

What's the Difference? Market vs State Alignment in the Professional Consequences of Diversity

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Abstract

Across the UK and industrialised West, corporate law and medicine have diversified according to gender, yet their power has moved in opposite directions. This article asks what difference diversification makes to professions and the forms of power they exercise, with diversification defined here primarily as the increased representation of women and thus quantitative change. While mainstream accounts emphasise a 'business case' for diversity, which is expected to deliver organisational benefits such as productivity and performance, research on occupational segregation shows that demographic shifts can reduce occupational status even when outcomes remain equal. This paper brings related theories into dialogue with the sociology of the professions, using corporate law and medicine to argue that the effects of diversification vary by alignment: market-aligned law assimilates diversity as managed legitimacy to maintain power and hierarchy, while state-aligned medicine interprets or constructs feminisation as devaluation under audit and austerity. The paper advances a framework for understanding when diversity legitimises, destabilises, or enhances professions' capacity to serve the public good.

Keywords

Occupational Segregation, Professions, Law, Legitimacy, Medicine

Introduction

In recent decades, elite professions have been closely engaged with diversification, understood here primarily as a shift away from the historic dominance of middle-class, white, male entrants, and thus in quantitative terms. On one reading, diversification of this sort is evidence of progress, suggesting that barriers are dismantled, opportunities widened, and professions modernised in step with broader social change (Ely & Thomas, 2001; Plaut, 2010). On another, stubborn inequalities of gender, ethnicity, and class prompt critical questions about why reforms have not gone further (Ahmed, 2012; Sommerlad, 2016; Tatli et al., 2013) and, from a mainstream, practice-oriented perspective, how to design initiatives that deliver more than cosmetic change (Bridge Group, 2018; 2020; Dobbin & Kalev, 2022; Progress Together, 2023; McKinsey, 2023).

While literature in both traditions is influential and valuable, this article starts with a different question. Namely, what difference has diversification made to professions themselves and, particularly, to the forms of power they are able to exercise in society? Where the sociology of the professions and the critical diversity literature have previously intersected, this question has been relatively neglected to date. Nevertheless, it is important, first, because professional power is never neutral: it can serve as a bulwark for the public good but can also entrench privilege and profit (Saks, 2021), to shape resources, standards, and advocacy in ways that affect citizens' lives. Further, the occupational segregation literature shows that status and power are closely tied to the status of those conventionally associated with the role. In the industrialised West, white, middle-class men continue to enjoy the highest aggregate status, and diversification away from this norm can be culturally read as downgrading both status and authority (Ashcraft, 2013; Reskin & Roos, 1990; Ridgeway, 2011; Levanon et al., 2009).

This analysis hints at a puzzle. Over recent decades, 'elite' professions such as corporate law and medicine have diversified along similar lines, especially with respect to gender, yet the fortunes of these fields have diverged: while the former has arguably maintained, and in places enhanced, its power and standing (Faulconbridge & Muzio, 2012; Nelson, 2022), medicine has seen a notable erosion of autonomy, status, and bargaining capacity (e.g. Nettleton, 2020). This has been illustrated by indicators such as high revenues, and profit per equity partner (PEP) reaching £6 million per annum for some corporate lawyers (Legal Cheek, 2024), versus pay restraint, audit intensity, and industrial action in UK medicine, where this analysis is focused (Waters, 2022). Clearly, diversification is not solely responsible for these trends, as for example, marketisation, audit regimes, regulatory change, and broader political and economic shifts matter too. However, to the extent diversification is implicated, these patterns suggest that neither the causes nor the effects are uniform, and that, further, a reduction in power alongside diversification is not inevitable.

To help explain this puzzle, I build on and integrate two theoretical strands. First, I draw from the occupational segregation literature, especially Ashcraft's (2013) notion of the 'glass slipper,' which treats professions as symbolically coded identities as well as knowledge systems: occupations are tethered to an imagined incumbent (in 'elite' occupations, typically implicitly masculine), such that who appears to 'fit' the role helps constitute what the role is worth. However, as I will show, shifts in who does the work may have different impacts on what the role is taken to mean by internal and external audiences, with different consequences for status and authority even when competence and outcomes are unchanged.

To help illustrate these points, second, I extend Reed's (2018) analysis of professions under neoliberal state-corporate governance to construct a simple alignment heuristic, distinguishing between professions which are primarily market-aligned (with authority anchored in service to capital), others which are state-aligned (with authority delegated by statute and sustained by public trust), and others which are public-aligned (with authority grounded in civic service and democratic accountability). These are ideal rather than hard types, but they are useful here because alignment shapes governance and valuation regimes or, in other words, the judgement devices, metrics, and narratives that make professional value legible (Fourcade & Healy, 2017; Karpik, 2010). Crucially for my argument, this alignment also conditions how similar demographic shifts are interpreted or 'read' by wider audiences.

While I distinguish three ideal-typical alignments, market, state, and public, the empirical analysis here focuses on the first two. This is a methodological choice designed to maximise analytic contrast while holding constant a high degree of professionalisation, licensing, and elite status in the UK. Corporate law and medicine are both long-established, high-status professions. However, they anchor authority in sharply different sites: one in markets and client capital, the other in state delegation and public trust. This makes them analytically comparable while still illustrating divergent logics of valuation. By contrast, public-aligned occupations such as teaching or social work differ more fundamentally in occupational structure, collective organisation, and democratic accountability, so that including them would require a broader evidentiary base than possible here.

As such, corporate law and medicine are the focus here, as exemplars of market and state alignment, respectively. I suggest that in the former, diversification has proceeded largely via assimilation, leaving the canonical masculine identity intact and thereby contributing to and helping to protect power. In medicine, by contrast, diversification, and particularly feminisation, has proceeded via recoding towards 'care' (Pringle, 1998), shifting what the role is taken to mean and having a dampening effect on status and autonomy. These processes are connected to alignment because law, as a market-aligned profession, is judged through devices such as billable hours, origination credit, and profitability metrics, which reward extreme availability and client networks, thus preserving this masculine, elite template and translating visible inclusion into 'managed legitimacy' (Suchman, 1995). Here, legitimacy is understood

in less positive terms, as something that is actively curated, displayed, and commodified, often through awards, rankings, or disclosure practices, in ways that reinforce rather than unsettle underlying distributions of power. Put differently, legitimacy here is not absent, but selectively produced and deployed as a *reputational technology*. This is in contrast to medicine, the public image of which has reorientated towards care, a shift which has collided with a measurement system that discounts related activities, in favour of tools such as throughput, waiting-time compliance, and guideline adherence. As a result, this recoding is more likely to be read as diminished authority.

The core argument is not that diversification is problematic per se. On the contrary, widening access remains ethically vital and socially necessary. Rather, I use these cases to argue that the effects of diversification on legitimacy and power are mediated first, by how occupations are symbolically coded, and second, by the political-economic alignment through which they derive authority.

The contribution is primarily theoretical. I link Ashcraft's (2013) symbolic lens with the sociology of the professions (e.g. Reed, 2018), by specifying an alignment heuristic that conditions whether diversification stabilises or unsettles professional authority. Critically, while recoding has previously been used to explain how diversification reshapes the symbolic identity of a profession (Ashcraft, 2013), it does not in itself explain why similar shifts are stabilising in some fields but destabilising in others. The alignment heuristic, therefore, adds value, as by specifying whether professional authority is anchored in markets, states, or publics, it highlights the political-economic context through which symbolic shifts are evaluated, priced, and policed. In this way, alignment helps to account for the divergent consequences of diversification across professions, not in a deterministic or mechanical way, but as it conditions how identity coding interacts with evaluation regimes and external audiences, a point to which I return. First, though, I expand on a conceptual framework that brings together gender-coding and alignment. I then examine how corporate law instrumentalises diversity as managed legitimacy, and how medicine's diversification has been read as devaluation under audit and austerity. I conclude by considering how diversity must be paired with redistribution, professional voice, and democratic accountability if it is to enhance, rather than legitimise or diminish, the professions' capacity to serve the public good.

Conceptual framework: Diversity, legitimacy, and the professional project

The sociology of professions has long been preoccupied with how professions secure special status and power. In classic accounts, this is the outcome of organised projects to monopolise expertise, win jurisdiction, and convert autonomy into material and symbolic rewards. Professions construct closure around abstract knowledge via credentialing, licensure, and examinations, defend jurisdiction against competitors through claims of exclusive competence, and sustain organisational control via collegial institutions that regulate entry, discipline, and

standards (Abbott, 1988; Freidson, 2001; Larson, 1977). Their authority depends as much on legitimation as on technique: historically, professions have presented themselves as disinterested servants of the public, worthy of trust and discretion, and, when audiences accept those claims, legitimacy confers the right to decide and to be deferred to (Suchman, 1995; Scott, 2013). Status and power are thus intertwined. Status, defined here as relative prestige grounded in widely held status beliefs, attracts deference and resources while deference sustains autonomy, jurisdictional settlements, and bargaining strength (Podolny, 2010).

Professional power is therefore not simply technical competence but a durable settlement among knowledge, organisation, audiences, and the state. This logic maps onto wider labour-market analyses, if we treat professions as securing rents by combining three streams of value. Following Fevre (1992), we can distinguish work values (what workers can do), market values (what positions and clients they can command), and people values (what identities and cultural signals they can credibly perform). Work values correspond to apparently objective measures of human capital (Becker, 1964), or formal expertise, qualifications, and craft that justify claims to jurisdiction. Taking a sociological perspective and drawing from the work of Bourdieu (e.g. 1984), market values map to ‘social capital,’ such as network position, client capture, and platform effects that stabilise demand and raise switching costs. People values align with ‘cultural capital,’ to include embodied dispositions, accent, comportment, gendered/racialised/classed ‘fit,’ and the symbolic cues that elicit trust and deference. Professions differ in how they weight these streams, but power and legitimacy are generally produced at their intersection: human capital anchors the technical claim, social capital secures market position and political access, and cultural capital converts identity cues into status and credibility (Ashley, 2022).

In making these points, my analysis differs somewhat from classic accounts within the sociology of the professions, where legitimacy has generally been interpreted as a positive condition (Suchman, 1995). In contrast, I build on previous work (Ashley, 2022) to capture a more instrumental dynamic, where visible diversity functions less as substantive redistribution of opportunity or decision rights, and more as a symbolic resource that reassures clients, regulators, and recruits that the profession is meritocratic and modern.

This framing, especially the emphasis on people values, also helps explain why who does the work can affect what the work is judged to be worth, as shown by the literature on occupational segregation. When women enter an occupation in significant numbers, pay premia, prestige, and authority often decline regardless of task content, a pattern attributed to status beliefs, employer devaluation, and the reclassification of skill (Busch, 2018; Charles, & Grusky, 2005; Levanon et al., 2009; Reskin & Roos, 1990). Feminisation tends to proceed unevenly, as women’s presence grows fastest in care-intensive, relational, and public-facing roles, and slowest in high-discretion, high-rent niches, and wage and authority penalties are compounded where evaluative criteria reward ‘ideal worker’ availability and adversarial poise

(Acker, 1990; Cohen & Huffman, 2003; Ridgeway, 2011). The key inference is that diversification can undermine occupational power and status, not because new entrants are less capable, but because audiences recalibrate the occupation's value when its demographic profile shifts.

Karen Ashcraft's (2013) 'glass slipper' metaphor develops this argument by showing that elite occupations are tethered to an ideal or 'figurative' practitioner, typically implicitly masculine, and that identity and value are co-constitutive: the imagined incumbent helps define what counts as skill, how it is recognised, and to whom deference is owed. When diversification alters who is seen to 'fit' the role, the identity of the imagined incumbent shifts too, with potential consequences for the occupation's symbolic worth and authority. In this way, the 'glass slipper' captures the mechanism through which diversification can recode a profession's identity, and why the same work may be reinterpreted as less prestigious or less authoritative when associated with historically lower-status groups.

Again, this underlines how power and status are not anchored independently in the technical content of work but are mediated by who is seen to fit the role. This matters acutely in elite professions where exclusivity and inclusivity pull in opposite directions: exclusivity supports closure and status, while inclusivity is increasingly required for legitimacy, with both important to sustaining power (Ashcraft et al., 2012). As I have shown in a previous study, (Ashley, 2022), this means that diversity agendas aimed at becoming more inclusive often cut across the very mechanisms of closure on which professional prestige has depended, producing a delicate balancing act. In fields like corporate law and accountancy, that balance has often been managed as firms become sufficiently diverse to bolster legitimacy but not so much as to unsettle status. Whether a comparable dynamic exists in medicine has been less systematically analysed, though this points to the puzzle at the heart of this paper. In short, why similar demographic shifts, relating in this case particularly to gender, have unfolded across professions, yet trends in professional power have diverged.

Corporate law and medicine make useful comparators here, as demographic shifts are broadly similar. Progression remains stratified in both, with women and ethnic-minority practitioners less represented in senior, more remunerated niches, and entrants from less advantaged socio-economic backgrounds more likely to be found in lower-status and less well-paid roles (Ashley & Macdonald, 2024; Friedman & Laurison, 2019; Kumwenda et al., 2019). However, it is also the case that both *have* diversified in quantitative terms, especially with respect to gender. Women now represent around half of all lawyers in corporate firms (SRA, 2025), and over 50% of all doctors with a license to practice in the UK (GMC, 2025). Yet the trajectories of these professions differ. UK corporate law has consolidated economic and organisational power, indicated as top-100 firms report record revenues and strong profitability metrics (including profits per equity partner, or PEP), and the market has continued to concentrate at the top end, signalling persistent or enhanced bargaining strength (The Lawyer, 2024). By contrast, UK medicine shows weakening professional power, as illustrated by prolonged

real-terms pay erosion, intensified audit/target regimes, and recurrent industrial action, along with diminished bargaining capacity and narrowed discretion (Gabe and Elston, 2022; Nettleton, 2020).

Clearly, and as already noted, this contrast is not reducible to diversification, yet previous analyses would suggest it is implicated at least, both as a cause of these changes, and an effect. To make sense of how this has happened, I combine the symbolic lens of occupational segregation with a political-economy view drawn especially from Reed's (2018) analysis of professions under neoliberal state-corporate governance, which locates professional authority in shifting settlements among state, corporate, and administrative elites.

Building on that foundation and noting that all professions continue to rely on state-enforced jurisdiction and legitimacy, I propose an alignment to capture more patterned variation in how professions anchor authority. As outlined in the introduction, some are primarily market-aligned, others are state-aligned, and a third group is public-aligned. I suggest that as ideal types, these categories help illustrate how alignment shapes how changes in demographic composition are valued by wide audiences. Put simply, identity coding conditions the signals of worth, while alignment is one factor conditioning how those signals are priced and policed through prevailing regimes of evaluation and control.

To operationalise these themes, I apply this framework to corporate law and to medicine, by tracing how identity coding is reproduced or unsettled in recruitment imagery, partner biographies, and internal communications (Ashley & Empson, 2017; Sommerlad, 2016), and by mapping alignment considering how value is commensurated and made valuable. Here, commensuration refers to the conversion of professional activities into comparable metrics that enable pricing, ranking, and control, which vary by alignment, and thus mediate how the same demographic shifts are interpreted and rewarded (Fourcade & Healy, 2017; Karpik, 2010; Power, 1997; Mazzucato, 2018). In law, such devices include billable hours, realisation rates, origination credit, league tables, and profitability metrics (Faulconbridge & Muzio, 2021), while in medicine, they include targets, dashboards, audits and inspection regimes (Vega & Cunha, 2023). The expectation is that where market commensuration rewards a stable elite template, and organisations retain control over evaluation, as in law, diversification has been more readily assimilated as managed legitimacy. In contrast, where audit-centred commensuration discounts care and narrows practitioners' discretionary space, as in medicine, diversification, and especially feminisation, has also exposed the work to some institutional discounting.

These are probabilistic, not deterministic tendencies, a point to which I will return. An important caveat is also that I compare the medical profession as a whole with just one segment of the legal profession, and do not include a public-aligned occupation in this analysis. To reiterate, the latter is justified to maximise analytic contrast while holding constant a high degree of professionalisation, licensing, and elite status in the UK. The former is justified as

UK medicine is organised, licensed, and governed as a single statutory profession, so that major reforms of audit, targets, and funding affect the profession in its entirety, and feminisation is system-wide. By contrast, the legal profession spans multiple alignments, such as criminal, family, legal aid, and public law, which are more state and/or public-aligned, and corporate, which is market-aligned. My argument turns on how alignment conditions how diversification is interpreted or 'read', in relation to which, using the market-aligned core of law, and focusing on large corporate firms handling M&A, finance, funds, PE, avoids mixing heterogeneous logics and provides a clean comparator to state-aligned medicine. It also captures where legal power and commensuration are most concentrated and where diversity and inclusion is most visibly deployed. This asymmetry is therefore a methodological choice, though a fuller mapping of other legal segments could be an area for possible future work.

With those qualifications in mind, the analysis aims to advance the sociology of the professions by treating diversification not merely as representational, but as one influence on professional power, shaping jurisdictional reach, organisational discretion, political influence, and cultural deference. Taking this approach moves us beyond the well-rehearsed 'business case' for diversity, which is widespread in mainstream academic and practitioner literature, and argues that more diverse teams improve performance, innovation, or client service, and is often used in practitioner discourse to justify inclusion initiatives (e.g. Ely & Thomas, 2001; McKinsey, 2023). This is separate from the social justice case, which sees widening access as an ethical imperative grounded in fairness and equality of opportunity (Noon 2007), while a critical perspective emphasises the limits of both, showing how diversity initiatives may reproduce inequality, function symbolically, or even reinforce elite privilege (Ahmed, 2012; Ashley, 2022). My analysis builds on this critical strand but extends it by shifting the question from whether diversity is 'good' or 'bad,' to how its consequences vary depending on the political-economic alignment of the profession, and how symbolic readings of demographic change are mediated by the devices through which professional value is judged.

Again, previous literature has addressed some overlapping concerns, including where claims have been made that diversification is straightforwardly 'good' for society. As one example, the so-called 'Lehman Sisters' thesis suggests women financiers are likely to take fewer risks, such that more gender diversity in financial services may have prevented 2008's financial crash (Prügl 2012). One problem with such claims is that they are under-evidenced and risk holding women and minoritised practitioners to higher moral or performance standards. The approach here is more nuanced, as it relates diversification to professional power and its variable effects. I apply these themes to corporate law next.

Law: Inclusion as institutional legitimacy

In the corporate legal sector, diversification arguably operates, in aggregate, as a form of 'managed legitimacy', or a pattern of visibly improved entry coupled with persistent, stratified command posts. To put this another way, while the sector is now more diverse on grounds of

gender, ethnicity and, to a smaller extent, socio-economic background, related changes have been carefully controlled, in ways which I suggest help to stabilise, and in places enhance, market power.

To recap on figures first, and continuing to focus on gender, in England and Wales, women account for about 47% of lawyers working in corporate law (compared with 62% of solicitors overall), yet they hold only 32% of full-equity partner posts across firms, and c.28% in the largest firms (Beioley, 2020; SRA, 2025). In the United States, women now make up just over half of associates (50.31% in 2023), but only c.28% of all partners and c.25% of equity partners (Weiss, 2024). Despite change at the top being relatively slow, women have then become better represented in corporate over the last twenty years, and these improvements are repeatedly showcased through awards, rankings and glossy disclosures, where they function as assurance signals to clients, potential recruits and regulators that firms are open to all talent and thus meritocratic and fair (Ashley, 2022). This signalling has material channels as, for example, many in-house legal departments now request related information from their advisors and/or benchmark outside counsel via diversity instruments. In the US, this includes the ABA Model Diversity Survey (ABA, 2024), while in the UK, the Solicitors Regulation Authority (SRA) requires firms in England and Wales to collect and publish diversity data, creating reputational and procurement-side pressure for visible inclusion.

Over the same period, elite UK firms have posted record revenues and strong profits-per-equity-partner, which might be read as external markers of authority and strength (Ryan, 2024). Again, these patterns do not imply that diversification has *caused* revenue and PEP growth. Instead, visible inclusion has arguably been successfully packaged in ways which help secure legitimacy and thus licence to operate, without materially redistributing decision rights within these firms, such as equity share and control over the highest value mandates. A second important channel through which power has been protected (and perhaps enhanced) concerns the pathway of diversification, which in corporate law is best described as assimilation rather than recoding. The canonical figure of the ‘ideal lawyer’, defined by an adversarial approach, round-the-clock availability, and ease working with elite clients, often also male, continues to organise evaluation and advancement in highly paid and more remunerative sections (Ashley & Empson, 2017). In Ashcraft’s (2013) terms, the glass slipper remains intact, as newcomers are welcomed to the extent they can perform the existing identity. Yet, the occupation’s symbolic core is not meaningfully de-gendered (Sommerlad, 2016). In Táíwò’s (2022) terms, diversification represents a form of ‘elite capture’ where a measure of inclusion takes place though without material redistribution.

However, beyond identity coding, market alignment helps explain why these dynamics are so durable. Under financialisation, corporate law’s legitimacy is anchored in service to capital, or the dealmaking, financing, and structuring needs of transnational clients (Faulconbridge & Muzio, 2012; Morgan & Quack, 2005). In this setting, value is rendered legible through devices that price performance through the existing identity, as they reward those who can mobilise

elite networks, deliver extreme availability, and capture high-margin work, behaviours historically coded as masculine in this field (Ashley, 2022; Sommerlad, 2016). Because the valuation regime remains unchanged, assimilation is rational for firms and entrants, and recoding of the occupational identity is neither rewarded nor required. The same alignment makes diversity and inclusion an efficient legitimacy technology, as global clients, especially financial institutions with Environment, Social and Governance (ESG) compliance requirements, seek suppliers who can demonstrate cultural competence and reputational safety, and firms can satisfy that demand with visible headcounts and convincing narratives (Ashley, 2022; Sommerlad & Ashley, 2015).

In short, market alignment sustains assimilation and incentivises diversity as this form of ‘managed legitimacy,’ resulting in an occupation that diversifies without de-gendering, preserving its masculine-coded identity, and consolidating economic and organisational power. This is in contrast to state-aligned medicine, where audit-centred commensuration makes recoding toward care more easily read as devaluation under hostile political-economic conditions, which I explain next.

Medicine: Inclusion, devaluation, and disempowerment

Historically, medicine has been seen as the paradigmatic professional project: the occupation that most fully translated an abstract knowledge base, collegial self-regulation, and moral claims of service into durable authority and material reward (Larson, 1977). In the UK, the post-1948 settlement entrenched this position through high trust, a strong voice in standard-setting, and institutionalised autonomy via the General Medical Council, as the profession’s regulator, and royal colleges (Stewart, 2008; Witz, 1992). In recent decades, however, financialised governance has shifted the balance from occupational to organisational professionalism: quasi-markets, contracting, and an audit explosion have reframed judgement as performance against targets, narrowing professional autonomy and discretion, and weakening bargaining power (Bevan & Hood, 2006; Evetts, 2003). Real-terms pay restraint and workload intensification have followed even as accountability demands multiplied. In the model developed earlier, UK medicine sits close to the state-aligned pole, as authority is historically delegated by statute and sustained by public trust, and value is judged through audit regimes rather than client markets.

These institutional shifts have unfolded alongside marked demographic change. As noted, similar to corporate law, women now constitute just over half of UK-licensed doctors. The workforce has also become more international and racially diverse, though socio-economic inclusion remains limited, notwithstanding widening-participation efforts (Kumwenda et al., 2019; Medical Schools Council, 2024). To reiterate, diversification of this sort is not intrinsically problematic. To the contrary in fact as, in clinical terms, large observational studies associate women physicians and surgeons with equal or better patient outcomes (e.g. Wallis et al., 2023). The claim advanced here is narrower and conditional, as I suggest demographic

change contributes to and amplifies status erosion under conditions of audit, austerity, and managerial control. Related mechanisms are most clearly evidenced or ‘visible’ perhaps when considering gender, though may also apply to ethnicity, international medical graduates (IMG), and class.

Considering gender first, as previously noted, a large comparative literature links feminisation to subsequent devaluation, measured in terms such as declines in pay premia and prestige regardless of task content, consistent with status-belief dynamics (Levanon et al., 2009). In medicine, feminisation has advanced fastest in care-intensive fields, such as general practice, paediatrics, psychiatry, and public health, and slowest in high-prestige procedural specialties, such as surgery, patterns attributed in qualitative and quantitative studies primarily to structural barriers and status beliefs rather than ‘natural preferences’ (Pringle, 1998, Riska, 2010). Read through Ashcraft’s (2013) glass slipper metaphor, who is imagined to ‘fit’ the role helps constitute the role’s value: as more women enter, the imagined incumbent of ‘the doctor’ recodes toward care, also encouraged as female doctors were historically expected to offer more relational and emotional labour, along with advocacy, and time to listen, as they joined the profession (Pringle, 1998). However, while these attributes are culturally lauded and valued by patients as, for example, they suggest more empathy, they are often discounted in audit devices that prize factors such as patient throughput and compliance (Ashley & McDonald, 2024).

Under austerity, this symbolic downgrading intersects with tighter managerial control, including rota rules, guideline proliferation, inspection, and reputational league tables, to systematically narrow discretionary space. Arguably, this interaction amplifies losses of status and autonomy beyond what either factor would produce alone and coincides with pay structures and working-time norms, gendered patterns of part-time working, caregiving breaks, and concentration in salaried posts (versus partnership-style private roles) which feed wage-gap and seniority dynamics that audiences may misread as diminished commitment, despite strong clinical performance.

For ethnicity and international training, some similar elements are well established, while others remain hypotheses to be tested with empirical research. It is well documented, for example, that international medical graduates (IMGs) and UK-trained minority doctors experience differential attainment (Woolf, 2020), higher bullying/harassment exposure and discrimination (Healey et al., 2025), and higher rates of referral to regulators (Dyer, 2023). The segmentation is structural, as IMGs are disproportionately recruited into shortage specialties, hard-to-staff hospitals, and under-resourced regions, the very roles that bear the brunt of targets and vacancy pressure (Beduchaud et al., 2024). What remains to be demonstrated is an audience-effect mechanism analogous to gender. In other words, that controlling for task content and resourcing, the same work is valued less, and therefore attracts weaker prestige

or bargaining power, when associated with racialised or foreign-trained practitioners. If confirmed, this would help explain why inclusion advances most rapidly in areas of practice already exposed to institutional discounting under audit and austerity.

Considering socio-economic background or class, working-class entrants remain a small minority, and widening-participation initiatives have moved the needle less in medicine than in many other elite pathways (MSC, 2024). Existing research does, though, demonstrate that constrained choice under unequal conditions channels those who do enter toward lower-status, care-heavy niches and peripheral geographies (Ashley & McDonald, 2024; Kumwenda et al., 2019). It is plausible at least that these patterns make those niches more vulnerable to devaluation and reduce system-level bargaining power. Class dynamics also inflect identity work, or the performance of ‘appropriate’ professional self-presentation, such as accent, bearing, ease with institutional codes, which remains a tacit criterion of credibility in high-status settings, and misalignment here can compound gendered and racialised readings of competence (Ashley & McDonald, 2024). To reiterate, this should not imply that inclusion *causes* decline. Rather, under hostile political-economic conditions, diversification interacts with audit and austerity to amplify erosion through symbolic channels, via recoding toward care that is institutionally discounted.

Discussion: Inclusion, inequality, and the public interest

The comparison offered here shows how diversification does not have uniform effects but interacts with alignment and evaluation regimes to shape professional power. In corporate law, market alignment has enabled visible inclusion to function as managed legitimacy, reinforcing profit and hierarchy without altering the profession’s symbolic core. In medicine, state alignment has made feminisation more vulnerable to symbolic devaluation, as recoding toward care collides with audit and austerity, eroding autonomy despite strong patient outcomes. The contrast illustrates the central claim, that the impact of diversification on legitimacy and authority depends not only on who enters but also on how alignment conditions the symbolic reading of demographic change.

This paper shifts the debate on the benefits or otherwise of diversity, away from a narrow ‘business case’ and toward a broader question: what social difference does diversification make once we consider where professional authority is anchored and how value is decided? While probabilistic rather than deterministic, the answer is paradoxical, to suggest that in some respects, diversity matters far too much for professional power, while in others, it matters not enough, with the balance conditional on alignment, commensuration regimes, and audience status beliefs.

To expand on this paradox, diversity arguably matters too much where the demographic composition of a profession is tightly coupled to its symbolic status and institutional power. As Ashcraft’s (2013) ‘glass slipper’ suggests, when an occupation becomes feminised or more socio-economically diverse, entrenched status beliefs can recode the role and reinterpret the

work itself as less prestigious or less valuable. These readings are not intrinsic to those who enter, but instead reflect wider cultural hierarchies of gender, class, race, and worth. I have argued that in medicine, a state-aligned profession, such interpretations meet an already hostile political-economic environment of audit, austerity, and managerial control. The result is a compound effect, as symbolic devaluation, under-investment, and diminished advocacy capacity have consequences for public trust and for the resources needed to do the job well. In this sense, inclusion can be turned against itself when it is read as a dilution of authority rather than a deepening of representativeness and care.

Conversely, diversity can matter for professional power much less when it is assimilated as a substitute for structural reform. In corporate law, a market-aligned profession, diversity is often managed as a reputational technology (Ashley, 2022). In other words, firms present themselves as progressive and meritocratic and thereby strengthen their licence to operate while leaving core distributions of profit, decision-making, and client power more-or-less intact. Crucially, corporate law has diversified without de-gendering its identity. The 'ideal lawyer' remains coded as elite and implicitly masculine (Sommerlad, 2016), and newcomers largely succeed by assimilating to that template. Diversity here functions as symbolic reassurance, deflecting critique and shoring up legitimacy without requiring redistribution or changing how value is created and extracted.

The analysis, therefore, suggests that recoding and alignment are complementary rather than competing explanations. Recoding highlights how demographic change can shift what an occupation is taken to mean; alignment shows how such shifts are read within wider governance regimes. Without alignment, we might assume that diversification always erodes power through devaluation. By contrast, the alignment model demonstrates why the same symbolic shifts may be absorbed as legitimacy in market-aligned fields yet interpreted as weakness in state-aligned ones. Crucially, alignment is not deterministic, as it shapes tendencies, but outcomes also depend on contingencies such as fiscal regimes, and institutional histories.

Set against these readings, a broader question emerges, namely, how are professional activities priced and ranked in ways that make diversity appear either destabilising or inconsequential? The argument here is that the devices that make value legible, including billable hours and origination credit, league tables and profitability metrics in corporate law, and audit targets, performance dashboards, and cost-throughput indicators in medicine, systematically over-valorise activities that secure private returns while under-recognising public value (Mazzucato, 2018). Put another way, in corporate law, these commensuration regimes inflate the worth of work that reproduces capital's priorities, making diversity and inclusion a legitimacy technology that changes little else. This is problematic to the extent that, from a normative perspective, the power of corporate law is not entirely benign, as the same capacities that enable complex coordination and contract enforcement also structure tax arbitrage, regulatory circumvention, and the insulation of private wealth from public accountability (Seabrooke & Wigan, 2016). In medicine, the stakes are similarly not solely occupational.

Medicine is a public-service profession whose power has sometimes been used against patients, for example, through defensive boundary-work, gatekeeping that protects professional privilege, or very high private fees in certain contexts (Willis, 2020). Yet some power is arguably necessary for medicine to defend patients' interests against short-term managerialism and political austerity. The irony is that precisely when medicine requires robust professional power to advocate for staffing, safety, and time to care, its status is weakened by the interaction of hostile political economy and the recoding toward care. The problem is not then more diversity and inclusion, but how both are received and governed within unequal systems.

Conclusion: What kind of difference should diversity make?

Diversity is ethically vital and politically necessary, but this article suggests its social value depends at least in part on how diversification interacts with where power sits. The paradox is then that in some contexts, diversity matters far too much, when demographic change is misinterpreted as devaluation, while in others, it matters not enough, when absorbed as symbolic legitimization without structural change.

The theoretical contribution of this paper is to link classic analyses of occupational closure and control with Ashcraft's (2018) 'glass slipper' and accounts of professions under neoliberal state-corporate governance (e.g. Reed, 2018), extending that synthesis by specifying an alignment heuristic, delineating between market, state and public, and the commensuration devices through which value is priced.

I have focused primarily on gender, which provides the clearest empirical evidence for the dynamics traced here, though the framework is not confined to gender alone. Other axes of diversification, including race and ethnicity, socio-economic background, and international training, may similarly interact with alignment and symbolic coding to shape professional power. For example, international medical graduates are disproportionately channelled into lower-status and under-resourced niches, where their work is more vulnerable to institutional discounting, and class background continues to influence credibility, access to high-value work, and professional progression in both law and medicine (Ashley and McDonald, 2024). Future research should therefore test the transferability of this account across multiple dimensions of diversity, examining when symbolic readings of demographic change reinforce inequality and when they can instead underpin more democratic and redistributive forms of professional authority.

It is important to underline once again that the tendencies described here may not be universal. Market-aligned fields might experience status slippage when professional work is commodified or where there is strong buyer power, for example, in statutory audit, while state-aligned fields can buffer devaluation where multiple payers or robust collective bargaining persist, as is evident in some segments of US medicine. However, rather than undermining the argument advanced in this paper, these cases arguably help highlight key levers, such as

audit intensity, fiscal regime, client concentration, and institutional histories of gender-coding, through which alignment and commensuration interact with diversification.

I also note that the account provided here is UK-centred. While comparable tensions are evident across the industrialised West, as already explained, scope conditions matter. On this basis, future work could probe when symbolic readings of diversification travel, how market/state alignments shape returns to inclusion, and which combinations of representation, redistribution, autonomy, and accountability best align professional power with public purpose. Until such conditions are met, the risk remains that diversity will either be weaponised to devalue state-aligned professions or instrumentalised to legitimate market-aligned ones.

To reiterate, the stakes of diversification are public, not merely organisational. As noted, corporate legal expertise can solve complex problems but also entrench inequality and, while medical authority can be used parochially, some durable professional power is necessary to secure resources, resist corrosive marketisation, and advocate for patients. One practical implication is to move beyond representation-as-endpoint. If we care about what professions can do for society, inclusion must be paired with redistribution, autonomy, and accountability. For corporate law, that could mean stronger democratic oversight of legal architectures that enable extraction, such as transparency over ownership and tax engineering, limits on regulatory arbitrage, and responsibility for downstream social effects. For medicine, it could mean restoring meaningful professional voice in service design and staffing while coupling autonomy to safeguards against uses of power that disadvantage patients, securing transparent outcomes, equitable access, and fair fees. Overall, the task is not to abandon diversity and inclusion, but to anchor it in reforms that redistribute power and re-centre the public interest.

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