

WORK INTENSIFICATION AND EMPLOYMENT INSECURITY IN PROFESSIONAL WORK

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by

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Abstract

Professional work is a category of employment that has traditionally been associated with high levels of worker autonomy, economic and social status. During the past decade, changes in customer expectations, government policy and technology have generated pressures resulting in enhancement of the quality and efficiency of service provision, expansion in task requirements and a need for higher levels of discretion. In this sense, professional work has been upgraded. However, the changes have also led to a deterioration in the economic and social status of professional work, adversely impacting on the social and psychological well-being of professional workers. This paper examines these developments in five professions including two established professions (lawyers and pharmacists), one aspiring profession (midwives) and two emerging professions (counselling psychologists and human resource managers). The empirical findings are based on a survey of 1270 professional workers conducted in 2000 and 2001.

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1. Introduction

The professions are occupations characterised by the practice of highly developed and specialised theoretical and practical knowledge and expert problem-solving abilities, developed through extended periods of education, training and experience. The education, training, accreditation and standards of performance of professional work are closely regulated, both by professional associations and by the state (Abbott 1988). Nevertheless, the specific nature and high level of knowledge and skills of professional workers mean that their work is not easily monitored. This gives professionals a high degree of discretion in the way they do their work and autonomy from clients and/or employers (Fox 1974). Adherence to a professional code of ethics and best practice minimises exposure to risks of poor performance and resulting high costs to clients and employers (Carr-Saunders and Wilson 1933, Goode 1957, Parsons 1954).

In recognition of their high levels of skill, knowledge and ethical standards, professional workers have traditionally enjoyed elevated economic and social status. As early as 1776, Adam Smith argued that

‘We trust our health to the physician; our fortune and sometimes our life and reputation to the lawyer and attorney. Such confidence could not safely be reposed in people of a very mean or low condition. Their reward must be such, therefore, as may give them that rank in the society which is so important a trust requires. The long time and the great expense laid out in their education, when combined with this profession where twenty fail for one that succeeds, that one ought to gain all that should have been gained by the unsuccessful twenty’ (Smith 1776, I, p118-119).

More recently, however, the legitimacy of the traditionally privileged status held by the professions has been debated by sociologists and economists. While some continue to argue that professional exclusivity serves as a guarantee of high quality services and public protection, critics contend that it represents the exercise of monopoly power in ‘restraint of trade,’ and therefore goes against the public interest (Larson 1977, Parkin 1979, Friedson 1994, Derber et. al. 1990). From this more sceptical perspective, professionalisation has been viewed

‘as the process by which producers of special services sought to constitute and control a market for their expertise. Because marketable expertise is a crucial element in the structure of modern inequality, professionalisation appears also as a collective assertion

of special social status and as a collective assertion of upward social mobility.’ (Larson 1977, p.xvi).

Such views also lie behind shifting political opinions with regard to the professions. In a 2000 OECD Report,

‘Concerns have been raised that ... structural and behavioural regulations restrict competition more than is appropriate or necessary, raising the price and limiting innovation in the provision of professional services. In addition, where a professional association is delegated certain regulatory powers, such as the power to discipline its members, concerns have arisen that professional associations may use these powers as a tool to restrict entry, fix prices and enforce anti-competitive co-operation between its members. In some cases, studies found that restricting entry to the most highly qualified providers may lower service quality overall as consumers forego professional services or seek to provide the services for themselves (OECD 2000, p7).

However, economists have challenged these critiques on the grounds of the quality and efficiency of professional training (Leyland, 1979); the existence of positive externalities,¹ and the role played by professional ethics in reducing transactions costs arising from the fact that those supplied with professional services lack the knowledge to effectively monitor the quality of service provision (Dietrich and Roberts, 1997, Broadbent and Laughlin, 1997). From this perspective, professionalisation involves an implicit contract by which professional workers agree not to take advantage of the difficulties in vetting the services they provide in exchange for societal recognition of their high social and economic status.

In short, the debate amongst sociologists and economists centers on whose interest professionals and their associations serve. At one extreme, they are said to serve the general interest, which they should be allowed to protect by excluding the unqualified (e.g. Carr-Saunders and Wilson 1933). The opposite perspective contends that professionals and their associations serve their own special interests, by exploiting any protection from competition they have been granted (e.g. Larson 1977). The compromise position recognises that they have the power to serve both their own and the public interest. Any conflicts of interest arising from this dual orientation are resolved by the adoption and enforcement of professional guarantees of quality and codes of practice to

¹ for example, doctors provide both a private *and* public service in controlling infection (Matthews, 1991)

reassure society that the privileged economic and social status afforded to professional will not be abused.

During the past decade, the security of professional status has been further threatened by a range of new developments, including technical change and new forms of service provision, government policy and organisational development which have profoundly affected professional work. Together, these changes are creating new opportunities for professionalisation and strengthening some professions, whilst undermining others and increasing the insecurity and work demands of workers within these professions.

The nature of the professional's knowledge base has an important influence on the relative security of the professional worker because knowledge has varying degrees of transferability, and the less transferable is the knowledge, the more secure is the professional.

In recent years, the rapid advancement of information technologies has made previously inaccessible information more readily, threatening the professional monopoly over specialised information, shifting the parameters of the professional/client relationship and raising the expectations and demands of better informed clients. Access to information, however, is not the same thing as professional knowledge; and what distinguishes the professional from the non-professional is the ability to convert information into knowledge and to apply that knowledge in the process of problem solving. This knowledge can be to varying degrees 'codifiable' and transferable or 'tacit' and non-transferable, and the more tacit the knowledge, the greater is the dependency on the interpretative capabilities of the professionalised worker. Moreover, 'the production process particular to the "professional" activity always contains an important margin of indetermination which rationalised and transferable rules do not take into account' (Jamous and Peloille 1970 p114-115).

Nevertheless, new technology is a double-edged sword that has created opportunities for the development of innovative new services whilst routinising others through the application of computer-based expert systems.

Changes in government policy (including privatisation, deregulation and new regulatory forms) and in industrial organisation have also radically impacted the professions, the work professionals do and their security. Prevailing attitudes regarding the appropriate balance of market regulation and competition are reflected in the organisation of markets for professional services (Lane, *et al* 2002). In Britain, the highly individualistic 'free market' orientation of recent

governments and of clients has come into increasing conflict with the market-organising activities of professional societies. As a result, professions have been forced into competition with other professions. They have also been confronted with new, technologically mediated forms of service provision from non-professional occupations.

The development and growth of new forms of organisations for the delivery of professional services in both the private and public sectors have given rise to new and competing interest groups. Within these organisations, managerial hierarchies have been established to supervise the work of professionals; and depending on the sector, to mediate the interests of professional and non-professional workers, shareholders, customers and other stakeholders, including importantly the state. Inter- and intra- professional competition has also intensified with the development of new areas of professional specialisation and competition over adjacent areas of expertise.

The present paper, the field work for which was carried out in 2000 and 2001, examines the impact of the changes described above on the work, employment and socio-psychological well-being of professionalised occupations, with particular attention to the changes of the 1990s. The central focus of the research is a survey of midwifery, lawyers, pharmacists, counselling psychologists, and human resource (HR) management practitioners. Section 2 describes the nature of professional work in each of the professions included in this study. Section 3 considers the changes that have most significantly impacted the work of these professionals. Section 4 examines the impacts of change on professional work, and the professions, highlighting the effects on skills and knowledge, efficiency and quality of service and costs prices and financial viability. Section 5 considers increased demands on professional workers and the impact of this on employment security and work intensity. Section 6 examines the impact of change on the socio-psychological well-being of professional workers. Section 7 draws conclusions.

2. The Nature of Professional Work in Law, Pharmacy, Midwifery, Counselling Psychology and Human Resource Management

With continual advancement in knowledge and techniques for delivering professional services, professional occupations have evolved; new professions have emerged, previously non-professional occupations have sought professional status, while outdated professions have declined in relative importance and still others have disappeared. As a result, there is a spectrum within which various professions can be classified, ranging from the *emerging*

to the *established* professions. *Emerging professions* are new occupations in the process of acquiring professional status. *Established professions* are those whose title and area of expertise have already been awarded legal protection. Between the two are the *aspiring professions*; established occupations that are aspiring to enhanced professional status.

Our study examines two established professions (the lawyers and pharmacists), one aspiring profession (the midwives) and two emerging professions (the human resource managers and counselling psychologists). Whereas lawyers and pharmacists have enjoyed chartered professional status for many years, the midwives, whilst being a well-established health care occupation, are currently aspiring to greater recognition of their professional status. This is in contrast to the human resource managers (HRM) and counselling psychologists, which are fairly young occupations that have only recently achieved chartered status. This has enhanced their professional status and improved their reputation and market position. However, in these cases, chartered status does not ensure professional exclusivity; and compliance with professional standards of competence and ethics applies only to members of the professional societies. Because non-members are not bound by these standards, the reputation of emerging professions cannot be fully safeguarded. This is in contrast to the established professions where an extensive range of performance standards, stringent monitoring and enforcement mechanisms serve to protect their reputation and status.

The Lawyers

The British legal profession is divided into *barristers*, who represent their clients in court, and *solicitors* who do not. The survey was confined to solicitors. The work of solicitors involves the provision of legal advice, preparation of documents and contracts and the practice of litigation. During the late 1990s, 80 per cent of solicitors were partners or employees in private partnerships, with the remaining 20 per cent being employed by large companies (public and private) or state agencies (Law Society 1998a). During the 1990s, the number of solicitors has increased steadily and the size distribution of UK law firms has shifted. Although small firms still form the overwhelming majority of firms, large firms, with more than 25 partners now dominate in terms of market share and earnings. From the late 1980s onward, large British firms, mainly engaged in corporate work, began to internationalise; and, together with American firms, they now dominate in terms of international presence (ie. number and geographical spread of foreign offices).

The solicitors' professional association and governing body is The Law Society, which received a Royal Charter in 1831. An independent and self-regulating body, The Law Society both represents and regulates solicitors; and although membership is voluntary, its jurisdiction extends to non-members. With the Lord Chancellor, Lord Chief Master and Master of the Rolls, the Law Society regulates the education and training of solicitors, thereby controlling entry into the profession. It also regulates all aspects of solicitors' practice, conduct and discipline; develops policy for the profession as a whole, and represents the profession in relations with the state.

The Pharmacists

British pharmacists are health care professionals working predominantly in community pharmacies, paid by the National Health Service (NHS) and contracted by local health authorities. The work of the pharmacist involves the dispensing, advising and managing of drugs prescribed by doctors and over-the-counter medicines. In recent decades, the role of the pharmacist has expanded to include such things as health screening, providing advice on general health and minor ailments, management of chronic conditions and offering advice to residential and nursing homes (RPSGB 1992 and 1996). At the same time, advancements in technologies and information systems have routinised the traditional dispensing process. Pharmacists' dispensing fees are fixed by the state, and in recent years, changes in government policy in this regard have served to reduce pharmacists' income from prescribed drugs.

Pharmacists are represented by The Royal Pharmaceutical Society of Great Britain (RPSGB), which has responsibility for approving the education, training and accreditation of pharmacists. To practice, pharmacists are required to register with the Society, which inspects pharmacies on a regular basis and has the power to fine and even to close down pharmacies that are not meeting performance standards. Aside from restrictions on the dispensing of drugs, regulation of British community pharmacists has traditionally been light, with recent legislation aimed at deregulation. Restrictions on the number of pharmacy outlets an individual may own and on the setting in which dispensing occurs have been lifted, resulting in a decline in the number of sole proprietorships and an increase in the dispensing of prescription drugs and over-the-counter drugs in outlets such as supermarkets. This process has been hastened by the outlawing of retail price maintenance on over-the-counter medicines.

The Midwives

Midwives have responsibility for pre-natal, natal and post-natal care for women and babies. Increasing during the post-war period, maternity services in Britain operated on a hospital-based and obstetrician-led model, which emphasises the risks of childbirth and results in high levels of medical intervention, even for low risk pregnancies. Within this system, the role of the midwife has been limited, more of an obstetric nurse than of an autonomous practitioner. In response to criticism from both women and midwives, together with mounting concerns about the impact of high technology obstetrics and a growing awareness of consumer rights, there has been a lively policy debate over the future of midwifery. This debate signalled a change in focus for maternity shifting, involving a shift in emphasis in care away from clinical procedures, institutional practice and professional convenience and centring it more around the needs and wishes of women and the importance of improving the quality of service.

Several important reforms have since been made, beginning with the introduction of named midwives with responsibility for co-ordinating the care of clients. The work of midwives has also been transformed from being task-orientated to being client centred. A third reform has involved the development of accountability and standards in midwifery, leading to the publication of guidelines by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting, which emphasised that midwives are personally accountable for the quality of care for clients. Standards were also established, which specify how midwives are required to carry out their professional duties and how they can be held accountable. Further developments in accountability and standards led to the replacement of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting with the Nursing and Midwifery Council in 2002, with added powers to set standards and guidelines for midwifery education, practice and conduct.

Inevitably, the establishment of woman-centred care has significant implications for service provision and staff organisation within maternity units. Central to its success is the enhancement of the role of midwives. It relies upon midwives adopting the role of autonomous and lead practitioners; requiring of them wider and more continuous education and training, increased knowledge, a wider range of clinical skills, and greater responsibilities. As a result of these reforms, midwifery is becoming increasingly a professionalised occupation, aspiring to professional status.

The Royal College of Midwives, which received a Royal Charter in 1947, represents the vast majority of midwives. Throughout its history, the College has encouraged the education of midwives both before and after qualification. It

provides professional leadership and lobbies for legislation designed both to ensure the ability of midwives to provide a high quality of service and to improve the terms and conditions of their employment. It also acts as a trade union, negotiating the terms and conditions for midwifery.

The Counselling Psychologists

The role of the counselling psychologist is to work with clients to improve their sense of well-being, to resolve crises, and to improve problem-solving and decision-making abilities. While counselling psychologists are primarily either independent practitioners or employed in the public sector, (in the National Health Service (NHS), social services and student counselling service), new opportunities have been developing in the private sector.

Chartered Counselling Psychology is a young profession, which achieved professional status in 1994 with the formation of the Division of Counselling Psychology within the British Psychological Society (BPS). Chartered Counselling Psychologists are required to hold membership in the BPS, which in turn requires a BPS accredited undergraduate degree, and three years of study, leading to the BPS Counselling Psychology Diploma.

There are significant differences of opinion within the psychology profession regarding the appropriate knowledge base for counselling psychology. The educational and training requirements for chartered counselling psychologists are equivalent to those of clinical psychologists. However, counselling psychology is poorly regarded within the broader profession because it is considered unstructured and undefined, with a 'crises management' focus rather than the treatment of serious mental health problems. The absence of 'jurisdiction boundaries' between different types of psychologists has aggravated the problem by making it difficult to define the client-base and market for counselling services. Because the treatment outcome of counselling psychology is relatively uncertain, there is concern that it is a more costly branch of psychology than the others. There is also disagreement among counsellors regarding training requirements and regulation of the profession. Many non-chartered counsellors feel that the training required by counselling psychologists is a barrier to competent practitioners entering the profession; they also believe that efforts to regulate the profession will erode their ability to provide quality services to clients.

The Human Resource Managers

The human resource management function (HRM) has evolved over the past hundred years, from the appointment of welfare officers by enlightened employers concerned with the well-being of their employees. With development of the theory and practice of labour management and an increased emphasis on the management of *human resources*, came recognition of the potential contribution of employees' skills, involvement and commitment to organisational performance. With this realisation came a closer integration of personnel policies and procedures with strategic management and corporate planning, and an augmentation in the profile of the human resource manager.

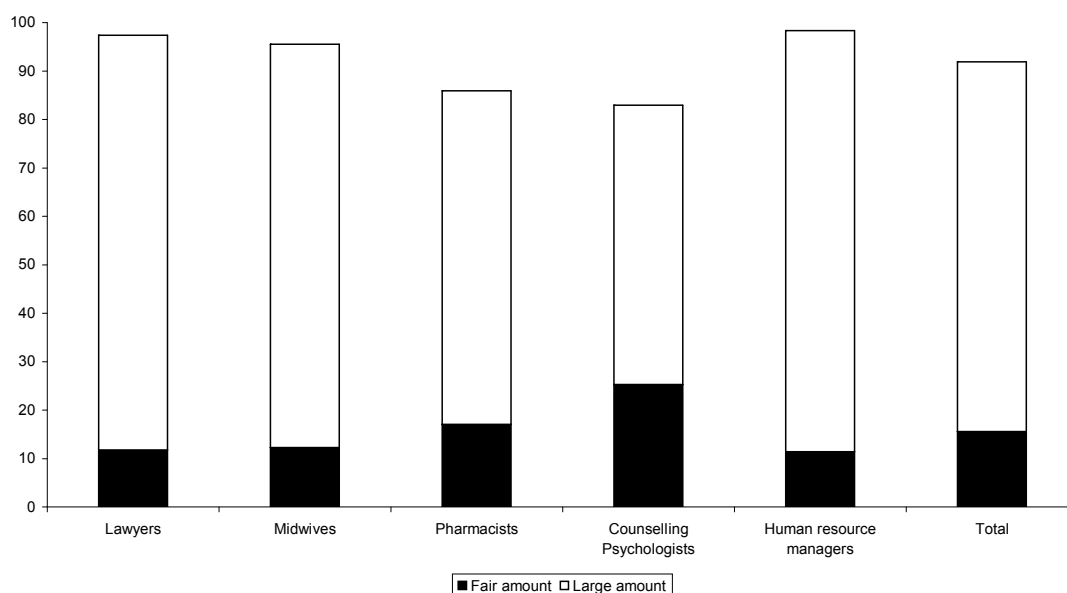
The knowledge base of *human resource management* draws heavily on industrial psychology (theories of motivation, behavioural theories of job enlargement and enrichment) and organisational behaviour (theories of better communication, management systems theory, and learning theory). HR managers are required to have knowledge of the laws regulating employment as well as the ability to effectively manage training and welfare at work as well as to mediate such things as grievance and dispute procedures. These requirements have been made more complex with the creation of the single European market and, more recently, the adoption of the Social Chapter. At the same time, the growing strategic importance of human resource management has increased the importance of knowledge of the organisation's legal, political, commercial and market environment for HRM practitioners.

The Chartered Institute of Personnel and Development (CIPD), which achieved charter status in 1999, is the professional association representing HRM managers. Membership requires either successful completion of a series of CIPD accredited courses, CIPD assessment of HRM related qualification or HRM related work experience, or National Vocational Qualification (NVQs) in accordance with the CIPD's Professional Standards. Although membership is not required, in 2000 CIPD had more than 100,000 members. The CIPD is not governed by statute and does not have the power to restrict entry into the HR manager profession.

3. Changes in Professional Work

During the past ten years, there has been an enormous amount of change in the nature and intensity of professional work. To gain a sense of the magnitude of these changes, we asked professionals to indicate the degree of change in the work that they were required to perform now, compared with 10 years ago. In response, a vast majority of all professionals reported that there had been ‘a large amount’ or ‘a fair amount’ of change. (See Figure 1) Of these, the midwives, lawyers and HR managers were more likely than the pharmacists or counselling psychologists to indicate that a large amount of change had taken place.

Figure 1: Change in Professional Work



For the midwives, the many changes in the structure of the NHS, in particular the introduction of Hospital Trusts, and government initiatives to reform midwifery practices have had a major impact on both their responsibilities and the content of their work. Midwives claim to have suffered because of falling numbers of midwives, and a governmental failure to increase resources in line with the additional demands made of them. The lawyers, for their part, claim to have been adversely affected by the deregulation of much of their work, for example, conveyancing, and by the government’s measures to cut the cost of legal aid. The increasing role of the European Commission in regulating employment has had a significant impact on the work of HRM managers.

To identify the sources for the perceived levels of change, we asked questions about the impact on professional work of the possible factors that could drive change. This was followed up by enquiries about the impact of change more directly related to their work. For all professions, the top drivers of change were increased demands from clients, government and technological change, in that order. (See Table 1) The pressure from clients was strongest for midwives, with 83.5% reporting increased demands. HR managers and lawyers were most affected by technical change and counselling psychologists least. And, with the exception of counselling psychologists more than 50% reported a large impact on their work from government policy.

Table 1. The drivers of change in professional work

Large impact from:	Pharmacist	HR managers	Lawyers	Counselling psychologists	Midwives	Total
Increased demands from clients	71.3	76.2	71.4	35.4	83.5	68.5
Technological change	57.3	73.8	70.3	26.1	51.0	54.2
Changes targeted at profession in:						
Government policy	50.0	59.2	60.3	21.6	56.1	49.8
Regulation.	26.6	35.4	48.1	18.2	32.8	31.2
European policy	32.7	58.2	15.3	8.7	22.0	29.3
Increasing competition from:						
Within your profession	46.3	28.6	65.9	28.0	25.0	35.5
Other professions	36.5	14.5	23.6	35.4	15.0	24.2
Non professionals	25.7	10.9	23.4	18.1	7.2	15.7

In all of the professions there is pressure resulting from increased demands by clients, who have become much more aware of their ‘rights’, and of the possibility of legal action against service providers. This was particularly so for midwives, whose concerns about demands from clients relate primarily to four issues. These are: clients expect and demand far more; a growing threat of violence and abuse from clients and/or their relatives; a growing risk of litigation; and a belief midwives are now so occupied with additional duties that they no longer have the time to provide the quality of service they did in the past. These problems are seen as being compounded by a lack of support from managers and by staff shortages.

Changed regulations impacted upon a relatively high proportion of lawyers, and European policy was of significant importance for HR managers due to the growing impact of European employment legislation on the content of their work. Competition from within their profession, from other professionals or from non-professionals was less important for midwives than the other professions. However, 25% of midwives experienced a large impact on their work from competition within their profession, while for 15% this pressure came from other professions. For pharmacists and lawyers the intensification of intra-professional competition was largely coming from large firms. Competition from other professions was most keenly felt amongst pharmacists and counselling psychologists. An importance source of this competition for the former came from the dispensing of drugs by doctors, and for counselling psychologists the pressure came from the range of other occupational groups providing counselling services.

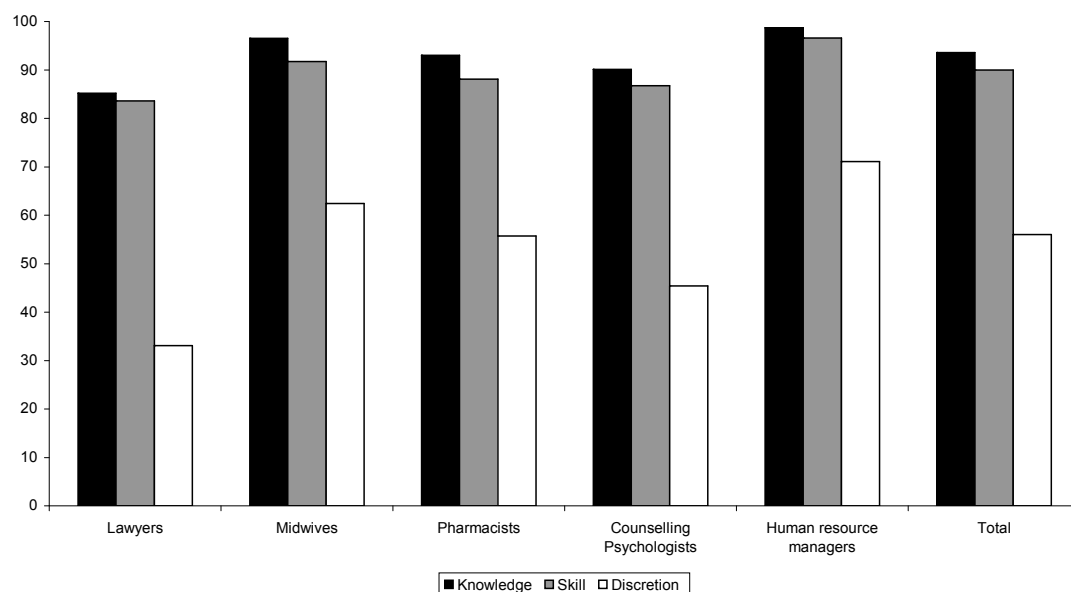
4. Impact of change on professional work

The professionals were further asked to identify the impact of the three most important drivers of change on important features of their work. We enquired about impact of change on skills and knowledge required; discretion exercised; quality and efficiency of the services provided; the costs to themselves of providing the service, the prices of services and the financial viability of the organisation in which respondents worked.

Skill and knowledge required

There is an overwhelming perception in all the professions surveyed that the external drivers of change had enhanced the content of their work. Almost all said that skills and knowledge required had increased. (See Figure 2) It might have been expected that the increase in skill and knowledge required would have been accompanied by a comparable increase in the discretion exercised. But Figure 2 shows that in each profession, a significantly lower proportion of respondents reported an increase in the discretion they exercise than said they needed higher levels of skill and knowledge. A majority of HR managers Midwives, and Pharmacists reported that discretion had increased, although this proportion falls below 50% for counselling psychologists and lawyers. On the other hand, only small proportions reported a reduction in discretion, except for lawyers 21% of whom said that they exercised less.

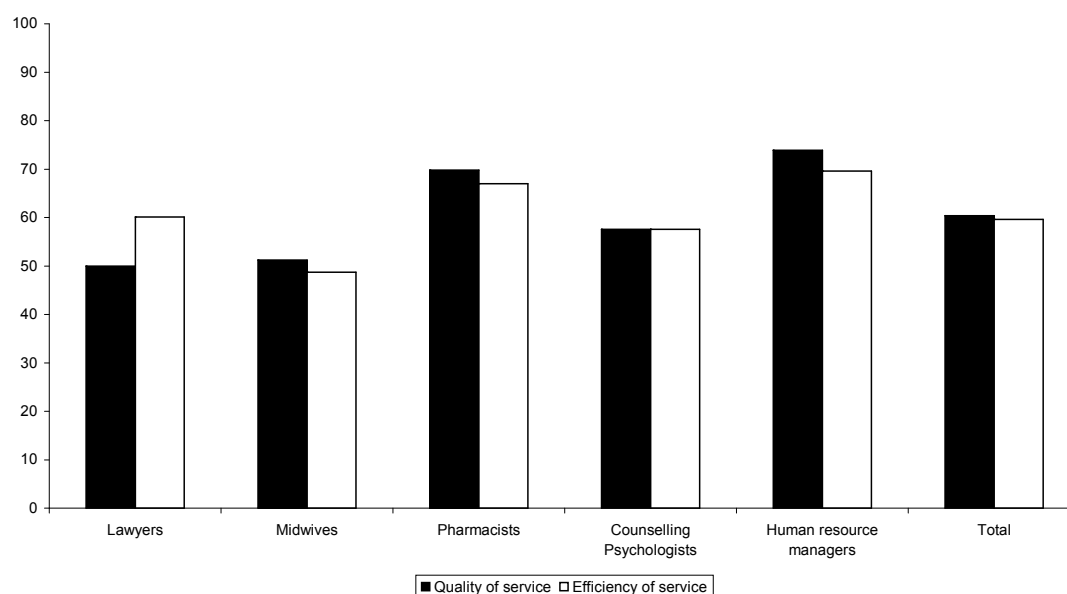
Figure 2: Increases in knowledge, skill and discretion.



Quality and efficiency of services

The general perception of respondents in all five professions was that the quality and efficiency of their services had also increased, although this increase was by less than the skill and knowledge required (See Figure 3). Barely 50% of lawyers and midwives reported that the quality of their service had increased. In addition, the efficiency of the service had increased for less than 50% of midwives, and for 20% it had declined.

Figure 3: Increases in quality and efficiency of service



Costs, prices and financial viability

The impact of change on the costs to the professional workers of providing their services, on the price of their services, and on the economic viability of employing organisations are suggested by Table 3. This table shows that the prices charged for their services increased for around half the human resource managers, lawyers and counselling psychologists and for less than 40% of pharmacists and midwives. For the rest, prices remained largely unchanged, although 26% of lawyers experienced price reductions. Price stickiness is no doubt reflected in the decline in the financial viability of a substantial proportion of employing organisations, especially of lawyers and pharmacists. However, part of the squeeze on prices was clearly absorbed by the professional workers, a large majority of whom experienced an increase cost to themselves of providing the service. This was particularly so for lawyers, 51% of whom reported a decline in the financial viability of their employers whilst 87% suffered an increase costs to themselves of providing their profession services. This suggests that the intensification of the work of professionals and the additional cost they consequently incurred cushioned the organisation for which they worked from the full impact of the failure of prices to fully compensate for the pressure of change. The next section explores this work intensification by examining increases in the demands of work and the additional effort that required.

Table 3. Impact of Change on Cost, Prices and Financial Viability

Cost, prices and financial viability:	Pharmacists	Human resource managers	Lawyers	Counselling Psychologists	Midwives	Total
<i>Price charged for service:</i>						
Increase	39.8	50.2	50.5	51.8	33.1	46.2
Remained the same	38.1	41.8	23.1	43.2	62.7	42.5
Decrease	12.1	8.0	26.4	5.0	4.2	11.3
<i>Financial viability of employing organisation:</i>						
Increase	32.1	51.0	32.8	35.5	55.7	41.6
Remained the same	25.9	38.2	16.2	39.0	23.1	29.9
Decrease	42.0	10.8	51.0	25.5	21.2	28.5
<i>Cost to professional of providing service:</i>						
Increase	73.1	74.5	87.3	63.5	73.6	73.7
Remained the same	24.2	19.2	6.6	33.7	21.3	21.7
Decrease	2.7	6.3	6.1	2.8	5.1	4.6

5. The impact of change on the demands of professional work

Given the wide range of changes and their effects on professional work, it is not surprising that Figure 4 shows that 90% of all the professionals we surveyed said their work had become more demanding, and of these 55% said that it had become much more demanding. The lawyers and midwives felt particularly under pressure with 68% of the former and 77% of the latter reporting that their work had become much more demanding.

Figure 4: Changes in demands of work

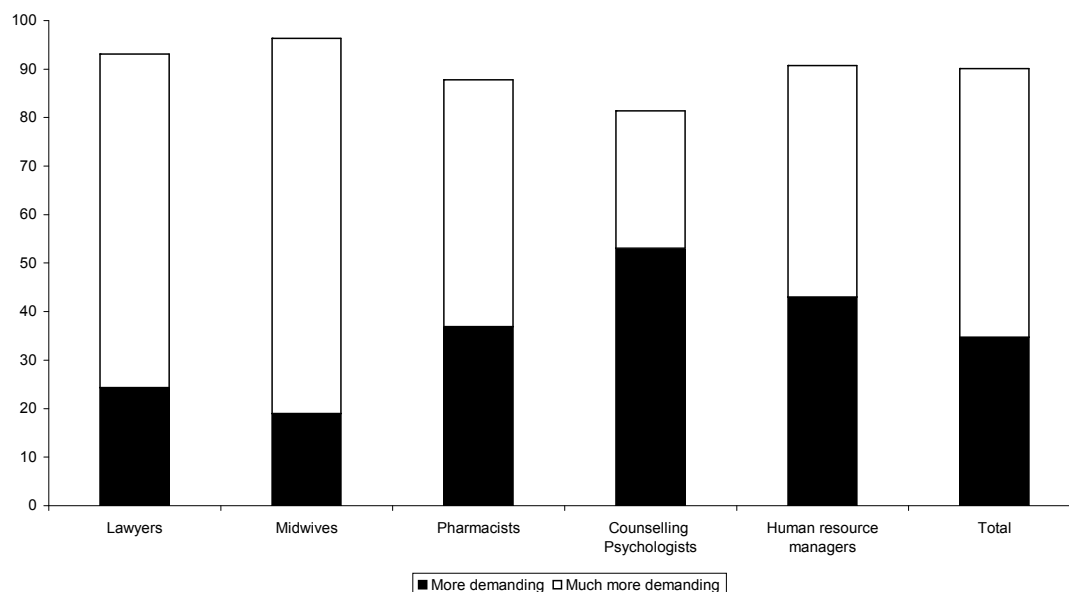


Figure 5, shows that very little of the change in the demands of work came exclusively from a movement to new types of work, indicating how widespread the increase demands of existing work has become. And, for the majority of both the lawyers and midwives the increased demand has come exclusively from existing work. In view of the increased work demands, it is not surprising that Figure 6 shows that the vast majority of professionals reported an intensification in their work effort, with the midwives, lawyers and pharmacists taking the lead with 85%, 83% and 80%, respectively, reporting an increase in work effort.

Figure 5: Reasons changes in work demands

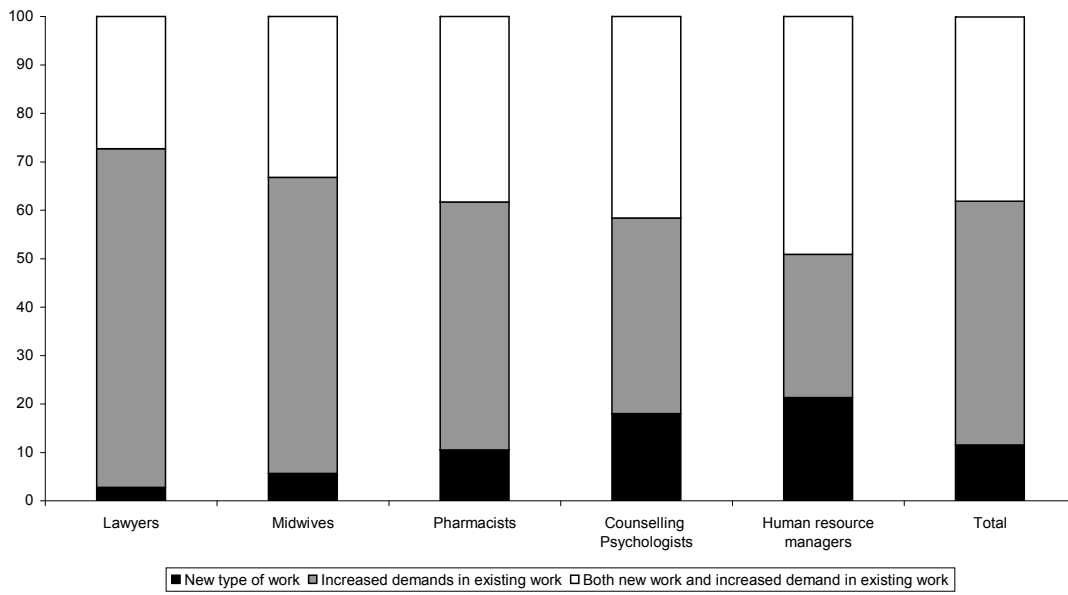


Figure 6: Changes in work effort

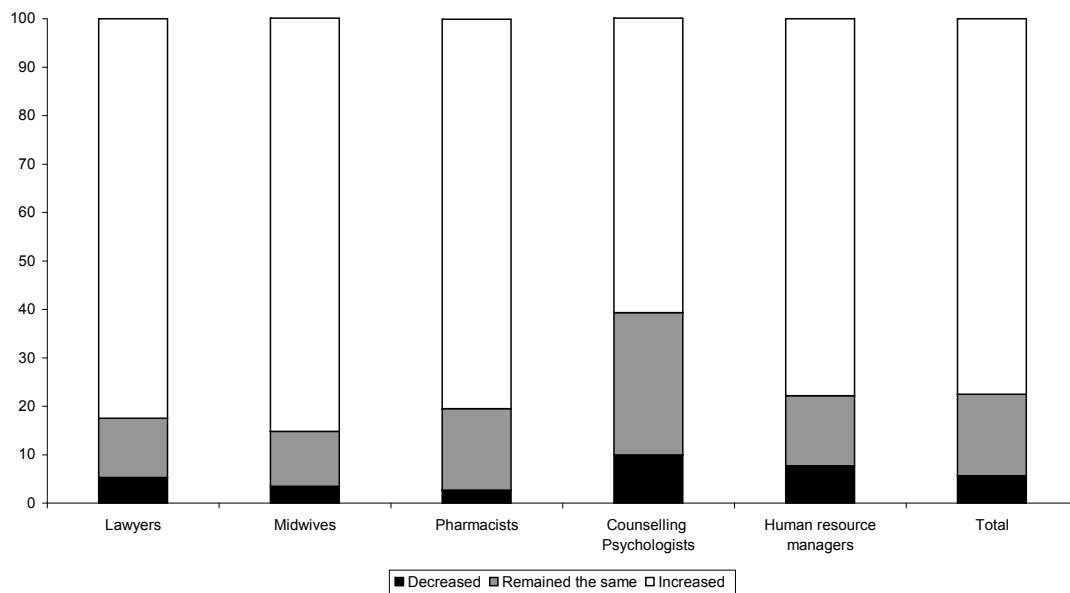


Table 4 gives an insight into the motivation of professional workers by showing the factors that are very important in determining the level of work effort. For more than 75% of each profession, and for more than 90% of the midwives, the people they served were very important in determining the effort they put into their work. Self-motivation in the form of own discretion and vocational commitment followed in importance, and the latter was particularly important for the counselling psychologists. Legal requirements were very important in determining the work effort of midwives, and the team nature of their work is indicated by the emphasis given to colleagues and the people who worked for them. Targets and objectives are of less significance, except for HRM managers; but what is striking about Table 4 is the small proportions of the professional workers we interviewed who identified the boss, pay incentives and assessments as very important determinants of work effort.

Table 4. Determinants of Work Effort

Very important in determining work effort	Pharmacists	Human resource managers	Lawyers	Counseling Psychologists	Midwives	Total
Clients/customers	77.4	81.1	85.6	89.1	93.6	86.2
Your own discretion	72.9	79.1	69.9	81.4	80.0	77.5
Your vocational commitment	50.4	55.2	46.2	79.7	65.2	61.1
Legal requirements	55.7	34.8	47.8	29.7	71.6	50.3
The people who work for you	44.6	49.6	45.3	37.4	56.0	47.8
Your colleagues	36.7	39.6	29.6	33.3	57.2	42.1
Targets & objectives you are set	41.1	60.7	37.6	31.2	37.0	41.9
Your working environment	35.4	22.7	17.6	42.1	50.7	36.6
Your boss	22.4	41.1	23.9	27.8	20.1	26.7
Pay incentives	27.3	10.6	25.7	19.7	26.0	21.8
Assessments	12.9	13.2	12.2	32.5	24.9	20.6

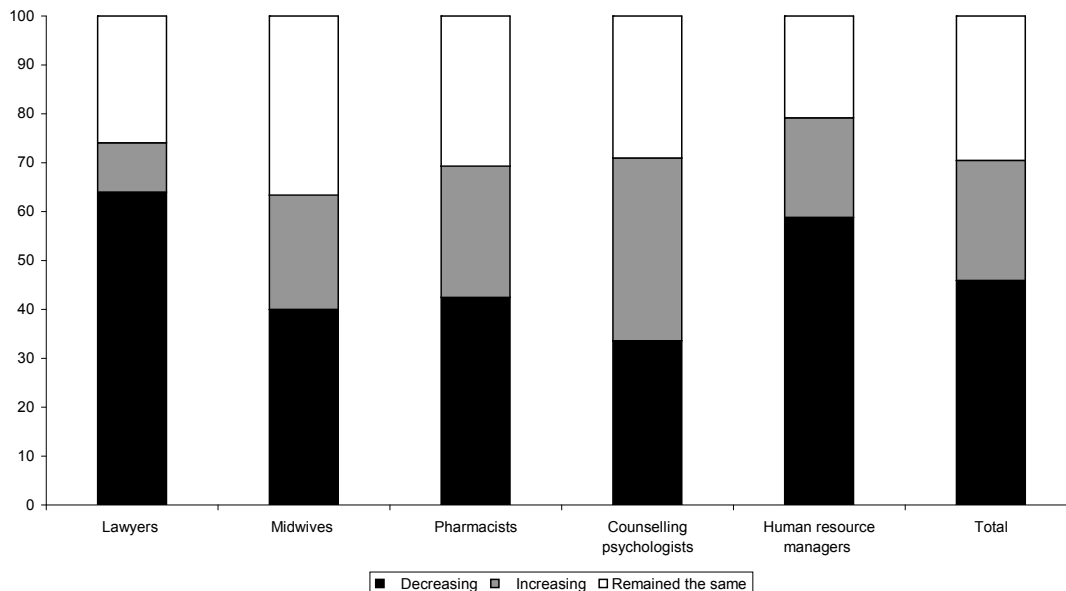
Section 4 of this paper showed that the perception of professional workers is that the changes to which they have been subject has enhanced the content of their work, increased the demands made upon them and intensified the effort they are required to make. The results in Table 4 broadly support the idea that professional workers maintain a high levels of discretion in providing their services and are highly motivated by the demands of those to whom they provide services. In this sense, professional workers perceive themselves as keeping their side of the bargain the other side of which is that for this level of commitment society affords professional workers high levels of social and economic status (see Section 1). The rest of this paper explores whether this

other side of this *implicit* contact has been honoured by considering firstly job security and then the impact of change on socio-psychological well-being of professionals

Employment security and future prospects

The changes in employment insecurity are shown in Figure 7. The only profession in which the proportion experiencing increased employment security was greater than that with greater job insecurity was counselling psychologists by the narrow margin of 4%. The increase in net job insecurity (proportion with increasing employment insecurity minus that with increasing job security) was greatest for lawyers with 54%, followed by HRM managers with 38%. The net job insecurity of pharmacist and midwives was lower at around 17%.

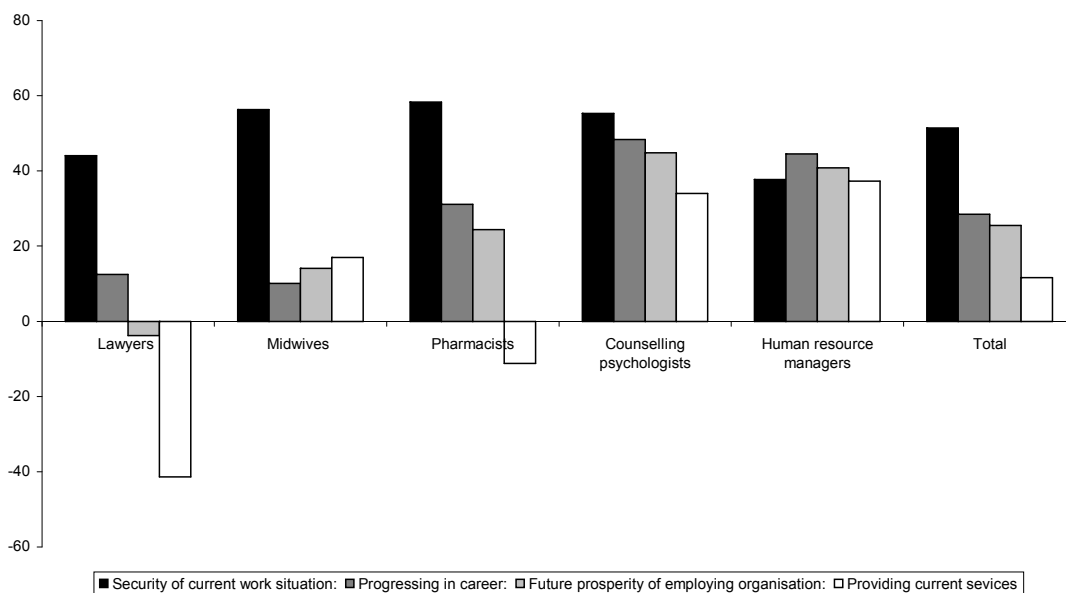
Figure 7: Changes in Job Security



Our interviewees also had a significant degree of uncertainty about the future. This did not extent to need for on-going specialised training as three quarters of the sample identified such a requirement (Appendix Table) . However, despite this widespread need for continuing professional development, many professionals were uncertain about other aspects of the working life. This is shown in Figure 8 as net uncertainty (the percentage who were certain minus the percentage that were uncertain) about the security of current work position, career progress, the future prosperity of their employing organisation and of the profession providing all its current services. Generally, the professions were more certain about the security of their current work situation, although the

lawyers and human resource managers were less certain than the other professions. A consideration of the other aspects of future prospects shows that the lawyers and midwives were much more uncertain than the counselling psychologists and the human resource managers, with the pharmacists occupying an intermediate position. The lawyers were especially uncertain, with more reporting uncertainty than certainty about the future prosperity of the organisation that employs them and, especially, about providing all the services they currently do.

Figure 8: Net certainty of future prospects.



6. The Impact of Change on the Socio-psychological Well-being of Professionals

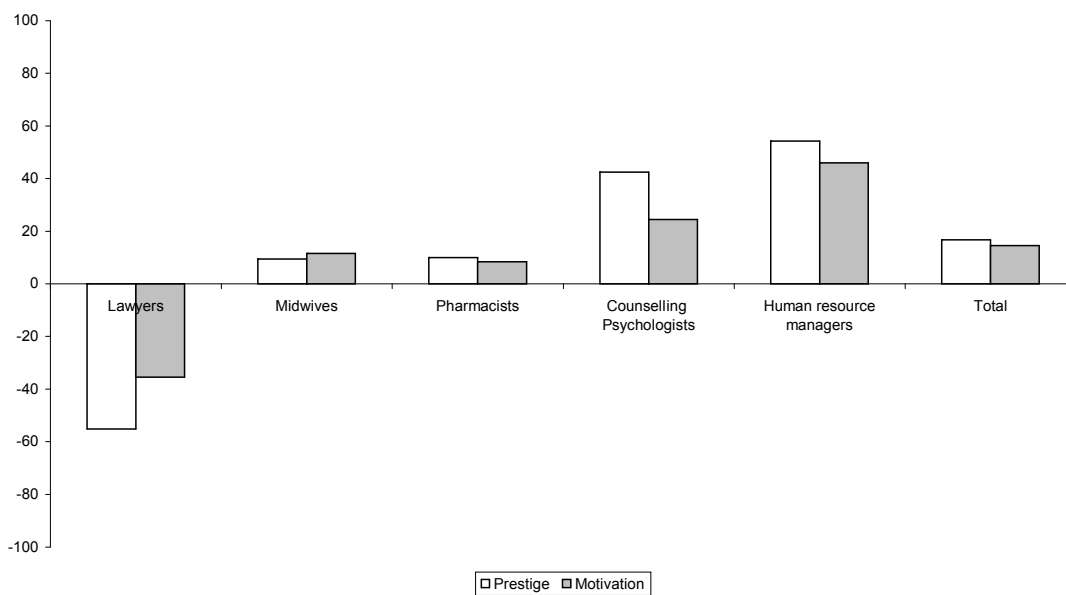
Generally then, the overwhelming perception of the professional workers we interviewed was that the considerable change they had experienced had increased the skill and knowledge they needed and raised the quality and efficiency of their service. The large majority, 90 per cent, also told us that their work had become more demanding, and of these 55% said it had become much more demanding. Moreover, although the skill content of the work of professionals has increased and its demands had grown, the perception for many was that their work had intensified, their employment security had declined and their future had become increasingly uncertain. The midwives together, with the lawyers, stand out as professions in which these contradictions are most acute. In the light of these

findings, this section considers the impact of change on socio-psychological indicators of well-being among professional workers.

Prestige and motivation

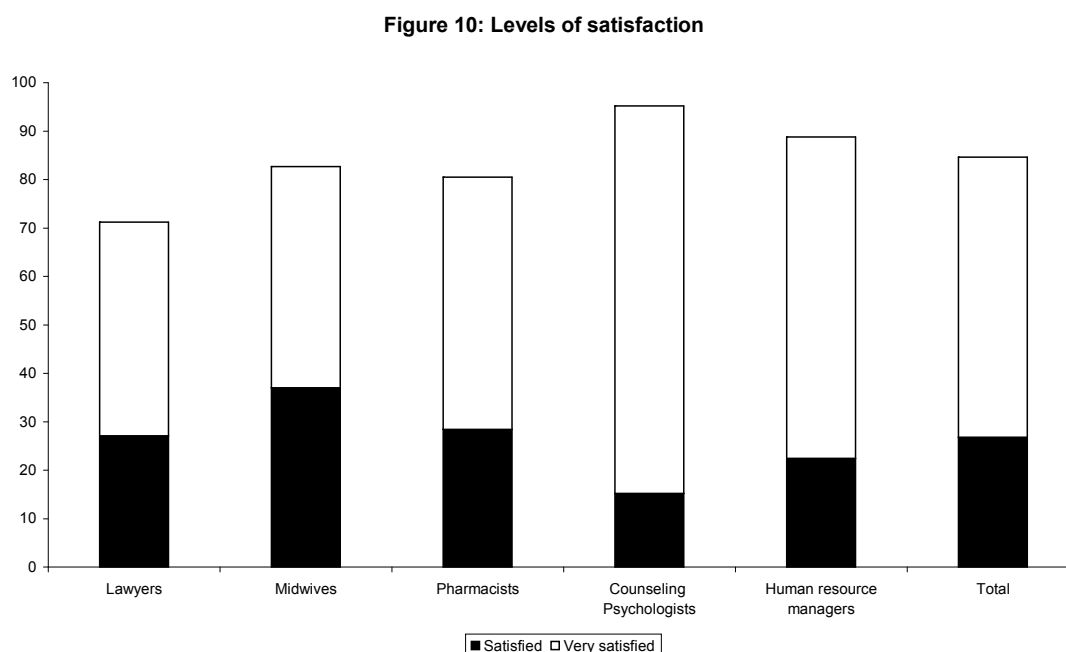
High prestige and motivation are recognised as important attributes of professionalised work and we asked professionals about how these had changed over the past decade. For some, prestige and motivation had increased and, for others, they had declined. The net effect (percentage increased minus percentage reduced) provides a measure of the changes in the prestige and motivation of the profession. (See Figure 9) Using this measure, the standing of their profession in the eyes of the lawyers has suffered a serious decline whilst that of human resource managers and counselling psychologists has substantially increased. Pharmacists and midwives occupy an intermediary position, with an excess of around 10% reporting that the prestige of their profession and their motivation had increased. For the midwives and pharmacists the net increase in prestige was around 10% motivation and for motivation it was some 5%.

Figure 9: Net increases in prestige and motivation



Work satisfaction

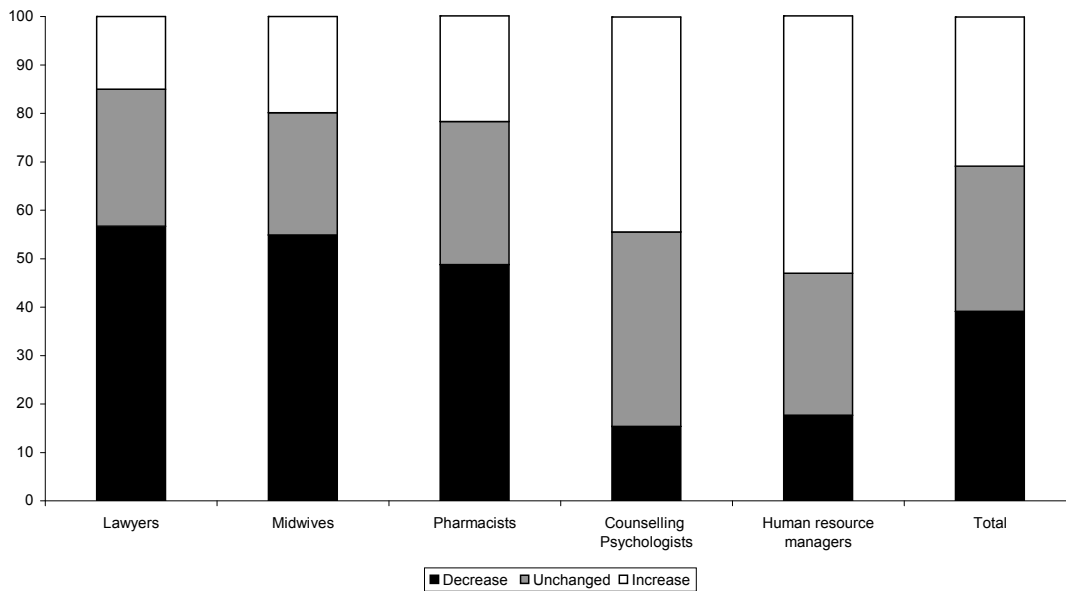
Satisfaction is also important gauges of well-being in work and we asked questions about both levels of satisfaction in work and of recent changes. A majority of all professionals indicated that they were satisfied or very satisfied in their profession, with levels of satisfaction being highest for the counselling psychologists and human resource managers and lower for the other three professions, especially the lawyers. (See Figure 10).



The question of changes in satisfaction within professions was addressed in two ways. The respondents were first asked how their own satisfaction as a professional had changed over the past 10 years, and then about how the satisfaction of people in their profession in general had changed. The inter-profession pattern of responses was similar for both questions. But in all cases, the respondents reported a decline in satisfaction that was greater for their profession as a whole than was the decline in their own satisfaction. For example, 55% of midwives said their own satisfaction had decreased while more than 83% said that general satisfaction in their profession had declined. Figure 11, gives the pattern of responses to the question about the own satisfaction. What stands out is the sharp contrast between the pattern of response by the lawyers, midwives and pharmacists, amongst whom the more dissatisfied out- numbers the more satisfied by 41%, 35% and 27% respectively, HR managers and the counselling psychologists among whom the more

satisfied outweighed the more dissatisfied by 29% and 35% respectively. Thus, although profession workers remained general satisfied, the level of satisfaction had declined for many.

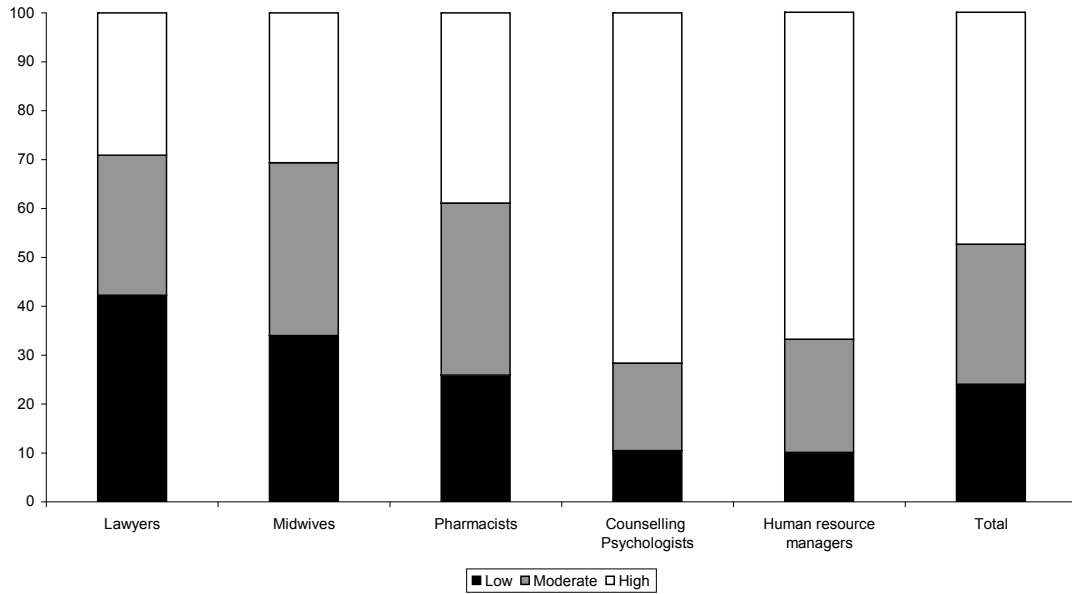
Figure 11: Changes in satisfaction



Morale

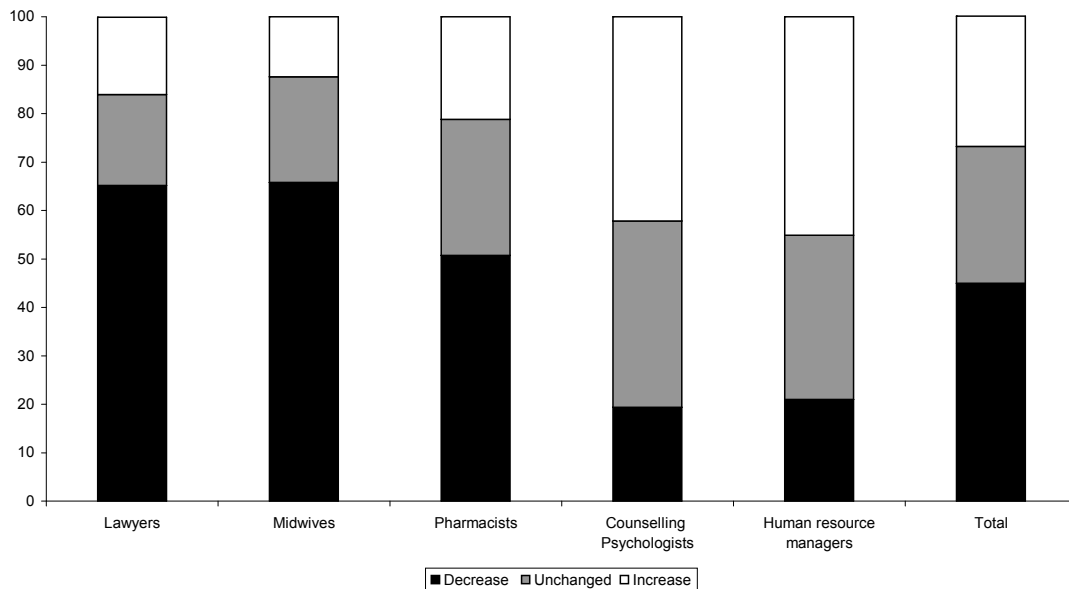
The questions on the individual and general levels were repeated for the level of morale and for changes in the level of morale. Although the level of morale was somewhat lower than satisfaction, the pattern of responses was very similar. Again, the perception was that the general morale in the profession had declined more than that of the individuals surveyed. Figure 12 gives the level of individual morale and shows, as with satisfaction, the morale of the counselling psychologists and HR managers were substantially higher than that of the other three professions. Of these, lawyers had the lowest morale followed by midwives.

Figure 12: Level of morale



The pattern observed in levels of repeated itself when changes in morale are observed (Figure 13) For midwives and lawyers around 65% of the sample had suffered a reduction in morale, for pharmacists this proportion fell to 50% and for counselling psychologists and HR managers it was around 20%.

Figure 13: Changes in morale



7. Conclusions

The preceding overview of developments in professional work during the 1990s in Britain has shown a picture of extensive change, with consequences that vary across the professionals surveyed. In all cases, increased client expectations and changes technology and in government policy generated pressures that augmented both the quality and intensity of work, the rate of increase being relatively greater for the midwives, lawyers and HR managers than for the counselling psychologists and pharmacists. Skill and knowledge requirements also increased across all professions; and as a consequence, job quality and efficiency of service provision were enhanced. Expansion in the task requirements of jobs translated into higher levels of discretion for most professionals.

The intense pressure for change, however, was not without its costs. The employment security of professional, and their certainty of the future has declined, and this together with the intensification their work triggered a worsening of social and psychological well-being. This was revealed not only by direct responses regarding prestige, motivation, job satisfaction and morale, but also by many observations made by respondents to the open questions we asked. These indicated that many professional workers were experience a decline in their economic as well as their social status. Generally, this disaffection was significantly higher amongst lawyers and midwives than counselling psychologists and human resource managers, with the pharmacists being in an intermediate position.

Concerning the midwives, both the Government and NHS management have expected maternity units to achieve significant improvements in the quality and continuity of care for women in the context of severely constrained resources. Advances that have been made have been achieved by drawing upon the professionalism and vocational commitment of midwives, at the expense of their working conditions and sense of well-being and, in the view of many of the midwives, at the expense of the quality of service they could provide.

The low level of morale among lawyers reflects their changed relation to the state and the resulting greater exposure to deregulation, intensified competition, loss in income among partners in smaller firms, as well as their generally reduced prestige in society at large. Deregulation has taken the form of opening up the market for conveyancing and other legal services. At the same time, legal aid, designed to make legal services affordable to those in need, has been scaled down and no win no fee legal provision has been legitimised. These measures have had a seriously adverse impact on small legal practices and encouraged

increasing specialisation and concentration in large firms, which has added to the pressure.

The role of pharmacists in dispensing medicine and as a safety check on drug prescribing has not been challenged. However, determined efforts have been made to reduce the cost of dispensing by a reduction in fee income, provided directly by the National Health Service. Independent pharmacies have also come under increasing pressure from large chains and the entry of supermarkets into the market for medicines. The abandonment of retail price maintenance can only add to this trend towards large-scale provision and the relocation of pharmacies to town centres and into large stores, as will the proposed abandonment of the quota limitations on pharmacy outlets.

In contrast to the well-established midwives, lawyers and pharmacists, human resource management and counselling psychologist are emerging professions. In the enhancing of their professional statuses, human resource management and counselling psychologists have much in common with midwifery. However, their different experiences in terms of socio-psychological well being charted by this research can be explained by the difference in the context within which professional upgrading is taking place. In the case of midwifery, the government's preoccupation with reducing public expenditure in combination with the managerial restructuring in the National Health Service has failed to maintain the environment of commitment and trust which has traditionally characterised professionalised work. While this approach has, in the short term, served to increase midwifery output within existing resource constraints, the damage it has inflicted on midwives' psychological and physical health and well-being, and the increasing problems of recruitment and retention and falling morale within the profession, suggest that it is not sustainable. In the longer term, if the improvements in care achieved thus far are to be maintained the Government and NHS management need to revisit and reform midwives' working conditions and working environment. This is not to imply that the answer to the on-going dilemmas facing maternity services lies solely in improvements in midwives' pay levels or pay structure - although these would make a significant difference - or in enhanced training and qualifications. The solution is also dependent on the ability to provide enhanced status and autonomy for midwives. It also rests on improvements to NHS management structures and systems to enable midwives to participate in decision-making and to make their full contribution to improvements in the efficiency and quality of care.

In short, although the developments described above have had consequences that vary widely across professions, the picture that emerges from the data is a sobering one. The irony is that the professionals benefiting most from the changes characteristic of the current period are those that are also most closely involved in generating the pressures experienced at work and the management of the adverse impacts associated with those pressures. HR managers have responsibility for re-organising work on a continual basis while the counselling psychologists have responsibility for the psychological well-being of individuals suffering the effects of re-organisation. This is also a period where there are increasing demands for the work of HR managers, and as a consequence for counselling psychologists. It is therefore not surprising that the socio-psychological well-being of HR managers and counselling psychologists is improving while that of the other professions is in decline.

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Appendix Table 1. Certainty of current work position, career progression, future prosperity of employing organisation and need for specialised training

	Lawyers	Midwives	Pharmacists	Counseling psychologists	Human resource managers	Total
<i>Need for continuing specialised training is:</i>						
Uncertain	13.5	8.6	9.1	9.5	9.8	9.7
Certain	76.4	80.2	77.4	74.4	78.3	77.6
Net certainty	62.9	71.6	68.3	64.9	68.5	67.9
<i>Current work situation is:</i>						
Uncertain	19.0	14.4	15.3	16.8	21.1	16.9
Certain	63.0	70.7	73.6	72.1	58.8	68.3
Net certainty	44	56.3	58.3	55.3	37.7	51.4
<i>Progressing in career:</i>						
Uncertain	30.4	31.7	21.5	16.2	14.7	23.3
Certain	42.9	41.8	52.6	64.6	59.2	51.8
Net certainty	12.5	10.1	31.1	48.4	44.5	28.5
<i>Future prosperity of employing organisation:</i>						
Uncertain	40.0	26.5	23.4	16.7	16.7	23.7
Certain	36.2	40.6	47.8	61.5	57.5	49.2
Net certainty	-3.8	14.1	24.4	44.8	40.8	25.5
<i>Providing current services:</i>						
Uncertain	58.6	26.1	38.4	17.0	17.2	29.0
Certain	17.2	43.1	27.2	51.0	54.5	40.6
Net certainty	-41.4	17	-11.2	34	37.3	11.6