant clients

might find that their possibility to work in accordance with established professional methods, standards, guidelines or routine are conditioned by the relationship with the client.

Seen from this perspective, our findings are thought-provoking. They raise the question whether “more” and “better” knowledge, as a key component in the Swedish state’s knowledge governance (Alm, 2015), is always the best way to go in order to improve professional practice. It also raises a question whether the strategy of enhancing professional practice through evidence-based knowledge and practices, guidelines and manuals, needs to be more sensitive towards different professions’ jurisdiction, that is, the character of their tasks, technologies and the character of their relationship with the client. Tension-filled relationships between professionals and clients can hamper the implementation of context-independent knowledge (Brante, 2014) and condition professionals’ ability to use that knowledge.

## Ethics

Ethical approval for this project was received from The Regional Ethical Review Board in Umeå, prior to the conduct of the study (reference number 2010-82-31).

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**Per Nerdrum, Amy Østertun Geirdal and  
Per Andreas Høglend**

## Psychological Distress in Norwegian Nurses and Teachers over Nine Years

**Abstract:** Psychological distress have been found to be high and influence negatively nurses' and teachers' work. In this nine-year project, we present the first longitudinal study comparing psychological distress from 1467 students and young professionals in nursing and teaching. Psychological distress was measured with GHQ 12 at the start and the end of their studies and three and six years after graduation. Both descriptive statistics and estimated models were used to assess psychological distress over time. Psychological distress increased significantly in both groups during education. The reduction of psychological distress was significant among the nurses, and they clearly showed a "healthy worker effect" when coming into clinical work. The teachers had a small and non-significant reduction in the same period and did not show a positive effect after starting pedagogical work.

**Keywords:** Psychological distress, longitudinal study, students, nurses, teachers, transition from college to work

*Per Nerdrum,*  
Oslo and  
Akershus  
University College  
of Applied  
Sciences, Norway

*Amy Østertun  
Geirdal,*  
Oslo and  
Akershus  
University College  
of Applied  
Sciences, Norway

*Per Andreas  
Høglend,*  
University of Oslo,  
Institute of  
Psychiatry,  
Vinderen, Norway

In Norway, there are about 105,000 nurses and about 67,000 primary school teachers. Together, they constitute about 7% of all persons employed in Norway (Statistisk sentralbyrå [SSB], 2016). In addition, there are about 40,000 students qualifying to become professionals in these professions. Cross-sectional data have shown that nursing students, nurses, and teachers experience more psychological distress than the general population. The two largest welfare professions in Norway have, however, never been compared in longitudinal study that assesses their psychological distress.

Cross-sectional studies on psychological distress, measured with well-validated methods, show that nursing students, nurses, and teachers experience more psychological distress than the general population (Baba, Tourigny, Wang, Lituchy, & Inés Monserrat, 2013; Mulholland, McKinlay, & Sproule, 2013). Apart from the personal burdens of anxiety, depression, and low self-esteem, high psychological distress can also contribute to impaired academic performance, attrition from work, and cynicism and a lack of empathy when working with patients or pupils (Dyrbye, Thomas, & Shanafelt, 2005; Le Maistre & Pare, 2010; Schwarzer & Hallum, 2008; Urwin et al., 2010). Psychological distress may also make it difficult to cope with the crises that students and young professionals face in their personal, educational, and professional lives. At a neuropsychological level, high psychological distress can inhibit important processes such as attention and learning (Ursin & Eriksen, 2010). Therefore, sustained high psychological distress may be a threat to the acquisition of the theoretical, pedagogical and clinical skills necessary to keep up with the develop-

**Contact:**  
*Per Nerdrum,*  
Oslo and  
Akershus  
University College  
of Applied  
Sciences, Norway  
[per.nerdrum@hioa.no](mailto:per.nerdrum@hioa.no)

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ment of knowledge within these two welfare professions (Dyrbye et al., 2005). Similar findings are presented in research on the development of lay helpers, students, and young professionals in the helping disciplines (Rønnestad & Skovholt, 2012; Skovholt, 2005; Skovholt & Trotter-Mathison, 2014). They found that anxiety was common during the study time, and represents a risk of stagnation in professional development. Increased psychological distress is also associated with increased sick leave (Nielsen et al., 2012; Nystuen, Hagen, & Herrin, 2001). In a recent study, individuals working in the so-called “life professions” are more likely to be at risk for a disability pension in Norway (Tuft, 2013). Nurses had a relative risk of 3.9 (hazard ratio) compared with engineers (1.0). The corresponding risk for teachers was 4.7.

As far as we know, teacher’s long-term psychological distress has never been studied. In light of this, the study brings new knowledge to the literature on these professions.

So, why compare nurses and teachers with regard to psychological distress? First, because both groups are in relational occupations (Harris & Adams, 2007; Klette & Smeby, 2012). They are thereby important by virtue of themselves as persons working in relationships (Nesje, 2016; Rønnestad & Skovholt, 2012). Second, they have comprehensive and important (albeit different) roles in the welfare state; for example, 1.8 million persons utilize somatic health care each year, and Norwegian kindergartens and elementary schools include approximately 1 million children (SSB, 2011).

We estimate for the development of psychological distress over nine years among nurses and teachers. If their psychological distress scores are higher than estimated in the norm population it may, according to Dyrbye et al., (2005), be problematic in their work with patients and children. Also, crossing the threshold between education and work may create gaps between theoretical knowledge learned in college and more practical knowledge expected from young professional nurses and teachers. Linking “a practice shock” to a possible increase in psychological distress have, to the best of our knowledge, not been done with empirical data for these two groups. If there exists a practice shock among the two groups of young health professionals, it is our assumption that their psychological distress will be influenced negatively.

## Study aims

The aim of our study was twofold. First, it was to conduct an investigation of levels of psychological distress in nurses and teachers, from the beginning to the end of their education, as well as three and six years into their careers. Second, we wanted to compare the patterns of psychological distress experienced by the two groups during this nine-year period. Do they demonstrate a similar development of psychological distress or does each profession demonstrate a specific pattern?

### *Psychological distress among nurses and nursing students*

Several cross-sectional studies indicate that nurses worldwide belong to a high-stress occupation (Baba et al., 2013; Bourbonnais, Comeau, Vezina, & Dion, 1998; Lambert & Lambert, 2001; McGrath, Reid, & Boore, 2003; Pisanti, van der Doef, Maes, Lazzari, & Bertini, 2011). Assessed with General Health Questionnaire between 27% and 32% of the nurses in these studies scored on a case level which is markedly higher than in the general population (15%-20%) (Knudsen, Harvey, Mykletun, & Øverland, 2013).

Cross-sectional studies have also been performed with nursing students, indicating that they are at high risk of developing psychological distress (Christensson, Vaez, Dickman, & Runeson, 2011; Jones & Johnston, 2000). Longitudinal studies have confirmed that nursing students’ psychological distress increases significantly during their education (Christensson, Runeson, Dickman, & Vaez, 2010; Deary,

Watson, & Hogston, 2003; Lo, 2002; Nerdrum, Rustoen, & Ronnestad, 2009; Watson et al., 2009).

### ***Psychological distress among teachers and teaching students***

Empirical data from comprehensive cross-sectional research on teacher stress also indicates that teaching is a high-stress profession (Chaplain, 2001; Kyriacou, 2001; Mulholland et al., 2013). Kyriacou and Sutcliffe (1978) were the first to present or describe the term “teacher stress” which closely resembled the definition of psychological distress—the experience of negative emotions such as anger, tension, frustration or depression, resulting from a teacher’s perception that their work constituted a threat to their self-esteem or well-being. Assessed with General Health Questionnaire, between 33% and 77% of the teachers in these studies scored on a case level. As far as we have found, longitudinal studies on teachers’ psychological distress have never been done.

Studies of psychological distress among teaching students are fewer than those of nursing students (Gardner, 2010). However, a cross-sectional study by Chaplain (2008) found that as many as 38% of 268 students in Scotland considered their practicum to be very or extremely stressful, while 46% considered teaching as a very or extremely stressful profession. However, neither of these studies measures levels of psychological distress by validated instruments.

Empirical data from cross-sectional studies on psychological distress measured with well-validated methods shows that nursing students, nurses, and teachers experience more psychological distress than the general population. Validated studies of teaching students’ psychological distress are lacking. Longitudinal studies among nursing students show that their psychological distress increases during education. Longitudinal studies following the psychological distress of teachers over time are lacking. In other words, longitudinal studies are needed to compare psychological distress experienced over time by the two largest professional groups working within the welfare sector.

## **Materials and methods**

In September 2000, entry-level nursing and teaching students from two cities in Norway were asked to participate in a longitudinal study of student and post-graduate functioning (StudData). StudData is a research program with the purpose of stimulating comparative research on vocational educational programs. The students were informed that they would be contacted to complete questionnaires at the beginning of their education (t1, 2000), when they graduated (t2, 2003), and three and six years (t3, 2006; t4, 2009) into their careers as young professionals. In addition, at t3 and t4 nurses and teachers that had graduated from a university college located in a third city in Norway in 2003 were invited to participate in the StudData.

### ***Ethics***

All participants were informed that participation in the study was voluntary and that they could refuse to participate or withdraw from the study at any time. Permission to collect, compute, and store the data was approved by The Norwegian Data Inspectorate.

### ***Participants***

The total sample consists of 1,467 individuals. From this sample, 699 participated in

the collection of data at t1: 235 nursing students (91% were women) and 464 teaching students (70% women). At t2, data from 542 were collected: 197 students of nursing (93% women) and 345 of teaching (72% women). At t3, 795 professionals participated: 364 nurses (93% women) and 431 teachers (78% women). Finally, at t4, 505 professionals participated: 279 nurses (93% women) and 226 teachers (80% women). These numbers indicate that many students/professionals who participated at t1 and, respectively, at t2 or t3, dropped out at other measurement times. Correspondingly, many new students/professionals joined the study at t2, t3, and t4. Mean age and standard deviation of the nurses and teachers at the four-time points were 24.0 (5.6) and 23.6 (5.3), 26.9 (5.5) and 26.4 (5.2), 29.9 (5.5) and 29.4 (5.2) and 33.3 (5.5) and 32.6 (5.3) years, respectively. At t1, 34.2% of the nursing students and 34.6% of the teaching students were married or cohabiting. The corresponding percentages at t2, t3 and t4 were 51.5% and 47.9%, 72.9% and 70.4%, and 81.9% and 81.5%.

This longitudinal study comprised a total of 2,541 answers from 1,467 individuals, with estimated levels of psychological stress based on the statistical methods linear mixed model (LMM). Out of the 1,467 participants, 115 were defined as completers because they participated at each of the four measurement times, (33 nurses and 82 teachers). To check the study's representativeness of the measurements, these data are presented to illustrate whether those who participated at all time points were compatible with the findings descriptively in the total sample.

### ***Measures***

The General Health Questionnaire 12 (GHQ-12) was applied to measure psychological distress at t1, t2, t3, and t4. GHQ-12 is a widely used self-report instrument for measuring psychological distress and for the screening of non-psychotic mental disorders (Goldberg et al., 1997; Goodwin et al., 2013). It has been validated in a large number of studies of the general adult population, clinical populations, and occupational populations, as well as in populations of students and young professionals (Aalto, Elovainio, Kivimäki, Uutela, & Pirkola, 2012; Adlaf, Gliksman, Demers, & Newton-Taylor, 2001; Firth, 1986; Goodwin et al., 2013; Gorter et al., 2008; Nerdrum & Geirdal, 2014). The 12-item version was chosen for the present study.

Six items of the GHQ-12 are framed positively (e.g., "able to enjoy day-to-day activities") and six are framed negatively (e.g., "constantly felt under strain"). For each item, the person is asked to mark whether he or she has experienced the problem during the last two weeks, using four response categories ("less than usual," "as usual," "more than usual" or "much more than usual"). The GHQ is constructed as a state measure that is sensitive to changes in mental distress. Two different scoring systems are used. The first is based on a one-dimensional model that assumes that all psychiatric disorders share a common factor. The degree of severity, then, can be placed on one axis. This one-dimensional model is reflected in the application of a Likert scale (0, 1, 2, 3) with a range of 0-36. We apply Pevalin's GHQ 12 Likert-norms from a sample of the general population (n = 4749) (Pevalin, 2000). Another scoring system (GHQ-12 case score) is based on a clinical theory that assumes that one can identify a clinically meaningful threshold in the dimension of distress measured by the GHQ. This threshold constitutes the cut-off point at which a clinically significant disorder (case) is reflected in the participant's score. When using GHQ as a screening instrument, categorical scoring (0, 0, 1, 1) results in a scoring range of 0 to 12. In this paper, we applied both scoring systems. The formal definition of the threshold for psychiatric case identification with the GHQ is the number of symptoms for which the probability of being assessed to be a case exceeds 50% in an independent psychiatric assessment. Assessed by many validation studies that use clinical interviews as the gold standard, the GHQ-12 has a satisfactory ability to detect both cases (median sensitivity = 87%) and non-cases (median specificity =

82%); for an overview, see (Goldberg, Oldehinkel, & Ormel, 1998). Like most GHQ-12 studies that measure mental health problems, we applied the 4+ threshold. Students and professionals that mark four or more of the 12 items on the response categories “more than usual” or “much more than usual” in the last two weeks will be classified as having a clinically significant problem and belong to the case group. The GHQ-12 case score (0 - 12) is less sensitive to change in mental health than the GHQ-12 Likert score (0 - 36).

### ***Statistical analysis***

To investigate the reliability of the GHQ-12 for this particular Norwegian sample, we used Cronbach’s alpha to compute the internal consistency for both scoring systems. GHQ-12 case rates for the two student/professional groups were compared using Fischer’s exact test, as well as paired sample T-test when comparing means between T1—T4 in each group. We also compared socio-demographic variables (age, gender and marital status) at the four-time points.

The GHQ Likert scores for the 115 completers in the study (33 nurses and 82 teachers) were compared cross-sectionally at t1, t2, t3 and t4 with independent samples t-tests, and longitudinally with paired samples t-tests.

We used linear mixed models (LMMs) to analyse longitudinal data (SPSS version 22, 2012). LMMs expand on the general linear model to permit the data to exhibit correlated and non-constant variability. LMMs use all available data and can handle missing data. Because repeated measures (Level 1) were nested within individuals (Level 2), we used a two-level hierarchically nested random effects growth model to analyse the longitudinal data. In our analyses, time was coded with one step for each three-year period. A three-piece linear model (Time 1, Time 2 and Time 3) fitted the data discernibly better than a two-piece model (change in -2 log likelihood). The knots were at study termination as well as 3 and 6 years after the end of study period. Intercept and Time 1, Time 2, Time 3 were included in both the random and the fixed part of the model. Random intercepts and random slopes were fitted for each person. Time 1 was coded 0111, Time 2 was coded 0011, Time 3 was coded 0001. After the time variables were entered as predictors at Level 1, the other predictors were entered at Level 2. Types of education, nursing education (coded 0), and teaching education (coded 1) was treated as only fixed effect. We assumed gender to be a confounding variable that might influence psychological distress differently in the two groups. Thus, gender was coded female = 1 and male = 0.

The following composite model equation was used to test the possible differences in GHQ-12 trajectories between the two educations over the nine-year study period:  $Y_{ij} = B_0 + B_1 \text{GENDER}_i + B_2 \text{EDUCATION} + B_3 \text{TIME}_{1ij} + B_4 (\text{EDUCATION}_i \times \text{TIME}_{1ij}) + B_5 \text{TIME}_{2ij} + B_6 (\text{EDUCATION}_i \times \text{TIME}_{2ij}) + B_7 \text{TIME}_{3ij} + B_8 (\text{EDUCATION}_i \times \text{TIME}_{3ij}) + [\zeta_{0i} + \zeta_{1i} \text{TIME}_{1ij} + \zeta_{2i} \text{TIME}_{2ij} + \zeta_{3i} \text{TIME}_{3ij} + \epsilon_{ij}]$ .  $Y_{ij}$  is the GHQ-12 score for subject  $i$  at time point  $j$ .  $B_0 - B_8$  are the fixed effects, and  $[\zeta_{0i} + \zeta_{1i} \text{TIME}_{1ij} + \zeta_{2i} \text{TIME}_{2ij} + \zeta_{3i} \text{TIME}_{3ij} + \epsilon_{ij}]$  are the random intercept, random time, and error term, respectively. The relevant parameters are  $B_3$ , the slope for nurses during education (the amount of change per time unit),  $B_4$  (the difference in slopes between the two education groups during education),  $B_5$ , (the slope for nurses during the three-year period after the end of education).  $B_6$  (the difference in slopes between the two education groups after the end of education),  $B_7$  (the slope for nurses during the three- to six-year period after the end of education), and  $B_8$  (the difference in slopes between the two education groups). Using an unstructured covariance matrix, we could detect no significant covariances between intercepts and slopes. However, this model did not converge. To get our statistical model to converge, random slopes for the time variables had to be deleted. A variance component covariance matrix yielded the best goodness-of-fit measures in the simplified model. No longitudinal statistical analyses were performed on subgroups of participants. The full

sample of students and professionals (N = 1467) was used in all model predicted analyses.

## Results

The GHQ-12 had high internal consistency, which indicates good reliability for both scoring systems at all measurement times (Cronbach's alpha = 0.85, 0.87, 0.86, and 0.88).

Table 1 shows the percentage of females, marital status and age in the two professional groups at t1, t2, t3 and t4. At all measurement times, there were significantly more men in the teacher group than in the nursing group ( $p < 0001$ ). The age differences were not statistically significant between the two groups. The two groups were similar with regard to being married or cohabiting versus being single.

Table 1  
*Demographic data for gender and age*

	N = 1507			
	t1	t2	t3	t4
<b>Total participants (n/%)</b>	613	485	885	593
Nurses	235	197	443	331
Female	214 (91%) <sup>a</sup>	183 (93) <sup>a</sup>	408 (92) <sup>a</sup>	305 (92) <sup>a</sup>
Teachers	378	288	442	262
Female	261 (69) <sup>a</sup>	204 (71) <sup>a</sup>	345 (78) <sup>a</sup>	207 (79) <sup>a</sup>
<b>Age (Mean/SD)</b>				
Nurses	24.0 (5.7) <sup>c</sup>	26.6 (5.4)	29.7 (5.4) <sup>c</sup>	33.6 (6.0)
Teachers	23.1 (4.6)	26.2 (4.9)	29.0 (5.1)	32.8 (5.4)

Note: Chi-square tests were applied for between-gender comparisons. Independent samples t-tests were applied for comparison between the age groups at each timepoint.

<sup>a</sup>Chi-square with Fischer's exact test,  $p < 0.001$ .

<sup>c</sup>Independent samples t-test,  $p < 0.05$ .

Table 2 lists the data regarding psychological distress (GHQ-12 Likert- and case scores) for the two education groups at four time points.

Table 2  
*Cross-sectional and longitudinal descriptive data about psychological distress at each of the four time points*

	t1	t2	t3	t4
<b>GHQ-12 cases (n/%)</b>				
Nurses	53 (23)	62 (32) <sup>b</sup>	67 (15)	56 (17)
Teachers	75 (20)	63 (22)	63 (22)	43 (14)
<b>GHQ-12 Likert (Mean/SD)</b>				
Nurses	11.0 (5.3)	12.7 (5.9) <sup>d</sup>	10.5 (4.0)	10.7 (4.7)
Teachers	10.2 (5.1)	11.2 (5.5)	10.9 (5.1)	10.7 (5.0)



Note: Chi-square tests were applied for comparisons between professions, and independent samples t-tests were applied for the comparison of Likert scores between the professions at each timepoint.

<sup>a</sup>Chi-square with Fischer's exact test,  $p < 0.05$

<sup>c</sup>Independent samples t-test,  $p < 0.005$

At graduation (t2), the proportion of cases was higher among nursing students (31.5%) than among teaching students (24.6%), but the difference was not significant ( $p = 0.08$ ).

Table 3 shows cross-sectional GHQ-12 Likert scores for the 115 completers of the study, and the model predicted estimated GHQ-12 Likert scores. The development of psychological distress in the two samples is rather similar; the 115 completers do follow a similar pattern as the main sample. The differences between the models predicted GHQ Likert scores for the nurses and teachers are highly significant at all time points ( $p < 0.000$ ).

Table 3

*Longitudinal descriptive data about psychological distress at each of the four time points for the 115 completers*

	t1	t2	t3	t4
<b>GHQ-12 cases (n/%)</b>				
Nurses (33)	9 (27)	10 (30)	7 (21)	3 (9)
Teachers (82)	8 (12)	15 (22)	11 (16)	14 (31)
<b>GHQ-12 Likert (Mean/SD)</b>				
Nurses (33)	11.1 (5.0)	12.6 (6.2)	10.6 (4.4)	10.0 (2.9)
Teachers (82)	9.5 (4.3)	11.1 (5.2)	10.5 (5.4)	11.2 (5.3)

Note: Chi-square tests (Fischer's exact test) were applied to compare the differences in GHQ-12 cases between the professions. Independent samples t-tests were applied to compare the Likert scores between the professions at each time point. None of the differences was statistically significant.

Figure 1 shows trajectories from the estimated model predicted GHQ-12 means for the two education groups at t1, t2, t3 and t4.

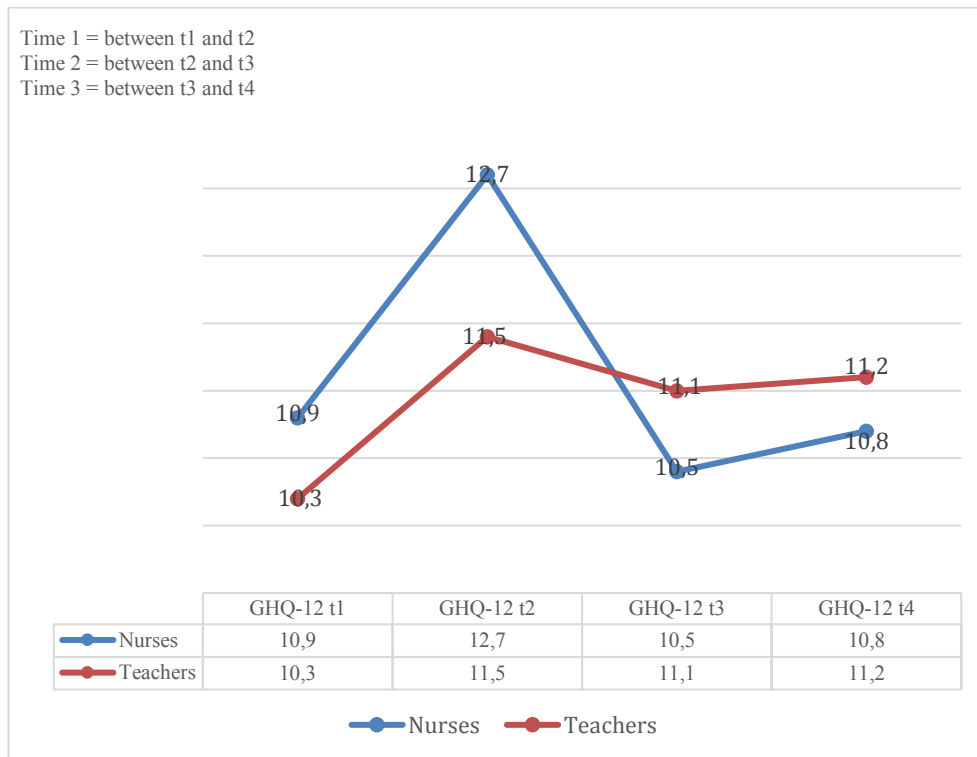


Figure 1. The model predicted estimated GHQ mean scores on all respondents on four measurements (t1, t2, t3 and t4)

Table 4 shows intercept and slopes comparing estimated GHQ trajectories in the two education groups throughout the nine-year study period. During the study period (from t1 to t2 = Time 1), the nursing students became significantly more distressed ( $B_3 = 1.8, p = 0.000$ ). During the same period, the teaching students also became more distressed. We could detect no significant difference between the two educations. During the first three years of work (Time 2), the nurses became much less distressed ( $B_5 = -2.2, p = 0.000$ ). In the same period, the teachers developed significantly different from the nurses ( $B_6 = 1.7, p = 0.002$ ). In fact, the teacher did not improve. In the last period, during Time 3, none of the groups changed and we could detect no significant difference in the in slope ( $B_8 = -0.12, p = 0.82$ ).

Table 4  
 Estimates of fixed effects

Parameter	Estimate	Std. Error	df	t	p
Intercept ( $B_0$ )	10.25	.41	2300.87	24.82	.000
Gender ( $B_1$ )	.80	.28	1420.98	2.82	.005
Education ( $B_2$ )	-.51	.40	2537.86	-1.27	.204
Time1 ( $B_3$ )	1.81	.46	1879.59	3.93	.000
Time1 x Education ( $B_4$ )	-.59	.57	1805.03	-1.05	.296
Time2 ( $B_5$ )	-2.23	.43	2233.41	-5.20	.000
Time2 x Education ( $B_6$ )	1.74	.55	2179.84	3.15	.002
Time3 ( $B_7$ )	.23	.38	2050.65	.60	.546
Time3 x Education ( $B_8$ )	-.12	.55	2068.88	-.23	.824

Note:  
 Dependent variable: GHQ-12.

Time: Slope for teachers.

Time x Education: Difference in slopes between nurses and teachers.

## Discussion

The main findings of this study are as follows: Psychological distress increased significantly in both groups while they completed their education. This finding confirms former studies that nursing students become more distressed during their education (Nerdrum, Rustøen, & Rønnestad 2009; Nerdrum & Geirdal 2014), while the findings regarding increasing distress among teaching students are new. Although there are few systematic studies of psychological distress that compare young professional nurses and teachers during their first years at work, it is a surprising finding that only the nurses became less distressed when they entered the workforce. The nurses appeared to improve substantially after leaving school for practical clinical work. The teachers also became somewhat less distressed, although this change was not statistically significant. The findings run contrary to the expectation that when meeting clinical (for the nurses) and pedagogical (for the teachers) “realities,” psychological distress would increase rather than decrease. However, our finding is in line with the conclusion of Caspersen and Raaen (2014) who suggest that the strength of a possible “reality shock” is not as great as previously thought.

The datasets applied in the analyses confirm these changes over the nine-year period: Psychological distress increases for both groups during education, but decreases only for the nurses during the first three years of work. During the last period, from three to six years at work, both the descriptive data and the estimated data show only small and non-significant changes in psychological distress in the two groups. In this period, the study model predicted both estimated GHQ-12 mean scores and descriptive scores. The nurses scored about the same level as they did before they began their education (Figure 1). This is a lower level of psychological distress than those reported in studies of the general population in Western societies (Pevalin, 2000). It is also clearly lower than the findings reported in published research from cross-sectional studies of the nursing profession. The teachers, however, did not improve after the transition to work.

In our view, this study’s most important findings are the nurses’ great increase in psychological distress during nursing school, followed by an even greater reduction in psychological distress during the first years of work compared with the moderate and non-significant changes in psychological distress among teachers. The two groups are similar in age; therefore, a corresponding general life phase influence on psychological distress should also be similar. The two groups are also similar in terms of marital status. From studies of the general population, one would expect marriage/cohabitation to protect from psychological distress (Maisel & Karney, 2012).

New nursing students come from a lay helper phase and start an academic life with quite different and new demands including large amounts of reading materials, many lectures, group work, and exam preparation. At that point, nursing students are in principle in a similar situation to the teaching students. In our view, nursing students are also challenged in another way. They are expected to acquire and cope with knowledge, also research based, that is, vital to patients’ survival (Hench et al., 2014; Liu et al., 2011; Parkes, 1985). They meet serious illness as well as dying patients and are thoroughly trained in mastering such situations. From the descriptions of nurses’ working assignments, it is obvious that nursing students meet rather challenging situations during their education. An important effect for students in helping professions may, as described by Rønnestad and Skovholt (2012), be a high level of anxiety.

The results show that teaching students, when beginning their education, have

lower scores than the nursing students. Two explanations are possible for this discrepancy. At both time points, a number of men among the teachers is clearly higher than among the nurses. It is known from former research that males score lower in psychological distress than women (Tait, French, & Hulse, 2003). Another possible explanation for these differences can be understood through Rønnestad and Skovholt's (2012) model for professional development. According to this model, getting knowledge in the lay helper phase (before studying) and getting knowledge in the beginning student phase may be less demanding for the teaching students than for the nursing students. In our opinion, this is not due to the academic demands of teaching education, but more that getting knowledge in teaching education is more like the daily life they had before they start their education. In addition, being a teaching student may be more familiar because they have gone through school themselves.

In the first three years of work, psychological distress is reduced in both professions. The nurses' score at three years at work was even better than when their education started. The teachers also showed reduced psychological distress after three years of work, but to a much less degree than the nurses did. Thus, it seems that the two groups' practice is influenced by the difference in professional development.

It may be that nurses are more closely supported by colleagues in their work, have more clearly defined working tasks, and are more supervised. They have more direct access to patients' improvement and deterioration and are more often met with deeply felt gratitude from patients than teachers in their work with pupils. In addition, nurses may have an advantage when choosing their first jobs. Beginning nurses have more options for employment than young teachers. Furthermore, teachers are tasked with planning, organizing, and delivering work in complex classroom learning situations. Seventy percent of school classes in Norway consist of 15 to 25 pupils (Gjerustad, Waagene, & Salvenes, 2015). Compared with other professional groups, collegial feedback for teachers is rare (Caspersen, 2013; Klette & Smeby, 2012; Scheerens, 2010).

Young professional teachers describe their complex working situation as lonely and with less feedback (Hancock & Scherff, 2010; Klette & Smeby, 2012; Kyriacou & Kunc, 2007) than young professional nurses (Bond & Holland, 2011; Lu, While, & Barriball, 2005). These situations may explain why new nurses have less psychological stress than new teachers.

Rønnestad and Skovholt (2012) underline the importance of supervision and learning from models (imitation). They warn against non-supportive or a complete lack of supervision which can be especially destructive for young professionals trying to develop professional competence. Thus, in our opinion, the large and positive effect on nurses' psychological distress after three years of work can be a reflection of the pedagogy and culture in their training programs as young professionals.

## Study strengths and limitations

To our knowledge, this is the first systematic longitudinal study that compares psychological distress between nurses and teachers. Over a nine-year period, repeated measurements of psychological distress were obtained with a reliable and valid instrument. We focused on the two largest vocational groups educated for and engaged in the fundamental tasks of building welfare and knowledge in society. The measurement methods that we used enable comparisons with other findings. Another strength is the use of linear mixed models (LMMs), which uses all available data and can also handle missing data. One limitation is that not all individuals were followed for the entire duration of the study. However, to some degree, we compensated for this limitation by presenting the data from the 115 completers of the study.

The data from the completers support the representability of the measurements and analyses of the total sample. One might also argue that the reduction in nurses' psychological distress is an effect of selection bias; the most distressed nurses leave the profession (and the study) and might no longer be part of the empirical data. However, at the t3 measurement, when the participants had been in the workforce for three years, we procured data on psychological distress from a total of 795 nurses and teachers, more than at any of the other three time points (Table 1). In addition, we checked for a possible selection bias from t2 to t3 by testing the t2 GHQ-12 scores for the participations who did not participate at t3 against those who had participated at both t2 and t3. There were only small differences between the groups, and none of them was statistically significant ( $p = 0.48$  for nurses and  $p = 0.47$  for teachers). Both arguments against selection biases support our finding that the psychological distress of nurses actually improves from t2 to t3. The fact that the data were collected only from Norwegian students and young professionals is another limitation to its external validity. On the other hand, most studies on Western societies report similar levels of psychological distress in both the general and student populations.

## Conclusions

Our study confirms the many findings about students' increased psychological distress. In this study, students were followed through school and into positions as young professionals. Its main conclusion is that entering the workforce is different for nurses than for teachers. Nurses appear to profit more than teachers from the initial years of work experience and are, may be, in line with a "healthy worker effect" (Goodwin et al., 2013; Li & Sung, 1999) which presumes lower levels of psychological distress due to work challenges. The teachers in our study did not show the same effect. However, the teachers' distress levels in this study were lower than the distress levels observed among teachers in the cross-sectional studies we cite. Regarding the two aims of our study, we present and analyse longitudinal data on psychological distress at four time points for the two professional groups. As students, the two groups have similar patterns of psychological distress. When beginning work as nurses and teachers, the nurses seemed to profit from a "healthy worker effect," reducing psychological distress dramatically; on the other hand, the teachers showed only a small reduction in psychological distress from that at the end of their education. Following our discussion, we suggest that nurses may profit from developing a better understanding about the anxiety and psychological distress in the nurse study. The amount of anxiety and psychological distress they experience as students will likely decrease in their transitions to work. Furthermore, we suggest that the teachers may profit from developing a working culture with systematic supervision, one in which professional development is stimulated by collegial support.

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**Alice Juel Jacobsen and Anders Buch**

## Management of Professionals in School Practices

**Abstract:** This article investigates organizational reform changes as they are constructed in the interaction between managers and teachers in a school context. The empirical basis is comprised of case studies carried out in Danish upper secondary schools. An ethnographic approach and a concept of paradox related to an understanding of professionals are used to investigate the practices involved in the change processes. The article argues that the ambiguity of a *primus inter pares* management position among professionals leads to several paradoxes, deadlocks, and detours, all of which affect the work for change in the schools. Significant paradoxes are identified on the basis of the empirical material, and methodological advantages of a proposed paradox perspective, are demonstrated.

**Keywords:** *Primus inter pares* management, professionals, paradoxes, organizational change, school setting

Reform of the public sector has been on the agenda in Denmark, as well as in many other Western countries, for the last two to three decades. New Public Management (NPM) has had significant implications for management and professionals who handle the changes in order to create new public organizations. This article focuses on the relations between managers and professionals in upper secondary schools and explores the strategies that unfold in daily organizational life. The aim of the study is twofold: 1) to investigate the management of professionals in practice in the changing upper secondary schools empirically and 2) to introduce the notion of paradox as a productive analytical concept that can bring forward ambiguities, deadlocks, and detours in managerial practices. The article's empirical basis is two Danish upper secondary schools implementing a school reform initiated in 2005 (Reform Act, 2004a, 2004b). The area under investigation in this article comprises the challenges and implications for the actors who are involved in translating the changes into practice. More precisely the article addresses the following research question: How is management practiced in the situated organizational settings? By using an ethnographic approach together with a paradox concept related to an understanding of professionals, the article contributes new knowledge about management in relation to professionals in the schools.

The article begins by presenting the reform initiatives demanded of the schools before positioning the study in the empirical research literature. Next, we present the understanding of autonomy inherent in the professionals' role, both as it is described in the classic literature and in recent sociological theory. The purpose is to sum up the research literature as a background for the empirical analysis. The following section presents the methodological approach based on ethnography and the paradox concept. We then investigate the interactions between managers and employees in practice and present the analytical results of the study. We conclude with a discussion of the broader, more wide-reaching implications of the findings and

*Alice Juel  
Jacobsen,  
University of  
Aalborg, Denmark*

*Anders Buch,  
University of  
Aalborg, Denmark*

**Contact:**  
*Alice Juel  
Jacobsen,  
University of  
Aalborg, Denmark  
[ajja@hum.aau.dk](mailto:ajja@hum.aau.dk)*

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present the research contributions of the article.

## **New agendas for upper secondary schools**

According to Power (1997), the NPM ideas can be characterized as a series of overlapping elements reorganizing the public sector: “It emphasises cost control, financial transparency, the atomization of organizational subunits, the decentralization of management autonomy, ... and enhancement of accountability to customers for the quality of service via creation of performance indicators” (Power, 1997, p. 43). These tendencies are nested in the school reform as central elements of the strategic result-orientation of the school. The point of departure for the reform is a new concept of knowledge and inter-disciplinary education emphasized as the most important competition parameter in the global knowledge society (Reform Act, 2004a, 2004b, 2004c) This is a new agenda for the schools with consequences at an organizational level. Teacher collaboration now becomes an inevitable element in ensuring inter-disciplinarity. The school reform legislation also contains a requirement to establish team structures to ensure the collaboration (Reform Act, 2005). In this connection, a central instrument is described. The instrument is a study plan which should be unfolded and created by the teacher teams in order to function as a framework for collaboration within and between the disciplines. The study plan tool is combined with an obligation to provide continuous internal evaluation and external documentation. As for management, they are called for, to fulfill a new role as supervisors and personnel leaders: “Keywords in the relationship between management and team are visibility, supervision and sparring” (Reform Act, 2005). A long tradition of operational management is thus to be transformed into visible, supervising, and goal setting management. Overall, the work can no longer be performed only by utilization of professional knowledge. This is so for both teachers and managers. Managers are faced with expectations of leaving well-known domains of operational management and performing with an emphasis on visible personal management and change management. As for teachers they are challenged by the demands of collaborative rather than individual performance as well as the demands of measurement and accountability. We argue in line with Alvesson (2004) that professionals are under pressure and have to cope with tensions in ambiguous organizational contexts when reform initiatives are meant to transform the knowledge work. Thus we choose a paradox perspective to pave the way for exploring how tensions are prominent in the management processes and subsequently attempted to be resolved. Our use of the paradox perspective is further unfolded in the method section.

As is very often the case in schools, the managers in the schools under investigation are recruited among the teachers according to the *primus inter pares* principle (Møller, 2009). They are former teachers with the same educational background as the teachers they are expected to manage. The study investigates how a position as *primus inter pares* manager affects organizational work practices. The professionals’ implementation of the reform is, in practice, decisive for the reform impact, both in extent and in character (Czarniawska & Joerges, 1996; Scott, 2008). It is important, therefore, to generate detailed knowledge about professionals’ interpretation and management of the challenges inherent in the reforms of their daily work.

## **Management in school settings**

Many studies focus on the need for management by emphasizing how management should be practiced for schools to be successful, fewer studies draw attention to the

way management evolves in school settings from a relational perspective (Bolden, 2011; Helstad & Møller, 2013). According to Bolden (2011), an overall interest in shared or dispersed forms of management has, however, increased over the last decade, although not all variants have achieved the same degree of attention. The notion of distributed leadership has been especially influential in shaping how management has been conceived and investigated in school settings (Bolden, 2011).

In the perspective of distributed leadership, it has been possible to attend to the way institutional environment enters sense making when for instance novice school principals make sense of their new occupation that seems to encompass contradictions (Spillane, Halverson, & Diamond, 2001; Spillane & Anderson 2014; Spillane, Harris, Jones, & Mertz, 2015). The distributed perspective contributes to the analysis that shows that the tensions connected to the leadership are not just a function of the choices of individuals, but rather they are inherent to the principal's job in general. In this way, Spillane et al. (2015) demonstrate how the school principal's choices are constrained by their school's positioning in the broader institutional sector. Thus much management research, from a distributed leadership perspective, focus on the principals and teachers as individuals. In this paper, however, we address relational management traced in the interactions between employees and managers within the context of school changes. We consider management as a manifestation of conjoint action—as a collective activity. From this point of view, we see management as emergent. In taking this perspective, attention turns from generic accounts of attributes and actions of individual managers to situated management practices (Nicolini, 2013). There is also a tendency for much research of distributed leadership to focus on the holders of formal positions. The six cases of distributed leadership, for instance, presented by Spillane and Diamond (2007) focus especially on the role of the principal. In this way, opportunities for recognizing the contribution of informal managers, such as employees, for instance, are limited. A few studies shed light on the tensions and contradictions related to leadership in school settings from a relational view. Helstad and Møller (2013), as well as Vennebo and Ottesen (2012), should be mentioned. The authors explore how the participants position themselves and others through negotiations in meetings. Their studies reveal various coping strategies of professionals as they handle emerging tensions related to leadership. It is also illustrated how school leadership is interactively achieved in social activities (Vennebo & Ottesen 2012). The concept of perspective is used to illustrate the plurality of authorial sources of influence from which leadership emanates. The authors, however, also point to the need for further enhancement of our understanding of the contradictions that emerge in local leadership in schools impacted by the societal activity of regulating schools. In this article, we will address the specific character of the tensions and contradictions that are at play in the school leadership. We suggest a conceptual framework for unpacking the specifics of the tensions based on a relational management perspective and with a focus on contradictions that emerge in the schools. This article contributes with an in-depth analysis of practices involved in the implementation of the change initiatives as well as an understanding of previously unthematized management paradoxes and their anchoring in the *primus inter pares* management of schools.

### ***Professionals' autonomy in classic and recent literature***

This section presents the central ideas about professionals as they are described in classic sociology as well as in recent critical literature. The characteristics of the research literature understanding of professional practice under change are summarized as a theoretical background for the empirical analysis in the study.

No consensus exists in sociology about the definition of a profession, nor about precisely which groups are assimilated into a profession (Alvesson, 2004).

Examination of the literature shows, however, that the question of autonomy is considered the most important characteristic when differentiating between professionals and other types of occupational groups (Freidson, 2001; Jespersen, 2012). It is considered to be a characteristic of considerable discretion in enacting professionalism in complex situations. Due to the complexity and uncertainty of the situations that professionals encounter they are not supposed to be liable to fixed procedures and pre-specified rules. They must instead exercise their expertise according to the specificities of concrete situations and their general professional outlook. It is by authority of their expert knowledge that they are given leeway to make situational specific judgements (Collins & Evans 2007). Autonomy is seen as being supported by the expert knowledge that professionals achieve through their specialized education and professional socialization (Freidson 2001). This autonomous role is still an often-repeated theme in more recent organizational theory and studies of professionals (Jespersen, 2012; Noordegraaf, 2007, 2012). More recent studies also indicate, however, that the conceptions of professionalism are changing. This is particularly the case within the so-called semi-professions (Hjort, 2004). Noordegraaf (2007) argues that the developments within the post-industrial society's neoliberal management control and user control have weakened professional autonomy. At the same time, classical professionalism is challenged by the emergence of semi-professions in welfare states (teachers, nurses, etc.). Within schools, for example, we find a new kind of bureaucracy with the NPM initiatives that is characterized by rules that regulate professionals' work. The new ways of being a professional involve discussion, dialogue, and negotiations within the organizations—all of which challenge professionals' autonomy. In his governmentality study, Dahler-Larsen (2001) argue that professional autonomy is eroded by NPM initiatives by turning the professionals into agents for political strategies. Thus, the central question of professionals' autonomy and their relationships in the organizations are framed and influenced in a new way, and new forms of cooperation between managers and professionals emerge. On the one hand, this development challenges traditional professional autonomy while, on the other hand, it leads to new opportunities to influence regulatory instruments as well as standards that are set at the organizational level. Some researchers (Brint, 1994; Noordegraaf, 2007) argue that autonomy has become more restricted since no professional can claim full autonomy in confronting present changes and regulations regarding professional work. In this regard, Noordegraaf (2007) proposes a new frame for understanding professionalism in a knowledge society. He introduces the concept of hybrid professionalism in order to understand professionals in ambiguous domains. The concept refers to the challenge that managers, especially in public organizations, are confronted with. Public sector managers, who often have the same academic background as their employees, are faced with expectations of performing management professionally (personnel management, change management, and strategic management) and at the same time carrying out vocational and operational management (Noordegraaf, 2007).

Alvesson (2004, p. 48) also argues that organizations and working life, especially within what he defines as knowledge-intensive work, consist of distinctly ambiguous phenomena: Ambiguity means that a group of informed people are likely to hold multiple meanings or that several plausible interpretations can be made without more data or rigorous analysis making it possible to assess them. Alvesson notes further that it is necessary to acknowledge this ambiguity in research. The researcher must be willing to investigate the uncertainty that characterizes actors' activities in organizations, if the aim is to reach an understanding of the professional work processes. To Alvesson (2004), we can add that change processes in organizations intensify the ambiguous situations. Searching for new understandings and new practices in organizations will lead to an intensification of uncertainty and add ambiguity. It seems that Alvesson's concept of ambiguity has a special relevance for

understanding professionals' work-life in managerial change.

## **Methodological and conceptual approach to the study of processes in practice**

### ***Ethnographic approach***

The data in this investigation was generated from three medium-sized upper secondary schools, each with 400-500 students and about 50-60 teachers (Jacobsen, 2009). The material includes two surveys, observations of interaction between teachers and managers, and 40 in-depth interviews with managers and teachers as well as an analysis of written narratives regarding reform experiences produced by the participants. The data was generated over a period of two years. This means data was generated from the first preparatory phase of the reform in the fall of 2004 until the end of the first school year with the implementation of the reform in 2006. In this period, the exploration of the responsive processes between managers and employees were guided by such questions as: What were the managers' strategies of managing at the outset? How did the teachers react? And how were the processes evaluated after one year, both by the managers and by teachers? How were the reform ideas translated in the change processes in practice?

In the pursuit of answers to these questions, the observations and interviews provided the most important approaches to the research with the aim of unfolding a detailed ethnographic study of the practices at the schools (Jacobsen, 2014). However, the survey came to play a prominent role in the dialogue with the field of research. The research was presented at each of the schools, and a researcher was present while the questionnaires were filled out. The first survey focused on the management and teachers' expectations in relation to the central changes required by the reform. The final survey was a follow-up of the reform experiences after the first year. The final survey also made it possible to validate the conclusions of the study.

Fourteen central reform and pedagogic meetings during the school year were observed in order to explore negotiations between managers and employees regarding the reform work. Two rounds of semi-structured interviews comprise the interview base in the data material. The interviews lasted one to two hours each. They were all recorded and transcribed verbatim. It might be claimed that by including interviews, an interpretation of another order was chosen than that of participatory observation (Rübow, 2003). An agreement was also made, however, to make the second round of interviews, after the observations, with the same participants after one year. In the second set of interviews, the participants reflected on their understanding of the process, and in this way, the observations could be validated.

The advantage of this design was that the recorded interviews, in transcribed form, became a reproduction of everyday life that could be analysed in ways that are not always possible in participatory observation studies. With transcriptions, it is possible to study the stream of words and make the analysis ethnographically relevant (Rübow 2003, p. 241). An example of this is an observation of contradictory practices that unfolded at the beginning of the fieldwork at one of the schools. A new level of management seemed to emerge consisting of a handful of teachers providing agendas for reform meetings and taking responsibility for the meeting processes, while formal management remained more or less invisible during the process. Interviews with the participants and thorough analysis coding and categorizing made it possible to put these tensions and paradoxes into words, as well as provide the researchers with an understanding of the context of management in this organization.

It became clear that there was a pattern and a setting in the organization that formed this way of interacting.

Integration of the interviews with the observations thus contributed to the authors' deepened understanding of the management context in the organization. The observations were from the beginning relatively unstructured; they focused on the management practices and employee reactions in connection with the implementation of reform changes. The data was coded and tested through further observations and interviews. Gradually, a higher degree of structure was achieved in both observations and interviews until, finally, new concepts and theory were developed into new insight. With this basis, it has been possible to formulate the emerging paradoxes in the practice of the organizations in relation to the organizational change processes.

Before summing up the analytical strategy in three steps, the paradox perspective is presented in the next section.

### *Paradoxes*

A paradox perspective was used in order to understand the interaction process between managers and professionals in ambiguous work situations. According to Alvesson (2004), professionals' identities are under pressure in ambiguous organizational contexts when reform initiatives transform knowledge work. To cope with the organizational tensions actors typically accentuate contradictions to render the ambiguous context intelligible (Lewis, 2000). Paradoxes are thus produced by actors as sense-making strategies. Reducing ambiguous situations to bipolar objectified paradoxes relieves cognitive and emotional tensions (even though the tensions still reside in the paradoxes).

We chose to use Quinn and Cameron's (1988) definition of paradoxes, which is often used as the basis of studies of paradoxes in organizations (Lewis, 2000; Stacey, 2003; Smith & Lewis, 2011). Quinn and Cameron (1988, p. 2) understand paradoxes as a simultaneous presence of contradictory, even mutually exclusive elements. They further specify that paradoxes contain elements that are both contradictory and connected; elements that seem logical in isolation but function irrationally together. The paradox literature usually claims that this way of seeing paradoxes, as dichotomies, can lead to simplified either-or thinking that requires a choice between the poles in the paradox (Smith & Lewis, 2011; Stacey, 2003; Lewis, 2000). An alternative to this bipolar approach, according to Wendy Smith and Marianne Lewis (2011), is to see paradoxes as comprising competing demands that must be handled simultaneously. In other words, instead of choosing between one or the other, it is necessary to take both poles into consideration. This way of thinking has a dual both-and structure (Stacey, 2003; Smith & Lewis, 2011). The bipolar as well as this dual approach, however, still carry the idea of eliminating contradictions. At the same time, these approaches have a prescriptive aim for organizational management (Smith & Lewis, 2011).

We have sought a theoretical shift that focuses attention on understanding the relational dynamics in the organizations. For this reason, we use the concept as an empirical analytical lens. We have chosen a strategy of analysis that accentuates a focus on the empirical data identifying tensions and contradiction in the interactions of the actors. The analytical strategy can be summarized in three steps.

In the first step of the analytical approach, it has been essential to maintain the rich and complex ethnographic data on the materials' own premises. The approach to this very first data processing can be characterized as phenomenological and hermeneutic, and based on Interpretative Phenomenological Analysis (IPA) as described by Smith and Osborne (2003). This phenomenological approach was used because it provided a framework for generating empirically based themes. In the second step of the analysis, there has been a focus on the tensions and contradictions



in the interactions among actors. The aim of the second step was to specify the paradoxes in the relational management processes. On the basis of the first two steps, the third step of the analysis comprises a summary of the paradox themes at each school and across the schools. Related to this, there was a focus on the actors' way of handling the paradoxes.

Using the above-described approach, we have found interaction patterns that are irregular, unstable, unpredictable, and locally constructed by the actors in practice. The strategy of analysis is not prescriptive or normative but rather descriptive. We call the paradoxes organizational when they emerge in the relationship between managers and employees and have consequences for the organizational work processes.

The results of the investigation are presented in the following sections. After a brief introduction to the organizations and management of the case schools, the paradox patterns related to the construction of the changes are presented at HTX and STX respectively. The themes presented are patterns that constitute the dynamics between the participating actors in the change processes. The first part of each school presentation focuses on managements' reflections on how the professionals can best be handled in relation to implementing the reform. Thereafter, teacher reactions to the managers' initiatives are presented, as well as their reactions to the implementation in practice of central reform demands.

## **Reform, professionals and paradoxes in practices**

### ***HTX and STX***

At the time of the investigation, the case school, STX, is an independent institution housed in its own building, whereas HTX is based in a larger organizational context as part of a technical school. HTX is thus a department with its own educational characteristics, but at the same time integrated within a larger organizational management set of values and economic responsibility. At this point, the two case schools differ organizationally, but they are similar in that the daily management is the primary responsibility of one person assisted by three middle managers. Managers at both schools are recruited according to the *primus inter pares* principle. The head of education and middle managers at HTX were formerly teachers at the school. At STX, the head of education was a teacher at a similar school, and the same applies to the middle managers. The two schools' decision-making processes are organized in different ways. At STX, decision making is delegated to a committee structure where the committee's work is based on consensus processes; they discuss until they agree. At HTX, decisions are made collectively in the Pedagogic Council after presentations by relevant working groups. The following section presents the empirical practices connected with the implementation of the reform changes in the two schools.

### ***HTX: Visible management through the backdoor***

According to the reform of upper secondary schools, transparency and supervision are keywords for the relationship between managers and employees (Reform Act, 2005). Managers are expected to contribute visible goals and frameworks for the reform effort as part of the school's holistic framework. As the basis for the preparatory reform phase at HTX, the head of education expresses his view of management by referring to the teachers' background as academics and professionals and their wish to be self-determining:

[I]n the school environment where people are mostly academics they don't like

[www.professionsandprofessionalism.com](http://www.professionsandprofessionalism.com)

anyone to decide very much for them. We can shout and scream at them, but if they see it as management, “we” [the teachers] are insulted because “we know very well how it all should be.”

The manager thus communicates that employees are alienated in relation to the management. This is in line with the traditional understanding of professionals. With this as a basic condition for management, in the perception of managers, there is little room for open and visible management at the school. Seen in relation to the picture of the autonomous professional who is represented as alienated from management, it can be a complicated task to live up to expectations for change. Therefore, a flat structure and equality seem to become essential management goals. A consequence of this approach to management, in relation to the new ideal of visible management, is that it is practised sporadically and with the notion that management has to be sneaked in. In connection with implementation of a new evaluation system, the manager states:

One can say that some of the ideas we have had about these things [reform initiatives], we sneak them in when we talk now with people about the different things that there should be. I mean, we haven’t—I mean, we haven’t forced anything that way around.

The management initiatives are thus half-hidden, but since management is necessary, it is sometimes sneaked in. The managers themselves sometimes indicate that their management is through the back door. An employee describes the school’s management by the term fluid management, explaining:

It is not especially transparent, what is happening when things are fluid ... and it is precisely right there we have the big problem. A middle manager expresses what in her view characterizes decent management ... of course, it would be possible, but it would not be decent if a manager is not also a teacher while being a manager. I mean ... I think that we should all teach.

It is managements’ assumption that it becomes much more acceptable for both managers and employees when managers are still teachers—and therefore in an equal relationship with employees. In order to manage the reform’s concrete changes that match the equality ideal at HTX, formal management chooses to enable a group of dedicated members of the staff to drive the change processes. The formal manager creates a management level of employees that often act as dedicated initiative-takers. They are appointed to act as a driving force in the change process by using “the pen and the whip,” as the head of education formulates it. In this way, the figures in the forefront of the change process remain the teachers’ colleagues and equals. The *primus inter pares* aspect constitute the way leadership is understood, even though this causes ambiguities when the reform is put into practice. The idea of a collegial community is also reflected in the managers’ way of verbalizing management. Employees are consistently referred to as colleagues, and management is described in vague biological metaphors—groups are “crystallized,” they “sprout,” “emerge” or “grow naturally” and are “dynamic.” In this way, the processes are naturalized. The exercise of transparent management, without managers being recognized as such by the teachers, leads to paradoxical practices that permeate everyday life at the school. In other words, the daily management of the reform at HTX is full of detours in order to manage via non-management.

### ***The teachers’ responsive processes***

A recurring theme from the reform implementation among the teachers at HTX is

that multi-disciplinary and team collaboration is regarded as the greatest challenge. At the same time, however, there is no doubt that the changes towards more collaboration are regarded as desirable. This view is maintained after the first year with the reform. A teacher says:

It is really good to make such collaborative projects. We are forced into connections that we would probably not have chosen by ourselves. It is very motivating, and you can feel that the students are motivated as well. Collaboration has been much better, but not easier.

The new collaborative processes seem to live up to expectations. But they also result in unexpected challenges that have to be met underway. The fluid management results in managers not necessarily reacting when employees seek management. In relation to a conflict involving cooperation among teachers in two disciplines at HTX, the ball is tossed back to management when employees request intervention. The chairman of one of the disciplines submits a written complaint about the way the new student courses have been developed on the group's behalf. He writes that when technology is the only discipline that is delegated responsibility for the coordinating dimension of a new course it causes dissatisfaction in relation to other disciplines. This has led to a technology course where the other disciplines just trail along because the technology teachers will not cooperate. It turned out, however, that this concerned a challenge to collaboration that had long been thematized, but it was reinforced by the reform's obligatory demand for collaboration. The demand for collaboration also made the need for management support in the difficult new collaboration processes visible. This need was not met, however, since the manager never answered the complaint. According to the chairman of the social science group, such absence of management leads to the formation of unofficial and very unpleasant power constellations between colleagues:

[W]e get these unofficial power constellations—strong teachers, weak teachers. Who is good at keeping the others down? It can't be right that we have to sit and quarrel with colleagues and correct one another.

In this way, an organizational paradox emerged in the relationship between manager and employee that had consequences for the change process. The ambiguous situation let managers' refrain from managing on the basis of the assumption that teachers' autonomy should be protected, while the teachers seek more management in relation to the difficult aspects of the change processes. In this situation, an organizational deadlock arises that in this context could be called a *primus inter pares* deadlock, in other words, a situation in which each part reacts to the other part in such a way that a mutual, but for both parts unsatisfactory, interaction pattern is maintained (Spencer & Dale, 1979).

The reform's obligatory demand that teachers are no longer to see themselves as individual teachers but to understand themselves as employees in an organization is a mixed experience for the teachers at HTX. As the preceding section illustrates, the reform lived up to the positive expectations in some important areas. After the first reform year, however, there are still concerns regarding team collaboration. A comprehensive administrative responsibility is laid onto the team structure. During the first year with the reform, teachers experienced extra team tasks to be very time-consuming and create problems on a daily basis. One teacher recounts an aspect of the reform that what worries her/him the most: It is the all-encompassing registration of everything, especially study plans, both the intended plans and the realized ones. That's really what everyone is talking about, what everyone hates, and almost no one can see the point of.

The descriptive work introduced by the reform in order to create cohesion in the organization—and as a result, better teaching—is experienced by the teachers to

draw attention away from the job of teaching because of the administrative overload. Ambiguous situations like these also cause the employees to seek more management, as a need for support arises in relation to team collaboration work. An interview with the head of education about the challenge of team collaboration makes it clear, however, that the strategy for daily practice in the organization is that it is to continue to be as flat as possible. This means that the team's functions and the distribution of responsibility will not be outlined further. Structures for team collaboration are lacking, and the fluid responsibility is continually debated in the teams.

### ***STX: Visible management and discrete control***

At STX, all managers teach, based on the assumption that the distance between manager and teacher must not be too wide, and the managers have no doubt that this is the way it should be. It is considered important to put "your finger in the ground," as one manager expresses it, and remain connected with teaching. The head of education also provides insight into the reasons managers seek to level out the differences between managers and teachers:

[T]he school environment is very resistant to management—or not resistant, but distant. We [the teachers] prefer as little management from outside as possible. From outside—that's me! From outside, that is everything but the teachers themselves. This kind of ambiguity regarding management is very difficult to deal with.

The ambiguity articulated in the above quotation can be regarded as the double-pressure that is experienced when having to navigate between the reform's demand for visible management while at the same time ensuring a close collegial relationship with the teachers. In practice, management at this school agrees that an important aspect of their work as managers is managing through communication. One of the school's managers describes his management as follows:

To me, management is dialogue, and dialogue, and more dialogue. I have some more or less loose ideas about value-based management that it is through conversation and definition of common values that we achieve our goals. That's my general idea as a manager. I am not the type that issues orders at all. As a manager, you have to have a great deal of empathy, to know what is going on in the individual teams. You need good communication skills, and you must be very flexible.

The same manager states that employees must be pushed, but without feeling that they are being managed or constrained by the manager. Management is vaguely defined as: "the intuition of knowing when to intervene as administrator. In other words, help and guide without it being felt like management. I am actually there just to push the process further ... and this is what I feel is the really big job."

To the question of how, with a very wide independence margin, it is possible for a manager to follow up on the work being done, she/he answers that this is, of course, done by asking questions. The teachers cannot be placed under surveillance; on the contrary, trust is essential. At the same time, however, there is a need for some control. It should be carried out, but discretely: "We follow up on the formal things that are done. Are the things on the website like it should be on the website? You can control these things very discretely."

At HTX, management is implemented through the backdoor; at STX, managers do follow up on the reform initiatives, but discretely and invisibly. The ideal management keeps a low profile and emphasizes equality in relation to the employees. Managing in this way, while also living up to the demands for more

visible management, thus becomes a paradox at STX—a paradox that leads to other related paradoxes in the organization. Also here, there are parallels to the dynamics at HTX.

### *The teachers' responsive processes*

After the first period with the implementation of multi-disciplinary collaboration in practice, the teachers were asked about their experiences. The interviews reflected a dominant pattern. New opportunities to work with colleagues were considered one of the best aspects of the reform, but collaboration was not without problems. One teacher summarizes the experiences in this way: "It is positive and irritatingly difficult." Closer investigation of the positive aspects shows that collaboration is experienced to be connected with a social dimension, and in connection with this, a supporting collegiality and professional exchange that replaces the former competing collegial relations. A teacher explains:

I think it has been extremely rewarding that we as teachers can now receive professional inputs from each other and now we don't just sit at home and prepare the individual lesson. We develop our professional understanding together, instead of just having a meeting and a chat once in a while to show how much cleverer we are than the others.

It seems that the need for professional feedback is legitimized by the reform's demand for multi-disciplinarity. In the discussion about forming groups for the multi-disciplinary collaboration, however, it also becomes clear that there are different ways of tackling this process. The process was characterized by a great deal of anarchy and discomfort. A teacher explains:

[B]ut there will always be some who remain outside the groups; you can't just decide to join. In addition to having our class team, some teams stick together because they work well together. They will quickly decide what a course should be about, and then others just can't be part of it.

The multi-disciplinary work processes were left to the teachers' self-organization, and they stated that the process suffered from a lack of coordination and shifts in responsibility from one person to another. It all ended well, but this was a result of alliances that arose by chance. One teacher expressed the feeling that the managers seemed to lack management tools for intervening when problems arose in the organizing of the collaboration. The lack of management tools is a possible interpretation of the absence of management. However, it is also possible that the managers refrained from suggesting a structure for the work for fear of seeming controlling in what they call the independency culture. In any case, it is clear that the teachers wonder about the lack of management; and at STX, the teachers express anger about what they interpret as the managers' misinterpretation of the employees' needs. Seen from a teacher perspective, it is a misinterpretation of the need for management, when managers manage problems by inviting an external lecturer to whistle about management, teams and willingness to adapt, etc. As one teacher expressed it during the reform practice phase, this is an insult when we are in need of management that listens and helps to structure the collaboration processes.

The managers thus step aside out of respect for the need they assume the teachers have for self-determination. As a result, the lack of management at STX in regulating the collaboration is experienced as a management vacuum. This causes the employees' feelings of anger and frustration. The managers simply refrain from managing, while the staff demands more management. This paradoxical situation leads to an intensified polarization in the patterns of interaction and the dynamics



that support the development of bipolar meanings at this school.

## **Primus inter pares—paradoxes, deadlocks, and detours in practices**

This section summarizes the changes with a focus on the paradoxical dynamics of the management practices. Thus this research contributes to the theorization of school management by specifying the content and unfolding the paradoxical struggles and coping strategies that management in contemporary school changes are involved in (Helstad & Møller, 2013; Vennebo & Ottesen, 2012).

At both HTX and STX, primus inter pares management seems to be the dominant basis for management. This has important implications for the change processes in the organizations. Ambiguous situations led to almost identical paradoxes at the two schools, resulting in similar dynamics but with local variations. Based on the empirical analysis, we find that in the school context, the reform's demands put primus inter pares management into play, resulting in the following paradoxes at the two schools:

- A paradox of management visibility and equality;
- A paradox of visible management control and teacher autonomy;
- A paradox of visible management and self-management in teams;
- A paradox of visible management and empowerment in flat structures;
- A paradox of visible management and opaque communication.

The assumption that professionals see themselves as autonomous—and therefore alienated in relation to management—makes the managers prioritize managing while also ensuring a flat structure and equality along with a not too visible management. Management is sneaked in, is discrete, even though the reform stipulates visible management. The first and basic paradox emerges here between management's visibility and the goal of equality, a paradox that results from the leaders' double pressure between traditional vocational and operating management and the new professional management. The second paradox reflects managers' efforts to follow up on the teachers' reform work, by means of invisible control. The managers understand avoidance of control and maximum freedom as central management strategies, based on their assumption of a strong independency culture.

However, the wish expressed by teachers at both schools is for more management support in the processes that involve difficult new forms of collaboration. The reform's challenging demands related to collaboration processes result in a third paradox of visible management and self-management in teams. The intention is that the teachers should enter into work in teams in order to establish multi-disciplinary collaboration. The teachers are generally positive about these changes, but they express the need for management in supporting and facilitating the change processes, and sometimes even intervention by management. Regulation of the new collaboration processes is placed between adjustments made by employees and adjustments made by managers. According to the teachers, a management vacuum occurs when the processes are not guided. At both schools, the ambiguous situation appears to cause unsatisfactory interaction patterns.

At STX, this leads to strong bipolar tensions after the first school year with the reform. At HTX, it even comes to deadlocks in the organizational processes. Nevertheless, it should be stressed that the collaboration stipulated in the new reform is still evaluated positively by the teachers. Based on the empirical analysis presented in this article, the interaction patterns are found to illustrate that teachers' traditional autonomous practice has undergone change.

A fourth paradox emerges during the reform processes at both schools—that of

visible management and empowerment in flat structures. At STX, management becomes more acceptable both to teachers and to the managers themselves, because the managers are former teachers. This is also the case at HTX.

When management must be invisible, indirect communication becomes a central element in the management efforts. This kind of communication reflects ambiguous and opaque dynamics, and in this connection, a fifth paradox emerges in the schools: a paradox of visible management and opaque communication. At STX, managers agree that management of the demanding change processes is best carried out through well-chosen communication strategies. This is also reflected at HTX by the managers' use of biological metaphors when speaking about management. The metaphorical language functions as a kind of black box, which provides the managers with the chance to manage without being too visible. Fluid management is the most descriptive term for the kind of management practiced at HTX, where a very creative detour is used to manage with non-management.

With the paradox analysis, the *primus inter pares* aspect of managing professionals is brought to the fore. To accommodate and alleviate the tensions brought about by the ambiguous situations the teachers and managers construe paradoxes: bipolar reductive representations of ambiguous situations. As earlier mentioned, the concept of hybrid management has gained impact in recent theoretical discussions of public management (Noordegraf, 2007) and in line with this Alvesson (2004) has proposed the concept of ambiguity. These concepts have, however, so far only been used to a limited extent, to describe how management is carried out in everyday practice. Our conceptualization of paradoxes thus builds upon Noordegraf's and Alvesson's insights and contributes to the theorization of management. In our study, we have drawn attention to the way management evolves from a relational perspective, and we have seen management as a conjoint action with the employees. In this way, it has been possible to maintain a focus on situated management practice rather than on the individuals. We have constructed a research perspective and position emphasizing the complexity and the generation of rich empirical material at the expense of generalizations, normative categories and causality. Thus we contribute to the literature on shared and dispersed forms of management in school settings by shedding light on tensions and paradoxes related to school management (Bolden, 2011; Helstad & Møller, 2013; Spillane et al., 2015; Vennebo & Ottesen, 2012). The analysis specifies the content of what *primus inter pares* management is struggling with when interacting with professionals and it specifies how the interactive work processes unfold. Thus the findings of the article add to the insight of the ambiguous work processes of practices in school management in NPM transition by unpacking tensions and paradoxes that have not previously been specified.

## **An ethnographic approach and the paradox concept revisited**

This final section briefly returns to the ethnographic approach, and the paradox concept used to investigate change processes in this article. The aim has been to study the changes in a relational and dynamic perspective. We have used the concept as a heuristic approach to a detailed ethnographic analysis of the data material, with a focus on understanding how professionals cope with and manage ambiguity. On the basis of the empirical data, it should be noted that the concept of autonomous professionals constitutes the basis for the view of management at the two schools. When formal management is under pressure by the reform changes and moves toward the new management paradigm of transparent, goal-setting, strategic and personnel management, the ambiguous processes become reflected in paradoxes, deadlocks and detours in the managers' efforts. The use of paradoxes as an analytical

lens provides the opportunity to investigate heuristically the meaning attributed by actors to tensions, and the way they were handled in practice. The ethnographic approach maintains sensitivity in relation to the generated data, which provides an opportunity to see the complexity in the professionals' ambiguous working life. Combining ethnography with a concept of paradox allowed insight into the professionals' practices and thus in the *primus inter pares* management in practice. In this way the approach represents a promising possibility for gaining further insight into change processes by doing justice to the ambiguous and paradoxical work processes.

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**Splagchna Ngoni Chikarara**

## Barriers to Professional Recognition: Experiences of Zimbabwean Engineers in South Africa

**Abstract:** This paper discusses the challenges faced by Zimbabwean engineers as they strive for professional recognition in South Africa. A case study of Zimbabwean engineers is used as an example to explore how a South African professional association dealt with an inflow of migrant professionals from within the African continent. Data was collected through semi-structured individual and group interviews. The findings reveal that the process to become a licenced professional engineer was ambiguous, highly subjective, unnecessarily long, and complex. Furthermore, the Engineering Council of South Africa's re-accreditation process under-valued their working experience and educational qualifications. Despite being employed in very senior positions for at least three years at the time of the interviews, the participants in this study were not registered as professional engineers. Thus, I argue that the Engineering Council of South Africa is mainly concerned with protecting the interests of the powerful elite in the profession.

**Keywords:** Engineers, ECSA, skills shortages, professional recognition, migrant professionals, South Africa, Zimbabwean engineers

Immigrant professionals often provide migrant-receiving countries with a quick-fix to skills shortages. However, their inflow in large numbers often presents professional associations with many challenges. On the one hand, ensuring that migrant professionals are adequately trained and qualify to practice in their field of expertise is a real challenge (Hawthorne, 2002). On the other hand, professional associations jealously guard the supply side of the labour market for their members in order to ensure high salaries for them (Willmott, 1986). A sudden influx of immigrant professionals threatens to flood the supply side of the labour market and would potentially result in the reduction of salaries and status. Therefore, under-valuation of qualifications, as well as under-utilization of foreign-trained professionals, is commonplace in migrant-receiving countries.

This paper discusses the difficulties experienced by Zimbabwean engineers as they strove for professional recognition by the Engineering Council of South Africa (ECSA). The research question for this study was: What are the challenges faced by migrant Zimbabwean engineers seeking professional recognition in South Africa. The paper offers fresh insights into the debate on occupational closure from the standpoint of migrant professionals. The paper is structured as follows. First, I present the theoretical perspective that shapes the analysis presented in this paper. This is followed by a review of the literature on migrant professionals and professional

*Splagchna Ngoni  
Chikarara,*  
University of  
Pretoria,  
South Africa

**Contact:**  
*Splagchna Ngoni  
Chikarara,*  
University of  
Pretoria,  
South Africa  
[schikarara@gmail.com](mailto:schikarara@gmail.com)

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associations in migrant-receiving countries. In addition, brief contextual background in which migrant professionals in this study interacted with ECSA is sketched. Thereafter, I present and discuss the key findings of this study and the paper concludes with a few recommendations.

## **Professional associations as political bodies**

In conjunction with aggregate theoretical insights on professions discussed later in this section, the analysis presented in this paper draws primarily from Willmott's (1986) theoretical approach, which takes professional associations as political bodies. He contends that we tend to decontextualize and depoliticize the existence of professional associations. Situating the actions of pioneers of professional associations in the wider political context reveals that selflessness and dedication are not the main drivers of professionalism. To the contrary, the core function of professional associations is to "define, defend and enhance the symbolic and material value of their members' skills" Willmott (1986, p. 559). Ultimately, the success of professional associations depends on its ability to advance the interests of its membership. Professional associations portray themselves as trustworthy, independent, and dependable in a bid to camouflage their political nature. While they may perform a necessary quality control function, professional associations tend to manipulate labour supply in thereby raising the wages of their members (Willmott, 1986).

It is important to underline, at this point, the fact that professional organizations are formed and developed within relations of power that they seek to shape as well as exploit (Willmott 1986). Hence, to consolidate their power from the beginning, professional associations seek to gain the recognition and confidence of their clients. To that end, they impose strict and meritocratic conditions of entry into the profession. This is usually followed by a lengthy period of apprenticeship, incorporating a rigorous examination of competence (Willmott, 1986). While regulating the quality of professional expertise, professional associations use the collective monopoly of power of their membership to create demand for their services. They do so by acting as pressure groups to influence the climate of opinion and discretely lobby for certain services that they provide to become mandatory by law (Willmott, 1986).

From the time of their formation, professional associations persuade the state to grant them the legal authority to operate as self-regulatory organizations. With time, professional associations become institutionalised as law-proposing mechanisms and eventually constitute preliminary arenas of public lawmaking in their own fields. Members of these associations also play an important political role. For example, the pursuit of policies by officers of an association can be constrained and checked by the formal democratic procedures for electing officials. In some instances, they have the right to vote on and dismiss policy recommendations made by officials. This becomes an especially pressing issue when the membership of an association is internally segmented (Willmott, 1986).

The sociology of professions has not been static since Willmott's (1986) work. For example, Pavalko (1988), Evetts (2003), as well as Bourgeault, Benoit and Hirschhorn (2009) made important theoretical contributions to this field. Reviewing these contributions shows that, on the one hand, professions are portrayed as selfish occupations seeking maximum rewards for their services and, on the other hand, they are also viewed as altruistic occupations interested in protecting standards of professional services and the interests of their clients (Crompton, 1990). This paradox is well captured in Evetts' (2003) critical discussion on professionalism. She contrasts two theoretical approaches to the study of professions namely professionalism as a value system and professionalism as an ideology. Professionalism as a value system approach hinges on the importance of "functional specificity, restriction of the power domain and the application of universalistic, impersonal standards" (Evetts, 2003, p.

400). This approach further emphasizes the importance of professional associations as a means through which a common identity in a particular profession is forged and reproduced. Proponents of this approach hold the view that a common educational background, vocational experiences, and professional training are the building blocks for a successful profession (Evetts, 2003).

In contrast to the aforementioned claims, professionalism as an ideology approach holds that professions are camouflaged powerful, privileged, and self-interested monopolies. Most critical is the argument that professions do not only close markets, dominate, and control other occupations in their field but “could capture states and negotiate regulative bargains with states in the interests of their own practitioners” (Evetts, 2003, pp. 401-402). This leads to an occupational closure. According to Weber (1922/1978), occupational closure occurs wherever legal and normative barriers restrict the supply of labour to a specific labour market position in order to protect those who already hold such positions from external competition. There are at least two traditional ways to achieve this. The first is through the restriction of access to opportunities to receive academic training in a particular field of specialisation. Secondly, closure can be achieved by restricting the supply of labour that can legally practice the tasks that are under the particular jurisdiction of that occupation. In both cases, the result is that trained workers remain in short supply (Bol & Weeden, 2015; Weeden, 2002).

With state backing, professional bodies issue licences that allow licence-holders exclusive rights to practice a set of skills or to use a particular occupational title. Supplementary requirements such as paying annual membership fees, accepting a code of ethics and conduct and demonstrating competence are imposed in addition to a set minimum academic qualification for licensure. These requirements are often set by professional bodies giving them indirect control over the number and qualities of licensees (Bol, & Weeden, 2015).

## **Professional bodies and migrant professionals**

Professional associations invariably struggle to assess and accredit foreign-trained professionals for licensing purposes (see Duvander, 2001; Girard & Bauder, 2007; Hawthorne, 2002; Groutsis, 2003; Hawthorne, 1997; Chapman & Iredale, 1993; Kesler, 2010). This results in discrimination against migrant professionals especially those coming from countries where little is known about the training they have received. Thus, while temporarily alleviating skills shortages immigrant professionals are often marginalised and underutilised. Rigidities in the accreditation process that is often stipulated for by professional associations also compound the problem further.

Where there are no easily readable and comparable degrees, the question of whether or not foreign-trained professionals should be granted professional recognition continues to generate heated debates in migrant receiving countries. The difficulties of transferring and evaluating qualifications obtained from a different place further complicate the matter (Hawthorne, 2002). The intended and unintended consequences of professional bodies’ attempts to assess foreign-obtained qualifications are well documented (Chapman & Iredale, 1993; Hawthorne, 1997, 2002; Groutsis, 2003). Girard and Bauder (2007) argue that the systemic discrimination of migrant professionals is largely an “unintended” consequence of the application of rules and procedures that are not deliberately designed to discriminate against anyone. However, I argue that the marginalization of foreign-trained professionals on the labour market is not necessarily unintentional. It is important to note that professional associations are not politically neutral entities (Willmott, 1986). To the contrary, they actively protect the prestigious status and financial interests of their members. For

instance, Duvander (2001) contends that self-regulating professional bodies in Sweden insist on immigrant professionals obtaining Swedish qualifications before they can be licensed yet, even after obtaining Swedish qualifications they remained under-utilized and unlicensed.

In Australia, professional bodies in professions such as engineering, nursing, and medical doctors were experiencing difficulties to “fairly” accredit the qualifications of skilled migrants from non-English speaking countries. As a result, engineering and nursing professions decided to include competency-based assessments. This move has been praised as a way of democratizing skills recognition via a simple principle that: If you are competent to carry out your job—you qualify for professional recognition (Chapman & Iredale, 1993; Groutsis, 2003; Hawthorne, 1997, 2002).

Allsop et al. (2009) conducted a cross-country study comparing the experiences of migrant professionals in Canada, Finland, France, and the UK. They found that contrary to scholars that argue that there is negative discrimination against foreign professionals by local professional associations, engineering as a profession operates within an international labour market. They claim that due to a shared language base within engineering, mobility is expected as part of an engineer’s professional career. Therefore, engineers in the countries mentioned above have considerable freedom to choose where they work. For Allsop et al. (2009, p. 492), “specialist experience, rather than initial credentialing, is important in career progression and national professional regulators play a smaller role.”

The easy mobility and integration of migrant professionals in the European countries studied by Allsop et al. (2009) is largely because the European Union has been pushing for easily comparable degree programs within the region. In response to the increased global competition for scarce skills member countries of the European Union (EU) pool resources together. In order to minimize unintended discrimination against professionals trained in all its member states, the EU developed and launched “easily readable and comparable degrees especially in relation with their use on the labour market” (Augusti, 2005, p. 419). This makes the transnational recognition of educational qualifications much easier as well as improves quality assurance.

However, it is problematic to say the same about Canada because its integration policy has come under heavy criticism by migration scholars (see Boyd & Schellenberg, 2008; Boyd & Thomas, 2001; Girard & Bauder, 2007). For example, Beynon, Ilieva and Dichupa (2004, p. 429) note that foreign-trained teachers immigrating to Canada are viewed as “desirable” for their high levels of education, yet they are still required to redo their professional training upon arriving in the country. This often proves to be a barrier to the full utilization of their skills.

The following sections provide a specific South African context in which the phenomenon under study took place. This is divided into two historical periods. The first looks at the period before South Africa’s transition to democracy in 1994 and the second looks at the period after 1994. This is followed by a brief history of ECSA and its functions.

## **Skills shortages under apartheid**

The Apartheid regime was bent on skilling whites, especially white men and its immigration policies were designed to attract skilled workers from Europe. This was regarded as a “cheaper” option to “relieve” the skills shortages rather than train black South Africans (Callinicos, 1987; National Manpower Commission of South Africa, 1987, p. 33). Thus, European countries were viewed as sources of skilled workers, while neighbouring countries were viewed as sources of cheap unskilled labour for the mining and agricultural sectors in South Africa (Crush, Jeeves & Yudelman, 1991). One of the factors that contributed to skills shortages is that during apartheid

the state ensured occupational closure of professions, including engineering, along gender and racial lines (Bonnin & Ruggunan, 2013; Jawitz, Case, & Tshabalala, 2000). Occupational closure for black South Africans and women significantly reduced the pool of skilled workers, which led to qualitative and quantitative skills constraints. Women, in particular, were under-represented in occupations requiring high levels of skill and the few that got in such occupations had limited access to training opportunities (Moleke, 2004).

However, the transition from “Fordism” to “flexible accumulation” in the 1980s necessitated the shift from the emphasis on a semi-skilled labour force to a highly-skilled labour force (Gelb, 1991, p. 17). This happened against the backdrop of an education and vocational training system that was purposely designed to equip black South Africans with skills primarily applicable to rural agricultural contexts or the routine work at the mines and the factory floor (Paterson, 2004). These factors combined led to a situation whereby the supply side of skills was outstripped by demand.

### **Skills shortages and policy responses after 1994**

Despite transitioning to democracy in 1994, South Africa continued to face acute skills shortages in key professions including engineering. A number of factors such as economic growth, emigration of skilled workers, a poor schooling system, low throughput of engineering students at universities, and negative reactions to transformation policies by white workers are responsible for the skills shortages (Du Toit & Roodt, 2009; Lawless, 2005; Rowe, 2009).

Following a long period of low demand for civil engineering and construction services which decimated the industry’s skills capacity, the South African construction industry boomed between 2002 and 2010 (Lowitt, 2007; Parker, 2009). This led to increased demand for engineers, stretching an already depleting pool of experienced engineers. The situation was compounded by the increase in emigration of highly skilled workers, who are predominantly white men, to more economically advanced countries in the global North (Wocke & Klein, 2002; Rowe, 2009).

The skills shortages in post-apartheid South Africa often reached debilitating levels. For instance, according to a 2006 report by the South African Association of Consulting Engineers (SAACE, 2006), 92% of surveyed construction firms were failing to fill engineering posts. The South African public sector was amongst most severely hit. For example, SAACE (2007) claimed that 79 out of 231 municipalities in the country failed to fill more than 1000 vacancies for civil engineers, technologists and technicians.

The post-1994 South African government undertook various steps to promote skills development. For example, the Skills Development Levies Act, No. 9 (1999) and the Skills Development Amendment Act, No. 31 (2003) were enacted for that purpose. As a result, 25 Sector Education and Training Authorities (SETAs) were established to cater for skills development (Martins, 2005). Despite a seemingly good start, there were loopholes in the system including issues of corruption and mismanagement of funds. Hence, the SETA system was largely regarded as an administrative nightmare and costly to run (Lee, 2002; Martins, 2005).

Furthermore, the Joint Initiative for Priority Skills Acquisition (JIPSA) was established in 2006. This was a joint partnership between the government and the private sector aimed at developing local skills (Lowitt, 2007; Parker, 2009). In 2009 JIPSA was expanded into a nation-wide Human Resource Development Strategy of South Africa (HRDS-SA). The HRDS-SA was aimed at creating a broad-based focus on developing skills and training initiatives at all levels in the country while seeking to align the supply of skilled labour with the demands of the labour market (Parker, 2009). These efforts were met with uneven success. There have been significant positive changes, but new forms of racial structures of power informally operate in the



post-apartheid South African labour market and the workplace (Burger & Jafta, 2006).

In addition, as a response to the general skills shortages in the country the Immigration Act No. 13 (2002) was passed. The Act was aimed at “setting in place a new system of immigration control which, ensures that” the South African economy would have “access at all times to the full measure of needed contributions by foreigners.” Thus, in principle, the South African immigration policy, since 2002 was geared towards attracting skilled workers from other countries to fill in the skills gaps in the country. The Department of Home Affairs as cited in Lowitt (2007, p. 22) confirmed the issuing of 35 000 quota work permits by 2007 of which 12 000 were related to civil engineering and construction skills.

Despite the passage of immigration, Act that is, at least in principle, favourable to the inflow of foreign-trained professionals the government was still criticized for half-heartedly implementing it (see Bernstein, 2001; Bernstein & Schlemmer, 2000; Lowitt, 2007; Wocke & Klein, 2002). However, what is missing from this criticism of the state is the role played by the professional associations such as ECSA. Nonetheless, the relative relaxation immigration laws to allow skilled migrants to move into the country coincided with a rapid deterioration of the Zimbabwean economy. Thus, hundreds of Zimbabwean engineers moved to South Africa in search for better-paying jobs. However, they found themselves marginalized and underutilized as they struggle to get professional recognition by joining ECSA.

## **ECSA: A brief history and its mandate**

The engineering profession in South Africa became a self-governing profession in 1968 with the passage of the Professional Engineers Act, No. 81 (1968). The South African Council for Professional Engineers (SACPE) was established. However, this did not happen overnight. As early as the late 19th century, there were numerous attempts to make engineering a self-regulating profession. Fundamental disagreements within the different strands of engineering made it very difficult to organize South African engineers under one professional body. In addition, the existence of different and competing perceptions from the state, educational institutions as well as individual engineers repeatedly derailed the efforts to establish an umbrella professional body (Gericke, n.d; Kruger, n.d).

The SACPE was renamed to the Engineering Council of South Africa (ECSA) following the passage of the Engineering Profession Act, No. 46 (2000). This Act makes provision for three types of engineering professions in South Africa, namely, engineers, engineering technologists, and engineering technicians. A four-year Bachelor of Science Degree in Engineering (BSc Eng) or a Bachelor of Engineering (BEng) from a university is required for registration as an engineer. An additional three years of experiential training is required to be registered as a professional engineer. A technologist must hold a Bachelor of Technology (BTech) from a university of technology. Technicians are required to have a National Diploma (NDip) from a university of technology (Du Toit & Roodt, 2009). Thus, individuals can be registered as members of ECSA in the following ranked categories:

1. Candidate/Professional Engineer
2. Candidate/Professional Engineering Technologist
3. Candidate/Professional Engineering Technician

One of the most critical provisions of the Engineering Profession Act (2000) is enshrined under section 26 of this Act, which mandates ECSA to reserve certain engineering work exclusively for certified professional engineers. Furthermore, ECSA’s jurisdiction to act in the public’s interest extends beyond registered persons. Its legal mandate also includes accreditation visits to accredit programmes offered

by other institutions apart from universities and technikons.

Over the years, there has been a decline in ECSA engineer registration and an increase in the registration of the lower categories of technologists and technicians (Du Toit & Roodt, 2009). It is important to note that registration with ECSA still remains voluntary (Du Toit & Roodt, 2009). Thus, foreign-trained engineers, as well as locals, can be employed without being registered with ECSA. However, they must be registered in order to perform certain engineering tasks and to get more lucrative consulting jobs. Thus, this study sought to address the following research question: What are the challenges faced by migrant Zimbabwean engineers seeking professional recognition in South Africa?

## Design and methodology

This paper reports the findings of a qualitative case study. This approach was chosen for its ability to enrich understanding by explaining in a nuanced fashion the otherwise unknown or covert aspects of social life (Denzin & Lincoln, 1989). Hence, the focus was on the perceptions of the participants who experienced the phenomenon under study. However, the explanations and interpretations presented in this paper were informed by the understanding of the context in which interactions between participants and ECSA took place.

### *Sampling and the profile of participants*

Two non-probability sampling techniques, namely purposive and snow-balling were employed. Brewer and Hunter (2006, p. 93) describe purposive sampling as a “claim on the part of the researcher that theoretically significant, not necessarily statistically significant, units are selected for study.” Thus, this case was made up of academically qualified Zimbabwean engineers who were employed in one provincial government department in South Africa. Snowball sampling was particularly useful for this study because there was no readily available official register or list of names that specifically captured the target population for this study.

The sample comprised of twelve participants: ten men and two women between the ages 31 and 43 who had been working in South Africa for a minimum of three years between 2006 and 2011. Furthermore, they all had more than three years working experience in Zimbabwe. Nine participants held Honours Degree in Engineering, and three had Diplomas in Civil Engineering. With regard to registration with ECSA, three were non-members and nine were registered as candidate engineers (see Table 1 below).

Table 1  
*Profile of participants*

Respondent	Age	Gender	Highest Zimbabwean Engineering Qualification	Working Experience (Zimbabwe)	Working Experience (South Africa)	Job Title	ECSA Membership
Jones	43	M	Diploma in Civil Engineering	16 years	3 years	Deputy Chief Engineer	Candidate Engineering Technologist
Orbert	39	M	Diploma in Civil Engineering	6 years	4 years	Deputy Director	Rejected

Silvia	37	F	Diploma in Civil Engineering	5 years	3 years	Deputy Director	Rejected
Chinotimba	38	M	BSc Honours Degree in Engineering	6 years	5 years	Specialist Engineer	Candidate Engineer
Nicky	39	M	BSc Honours Degree in Engineering	8 years	4 years	Specialist Engineer	Candidate Engineer
Joe	35	M	BSc Honours Degree in Engineering	4 years	5 years	Chief Engineer	Candidate Engineer
Keita	31	M	BSc Honours Degree in Engineering	3 years	4 years	Specialist Engineer	Pending
Muranda	35	M	BSc Honours Degree in Engineering	6 years	4 years	Chief Engineer	Candidate Engineer
Tineyi	31	M	BSc Honours Degree in Engineering	3 years	5 years	Chief Engineer	Candidate Engineer
Maromo	31	M	BSc Honours Degree in Engineering	3 years	4 years	Deputy Director	Candidate Engineer
Forward	33	M	BSc Honours Degree in Engineering	4 years	5 years	Deputy Director	Candidate Engineer
Nancy	41	F	BSc Honours Degree in Engineering	10 years	5 years	Chief Engineer	Candidate Engineer

### ***Data collection***

Data was collected through eight semi-structured individual interviews and one focus group interview comprised of four participants. The researcher used an interview guide, which contained thematically arranged open-ended questions. The lengths of the individual interviews ranged from 45 to 90 minutes, and the group interview lasted for 90 minutes. The interviews were conducted in such a way that the participant's perspective on the phenomenon of interest unfolded as the participant views it, not as the researcher viewed it (Marshall & Rossman, 1995). All the interviews were audio recorded. In addition to the audio recordings, handwritten notes on non-verbal communication and the surrounding environment were taken. These notes also included comments on the interview overall that were useful during the final analysis.

### ***Data analysis***

After all the interviews had been completed, the interview recordings were played back and meticulously transcribed and checked, after which the data analysis process commenced. The analysis was not done to provide statistical summaries but to discover variations, portray shades of meaning, and examine complexities of the phenomenon under study (Rubin & Rubin, 2005). The data was analysed following a model outlined by Rubin and Rubin (2005). In line with this approach, the following overlapping steps were followed:

1. *Recognition*. With all the transcripts prepared the researcher looked for concepts, themes, events, and topical markers in the interviews.
2. *Clarification*. At this stage, I systematically examined the different interviews to clarify what is meant by specific concepts and themes.
3. *Initial synthesis*. Here, I carefully synthesized different versions of events in order to put together my understanding of the overall narrative.
4. *Elaboration*. As I clarified and synthesized concepts, themes, events, and topical markers in the interviews new concepts and themes emerged. Thus, the

themes set out in the interview guide were compared to and collated with those emerging from the data set. In other words, inductive and deductive methods were used to complement each other.

5. *Coding*. This was done by assigning brief labels and highlighting them in different colours thereby classifying and distinguishing them. Hence, all data units with the same label were grouped together. In addition, I created and kept memos containing notable quotes throughout the research process.

6. *Final synthesis*. At this stage, I combed through the coded data to knit together the links and subtle differences between and within the interviewees' experiences of the phenomenon under study. These shaped the overall narrative reported in this paper.

### ***Limitations of this study***

In view of the small sample size for this study, the findings of this case study should not be blindly generalized; they remain specific to the "case" and may only be applicable to other cases of the same type (Kumar, 2005, p. 113). However, the findings presented in this paper can be useful in stimulating debate on the subject under study and as a basis for a large-scale study of this phenomenon.

## **A struggle for professional recognition**

As shown in Table 1, eight out of the nine participants who had Zimbabwean engineering degrees were registered with ECSA as Candidate Engineers. The least experienced of these eight had a total of seven years of work experience: three in Zimbabwe and four in South Africa. The most experienced had a total of fifteen years work experience: ten in Zimbabwe and five in South Africa. One participant with a Zimbabwean degree and a total of seven years working experience, three in Zimbabwe and four in South Africa, was still waiting for the outcome of his application more than a year after submission. Only one of the three participants who had Zimbabwean Diplomas was registered as a Candidate Engineering Technologist. He had a total of nineteen years work experience: sixteen in Zimbabwe and three in South Africa. The other two participants had been refused registration. Of these, one had a total of ten years work experience, six in Zimbabwe and four years in South Africa. The other had a total of eight years of work experience, five in Zimbabwe and three in South Africa.

As stated earlier, there are three different categories in which engineers can be registered with ECSA: Engineer, Engineering Technologist, and Engineering Technician. Each category has a stipulated basic educational qualification required for registration. An additional three years of working experience is required to be registered as a Professional Engineer or Engineering Technologist. Engineering Technicians need one-year working experience (Du Toit & Roodt, 2009). For registration purposes, ECSA (2011a) grades qualifications into three categories. The first is for ECSA accredited qualifications from local universities. The second caters for international qualifications recognised under three different accords that ECSA is a signatory: the Washington Accord (for BEng Degrees), Sydney Accord (for BTech Degrees), and the Dublin Accord (for National Diplomas). The last category is simply called "other qualifications," these are qualifications that fall out of the ambit the aforementioned categories (ECSA, 2011a; n.d-a). While ECSA readily accepts qualifications in the first two categories, applicants with qualifications that fall in the last categories face a cumbersome educational evaluation process with the possibility that their qualifications may be rejected as insufficient. Zimbabwean engineering qualifications fall in the "other qualifications" category. Hence, navigating the process for registration was frustrating for participants in this study. A crucial part of

the process is an interview by a selected appraiser(s) who would recommend either refusal or registration. One of the key findings of this study is that the participants describe the registration process as highly subjective and ambiguous. For example, one participant told me:

[t]he problem is that it seems as if there is no clear criterion to be followed especially if you are a foreigner. You will see that a certain individual who went to the same college in Zimbabwe, for example, has been given professional membership and others coming from the same institution will be told that your qualifications are not good enough. So, it depends on who interviewed you and who did you submitted your papers to. (Jones, 43, Candidate Technologist)

The fact that the individual panellists who interviewed these migrant engineers were given substantial discretionary powers made the process highly subjective. This led to the alleged differential treatment of applicants. Explaining how cumbersome the educational evaluation process was one participant said:

They want to know how many hours you spent on the course and who were your lecturers and what were their qualifications, and what exactly did we do in the labs ... we had to go back to Zimbabwe and look for our student projects and then submit to them. (Chinotimba, 38, Candidate Technologist)

Although, in principle, all applicants go through a similar rigorous process for registration, migrant professionals whose qualifications are not readily recognized by ECSA carry an extra burden of proving that their qualifications are good enough or equivalent to local qualifications (ECSA, n.d-a). The second key finding was that all the participants reported that they waited for long periods: up to two years after submitting their applications to get feedback from ECSA. This is what two interviewees had to say:

I made the application in 2008, and they took about one and a half years to respond...then they called to tell me that “okay you will have your interview after six months.” So, that’s two years after application to get my candidate membership; then I’m now working towards my professional membership. (Chinotimba, 38, Candidate Technologist)

I applied [for registration], and I am still waiting for the feedback. I applied in 2010. They haven’t given me any feedback. It’s more than a year now. (Keita, 31, Membership Pending)

From the perspective of these Zimbabwean engineers, the delays represented a political strategy to frustrate them until they give up their pursuit of professional recognition. Thus, they responded by establishing a collective platform to engage ECSA on this and other matters. In 2010, they started a branch of the Zimbabwe Institute of Engineers called the Zimbabwe Institute of Engineers South Africa (ZIESA). Through this institute, they presented their collective concerns to ECSA (ZIESA, 2010). Commenting on this, one participant said:

ZIESA met with ECSA, and we listed a number of grievances. ECSA has promised to look into it. (Tineyi, 31, Candidate Engineer)

This event was reported in ZIESA’s May 2010 newsletter which stated that a ZIESA delegation met with ECSA to discuss the “impediments” to the registration of Zimbabwean engineers and significant progress was made towards resolving some of the



problems (ZIESA, 2010). In its 2010-2014 strategic plan, ECSA, (2010) acknowledged the need to minimize the delays for evaluating foreign qualifications and to better explain and refine or standardize registration requirements and processes. Additionally, ECSA (2011b) also pledged to improve transparency as well as transformation. Hence, new registration, competency standards and education policies were approved in 2011, which, among other things, paved the way for replacing the paper-based application system with an online system. It remains to be seen if this will make a difference to the experiences of migrant engineers since the new system was only become fully operational in 2016.

A third key finding of this study was that participants felt that ECSA attempted to keep them from acquiring professional engineer status. Some of the participants claimed that they were “advised” to register for categories lower than that of Professional Engineer or as candidates. This is what some of the interviewees who were unsuccessful in their attempts to get professional accreditation told me:

[t]hey didn’t want to register me as a professional engineer but as a professional technologist and I refused, I felt that is not what I wanted and that’s not what I am. They were undermining my qualifications. (Muranda, 31, Candidate Engineer)

I should, by now, be registered as a professional engineer but I am not. I am still a candidate member. (Nicky, 39, Candidate Engineer)

Keeping in mind the significant differences between the status of and qualifications required for engineers and technologists, it is not difficult to see why they were frustrated. Even those who were accepted as candidate engineers found themselves stuck as candidates without the full benefits accorded to professional engineers. This is further illustrated in the following interview excerpts:

It’s difficult to register with ECSA especially if you are coming with foreign qualifications. Although I feel that my working experience is more than what they require for registration. (Nancy, 41, Candidate Engineer)

Foreigners with more than ten years working experience after graduation are graded as candidates/graduates by ECSA. And if you check the conversion rate of those who are registered as candidates to become professionals it may be less than 1%. Most of them end up just getting frustrated because they make it unnecessarily hard to achieve. If you are black and foreign, they make it hard to be registered. (Maromo, 31, Candidate Engineer)

It is important to note that these migrant professionals had significant work experience as engineers prior to immigrating to South Africa in addition to their qualifications (see Table 1). For instance, Nancy had ten years working experience in Zimbabwe and an additional five years in South Africa, but she was only registered as a candidate engineer. However, those who held degree qualifications fared better compared to those with diplomas. Two of the three participants who had diplomas had their applications for registration rejected. One of them said:

ECSA didn’t accept my qualifications. They just stated that my qualifications were not sufficient to meet their consideration. (Silvia, 37, Rejected Applicant)

Despite being registered as candidates or having their applications being rejected outright, all the participants in this study occupied influential positions in the workplace. Essentially, as senior engineers working in a government department, they were performing quality control checks on behalf of the state with the full authority

to approve or disapprove the work done by registered Professional Engineers employed by private firms. However, this was not without any challenges. Participants reported that when dealing with registered engineers who work for private consultancy firms, their knowledge and authority is often challenged. These are some of their experiences:

The guy who used to hold this position was white, so [now] when they come in they see a black woman, and they think “she doesn’t know much.” Some of them end up walking out, well I let them walk out, but they will come back because I am the only one who can help them. Mostly, the aggressive ones are white males. (Silvia, 37, Deputy Director)

Some [consultancy firms] are mainly composed of whites. They don’t feel that a black person can actually give them instructions. But a white client comes with that attitude of saying “we know these things better.” (Jones, 43, Deputy Chief Engineer)

In addition to having their qualifications and expertise questioned by ECSA, race also played a key role in how they are viewed by their colleagues. The final finding was that participants viewed ECSA as a “gate keeper” ensuring the occupational closure of the engineering profession in post-apartheid South Africa. Social factors such as nationality, and race were reported to be an important currency for admission as a professional engineer. Even though registration with ECSA is voluntary, participants in this study viewed it as their ultimate goal in terms of career advancement. This is so because as a regulatory body, ECSA is authorized by law to determine and reserve certain jobs for its registered professional members. The following narratives capture the general perception of participants regarding ECSA:

ECSA is an organization that is prohibitive of people that are trained outside the country. The whole idea is to try and protect a certain group. Most of them are the ones that are forming these consultancy firms, so they want to limit the number of people that get registered and become professional so that they remain in the ownership of the companies. (Orbet, 39, Rejected Applicant)

Joining ECSA is like climbing a mountain, it is not a foreigner friendly organization let alone a black friendly organization. It’s an organization meant protect the interests of white South African professional engineers. It can take a black South African about ten years to be registered with ECSA where as a white graduate engineer can take about three years after graduation to register. (Maromo, 31, Candidate Engineer)

It looks like there is a group of people who want to protect entry into our field, so they make it a little bit difficult to get registered. (Muranda, 35, Candidate Engineer)

Although further research is required on this matter, participants in this study believed that ECSA performed the functions of a gatekeeper protecting the interests of white professional engineers by systematically excluding both foreigners and black South African engineers. This is a strong possibility since ECSA is mandated by subsection 26 of the Engineering Profession Act, No. 46 (2000) to reserve certain types of engineering work exclusively for the highest echelon of its membership. In addition, the latest official statistics for registration trends per calendar year for the category of Professional Engineer provided ECSA (n.d-b) show that 220 or 71% of the 311 professional engineers registered in 2008 were white. Asians, blacks and coloureds make up the remaining 91 or 29%. By ECSA’s (2011b) own admission,

though there has been some progress, there is still a lot of work to be done to bring about racial transformation in the engineering profession in post-apartheid South Africa.

## Discussion

As stated earlier, the research question for this study was about what the challenges faced by migrant Zimbabwean engineers seeking professional recognition in South Africa are. Thus, the discussion presented here shows how the findings of this study answer this question. The experiences of these migrant professionals provide a rare opportunity to shed light on how professional associations in a developing country deal with immigrant professionals. It is clear that licensure is a critical tool used by ECSA to retain its powerful influence (Bol & Weeden, 2015). In this study, perceived efforts to under-value the qualifications and expertise of foreign-trained engineers suggest that ECSA was primarily interested in defending the interests of white male South African engineers who dominate the profession. As Zimbabwean qualifications were not readily recognised by ECSA, participants in this study were left at the mercy of ECSA officials who interviewed them as part of the process to evaluate their qualifications. Highlighting the subjective nature of such evaluations, Girard and Bauder (2007) argue that internalized organization cultural norms and values of officials can be used against migrant professionals. Thus, the actions and attitudes of ECSA officials can result in barriers for Zimbabwean engineers.

In addition, their work experience gained prior to their arrival in the country was viewed inferior to that of locals. Hence, even after successfully proving that their qualifications were good enough, they were registered in the same category with inexperienced local recent graduates. Ironically, participants in this study occupied influential positions in a government department, entrusted to perform quality control checks on behalf of the state with the full authority to approve or disapprove the work done by registered professional engineers. It is worth noting that although these immigrant engineers were not categorically excluded from practising as engineers in the country, denying them professional status ensured that they could not compete with ECSA's elite membership for more lucrative jobs.

The findings of this study confirm Willmott's (1986) conceptualization of professional associations as political bodies. His argument that while strict meritocratic conditions of entry followed by a lengthy period of apprenticeship are meant to gain the trust of clients their most important function is to ensure occupational closure is particularly insightful. Furthermore, the political nature of ECSA can be seen in its history. There were critical disagreements between engineers in different areas of specialization that delayed its establishment for years. The year 1968 is viewed as a pivotal year in the history of ECSA for in that year it was granted, for the first time, a legal mandate to self-regulate (Gericke, n.d; Kruger, n.d). Willmott (1986) sees this as a political strategy used by professional associations to consolidate their power. In addition, Willmott (1986) calls attention to the important role played by the members of professional associations. He argues that they have collective power to reject policy recommendations made by officials. This is especially critical in a context where white skilled workers are reported to have negative attitudes towards transformation (Du Toit & Roodt, 2009; Lawless, 2005). This may be useful in explaining why despite ECSA's acknowledgement that there is a need for transformation, progress has been slow.

In conclusion, in the absence of easily comparable degree programs between countries, there is a need for alternative ways to assess foreign qualifications. For example, a competency-based approach could be more suitable. Additionally, developing a system of easily comparable degree programs across the Southern African region should be prioritized. Still, ECSA relied on a system of comparing academic

qualifications even though, in light of the findings of this study, this approach creates unnecessary bottlenecks and leads to the underutilization of migrant engineers. Without a doubt, engineering is a crucial profession and as such maintaining “proper” standards and professional ethics cannot be questioned. What needs to be looked at with the view to change are the ways in which, standards are determined and maintained. Unless a wide range of progressive reforms is embarked on with regard to the process of accreditation of qualifications and the general operations of ECSA, engineering will remain an occupational quasi-caste dominated by white male engineers.

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