

Social Care Conference 2016

**Talking about professionalization:
Discourses used by practitioners**

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Talking about professionalization: Discourses used by practitioners

-3 key points to begin...

1) Social care -low status

-public misunderstanding.

2) NUIG study -other health professionals were confused about the **difference between social work and social care work** (Power et. al., 2016).

- 10 focus groups that included at least one student who had had a social care student in their interprofessional group.

-found that social care work(ers) was poorly understood and was often seen as synonymous with social work(es).

3) Social care is **invisible** to the public until there are scandals.

What is a profession?

The Trait Approach (functionalist perspective)

- a body of knowledge
- professional authority (autonomy)
- community sanction
- regulatory code of ethics
- professional culture –registration body (Greenwood, 1957)
- public image

Linked with social professional **status** and **being visible within the welfare state.**

Criticism of Trait approach

-Researchers struggled to identify occupational traits that were actually **unique** to professions (Suddaby and Muzio, 2015)

-Perhaps professionalism was not a distinct construct uniquely tied to an identifiable social group (Johnson, 1972).

-If the boundaries between professionals and non-professionals could not be clearly defined, then all occupations could be deemed to be professions (Wilensky, 1964).

-Profession did not have a stabilizing effect on society (as it was supposed to) and often conflict and change was a feature (Benson, 1975; Friedson, 1986).

What is a profession?

- **The Power Approach (conflict perspective)**

- **Market exchange** -expert knowledge and skill is exchanged for **monopoly control** over a particular part of the labor market (or health care sector).

-**Social Care** has control in some sections of the welfare system
e.g. homelessness, domestic violence, residential care etc.

Criticisms of Power and Conflict View:

Social closure was achieved by using key institutional strategies such

- as:
- certification (**registration**)
 - licensing (**CORU**)
 - credentialing (**level 7, level 8 debate**)
 - professional associations (**CORU**)

“This gave select professions a **monopoly** over large sections of economic activity” (**Suddaby and Muzio, 2015**)

An Alternative View...

- Burrage (1988; Burrage and Torstendhal 1990) argue that although professions may have some **unique attributes** and there is clear evidence of **social closure**, they are **not static entities** or fixed social structures.
- Professions instead should be understood as **ongoing processes** of professionalization.
- Professions emerge from **processes of negotiation**, conflict and exchange with external stakeholders, such as the **state**, and with internal **competitors**.
- **Social care workers** negotiate within the **new public management system**
 - negotiating a better deal for their service users
 - negotiating a better deal for themselves
 - negotiating an increase their professional status or position?

An Alternative View...

- Long standing theories have been abandoned, however, elitism, power and comparative studies continue to influence research on professions (Suddaby and Muzio, 2015)

Professionalism/professionalisation and 'talk'

- Phillips and Hardy (2002) contend that language constructs the social world and therefore it is worth analysing.
- The way we 'talk' about things is not static (Foucault, 1972).
e.g. 'client' has become 'service user' or 'individual using a service'
- The way we 'talk' about a subject can support particular institutions and can **reproduce power relations** (Parker, 1990; Francis, 1999)
-does the word 'service user' or 'client' or 'patient' conjour up a particular image – how does this image impact on the person.

Professionalism/professionalisation and 'talk'

“As a symbol, ‘profession’ does not describe any actual occupation; rather, it provides a **way of thinking about occupations**” (Robson et al, 2004: 184)

“It is initially welcomed by practitioners as a way to improve their status and autonomy, but in the end practitioners are controlled and limited in exercising discretion, judgment, and service ethic” (Evetts, 2010 in Oldenhof, Stoopendaal and Putters, 2016: 50)

-curriculum reform in school has put pressure on teaching profession to teach in particular way

-agencies within the welfare state may use professional talk to encourage practitioners to cut spending

-So, despite its appeal, professional discourse can have effects that are paradoxical (Muzio and Kirkpatrick, 2011)

This study:

A discursive approach to professionalisation and professionalism.

Method:

Discursive psychology approach -Potter and Wetherell (1987, 1992):

- discourse is text based

- language based

- non-verbal.

This study:

A discursive approach to professionalisation and professionalism.

- Lupton (1992:145)

-definition '[discourse is] ... a group of ideas or patterned way of thinking which can be identified in textual and verbal communications and can also be located in wider social structures'.

This study:

A discursive approach to professionalisation and professionalism.

- **‘Interpretive repertoires’**

- DA with a focus on ‘talk in interaction’.

- How do individuals maintain their membership in occupational groups?

- The focus is on analysing language in social and cultural contexts –how are social care workers talking about their profession or professionalism at this juncture?

This study:

A discursive approach to professionalisation and professionalism.

-Language is the enactment of social and political forces according to Nixon and Power (2006: 73)

-so this can be used to clarify the views of various groupings in social care in relation to their position and leverage within the welfare state for example.

So, how do we talk about professionalism or professionalisation?

In the social care arena there is a discourse taking place on....

- **Regulation** and the **new public management** systems of **monitoring** have been introduced to check the work of groups who operate within the welfare state i.e. social care workers e.g. **Tusla, HIQA** etc.
- **Quality of care** -Knorth et al. (2002) believes that in order to understand quality of care, it is crucial to take professionalisation or the role of the worker, and participation or the role of clients, as guiding concepts.
- **Autonomy** -Lindsay (2002) links autonomy with the notion of responsibility and professionalism. The social professional status of the worker.

So, how do we talk about professionalism or professionalisation?

- **Autonomy** -Lindsay (2002) links autonomy with the notion of responsibility and professionalism. The social professional status of the worker.
- **Accountability** -According to Burns (2007) accountability is pivotal rather than autonomy.
 - He argues that the business model or accountability model (new public management model) is the driving force behind social care practice currently.
 - Workers need to produce results, show that they are achieving targets etc.

So, how do we talk about professionalism or professionalisation?

-education (level of qualification) –awards linked with a unit of competence -in the UK it was viewed as a method that could be used to regulate standards of practice in social care (NISW, 1997 in Sargeant., 2000)

-registration, regulation, ethical standards and status –all talking points in relation to professionalisation and professionalism.

Pilot Study

The tool -Focus group

Participants:

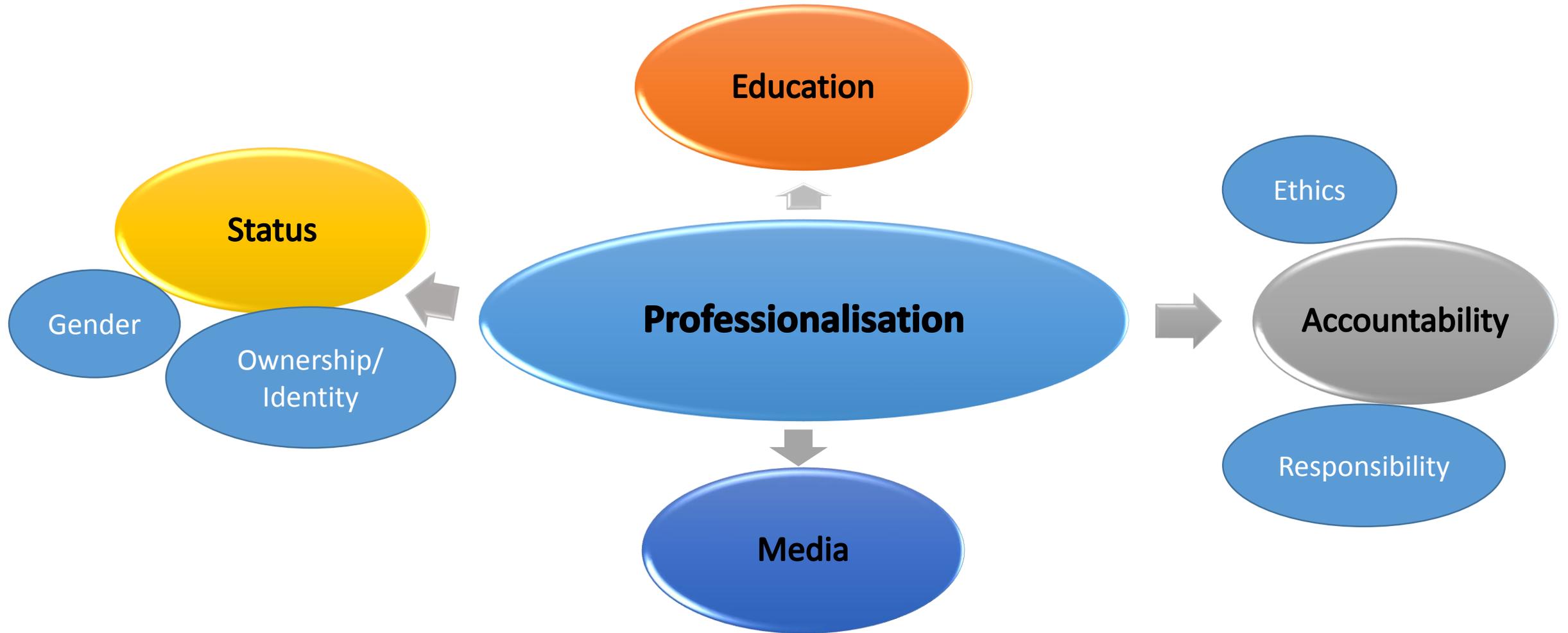
- 5 Social Care Practitioners

- 2 former Social Care Practitioners

-Participants were invited to talk about what the professionalization and professionalism of social care meant to them.

-The discourse raised issues relating to **regulation, status** and professional **autonomy**.

Different discourses



Interpretive Repertoires:

1) Education

- A starting point
- Qualifications give you an edge
- Education is only a small part
- Education alone can't make you a good social care worker
- Distinct choice (not falling into it)

Interpretive Repertoires:

-Instinct

- You are not born a social care worker
- It is not gut instinct either
- You have it or you don't
- Life experience is important (your own upbringing)

Interpretive Repertoires:

2) Status

- Working collaboratively is important –diminishes status mentality
- ‘not staying sown at this level as social care worker’
- Your ‘just a worker’ mentality
- We undervalue our work
- The public or society undervalue the role of the social care worker
- People still walk into social care work off the street –this diminishes status
–why train
- Public happy to scandalise –when young people are involved they are easy prey

Interpretive Repertoires:

Boundaries, ownership and identity

- professional identity –being part of a specific field of practice
- there is a need for a clear identity in social care

Interpretive Repertoires:

3) Accountability

- Social care workers are always wrong where there are inspections –in fact the whole profession tends to be wrong
- Social care is hit with all the negatives
- If you were held accountable as an individual thing would be different
- right now no individuals are held accountable in social care
- no disciplinary action** in social care profession –all tarred with the one brush e.g. bad organisation, bad unit.
- there should be a disciplinary code
- Workers need to know their role and be assertive
- Worker has a duty to speak up –they advocate for young people but not themselves
- Budgets

Interpretive Repertoires:

Ethics

- social care workers often don't question the medication they are administering
- in some centres there is a lot of **regulation**
- a clear **belief system** should be in place for social care workers no matter where they work

Interpretive Repertoires:

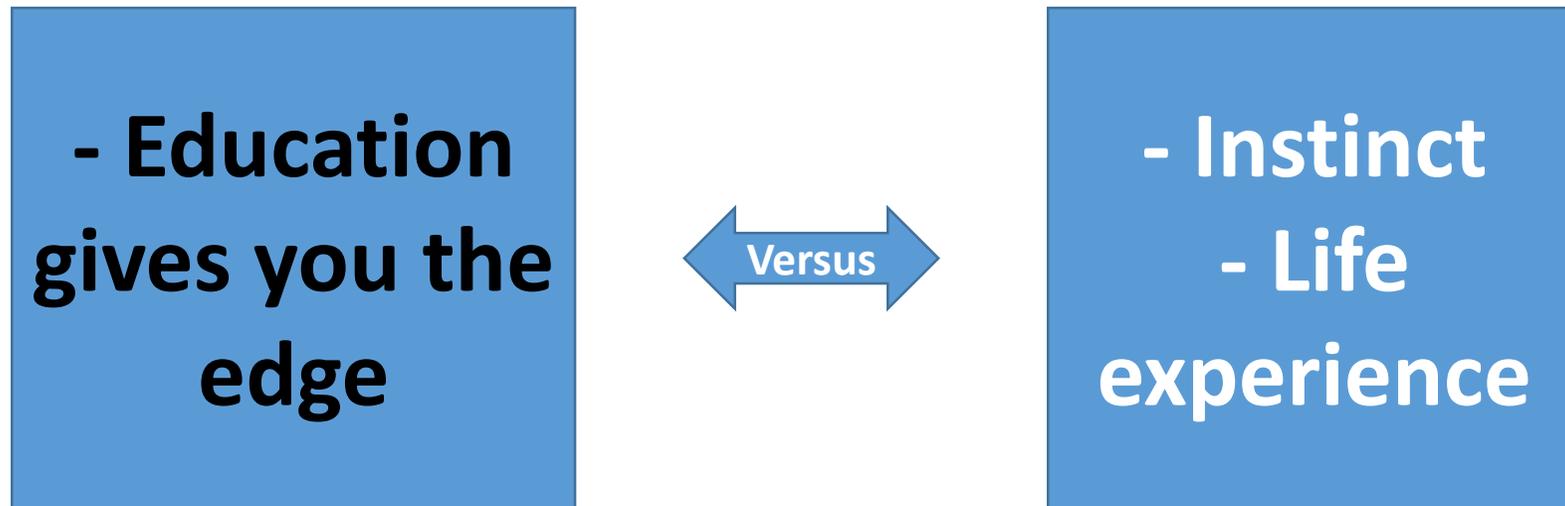
Responsibility

- hefty decision making

- specific skills and competencies are required to work in social care

Ideological Dilemmas

- **Education**



Ideological Dilemmas

Professional Status

-Status is not important

-Working collaboratively

-New graduates see social care work as low status work (linked to education)

- 'just a worker'

-undervalue what we do

- 'walk in off the street'

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