Joakim Caspersen

Aspects of professionalism

Collective nursing – personalised teaching?[1]

Introduction

Do new forms of control in public sector undermine professionalism? Major changes in the welfare states of the western world have occurred in recent decades. The introduction of New Public Management (NPM) models in most, if not all, parts of the public sector have brought about changes in public employees' everyday life. Although the term NPM often takes on different meanings for different people in different settings, and has no agreed upon definition of what it actually complies (Christensen & Laegreid, 1999), it can be said to be characterized by 'a large category of institutional changes […] affecting expenditure planning and financial management, civil service and labour relations, procurement, organizing and methods, and audit and evaluation on a government wide-basis' (p. 170). Professionals working in the public sector have experienced this development hands on, with the 'adoption of performance indicators, quality system management, contract systems, and deregulations' (ibid).

The development towards a more controlled and specified professional work is often referred to as 'deprofessionalization' (Hyland, 1996; Parkin, 1995) or as 'proletarianization' (Turner, 1993). The thesis of deprofessionalization was first articulated by Haug (1973) as a 'revulsion to […] syrupy ideas about the future' (Haug, 1988, p. 49) presented by forecasters of the professionalised society (for instance, Halmos (1970) and Freidson (1971)), despite Wilensky's (1964) and Becker's (1962) earlier call for caution. Modernisation and new forms of control are assumed to pressure the highly valued freedom and autonomy of the professionals, undermining their professionalism. As Evetts (2003) puts it: '(professions) […] have been perceived as under

threat from organizational, economic and political changes, [and] are portrayed as experiencing a reduction in autonomy and dominance, [and] a decline in their abilities to exercise the occupational control of work' (p. 396).

Whether reorganizations in the public sector are undermining professionalism or not, is not a straightforward question. It involves both the nature of the work the professionals perform, the development of the professions as professions, and there are wide variations between organizations in the same profession. If an empirical investigation of this question is to be undertaken, one possible approach would be to look at it from the point of view of the individual professionals.

This paper examines how Norwegian teachers and nurses report on what can be considered three different aspects of professionalism. This will be interpreted in the light of recent reorganizations in Norwegian public sector, the background of the respective professions as well as the nature of the work they perform. The discussion focuses on what has been said to be the three core issues of professionalism; autonomy, service-orientation and expertise (Bottery, 1996; Eraut, 1994; Wilensky, 1994).

Teaching and nursing are very interesting professions for comparison. They are both what is often referred to as 'weak professions', (see for instance Wise, 2005), which means that their legitimacy as professions, with all the advantages this might imply, is more difficult to achieve than for the so called strong professions (medicine, law.) Teaching and nursing have taken on this battle with somewhat different means, and with somewhat different results. As will be elaborated below, nurses can be said to have increased their status while teachers have decreased theirs; the respective professional associations have adopted rather different strategies in their struggle; and they are situated differently in the organizations of which they are part, and these organizations also differ significantly.

There are (at least) three important and associated aspects of professionalism: expertise (or a specialist knowledge-base), altruism (or a service-orientation), and autonomy (Bottery, 1996; Eraut, 1994). Expertise refers to the possession of an exclusive knowledge and practice. Autonomy refers to the professionals' need and right to exercise, control entry into and practice within the professions, legitimated by their expertise. Altruism refers to the ethical concern by the professional group for its clients (Bottery, 1996), or a moral commitment to serve the interests of

clients (Eraut, 1994). As Freidson (1988) has argued, expertise and service-orientation serves as legitimization for autonomy, both at the individual and collective levels. This will be expanded in the following and linked to the case of teaching and nursing in Norway.

New forms of control in Norwegian teaching and nursing

Dahle and Thorsen (2004) address the general modernisation of the public sector in Norway. They argue that the control and privatisation of public services often associated with the NPM ideology has become an important way of organizing the Norwegian welfare state, but perhaps not to the same extent as in many other European countries. However, recent reforms in both the education and health sectors in Norway have accentuated the turn towards more control and greater demands on efficiency and accountability.

The Norwegian Hospital Reform, implemented in 2002, transferred the ownership of hospitals from the counties to the central government and organized the hospitals as state owned health enterprises. In addition, the system of financing of the hospitals was altered and patients were given the right to choose where to receive treatment. This was widely acknowledged as a transition towards more market-oriented solutions in the health sector and, along with this, a bureaucratisation and the implementation of an audit culture (Dahle & Thorsen, 2004; Kjekshus, 2003). This reform also brought with it changes in the organization of the daily work in the health sector. Kjekshus (2003) argues that along with the bureaucratisation of the hospitals came new demands of loyalty to the institution instead of the profession, and more emphasis on financial performance and goal achievement. It entailed a reduction in the professional autonomy and increased control over the distribution of time and money. Kjekshus's argument would suggest that nursing has experienced a drift towards less individual autonomy and more organizational control.

The educational sector in Norway has undergone several reforms in recent decades. Changes have been made in primary and secondary school as well as in higher education. The strongest changes have probably been the curricula reforms made in primary and secondary education in 1997 ('Reform 97'). The implementation of detailed curricula in all subjects has been described as a Norwegian neo-conser-

vative New-Right ideology with the adaptation to an economic view on education, and education as a means for future economic growth (Hovdenakk, 2004). It has been argued that the 1990s was the decade of educational reforms (Karlsen, 2002), and that while the pedagogic of the 1970s put the development of the student in centre, the educational politics of the 1990s was oriented towards political concerns (Hovdenakk, 2004). However, it is an empirical question whether curriculum changes actually changed the everyday work of the teacher.

Attempts have been made to analyse to what extent the curricula actually were directing the work of the individual teacher, and one of the findings was that the curriculum was the most important planning tool for the teachers (Imsen, 2003), and had a clear influence on teachers' work at the individual level. But the implementation did not mean a clear cut development towards more direct control of teachers' work. On the one hand 'school and municipal reforms in the 1990s decreased the influence of the professional, [and] new principles of management and administration, service quality and user quality have come to the fore' (Helgøy, 2003, p. 55). On the other hand many teachers 'managed to transform the reforms into pedagogical tools and the teachers are still in daily control in the classroom' (ibid, p. 55). The positive aspects of standardised goals and quantitative performance measures are also emphasized in international research on teachers and nurses (Stronach, Corbin, McNamara, Stark, & Warne, 2002).

As will be discussed later, there are some inherent features in the nature of teachers' work that still makes it an individual task, and whereby it is evasive of many forms of direct control. But so far, it seems reasonable to suggest that both teaching and nursing in Norway have implemented new forms of control in a way that affects the practice of the individual professional.

Autonomy

One of the key features of the ideal type of professional is that their assumed knowledge allows them, both at an individual level and at a collective level, to have some kind of freedom or autonomy. Autonomy refers first of all to the whole profession, and 'the argument is that only the profession itself can define and judge the competence and good conduct of its members' (Eraut, 1994, p. 224). This would be autonomy at a collective level, and self-regulation is the manifes-

tation of this collective autonomy. Autonomy also refers to individual autonomy, the opportunity to control and plan one's own work. Freidson (1988) makes a distinction between a collective level and an individual level. He refers to the collective level as socio-economic autonomy, and the individual level as technical autonomy. The former refers to the opportunity to select the economic terms of work and the location and social organization of work; the latter refers to deciding the technical content of work. Freidson stresses that it is the technical autonomy that is the key feature of the status of the professions.

In practice, there are differences in the autonomy granted at the level of the profession as a whole, as well as differences between professions in their members' opportunity to be autonomous in their professional practice (Eraut, 1994). Different professions are situated in different positions in different organizational hierarchies. This is very much the case when comparing teaching and nursing. In hospitals, the hierarchy is differentiated, with doctors at the top and with nurses, auxiliary nurses and technicians placed lower in the hierarchy. In schools, the staffs consist mainly of teachers and the organizational structure is fairly horizontal.

Abbott (1988 pp. 125–129) argues that there is a distinction between autonomous and heteronomous professions. Autonomous professionals work mainly for themselves or for professional peers, while heteronomous professionals are employed by organizations not headed by others from their profession. At almost all places of employment, nurses are part of an organization run by others than nurses. Hospitals are large bureaucratic organizations: they are organized as hierarchies, and have a complex division of labour. In the local health services the organizations are smaller, but are still differentiated and frequently led by others than nurses. As Abbott also exemplifies, nursing is a heteronomous profession. Schools, on the other hand, are more uniform organizations, with a less expanded hierarchy. Teachers comprise most of the workforce, and the leader of the organization, the principal, is frequently a teacher.

As mentioned, the introduction of new managerial methods is often linked to discussions on deprofessionalization or proletarianisation of the professions, claiming that the new forms of control and management are undermining autonomy. The independent professional is becoming the bureaucrat (Freidson, 1986, pp. 158–159). In Figure 1,

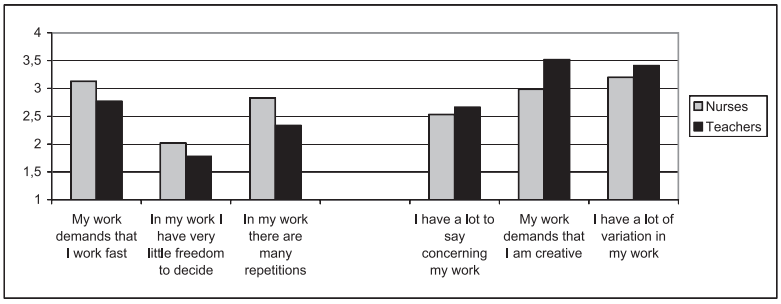

Figure 1. Description of work situation, mean values. Mean values on different statements about work situation, three years after graduation. Scale is from 1 (not at all) to 4 (very much so). N varies from 201–205 (teachers) and 223–229 (nurses). All differences are significant at the 0,05 level (t-test.) Source: StudData.

newly qualified teachers' and nurses' experience of their own work situation is presented. All questions can be considered describing aspects of individual autonomy.[2]

It would make no sense to comment on the absolute level of the mean values in the diagram; it is the comparison between the groups that is interesting. The differences between the groups are not very great, but the pattern is clear. Teachers report fewer demands from their work, more freedom to decide and fewer repetitions in their daily work. They also report slightly, but significantly, more influence on their work and the work demands more creativity by teachers than nurses. Teachers report more variation in their work than nurses. The differences all point in the same direction: teachers, more than nurses, experience autonomy at the individual level.

On the one hand, this can be considered as a reflection of the nature of the work teachers and nurses perform. From the beginning teaching was a more independent and autonomous profession than nursing. Historically, the teacher was the leading figure in the local community, and was the learnéd man who had the freedom to organize the daily work by himself (Karlsen & Kvalbein, 2003). Nursing, on the other hand, did not have the same independent position, but was subordinate and nurses were an assistant to the medical doctors.

The liberal role of teachers and more restricted role of nurses was also related to the gender stereotypes associated with the profession.

It has been argued that the early formation of professions was strongly influenced by the gender organization and gender stereotypes in society at large (Greiff, 2006), and that this gendered organization still affects the way professions are understood. This would imply that nursing, as a traditional female profession, was associated with values such as maternal care, consideration, religious calling and serving other peoples' interests. Teaching, at least in its early days, was an exclusively male profession, and had values such as conscientiousness, strength, vigour and also values of responsibility such as providing for the family, and economic responsibility. The greater autonomy of the teachers was perhaps influenced by rather stereotypical understandings of gender.

As shown, teaching and nursing have had rather different developments from their occupational starting points. Nursing has been more of a subordinate profession, while teaching from the start was a rather independent and autonomous profession. Teaching was more or less exclusively a male profession, while nursing is and always have been a female-dominated profession. The gender composition in teaching has now changed (about 70 per cent of teachers today are women (Caspersen, 2006)), but the nature of teachers' and nurses' work is still different with regards to the autonomy they have at the individual level.

The differences between the groups could also imply that the pressure on professional autonomy, or the deprofessionalization or proletarianisation of the professionals, has been greater in the health sector, and that this is the reason for the differences between the groups. If it is assumed that the NPM ideology has gained a foothold in the educational sector as well as the health sector, our findings suggest that teachers have managed to maintain a rather autonomous role and the possibility to control their own work situation in a way that is not found in nursing. However, such an interpretation is difficult. There are differences concerning work situation, differences in professional strength, differences in the development of the professions, differences at work-place level in terms of resistance to change; a whole multitude of factors are interacting and affecting the outcome.

Freidson (1986) argues that there are differences at the individual level between teachers and nurses and the work they perform. Although much has changed during the more than twenty years that have passed since Freidson made his analysis, his general point still

seems valid. Nurses are part of a 'very elaborate, highly technical division of labor among a number of occupations ordered both by specialisation and authority.' (p. 165). This elaborated division of labour and the technical elements in many parts of the sector 'creates constraints on individual discretion that are greater than appears to be the case for most other professions' (ibid.). Teachers, on the other hand, are somewhat opposite to nurses. Although the school system can be organized as a bureaucratic organization, and the educational sector may be implementing strict regimes of control and monitoring, teachers have a 'distinct autonomy stemming from the way the teacher's position in the classroom is insulated from systematic observation and control even by peers' (p. 161). Nurses' work can be characterised as collective, and this makes it easier to control. Teachers' work is individualised and evades direct supervision.

Service orientation

Professions are connected to and legitimised by an intrinsic motivation for choice of career (Freidson, 2001). At both at the individual and collective level, professional autonomy is not only claimed by the nature of expertise, but also by service orientation or ethicality (Freidson, 1988, p. 360). 'After all, unless the profession's expertise is guided by a concern with the good of humanity, it may not put it to good use' (ibid.). Freidson's discussion concerns the regulation of the professions, or more specifically, how the professions regulate themselves and their members. The argument is that ethicality is not shown in the attitudes that the professionals claim, but in the action they perform. These actions are under the regulation of the profession. Attitudes may be a prerequisite to good behaviour, but do not assure that good behaviour follows. In the analyses presented later, teachers' and nurses' perception of the degree to which they are able to perform tasks in line with their ethical orientation is addressed.

In nursing and teaching, both historically and today, the intrinsic motivation is closely connected to an orientation towards other people, often referred to as altruism. In everyday language, altruism and altruistic actions are often used about 'unselfish regard for or devotion to the welfare of others'.[3] The term is often used about actions that do not give any form of reward for the subject performing the action, but in Bottery's definition the subject might very well achieve

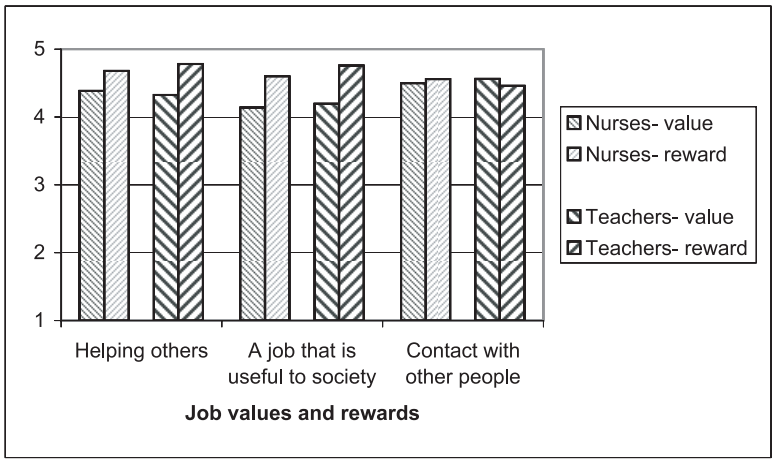

Figure 2. Job values and job rewards at graduation and two and a half year later, mean values. Mean values on statements about what students want from work (job values), and to what degree they feel they get to realise the same job values in their work situation two and a half years later (job rewards). Scale is from 1 (not important/not at all) to 5 (very important/very much). N varies from 154–159 (teachers) and 150–156 (nurses). Source: StudData.

personal gain from such actions. The important component is the ethical concern for others.

It has been argued that today's youth find new meaning in helping others (Jensen & Tveit, 2005). It is not the altruistic, unselfish and self-sacrificing orientation that characterises modern care-workers; increasingly, people choose to help others for personal gain, directly or indirectly through the gratitude and appreciation they receive from the patient. With reference to Ziehe (Ziehe, 2000; Ziehe, Fornäs, & Retzlaff, 1993; Ziehe, Nielsen, & Fornäs, 1989), Jensen and Tveit claim that the energy and motivation one finds in helping others comes from the reward it gives one's self. Other-orientation is combined with self-interest if one is to become a skilled professional, and the difference between self-interest and other-orientation becomes blurred.

In Figure 2 the job values and rewards of teachers and nurses are presented. The students in their final year of education are asked to rank on a five-point scale from 1 (not important) to 5 (very impor-

tant) the importance of different job characteristics when considering a job offer. These are referred to as 'job values'. Two and a half years after graduation the students are asked to rank on a five point scale the degree to which their work provides them with opportunity to realise different job values. These are referred to as 'job rewards'. Only job values and rewards that correspond with a traditional other-orientation is presented.[4] The main finding is that both teachers and nurses are very much 'other-oriented', and that they find the opportunity to realise these other-oriented values in their work.

One part of the argument concerning reorganization of public sector and the implementation of NPM is that moral responsibility for the work is taken away from the individual professional, thus minimising the role of the professional. As Jehnsen and Lahn (2005) aptly put it: 'Reducing morality to a question of legislation, systems and rule following may over time reduce the capacity of professional groups to set standards, produce meaning and instil a sense of moral responsibility among their members: in short, the very notion of professionalism may be undermined' (p. 306). The hypotheses one could infer from this is that in our case teachers and nurses will feel incapable of realising the more altruistic values connected to their professions. However, figure 2 indicates that the intrinsic motivation of both teachers and nurses is very much alive, and that the work situations for both teachers and nurses provide them with good opportunity to realise these job values.

One of the arguments for introducing new forms of control could be interpreted in terms of distrust in the professionals' service-orientation, or their desire to work for the public interest (Evetts, 2006). Professionals are restricted by introducing strict rules and procedures, and the expectation would then be that the inclination to work for the public good would be low in the profession. The findings in Figure 2 can be interpreted otherwise, where both teachers and nurses rate the other-oriented values high. However, the control forms can also be interpreted in terms of quality assurance. It is important that the services professionals provide are of a high standard, and control mechanisms are one way of providing this. Another way is making sure that they have sufficient founding in the knowledge-base of their profession, an issue that will be addressed in the next section.

Expertise

As shown, there are differences in teachers' and nurses' experiences of their work situation, and this could be due both to differences in implementation of new forms of control, as well as differences in the work they perform and differences in the history of the professions. It also seems clear that the service-orientation is vibrant at the individual level, and that both teachers and nurses feel that they their work provides them with good opportunities for realising these job values.

A third element in professionalism is expertise, or esoteric knowledge. Autonomy is supported by knowledge of such a nature that only the professionals themselves are able to determine what is wrong in specific situations, and only the professionals themselves are able to decide the actions to taken.

The period of professional training lays the foundation for the professional knowledge which legitimises autonomy. It is also the means the profession as a collective has to control entry into the profession. The General Teacher Education in Norway is four years, while nursing education is three years. A bachelor's degree in nursing qualifies for work in all parts of the health sector where nurses are present; the generalist teacher education qualifies for work in primary and secondary school.

One approach when addressing the question of knowledge in professions is to assess the quality and amount of substantial knowledge the professionals have. Another approach is to examine how they regard and evaluate knowledge and what kinds of knowledge they find important for their professional practice. Heggen (2005) has analysed how students of teaching, nursing, social work and pre-school teaching value the importance of formal knowledge, personal abilities, values/attitudes and practical skills at the start of their study and at the end of their study. In the first semester of study almost 75 per cent of nursing students rated formal knowledge as very important. In teaching the share rating formal knowledge as very important was a little less than 60 per cent. In the sixth semester[5] the same students were asked to rate the same questions again. Now a little more than 80 per cent of the nursing students rated formal knowledge as very important. The share had increased. Amongst the teacher students the opposite had happened: Less than 50 per cent now rated formal knowledge as very important. Heggen also found that students of social work

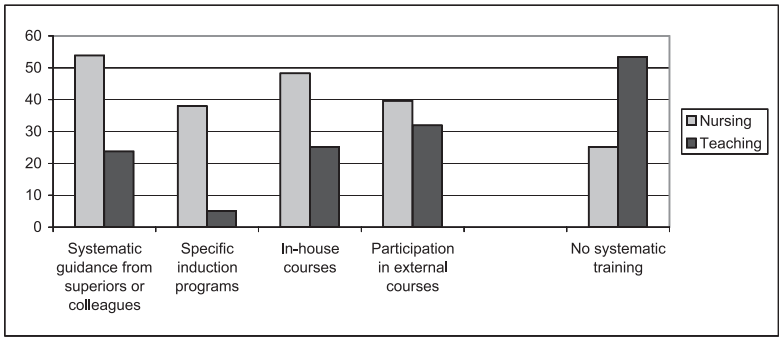

Figure 3. Reported training of newly educated teachers and nurses. Percentage of teachers and nurses reporting having participated in different induction programmes, N= 232 (nursing) and 219 (teaching). Source: StudData.

and teaching rated formal knowledge as less important than the other three types of knowledge.

While nurses became more confident that formal knowledge was important in their professional practice during their education, teachers became less convinced of the same. What can cause this difference? Heggen suggests that this reflects a general difference between the teaching and the nursing profession in the understanding of professional competence.

Another important aspect of professional competence is the continuing development of competence, and the induction of newly qualified professionals. There are interesting differences between teachers and nurses also at this level and which could be referred to as the system level.

Teaching and nursing in Norway are somewhat opposites when it comes to organized training of newly qualified, and also regarding continuing professional development. While both health organizations and personnel in Norway are obliged by law to participate in professional development programs to secure safe quality practice (Bjørk, Hansen, Samdal, Tørstad, & Hamilton, 2007), there is no such obligation for Norwegian teachers (OECD, 2005). So-called 'clinical ladder' programs were introduced in Norwegian hospitals during the 1990s (Bjørk *et al.*, in press). This period was characterised by nursing shortage, and in-house career programs were considered an effective means by which to attract and retain nurses. This coincided with

a political emphasis on quality assurance in health care settings. These systems started out as a method for recognition and have developed towards formal systems for development of competence. The Norwegian Nurses Organisation (NNO), a strong and powerful union in Norway, has pushed for the implementation of these kinds of competence programs. By law, all health organizations and personnel are obliged to secure safe quality practice through continuing development of competence.

In Norwegian teaching, there is no statutory provision for continuing professional development. In a comparison between all OECD countries, a little more than 40 per cent of Norwegian teachers had attended a professional development program in the previous three months according to principals (OECD, 2005). This places Norway near the median of the 30 participating countries, more than 20 percentage points behind countries such as the U.K. and Sweden. As accounted for by the OECD, teacher induction programmes in Norway are based upon mentoring. School principals assign an experienced member as a mentor and these mentors are then provided with training funded by the Ministry of Education and Research. This leaves the schools and the newly qualified teacher with plenty of leeway to organize the induction activities themselves.

In Figure 3 more than fifty per cent of the newly educated nurses report that they have received systematic guidance from superiors or colleagues, while less than twenty-five per cent of the teachers report the same. More than fifty per cent of the newly educated teachers report that they have had no systematic training at all compared to twenty-five per cent of the nurses. It is evident that nurses meet a completely different induction system than teachers. This is also supported by the fact that nurses, more so than teachers, think that their training has been sufficient for performing their work[6].

The findings suggest that newly qualified teachers are largely left on their own, at least compared to the newly qualified nurses. Can the autonomy of the professional teacher lead to non-intended consequences in that the newly qualified professional teachers are left on their own? Eraut argues that for teachers professional autonomy is juxtaposed with isolation from colleagues (Eraut, 1994). Professional autonomy is perhaps at the cost of an organized entry intro working life.

Personalised professionalism and professional accountability

Professionalism consists of three elements where expertise and service orientation lays the foundation for the autonomy which the professionals are granted both at the individual and collective levels. New forms of management in the public sector have been said by some to undermine professionalism. In the material presented students of both teaching and nursing report a strong service orientation. They also report that they have the opportunity to realise these values in their work three years later. Another finding was that teachers reported having more freedom to make decisions at an individual level than nurses. On the other hand, more than half the teachers reported not to have participated in any systematic training, while only about a quarter of the nurses reported the same. Heggens' (2005) findings suggest that this personalisation of teaching also has consequences for their professional knowledge base.

Karseth and Nerland (2007) have examined discourses of knowledge in four professional associations in Norway, among them Norwegian Nurses' Organization (NNO) and the Union of Education Norway (UEN) (the teachers' union). Both associations are engaged in issues concerning knowledge development and pursue this by various means. First of all, Karseth and Nerland find a difference in the importance given to different kinds of knowledge. They portray the NNO as an association which has emphasised scientific knowledge, while UEN is the opposite, advocating practice-based and personal knowledge.

Karseth and Nerland also find differences in how the associations safeguard professional practice, and the UEN and the NNO have to some extent chosen opposite strategies. Direct intervention in professional practice can be contrasted with emphasizing individual autonomy and discretionary decision-making, and UEN has emphasised the individual practitioners' right to decide, while the NNO has been a proponent of a more directly controlled work situation.

Thirdly, Karseth and Nerland distinguish between a restorative and a progressive strategy where the NNO and UEN again can be said to have chosen opposite strategies: the NNO as a progressive agent, UEN as a restorative. While the NNO has emphasised expansion and a constant need for new knowledge and techniques, the UEN appears to have been more occupied with restoring past glory.

Teaching as a profession can thus be characterised as personal or individual and restorative rather than progressive: nursing can be considered scientifically oriented, collective and progressive. The differences are clear, and reflect the earlier findings well. From the material presented here, an appropriate characteristic of teaching as a profession could be 'personalised professionalism', while nursing has a more collective character.

Personalised professionalism sounds almost like a contradiction. One of the characteristics of a profession is a collective knowledge-base instead of a personal experience or ability. If the personal or individual was the foundation for the profession, there would be no need for expensive or time-consuming education of professionals. If the individual professional was to perform acts of discretion based solely on personal judgement, it would not invoke any trust in the public whatsoever.

To say that anti-professionalism is the case in Norwegian teaching is, of course, far too drastic, but it does seem obvious that teaching and nursing have taken rather different paths and approaches and that this manifests itself at many levels today. If knowledge is considered as the foundation for professionalism, then teachers' approach to knowledge, both at the level of the individual professional (the valuation of knowledge), at the system-level (the low reported levels of participation in induction programs and continuing professional development), and at the level of the professional association (in terms of the UEN's strategies), seems rather fragile. Further research investigating these differences between the professions more thoroughly, at all the levels mentioned, would be of considerable interest.

The first question asked in this paper was whether new forms of control in the public sector are undermining professionalism. The answer seems no less difficult now than in the introduction. There are many aspects that need to be taken into account such as the nature of the work, the resistance towards new forms of control at different levels, and the actual implementation of new forms of control at the micro-level. It seems as threats to professionalism may come from many directions. If one of professionalisms distinctive features is specialised knowledge, then it seems as the threat can come just as much from within the profession as from outside. Furthermore, the question itself, whether new forms of *control undermine professionalism,* can be argued *a priori* to accept the traditional dichotomy 'between "econo-

my" (bad; audit culture; deprofessionalizing; impositional, etc.) and "ecology" (good; professional; solidary; voluntarist, etc.)' (Stronach et al., 2002, p. 124).

An alternative way of understanding the implementation of new forms of control in public sector is to see them as *responses* to threats to professionalism. The introduction of new forms of control in the public sector is not only explained by a desire for increased efficiency, but also as a counterweight to claims of decreased trust in the professions (Evetts, 2006), due to both an increased level of education in the population (and thus a general inflation of professional knowledge), malpractice scandals and a widespread 'value-for-money' thinking.

Mintzberg (1983) argues that there are inherent dysfunctions in professional bureaucracies, and a lack of opportunity to 'correct deficiencies that professionals themselves choose to overlook' (p. 206). Professionals can be incompetent or unconscientious, and no two professionals are equally skilled. From the outside this is understood as a lack of external control, and the cure is to 'use direct supervision, standardisation of work processes, or standardisation of outputs' (ibid, p. 210). The introduction of methods for making professionals accountable for their actions is then a way of reinstating the trustworthy professional. But this effort of reinforcing the accountable professional may have unintended consequences. 'Trust is to be replaced by accountability, but accountability seems to result in the standardization of work practices' (Evetts, 2006, p. 525).

Evetts (2002) has argued that the traditional concepts of autonomy and self-regulation no longer, if it ever did, fits as a description of professional work; the important characteristic is the opportunity to perform acts of discretion. In the same manner as autonomy is legitimised by the professional knowledge, so is the opportunity to perform acts of discretion. A standardisation of work could imply a reduction of professional autonomy or a reduced opportunity to perform acts of discretion, not with the specific intent of reducing it, but with the intent of reinstating the professional as trustworthy.

This would nevertheless coincide badly with the ideological pursuit for autonomy in the professions, and is thus perceived as undermining professionalism. Mintzberg (1983, p. 211) argues that this kind of standardisation is contrary to the nature of the professional work, and professional work cannot be effectively performed if the operator, i.e. the professional, does not have it under control. Even if pro-

fessional work could be effectively performed under different forms of direct control, the professionals themselves are likely to resist it. As Eraut puts it: 'Accountability has been presented to the professional workers more as an external control mechanism than as a strengthening of their moral and professional obligations: and hence as threat to autonomy rather than a consequence of it' (1994, p. 225).

A final caution should be made in interpreting the results. Although questions concerning work in sectors that have implemented NPM models in various forms have been addressed in this paper, this should not be read as an analysis of the implementation of NPM models. This would demand longitudinal data and more elaborate alternation between the micro and the macro levels. Another potential source of error is the recruitment of individuals into different professions. Could the higher participation in induction programmes and continuing professional development in nursing than teaching be explained by individual variations? Both these questions would make interesting topics for further research.

Notes

1 I would like to thank all those that have contributed valuable comments and suggestions on different versions of this paper, especially professors Jens-Christian Smeby and Arne Mastekaasa at the Centre for the Study of Professions, Oslo University College.

2 All findings presented in this paper without references to other publications are from the Norwegian StudData-survey, a panel survey following students from 20 different professions and 11 different institutions from the first year of professional training, the final year, three years after graduation and six years after graduation. The findings presented here are from a panel that graduated spring 2001, and was followed up spring 2004. For more information see http://www.hio.no/content/view/full/1059. However, all interpretations are solely the author's own responsibility.

3 Merriam Webster online: http://www.m-w.com/dictionary/altruism.

4 For more expanded analyses of job values and job rewards among Norwegian teachers and nurses, see for instance Caspersen (2006) or Dæhlen (2005).

5 One year is divided in two academic semesters in Norway.

6 Nurses average significantly higher on a scale from 1 to 4 compared to teachers, on the statement 'The training has been sufficient for performing my job in a good way'.

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