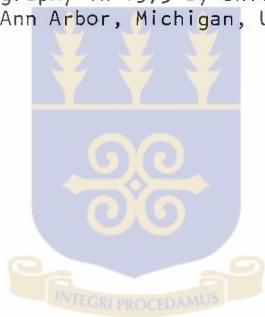


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DEPROFESSIONALIZATION IN NURSING?

by

Shirley Marie Stinson

Dissertation Committee:

Professor Mildred L. Montag, Sponsor  
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Approved by the Committee on the Degree of Doctor of Education

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## ABSTRACT

## DEPROFESSIONALIZATION IN NURSING?

Shirley Marie Stinson

The thesis of this study is that the occupation of nursing is undergoing a process of deprofessionalization, not a process of professionalization as most of the major works in the nursing literature would seem to assume.

The central purposes underlying this study were to re-examine and expand the concepts "profession" and "professionalization," develop the concept "deprofessionalization," and test the thesis in question.

The approach used was that of a comparative social analysis, using current and historical data; the technique employed was that of a scholarly analysis of the literature.

Because the concept "deprofessionalization" is a poorly developed one and because the thesis required that the concepts "profession" and "professionalization" be developed, including an assessment of the impact of bureaucratization upon professionalization, four chapters were devoted to these areas. Two major definitions of deprofessionalization were evolved: functional deprofessionalization was described as a process of "diseased professionalization," and dysfunctional deprofessionalization as a process of moving from a state of excessive professionalization to a state of

functional professionalization.

On the basis of the literature on professionalization, a documented case of deprofessionalization in law occurring in the nineteenth century, and upon examination of what would seem to constitute a case of deprofessionalization in diplomacy in the current century, a beginning typology was developed, the chief categories being: (1) direction (dysfunctional, functional), (2) duration (temporary, irreversible), (3) socio-political boundaries (international, continental, national, regional, state, local), (4) intra-occupational boundaries (intended to permit classification of deprofessionalization in "segments" of an occupation, e.g., criminal as opposed to corporate law, the bench as opposed to the bar), and (5) work-setting (under-bureaucratized, bureaucratized, over-bureaucratized).

Comparisons were made between professionalization in nursing c. 1920 and c. 1960, the former period being chosen because it both coincided with the heyday of solo practice in nursing, a characteristic frequently associated with the process of professionalization, and preceded the bulk of the immigration of nurses into bureaucratized work-settings, a factor which the literature would suggest might contribute toward deprofessionalization.

It was concluded that within the social context of the times, the occupation of nursing c. 1920 exemplified to a greater degree the characteristics of professionalization

than is true of nursing today, some of the primary reasons being: (1) the relative integrity of the substantive knowledge-skill component, (2) the existence of a well-integrated professional culture, (3) the substantial articulation of nursing roles with roles of related health personnel, (4) the relatively high degree of functional autonomy of the nursing practitioner, and (5) advancement in nursing was largely co-terminal with advanced technical expertise in nursing.

Relevant categories of deprofessionalization were then applied to nursing c. 1960 and it was concluded that nursing is undergoing a process of dysfunctional deprofessionalization of the national and over-bureaucratization types. Whether it is of a temporary or irreversible nature, only history will reveal.

## DEDICATION

To my parents, whose encouragement for so many years has made the pursuit of my studies possible, and to Dr. Herman Siemens (1904-1969), M.D., D.P.H., who has, through his pioneer work in public health, provided those in the health field a model of what it means to be "professional."

## ACKNOWLEDGMENTS

Kind acknowledgment is made to my sponsor and committee members, Professor Mildred L. Montag and Professor Seymour Warkov, without whose support and direction this study would not have been undertaken. Acknowledgment is also made to Professor Elizabeth C. Stobo for her interest and support from the very inception of the study and to both Professors Stobo and Maxine Greene for their critical appraisal of the final draft. Special thanks to my adviser, Professor Eleanor C. Lambertsen, for her willingness to act as consultant and whose teaching over the past three years has had such a profound effect on my thinking, and to Professor Philip H. Phenix whose persuasive interpretations of the many "Ways of Knowing" and whose assistance in the formulative stages of the study were so very helpful.

I am indebted, too, to Professor Helen M. Simon for her appraisal of Chapter V, to Mrs. Willetta Simonton who took time to give me very helpful advice about nursing statistical resource materials, and to Professor Bernard Phillips of Temple University for his consideration of my enquiry regarding the relationship between genre and existential applications of knowledge.

Thanks, too, to the officers of the Canadian Red Cross, the Canadian Nurses' Foundation, the New York Trust Graduate Fellowship Awards Committee, the University of Alberta, Edmonton, and the Department of Public Health of the Government of the Province of Alberta for the financial support which enabled me to undertake graduate study.

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And to the many nurses of The Hospital for Sick Children, Toronto, who through their exceptional skill in the nursing of children convinced me that there is something unique about nursing knowledge and skills, my esteem and my thanks.

S. M. S.

## TABLE OF CONTENTS

CHAPTER	Page
I. INTRODUCTION . . . . .	1
Deprofessionalization . . . . .	5
Purposes of the Study . . . . .	7
The Approach . . . . .	8
Scholarly Analysis of the Literature . . . . .	9
Temporal Comparisons . . . . .	10
Sequence of the Analysis . . . . .	12
Limitations . . . . .	12
Suprapersonal and Supersonal Elements in Research . . . . .	14
II. THE CONCEPT "PROFESSION" . . . . .	16
The Concept "Profession": Definitions and Criteria . . . . .	18
Definitions . . . . .	18
"Amateur" Versus "Professional" . . . . .	21
Criteria of a Profession . . . . .	22
The Concept of a Professional Continuum . . . . .	24
Variations Within Selected Criteria . . . . .	29
The Knowledge-Skill Component . . . . .	32
Autonomy . . . . .	46
The Service Ideal . . . . .	57
Codes of Ethics . . . . .	62
The Integral Nature of a Profession . . . . .	73

CHAPTER	Page
The Descriptive View . . . . .	74
The Normative View . . . . .	74
III. THE PROCESS OF PROFESSIONALIZATION . . . . .	80
Professionalization as a General Societal Phenomenon . . . . .	80
Professionalization as a Movement from Unskilled Manual Occupations to White-Collar Occupations . . . . .	84
Professionalization as the Growth of Quinary Industries . . . . .	90
Education as an Index of Professionalization . . . . .	92
Professionalization and the Assignment of Work . . . . .	101
Professionalization as an Occupa- tional Group Phenomenon . . . . .	105
A Mini-Theory of Professionaliza- tion Based on a Concept of Optimum Tension . . . . .	107
Steps in Professionalization . . . . .	111
Full-time Occupation . . . . .	115
Creating a New Occupational Role . . . . .	120
Establishing a Training School . . . . .	123
Establishment of a Local Pro- fessional Association . . . . .	125
Establishment of a University School . . . . .	126
Establishing a National Pro- fessional Association . . . . .	129
The Enactment of Licensure Laws . . . . .	135
Enactment of a Code of Ethics . . . . .	139

CHAPTER	Page
Professionalization as Supplying Highly-Valued Services to Society . . . .	141
The Socialization of Practitioners . . . .	142
Identity and Commitment . . . . .	143
Professional Cultural Heroes, Values and Symbols . . . . .	146
Occupational Choice . . . . .	149
Ongoing Socialization . . . . .	152
Leaders, Teachers, and Researchers . . . .	153
Development of the Knowledge- Skill Component . . . . .	156
Accumulating Knowledge and Skills . . . .	157
Transmitting the Knowledge- Skill Component . . . . .	161
Ongoing Development of the Knowledge-Skill Component . . . . .	164
Professionalization as Regulating Highly-Valued Services . . . . .	167
Standards . . . . .	168
Distributing and Articulating Professional Services . . . . .	171
Distribution . . . . .	171
Articulation . . . . .	174
Rewards . . . . .	178
Honorific Rewards . . . . .	178
Prestige . . . . .	183
Monetary Rewards . . . . .	189
Theoretical Limits to Pro- fessionalization . . . . .	192

CHAPTER	Page
Measuring Professionalization: Some Guidelines . . . . .	198
Avoiding the "Sin of Monism" . . . . .	198
The Configuration of Variables . . . . .	199
Professionalization Criteria Must Be Valid . . . . .	199
Avoiding a "The More The Better" Assumption . . . . .	201
IV. BUREAUCRATIZATION AND PROFESSIONALIZATION . . .	204
The Traditional Ideal Type Bureaucracy . . . .	206
Effectiveness and Efficiency : . . . . .	209
Rational Administration: Three Central Sub-types . . . . .	211
Bureaucratization and Professionaliza- tion: Compatibilities and Conflicts . . . .	213
Areas of Compatibility . . . . .	213
Areas of Conflict . . . . .	218
Autonomy . . . . .	220
Functional and Structural Contingencies . . . . .	222
Changing Patterns of Organi- zational Authority . . . . .	224
Bureaucratization Threatens the Service Ideal . . . . .	227
Integration . . . . .	229
Work Setting Orientations . . . . .	230
Differentiated Role Structures . . . . .	232
Differential Authority Structures . . . .	235
Differential Reward Structures . . . . .	241
Bureaucratization, Professionaliza- tion, and Deprofessionalization . . . . .	243

CHAPTER	Page
V. DEPROFESSIONALIZATION . . . . .	246
The Use of the Term "Deprofessionalization" in the Literature . . . . .	246
Deprofessionalization: A Conceptual Framework . . . . .	248
Kinds of Deprofessionalization: Some Beginning Categories . . . . .	252
Categories Involving the Direction of Deprofessionalization . . . . .	252
Categories Involving Duration . . . . .	253
Categories of Deprofessionalization Involving Socio-Political Boundaries . . . . .	255
Types Involving Intra-Occupational "Boundaries" . . . . .	256
Categories of Deprofessionalization Involving the Organizational Structure of the Work-Setting . . . . .	256
Defining Deprofessionalization . . . . .	257
Dysfunctional Deprofessionalization . . . . .	257
Functional Deprofessionalization . . . . .	259
"Cases" in Deprofessionalization . . . . .	259
Law . . . . .	260
The Clergy . . . . .	262
Academia . . . . .	263
The Military . . . . .	264
Diplomacy . . . . .	266
The Impact on Diplomacy of Changes in Technology and Communications . . . . .	268
Increased "Interference" from Public Opinion . . . . .	270

CHAPTER	Page
Ideological Rifts . . . . .	272
The Changing Status of the Highest Levels of Diplomats . . . . .	272
Applying Categorical Terms to the "Cases" of Law and Diplomacy . . . . .	273
Applying Categorical Terms to the Case of Law . . . . .	273
Applying Categorical Terms to the Case of Diplomacy . . . . .	274
"Steps," Sources, and Symptoms in Deprofessionalization . . . . .	276
"Steps" in Deprofessionalization . . . . .	276
Extra-occupational Sources and Symptoms of Deprofessionalization . . . . .	278
Socio-political-cultural Sources and Symptoms . . . . .	278
Social Unrest . . . . .	280
Changing Ideologies and Shifts in Power . . . . .	281
The Changing Public . . . . .	282
Structural Characteristics of Government . . . . .	284
Economic Factors . . . . .	285
Internal Sources and Symptoms . . . . .	287
The Knowledge-Skill Component . . . . .	287
Deprofessionalization as Loss of Occupational Autonomy . . . . .	289
Failures in Professional Socialization . . . . .	290
Deprofessionalization Related to the Quantity and Quality of Practitioners . . . . .	292

CHAPTER	Page
Membership Versus Reference Groups . . . . .	295
Rewards Are Not a Function of "Ideal Type" Professional Behaviors . . . . .	297
The Character and Locus of the Work Situation . . . . .	299
Deprofessionalization and Technology . .	300
Deprofessionalization as Deficient Intra-, Inter-, and Extra- Occupational Articulation . . . . .	301
"Steps" in Deprofessionalization? . . . . .	302
Tentative Characteristics Associated with the Process of Dysfunctional Deprofessionalization . . . . .	304
VI. NURSING, C. 1920 AND C. 1960: AN OVERVIEW . . .	306
The Modal Nurse, c. 1920 and c. 1960 . . . . .	309
The Modal Nurse: Circa 1920 . . . . .	309
The Modal Nurse: Circa 1960 . . . . .	314
Selected Characteristics of Profes- sionalization in Nursing, Circa 1920 and Circa 1960 . . . . .	320
The Knowledge-Skill Component in Nursing Circa 1920 and Circa 1960 . . . . .	320
The Social Significance of Nursing . . .	320
Related Considerations . . . . .	329
Aura of Mystery . . . . .	331
Some Effects of Bureaucratization on Nursing . . . . .	332
Autonomy . . . . .	332
The Autonomy of the Individual Nursing Practitioner . . . . .	333

CHAPTER	Page
The Nursing Department . . . . .	336
Nursing Organization . . . . .	338
Standards . . . . .	339
Prestige and Bureaucratization . . . . .	341
The "Routinization" of Patients' Crises? . . . . .	341
Professional Versus Organiza- tional Orientations . . . . .	344
Selected Aspects of the Professional Culture, Circa 1920 and Circa 1960 . . . . .	348
Cultural Heroes, Role Models, and Cultural Symbols in Nursing . . . . .	348
Other Selected Aspects of the Socialization Process . . . . .	352
Codes . . . . .	356
Professional Culture and the Professional Association . . . . .	357
Professionalization in Nursing, C. 1920 and C. 1960: Supplying Valued Services to Society . . . . .	361
Quantity . . . . .	361
Quality . . . . .	363
Developing the Knowledge- Skill Component . . . . .	365
Professionalization in Nursing, C. 1920 and C. 1960: Regulating Valued Services to Society . . . . .	367
Articulation and Nursing, C. 1920 and C. 1960 . . . . .	367
Distribution . . . . .	371
Rewards . . . . .	372

CHAPTER	Page
Honorific Rewards . . . . .	372
Differential Reward Structures . . . . .	376
Monetary Rewards . . . . .	377
Conclusions . . . . .	377
VII. SUMMARY . . . . .	381
BIBLIOGRAPHY . . . . .	385
APPENDIX	
Recommendations for Further Study . . . . .	414
Recommendations Pertaining to Policy at the National Organizational Level . . . . .	415

## LIST OF TABLES

TABLE	Page
I. Gross Analysis of Elements in Selected Literature on the Criteria of a Profession . . . . .	30
II. Distribution of Workers by Major Occupation, Both Sexes, 1920 and 1960 . . . . .	85
III. Distribution of Workers by Major Occupation and by Sex, 1920 and 1960 . . . . .	86
IV. Earned Degrees Compared to Total Population, 1920 and 1960 . . . . .	94
V. Earned Degrees, by Sex, Compared to Labor Force, by Sex, 1920 and 1960 . . . . .	95
VI. Earned Degrees, by Sex, Compared to the Professional and Technical Occupational Group, by Sex, 1920 and 1960 . . . . .	99
VII. Chronological Progression of Wilensky's Data on First State Licensure Laws Enacted in Selected Professions in the United States, 1732-1963 . . . . .	137

## LIST OF FIGURES

FIGURE	Page
1. Discrete View of the Central Characteristics of the Descriptive Ideal Type Profession . . . . .	75
2. Integral View of the Central Characteristics of the Descriptive Ideal Type Profession . . . . .	75
3. Paradigm Showing the Mission-Tasks-Means Relationship of the Normative Ideal Type Profession . . . . .	78
4. Paradigm Reflecting the Theoretical Possibility That the Characteristics of Normative Professionalization May Be Identical for All Occupations Only in Some Respects . . . . .	200
5. Paradigm Reflecting the Theoretical Possibility That the Characteristics of Normative Professionalization in One Occupation May Be Identical Only in Some Respects with Those of Another . . . . .	200
6. Paradigm Showing Types of Deprofessionalization Occurring Where There Is Movement from One Area of Professionalization to Another . . . . .	250
7. Selected Factors Related to Variations in the Social Significance of Nursing 1900-1960, as Perceived by Patients, Doctors, and Nurses . . . . .	322

CHAPTER I  
INTRODUCTION

Men's ideas of what is real, even  
if they do violence to the facts, even  
if they are unrealistic, are real  
in their consequences. . . .<sup>1</sup>

It would seem fair to state that most of the major works in the nursing literature appear to be predicated on the assumption that nursing is undergoing a process of professionalization. The study presented here represents an attempt to challenge that assumption by testing the thesis that nursing is undergoing a process of deprofessionalization. While at first glance this may seem to smack of heresy or idle rhetoric, and for those reasons be considered a somewhat destructive if not uncreative exercise, a second glance may indicate that it can also be interpreted as a concern for the fact that even our best-intentioned efforts, if based on erroneous assumptions, are likely to yield unproductive if not disastrous results.

Blumer defines professionalization as representing "an indigenous effort to introduce order into areas of vocational life which are prey to the free-playing and

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<sup>1</sup>Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958), p. 41.

disorganizing tendencies of a vast, mobile, and differentiated society undergoing constant change."<sup>1</sup> And by this definition the assumption that nursing is undergoing a process of professionalization might seem to be a fairly safe one in that much effort in this direction would seem to be evident. But while Blumer's definition is helpful in conveying the dynamic nature of professionalization, it tends to minimize the concomitant point that unless this "indigenous effort" meets with some success, the kind and degree of professionalization which can be said to be occurring is indeed limited.<sup>2</sup>

The genesis of this study is rooted in the questions, "To what extent are we confusing effort with success in relation to the kind and degree of professionalization going on in nursing today? Is the very assumption that we are undergoing a process of professionalization a tenuous one?"

In the same sense that the term "profession" must be thought of in relation to its social context,<sup>3</sup> the question as to whether or not and to what degree professionalization

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<sup>1</sup>Herbert Blumer, "Preface," in Howard M. Vollmer and Donald L. Mills, eds., Professionalization (Englewood Cliffs, N.J.: Prentice-Hall, 1966), p. xi.

<sup>2</sup>William J. Goode, "The Librarian: From Occupation to Profession?" Library Quarterly, 31 (October, 1961), 307.

<sup>3</sup>Joseph Ben-David, "The Growth of the Professions and the Class System," in Reinhard Bendix and Seymour M. Lipset, eds., Class, Status, and Power (New York: The Free Press, 1966), p. 459.

is occurring must be gauged against the social backdrop of the times. While Wilensky categorizes nursing as an occupational group "in the process" of becoming a profession,<sup>1</sup> the earmarks by which he assigns this category, on six out of seven counts, antedate 1910.<sup>2</sup> His study confirms that by 1909 nursing was beginning to exhibit some of the characteristics empirically associated with the process of professionalization; it tells us little or nothing as to the degree to which these criteria are characteristic of nursing today, nor to what extent events in the intervening years may have affected the course of professionalization in nursing. This brings us to the second impetus for questioning the validity of the assumption that nursing is undergoing a process of professionalization.

There was what could almost be termed a mass migration of nursing practitioners from relatively isolated work settings into bureaucratic structures within less than a

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<sup>1</sup>Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964), 141, 143. Wilensky also uses the designation "marginal professions" for this group.

<sup>2</sup>Ibid., p. 143. The exception is a formal code of ethics (1950); the other six criteria are based on "first" dates as to: (1) becoming a full-time occupation, (2) training school, (3) university school, (4) local professional association, (5) national professional association, and (6) state license law.

generation's time, beginning in the late 1930's.<sup>1</sup> In view of the recent theory about the relationship between professionalization and bureaucratization one wonders what the impact of that migration might be. Hall concludes that "there is generally an inverse relationship between professionalization and bureaucratization, although there is considerable variation within that relationship. . . ."<sup>2</sup> The investigator wonders to what extent might current characteristics of nursing as an occupation be embodiments of the residual of that migration, and what the ramifications were and are for the process of professionalization.

While Mauksch<sup>3</sup> and others<sup>4</sup> have given attention to

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<sup>1</sup>Gerald J. Griffin and H. Joanne King Griffin, Jensen's History and Trends of Professional Nursing (5th ed.; St. Louis: Mosby Company, 1965), p. 199, maintains that "private duty was at its height in the halcyon days of the twenties." See also Effie J. Taylor, "Present Trends in Nursing as Affecting Nursing Education and Nursing Service," in A. D. Bachmyer and G. Hartman, eds., The Hospital in Modern Society (New York: The Commonwealth Fund, 1943), p. 171, where she states that "in 1927, seventy-three per cent of hospitals with schools did not employ a single graduate nurse for floor duty." Even by 1936, private duty nurse constituted the largest group of nurses, see Esther Lucile Brown, Nursing as a Profession (New York: Russell Sage Foundation, 1936), p. 76.

<sup>2</sup>Richard H. Hall, "Professionalization and Bureaucratization," American Sociological Review, 33 (February, 1968), 92.

<sup>3</sup>Hans Mauksch, "The Organizational Context of Nursing Practice," in Fred Davis, ed., The Nursing Profession (New York: John Wiley and Sons, 1966), pp. 109-137.

<sup>4</sup>E.g., Edith Aynes, "How Can Nursing Serve Two Masters?" Modern Hospital, 97 (October, 1961), 111-113; and Esther Lucile Brown, "Nursing and Patient Care," in Fred Davis, ed., The Nursing Profession (New York: John Wiley and Sons, 1966), p. 194.

examining some of the relationships between organizational setting and nursing functioning, the question of what impact such factors might have on the broader process of professionalization would seem to have had far less consideration.<sup>1</sup>

It is too simplistic to presume that bureaucratization is entirely antithetical to professionalization. Yet the strains inherent in the relationship would seem so fundamental<sup>2</sup> as to make us wonder if possibly one of the extreme consequences of the effects of bureaucratization might not only be a lessening of or an attenuation of professionalization, but deprofessionalization.

These, then, are the nascent beginnings of this study. Before proceeding with an explanation of the purposes, the investigator would interject two notes of caution regarding the term "deprofessionalization."

#### Deprofessionalization

As will be evident in the following chapter, there is a substantial amount of literature and sophistication of thought about the concept of professionalization; this is not the case with deprofessionalization. For example, the

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<sup>1</sup>Mauksch underlines the need for study of this kind. See Hans Mauksch, "The Organizational Context of Nursing Practice," in Fred Davis, ed., The Nursing Profession (New York: John Wiley and Sons, 1966), p. 110.

<sup>2</sup>The nature of these strains will be discussed in Chapter IV.

word appears only once in Professionalization, one of the most recent and comprehensive resource books in this area.<sup>1</sup> In examining the possible limits of and exceptions to the trend toward professionalization, Vollmer and Mills ask, "Can we find any situations in which 'deprofessionalization' may be occurring today . . . ?"<sup>2</sup>

It is tempting to make "the assumption of symmetry"<sup>3</sup> in regard to the terms "professionalization" and "deprofessionalization," conceiving of the latter as being the "opposite" of the former. Paraphrasing Willis, we would suggest that "if a certain set of conditions is known to lead to [professionalization], it does not follow that the absence of these conditions or the presence of logically opposite conditions will necessarily lead to . . . [deprofessionalization]."<sup>4</sup>

The second point we would mention is that "deprofessionalization" logically presupposes "professionalization," while the reverse would not necessarily hold true. This

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<sup>1</sup>Howard M. Vollmer and Donald L. Mills, eds., Professionalization (Englewood Cliffs, N.J.: Prentice-Hall, 1966), p. 45.

<sup>2</sup>Ibid.

<sup>3</sup>Richard H. Willis, "Conformity, Independence, and Anti-conformity," Human Relations, 18. (November, 1965), 373.

<sup>4</sup>Ibid. The title of the article conveys the nature of the author's argument, that there is some "middle state" which the opposites do not adequately describe.

has important methodological consequences for, in postulating that nursing is undergoing a process of deprofessionalization, we are automatically committing ourselves to the task of demonstrating that within the social context of the times nursing at some previous period exemplified to a greater degree the characteristics of professionalization than is true of it today.

#### Purposes of the Study

Professionalization is one of the most fundamental processes affecting society today.<sup>1</sup> Quite apart from its intrinsically interesting aspects, knowledge about this phenomenon would seem a matter of great practical import, and current understanding of it is by no means comprehensive.<sup>2</sup> The purposes of this study lie in making a contribution to the literature on the subject, especially with regard to the concept of deprofessionalization, and in contributing insights which might serve to generate theory as to what is the essence of nursing in relation to society today.

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<sup>1</sup>Howard M. Vollmer and Donald L. Mills, eds., Professionalization (Englewood Cliffs, N.J.: Prentice-Hall, 1966), p. viii.

<sup>2</sup>Kenneth S. Lynn, "Introduction to the Issue, 'The Professions,'" Daedalus, 92 (Fall, 1963), 650.

### The Approach

Professionalization is a process involving complex interactions amongst social, political, cultural, and economic factors.<sup>1</sup> As such, the methods used to study it here must necessarily permit considerations as to relationships amongst these variables.<sup>2</sup>

As was implied earlier, the thesis necessitates being able to make substantive and temporal comparisons about the kind and degree of professionalization in nursing as viewed against the broader social contexts of different times.

The approach which would seem to be most appropriate for doing this would seem to be that of comparative social analysis, using current and historical data. In this sense, the investigator is assuming the role not of historian or sociologist, but that of an amateur behavioral scientist.

Of the techniques which were considered, content analysis of selected nursing literature was investigated as a possibility,<sup>3</sup> but the problem of representativeness was such

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<sup>1</sup>This statement is a composite based on readings in the field, e.g., Howard M. Vollmer and Donald L. Mills, eds., Professionalization (Englewood Cliffs, N.J.: Prentice-Hall, 1966).

<sup>2</sup>See Ray Hyman, The Nature of Psychological Inquiry (Englewood Cliffs, N.J.: Prentice-Hall, 1964), p. 5, regarding the logic for there being a "close relationship between subject matter and method."

<sup>3</sup>Content analysis is becoming recognized as a valuable technique of research. See Bernard Berelson, Content Analysis in Communication Research (Glencoe, Ill.: The Free Press, 1952), especially pp. 27-31.

that the range and depth of analysis entailed was beyond the limitations of time. The technique of structured personal interviews with subjects representing different interest and generational groups was also considered, but this was rejected in view of the problems of establishing representativeness and reliability. A scholarly analysis of the literature appeared to be the technique best suited to the nature of the thesis, purposes of the study, and the intellectual skills and limitations of the investigator.

#### Scholarly Analysis of the Literature

The crucial difference between a broad acquaintance with the literature in a particular area and a scholarly analysis is that in the latter case the material is selected, analyzed, and evaluated on a systematic, purposeful basis. In our case it seems, firstly, that the development of the thesis requires looking into the literature from the two standpoints of: (1) what are the critical elements in and characteristics of professionalization, and (2) what is the evidence that these elements were and are characteristic of nursing at different points in time? In that the impact of bureaucratization on professionalization is central to the thesis, the relationship between these two processes would also be an inherent aspect of the analysis of the literature.

An exhaustive review of the literature, then, is beyond the purposes and scope of this study. To paraphrase Glaser, "The principal criterion for the selection of [the literature in relation to the above two points] . . . is ideational. . . ." <sup>1</sup> So that while the review may not be representative in terms of "the range of data or of authors," <sup>2</sup> it must reflect the central concepts.

Secondly, the nature of the thesis requires that the concept of deprofessionalization be developed and at least tentatively defined.

#### Temporal Comparisons

Theoretically speaking, one could compare the characteristics of an occupation from the standpoint of any two points in time. But the "is" in our thesis denotes the approximate present, a period we might refer to as "the 1960's." In that the stages and characteristics of professionalization evolve over fairly lengthy periods of time, <sup>3</sup>

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<sup>1</sup>Barney G. Glaser, ed., Organizational Careers (Chicago: Aldine, 1968), p. 6. "Ideational" in italics in the original text.

<sup>2</sup>Ibid. Original text written in italics.

<sup>3</sup>I.e., it is hard to estimate in what ways five or ten years might make a difference. E.g., in predominantly male occupations it would seem that occupational prestige has remained relatively constant over a considerable period of time. See Robert W. Hodge, Paul M. Siegel, and Peter H. Rossi, "Occupational Prestige in the United States, 1925-1963," American Journal of Sociology, 70 (November, 1964), 286-302.

it would not seem too invalid to use as a basis for some of the statistical comparisons data from the last decennial census, nor would it seem highly inconsistent to use illustrations from statistical data on nurses and nursing which would range over the 1960-1968 period.

The choice of the comparative period is somewhat more difficult. Although the 1930 census techniques for collecting data on employment are much superior to those of preceding years,<sup>1</sup> the investigator's considered opinion is that it would be preferable to choose the 1920's as this period not only antedates the beginning of the migration of graduate nurses into bureaucratic settings, but it also represents the "halcyon days," not the waning period of private duty nursing,<sup>2</sup> and, further, it precedes the period of the Great Depression, at which time hospital as opposed to home care was becoming the norm for a wide variety of socioeconomic classes<sup>3</sup> and a period in which a generalized economic depression might yield a distorted basis for making comparisons. For these reasons, the investigator chose to focus upon the 1920's as the period of time against which to contrast

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<sup>1</sup>A. J. Jaffe and R. O. Carlton, Occupational Mobility in the United States 1930-60 (New York: King's Crown Press, 1954), p. 6.

<sup>2</sup>Gerald J. Griffin and H. Joanne King Griffin, Jensen's History and Trends of Professional Nursing (5th ed.; St. Louis: Mosby Company, 1965), p. 199.

<sup>3</sup>Esther Lucile Brown, "Nursing and Patient Care," in Fred Davis, ed., The Nursing Profession (New York: John Wiley and Sons, 1966), p. 178.

nursing in the 1960's.

#### Sequence of the Analysis

The development of the thesis can be thought of as constituting four major phases. Chapters II and III represent involvement of criteria which serve as bases for making later comparisons about professionalization in nursing. On the premise that understanding the nature of deprofessionalization depends heavily upon understanding the concepts "profession" and "professionalization," considerable weight is given this first phase. Chapter IV is an assessment of the impact of bureaucratization on professionalization. In the third phase, Chapter V, the concept of deprofessionalization is developed. In the fourth major phase, Chapter VI, the idea that (1) within the social context of the times, nursing in the 1920's exemplified to a greater degree the characteristics of professionalization than it now does, and (2) the thesis that nursing is now undergoing a process of deprofessionalization are tested, and conclusions are drawn. The study is summarized in abstract style in Chapter VII.

#### Limitations

This study is confined to the United States. Time is not the only factor in this decision. For one thing, while there are some studies which indicate considerable international agreement in regard to some of the more discrete

aspects of the phenomenon of professionalization, they tend to center on male occupations,<sup>1</sup> so that generalizations as to whether this holds true for predominantly female occupations would be tenuous. Secondly, while there is historical and current evidence of similarities in nursing between even such closely related countries as Canada and the United States,<sup>2</sup> the kind and degree of differences would seem to be marked enough that they be considered as separate populations in the research sense of the word until more is understood about the significance of these variations.<sup>3</sup>

The focus of the study will be on professionalization in the occupation of nursing in general. Although the study of differential professionalization in such special areas as the religious nursing orders, the military, public health, and psychiatric nursing would seem very worthwhile, they are

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<sup>1</sup>E.g., Alex Inkeles and Peter H. Rossi, "National Comparisons of Occupational Prestige," American Journal of Sociology, 61 (January, 1956), 329-339.

<sup>2</sup>Helen K. Mussallem, Nursing Education in Canada (Ottawa: The Queen's Printer, 1965), pp. 6-10, 74; Canadian Nurses' Association, The Leaf and the Lamb (Ottawa: The Association, 1968), pp. 32, 35.

<sup>3</sup>E.g., a cursory comparison of nursing statistics indicates that there are considerable degrees of difference in relation to such aspects as educational preparation, percentage of employed nurses married, ratio of registered nurses to qualified auxiliary nursing personnel, to name only a few. American Nurses' Association, Facts About Nursing: A Statistical Summary, 1966 Edition (New York: The Association, 1966); Canadian Nurses' Association, Countdown 1967 (Ottawa: The Association, 1968).

not alluded to in this study except for purposes of developing the thesis in general.

Suprapersonal and Superpersonal  
Elements in Research

An investigator's choice of topic is always in a sense "suprapersonal; for what particular . . . questions excite special interest at any given period is a sign of the general intellectual focus of that period. . . ."<sup>1</sup> Yet subjective involvement is also a vital factor in the choice and direction of objective enquiry.<sup>2</sup>

Hearn says that the more value-laden the research topic is, the more important it is that the investigator "take full cognizance of his biases."<sup>3</sup>

This study is "suprapersonal" in that professionalization is one of the most pervasive forces in modern day life. So far as subjective elements are concerned, it would seem important to keep in mind the danger that the thesis could become less an objective enquiry than an adaptive response to the somewhat overwhelming dissonance created by the great

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<sup>1</sup>Agnes Arber, The Mind and the Eye (Cambridge: The University Press, 1964), p. 7.

<sup>2</sup>In fact Kerlinger questions "that any significant work is ever done without great personal involvement." Fred N. Kerlinger, Foundations of Behavioral Research (New York: Holt, Rinehart, and Winston, 1966), Preface, p. vii.

<sup>3</sup>Gordon Hearn, Theory Building in Social Work (Toronto: University of Toronto Press, 1958), p. 32.

disparities between what could be done and what is being done in health care today; it could also be an adaptive response to the strains of marginality which are to a very large degree inherent in the doctoral preparation of nurses today.

But as Gouldner would remind us, we do not solve "the problem of objectivity by good-naturedly confessing . . ." subjective forces which may underlie our enquiries.<sup>1</sup> The watchword for the technique which underlies the approach to this study, that of a scholarly analysis of the literature, would seem to be soundly expressed in this quotation from Francis Bacon:

Read not to contradict and  
confute, nor to believe and  
take for granted, nor to  
find talk and discourse,  
but to weigh and consider.<sup>2</sup>

The ultimate criterion by which this study must be judged lies not in a categorical defense of the thesis per se, but in how objectively we have "weighed and considered" whether or not it is wise to base our actions upon the assumption that nursing is undergoing a process of professionalization.

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<sup>1</sup>Alvin W. Gouldner, "The Sociologist as Partisan: Sociology and the Welfare State," American Sociologist, 3 (May, 1968), 112.

<sup>2</sup>Excerpt from "Of Studies," in Essays; quoted by J. M. Cohen and M. J. Cohen, eds., The Penguin Dictionary of Quotations (Hammondsworth, Middlesex: Penguin Books, 1960), p. 19.

CHAPTER II  
THE CONCEPT "PROFESSION"

The concept "profession" explains the process of professionalization no more than the concept "city" explains the process of urbanization. Yet each is a critical touchstone in understanding the phenomenon it exemplifies. For, as the concept "profession" is the model toward which the process of professionalization is directed,<sup>1</sup> understanding the model is a prerequisite of understanding the dynamics of how and why occupational groups do or do not approximate the model. While the purpose of this chapter is to describe and examine the concept "profession" for the purpose of providing a frame of reference for later discussions of professionalization, bureaucratization, and deprofessionalization, the content here is less a summary of evidence as to the criteria of a profession per se than an examination of their sub-characteristics, relative significance, and their inter-relatedness. For it is these latter dimensions, not the criteria themselves, which yield the major clues to the process of professionalization.

As the term "ideal type" is of importance in the development of our topic here, a preliminary note about it would

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<sup>1</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), pp. 44-45.

seem in order. Ideal types, such as an ideal type bureaucracy or an ideal type profession,<sup>1</sup> facilitate analyses and comparisons of phenomena by deliberately simplifying and exaggerating their characteristics.<sup>2</sup> These characteristics may be chosen on a descriptive basis, that is, selected on the basis of the main traits of prototypes of the phenomenon,<sup>3</sup> or they may be normative in nature, selected on the basis of the extremes of "what should be" rather than on the extremes of "what is."<sup>4</sup>

No judgment is implied in the above statements, for ideal types based on either approach or, in all likelihood,

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<sup>1</sup>Vollmer and Mills utilize the construct ideal type profession as a theoretical "model of the form of occupational organization that would result if any occupational group became completely professionalized." Howard M. Vollmer and Donald L. Mills, eds., Professionalization (Englewood Cliffs, N.J.: Prentice-Hall, 1966), p. vi.

<sup>2</sup>Reinhard Bendix, "Weber, Max," in David L. Sills, ed., International Encyclopedia of the Social Sciences [hereafter designated as IESS], Vol. 16 (1968), 499. Bendix notes (p. 499) that Weber formulated this construct on the basis of Jacob Burckhardt's writings.

<sup>3</sup>E.g., in describing an ideal type profession on this basis, the occupations of law and medicine might be used as prototypes.

<sup>4</sup>Peter M. Blau, "Organizations: I. Theories of Organizations," IESS, Vol. 11 (1968), 299; Blau maintains that it is not clear whether Weber's ideal type bureaucracy was normative or descriptive in its base. It is, of course, fallacious to assume that the two bases are mutually exclusive; yet Fromm warns that it is dangerous to assume that we can and should infer the normative from the descriptive; see Erich Fromm, The Sane Society (New York: Rinehart and Company, 1955), especially pp. 191-196.

upon a combination of the two, are potentially useful tools of analysis. The point we wish to make here is that it is sometimes far from clear what are the bases for the various descriptions of ideal type professions cited here. This poses certain problems. In the one sense, it can be argued that the principal criterion of an ideal type is how well it helps us to understand the essential nature of the phenomenon in question; yet if we intend to infer degrees of professionalization from how nearly an occupational group approximates the characteristics of a stated ideal type profession,<sup>1</sup> we must keep in mind the ultimate question, "To the extent that descriptive and normative ideal types differ, which is the more valid index of the degree of professionalization?"

The Concept "Profession":  
Definitions and Criteria

Definitions

Garceau, in examining variations in definitions of a profession, concludes that the only factor common to all is their eulogistic flavor.<sup>2</sup> While there would indeed seem to

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<sup>1</sup>A method of inference suggested by Harold L. Wilensky and Charles N. Lebeaux in Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958), pp. 284-285.

<sup>2</sup>Oliver Garceau, The Political Life of the AMA (Cambridge, Mass.: Harvard University Press, 1941), p. 186.

be considerable similarity in many definitions, there would also seem to be some subtle departures; and in our view understanding the concept involves paying attention to both.

Drawing upon a comprehensive variety of sources, such as historical antecedents, legal decisions, socioeconomic categorizations, and philosophical and sociological explanations, Cogan documents a wide range of meanings associated with the concept "profession." For example, there is disagreement as to the historical antecedents of professions, the term "profession" does not always have a positive connotation, licensure is not always a requirement of legal definitions, and, even within the Federal government, definitions as to what constitutes a profession are not the same in the Departments of Labor and Commerce.<sup>1</sup>

An analysis of the definitions of Cogan, Glaser, and Millerson indicates that, directly or indirectly, they all touch on the process of professionalization in addition to enumerating structural and attitudinal characteristics. We draw attention to this detail to underline the larger point that the concept "profession" cannot fully be apprehended apart from an understanding of the process of professionalization. Cogan offers the following "tentative" definition:

A profession is a vocation whose practice is founded upon an understanding of the theoretical structure of some department of learning

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<sup>1</sup>Morris L. Cogan, "Toward a Definition of Profession," Harvard Educational Review, 23 (January, 1953), 33-50.

or science, and upon the abilities accompanying such understanding. This understanding and these abilities are applied to the vital practical affairs of man. The practices of the profession are modified by knowledge of a generalized nature and by the accumulated wisdom and experience of mankind, which serve to correct the errors of specialism. The profession, serving the vital needs of man, considers its first ethical imperative to be altruistic service to the client.<sup>1</sup>

Glaser offers a more concise definition: "A profession is a cohesive and autonomous body of trained persons who perform work for the benefit of the public on the basis of applied scientific knowledge."<sup>2</sup> Millerson's definition would seem a testimony to the difficulty of finding universally meaningful adjectives for describing the chief traits of a profession:

[A profession] is a type of higher-grade, non-manual occupation, with both subjectively and objectively recognized occupational status, possessing a well-defined area of study or concern and providing a definite service, after advanced training and education.<sup>3</sup>

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<sup>1</sup>Morris L. Cogan, "Toward a Definition of Profession," Harvard Educational Review, 23 (January, 1953), 48-49.

<sup>2</sup>William A. Glaser, "Nursing Leadership and Policy: Some Cross-National Comparisons," in Fred Davis, ed., The Nursing Profession (New York: John Wiley and Sons, 1966), p. 7.

<sup>3</sup>Geoffrey Millerson, The Qualifying Associations (London: Routledge and Kegan Paul, 1964), p. 10. Millerson's definition is somewhat exceptional, for although it does not exclude the ideal of subordination of self-interest, it does not set it as a condition of the service which is provided.

## "Amateur" Versus "Professional"

While in popular usage the terms "amateur" and "professional" are frequently used as opposites, the distinction between them is not clear cut. Dewey considers them as not being mutually exclusive, and Cogan points out, for example, that "claims for altruism and egoism are made for both."<sup>1</sup>

Increasingly, amateur activity in the intellectual disciplines is hampered by the need for systematic pre-instruction. This was not the case even a century ago when amateur pursuits in such fields as botany, zoology, and geology were fairly commonplace.<sup>2</sup>

Professional endeavor inheres the idea of "gainful work," both in the economic and social senses; further, it inheres a degree of obligation to serve society in some special way, a characteristic which is not inherent in the concept "amateur."<sup>3</sup>

Whereas "amateur" frequently connotes part-time endeavor, the word "professional" has come to mean full-time, if not lifetime,<sup>4</sup> activity, both on the individual and collective

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<sup>1</sup>John Dewey, "Culture and Professionalism in Education," School and Society, 18 (October 13, 1923), 423; Morris L. Cogan, "Toward a Definition of Profession," Harvard Educational Review, 23 (January, 1953), 39.

<sup>2</sup>Geoffrey Millerson, The Qualifying Associations (London: Routledge and Kegan Paul, 1964), p. 22.

<sup>3</sup>Philip H. Phenix, Philosophy of Education (New York: Holt, Rinehart, and Winston, 1958), pp. 163-164.

<sup>4</sup>Ibid. Phenix is emphatic that unless an occupation represents its members' lifetime work, it cannot be a true profession.

levels. The point at which a set of activities becomes a full-time occupation is a primary step in the process of the professionalization of an occupational group.<sup>1</sup>

Ben-David and Collins state that one of the three factors upon which the emergence of the field of experimental psychology hinged was the development of both philosophy and physiology into academic as opposed to amateur roles. This is one of the reasons that main thrusts in experimental psychology occurred in Germany as opposed to Britain and France, where the parent disciplines were still based largely on the amateur pattern.<sup>2</sup> In this sense, amateurism, rather than being a direct opposite of professionalism, could be thought of as a precondition of, or even the first step in, professionalization.

#### Criteria of a Profession

Many scholars have sought to interpret "profession" not through definitions per se but through differentiating between the main characteristics of occupations generally thought of as "professions" as compared to characteristics of occupational groups in general. Two classical works on

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<sup>1</sup>Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964), 143.

<sup>2</sup>Joseph Ben-David and Randall Collins, "Social Factors in the Origins of a New Science: The Case of Psychology," American Sociological Review, 31 (August, 1966), 465.

the criteria of a profession are those of Flexner and Carr-Saunders and Wilson. Flexner emphasizes six criteria:

(1) the intellectual basis of professional techniques, (2) the learned nature of the sources and methods of professional knowledge, (3) the "practical" nature of professional endeavor, (4) the techniques must be "educationally communicable," (5) the characteristic of "self-organization," and (6) "they are becoming increasingly altruistic in motivation."<sup>1</sup>

While refusing to attempt a definition of profession per se,<sup>2</sup> Carr-Saunders and Wilson maintain that "nevertheless, the term profession . . . clearly stands for something. That something is a complex of characteristics."<sup>3</sup> Although they stress the cruciality of a "specialized intellectual technique," they underline that it "is the essence of professionalism . . . because it gives rise to certain attitudes and activities."<sup>4</sup> In addition to the intellectual

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<sup>1</sup>Abraham Flexner, "Is Social Work a Profession?" School and Society, 1 (June 26, 1915), 903-904. His interpretation of the word "practical" is broad, and not limited to those objects "physical or tangible."

<sup>2</sup>A. M. Carr-Saunders and P. Wilson, The Professions (London: Frank Cass and Company, 1933), pp. 4, 284.

<sup>3</sup>Ibid., p. 284.

<sup>4</sup>Ibid., pp. 284-285, 289, 302-303, italics mine. The "attitudes and activities" to which the authors refer include such characteristics as forming occupational associations, and being concerned with guaranteeing that members' conduct is competent and honorable.

skill component, they cite four other earmarks of a profession, namely, the establishment of minimum fees or salary rates, and the existence of codes of ethics, professional associations, and minimum entry requirements.<sup>1</sup>

#### The Concept of a Professional Continuum

Goode points out that many of the traits commonly associated with the term "profession" are characteristic of any cohesive community, e.g., considerable agreement as to limits of behavior, development of roles, identification with the group, and shared norms.<sup>2</sup> This raises the very important question as to whether the essence of "professions" as distinct from other occupations lies primarily in matters of degree only, or whether there are also differences in the kinds of characteristics which set professions apart. In the article cited above, Goode asserts that professions differ from other communities in such aspects as methods of socialization and control and the choosing of clients;<sup>3</sup> but it is unclear as to whether or not he considers these variations in form or in substance.

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<sup>1</sup>A. M. Carr-Saunders and P. Wilson, The Professions (London: Frank Cass and Company, 1933), pp. 284-287, 302.

<sup>2</sup>William J. Goode, "Community Within a Community: The Professions," American Sociological Review, 22 (April, 1957), 194-200.

<sup>3</sup>Ibid., p. 194.

In a later article Goode subscribes to the idea of there being two "sociologically central" traits which characterize a profession: "(1) prolonged specialized training in a body of abstract knowledge, and (2) a collectivity or service orientation."<sup>1</sup> He sees these not as peculiar to professions but as "[each] forming a continuum along which a given occupation may move."<sup>2</sup> In his view these primary characteristics are the determinants of other important traits such as autonomy, monopoly, prestige, and codes of ethics.<sup>3</sup> Where an occupation possesses a low degree of either of the central variables, it is not, in his opinion, a profession. In terms of the knowledge component Goode states that nursing is not and will not become a profession, and categorizes librarianship very much in the same position.<sup>4</sup> In sum, far from implying that the difference between professions and nonprofessions is "only" one of degree, it would seem that in Goode's view it is precisely the degrees of difference that matter.

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<sup>1</sup>William J. Goode, "The Librarian: From Occupation to Profession?" Library Quarterly, 31 (October, 1961), 307-308.

<sup>2</sup>Ibid.; p. 307.

<sup>3</sup>Ibid.; pp. 307-308.

<sup>4</sup>Ibid., p. 307.

Prior to Goode, Greenwood too subscribed to the idea of a continuum.<sup>1</sup> Citing five criteria of a profession-- "(1) systematic theory, (2) authority, (3) community sanction, (4) ethical codes, and (5) a culture"--Greenwood states that "strictly speaking, these attributes are not the exclusive monopoly of the professions; nonprofessional occupations also possess them, but to a lesser degree." In this perspective occupations are seen "as distributing themselves along a continuum" with professions such as law, medicine, and university teaching toward the one end and unskilled occupations, such as scrubwoman and manual laborer, toward the other.<sup>2</sup>

At first glance the interpretations of these two authorities would seem to be highly similar. Yet there are some subtle differences which would seem to be of theoretical import for the process if not the limits of professionalization. While Greenwood's criteria are multidimensional, the continuum which he describes evokes the image of a single scale, ranging in values from zero to one; Goode's perspective

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<sup>1</sup>As a matter of interest, we would suggest that the idea of a continuum applied to occupations with reference to certain characteristics is not new; although the above authors use a linear form, and A. M. Carr-Saunders and P. Wilson used a spherical one, the principle appears to be the same. See The Professions (London: Frank Cass and Company, 1933), pp. 284, 286.

<sup>2</sup>Ernest Greenwood, "Attributes of a Profession," Social Forces, 2 (July, 1957), 44-46.

suggests a bi-dimensional continuum on two continua, unidirectional in either case. Our first point is that in the latter instance, no matter how far an occupation advances on one criterion, it cannot be considered a "profession" if it does not possess a high degree of the other trait, whereas this does not seem to be so in the former instance. The significance of this distinction may become more apparent when we discuss the integral nature of a profession.

Secondly, both of the above authors treat the continua in a unidirectional fashion. We would question the validity and usefulness of conceiving the scales in these terms. Perhaps insight into the nature of professions might be expanded by incorporating the principle of multiple, truly bipolar<sup>1</sup> scales, ranging from -1 to +1 instead of restricting models to a lower bound of zero. To illustrate, we will use the example of professional theft.

Using Carr-Saunders's and Wilson's criteria, Sutherland demonstrates that this occupational group displays to some degree all the characteristics associated with the concept "profession" except for ethics minimizing the pecuniary motive.<sup>2</sup> Do we, then, classify professional theft as a

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<sup>1</sup>Although Greenwood talks in "polar" terms, his examples would seem to indicate a lower bound of zero; Richard H. Willis's classification of terms is helpful in this regard, see "Conformity, Independence, and Anti-conformity," Human Relations, 18 (November, 1965), 373.

<sup>2</sup>Edwin H. Sutherland, The Professional Thief (Chicago: The University of Chicago Press, 1937), p. 217.

semiprofession except for this one aspect? Nonprofessional? Even the pecuniary motive aside,<sup>1</sup> is it meaningful to talk in terms of an anti-social profession?

Clearly, our concern here is not with the particular dilemma of how to classify professional theft; it is with three conceptual traps into which the idea of a continuum may lead us. The first is related to the function of ideal types themselves. They are, as we have pointed out in the introduction to this chapter, deliberately exaggerated constructs; it is thus a fallacy to assume that the complete and utter attainment of such a criterion as autonomy<sup>2</sup> is to reach an "ideal" state. Secondly, there is a tendency to imply that, at worst, an occupational group is characterized by an absence of a particular characteristic rather than damned by possession of its opposite.<sup>3</sup> And, thirdly, there is a tendency to treat variables as being mutually exclusive rather than as forming an interdependent matrix.

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<sup>1</sup>As Edwin H. Sutherland remarks (The Professional Thief [Chicago: The University of Chicago Press, 1937], p. 217), this distinction may not be peculiar to thieves; the succeeding paragraphs will act to explain why we are not confining ourselves to Sutherland's exception.

<sup>2</sup>Or, e.g., the extreme form of conformity of occupational members to existing practices could be interpreted as being antithetical to the stimulus and improvement which can come from departures from established modes.

<sup>3</sup>That constructing truly bipolar scales would present serious methodological problems is obvious; but it would seem contradictory to restrict the making of judgments about such a "value-laden" institution to lower limits of zero.

The concept of a continuum raises the question of gradients within each of the contributing characteristics. It therefore seems important to examine variations within some of the more frequently cited criteria before attempting a summary of the main characteristics which typify a profession.

#### Variations Within Selected Criteria

A gross comparison of several writings on the criteria of a profession (see Table I) indicates that, in one form or another, the traits knowledge and skill, autonomy, the "service ideal," and codes of ethics are repeatedly cited. Book-length treatment would be required to do full justice to the occupational significance of any one of these traits.<sup>1</sup>

Our objective for the moment is to highlight some of the dimensions of the above criteria for the purpose of providing a context for later use of these terms when the focus is on professionalization, bureaucratization, and deprofessionalization.

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<sup>1</sup>E.g., Corrine Lathrop Gilb has devoted an entire book to the subject of the government of professional associations: Hidden Hierarchies (New York: Harper and Row, 1966); Benson Y. Landis's Professional Codes: A Sociological Analysis to Determine Applications to the Educational Profession (New York: Bureau of Publications, Teachers College, Columbia University, 1927) is another such example; Geoffrey Millerson's focus is even more discrete as it deals primarily with the control of standards through professional association: The Qualifying Associations (London: Routledge and Keegan Paul, 1964).

TABLE I

GROSS ANALYSIS OF ELEMENTS IN SELECTED LITERATURE  
ON THE CRITERIA OF A PROFESSION

	Knowledge-Skill (1) <sup>b</sup>	Service Ideal (2)	Autonomy (3)	Code of Ethics (4)	Additional (5)
Flexner (1915)	X	X	X		2 <sup>c</sup>
Carr-Saunders and Wilson (1933)	X		X	X	2 <sup>d</sup>
Lieberman (1956)	X	X	X	X	... <sup>e</sup>
Greenwood (1957)	X		X	X	1 <sup>f</sup>
Phenix (1958)	X		X	X	1 <sup>g</sup>
Wilensky and Lebeaux (1958)	X	x <sup>h</sup>	x <sup>i</sup>		
Goode (1960)	X	X			... <sup>j</sup>
Barber (1963)	X	X	X		1 <sup>k</sup>
Parsons (1968)	X	... <sup>l</sup>			1 <sup>l</sup>

<sup>a</sup> Abraham Flexner, "Is Social Work a Profession?" *School and Society*, 1 (June 26, 1915), 903-904; A. M. Carr-Saunders and P. Wilson, *The Professions* (London: Frank Cass Company, 1933), pp. 284-286, 302; Myron Lieberman, *Education as a Profession* (Englewood Cliffs, N.J.: Prentice-Hall, 1956), pp. 2-6; Ernest Greenwood, "Attributes of a Profession," *Social Forces*, 2 (July, 1957), 44-45; Philip H. Phenix, *Philosophy of Education* (New York: Holt, Rinehart, and Winston, 1958), pp. 154-173; Harold L. Wilensky and Charles N. Lebeaux, *Industrial Society and Social Welfare* (New York: Russell Sage Foundation, 1958), pp. 284-285; William J. Goode, "Encroachment, Charlatanism, and the Emerging Profession: Psychology, Medicine, and Sociology," *American Sociological Review*, 25 (December, 1960), 903; Bernard Barber, "Some Problems in the Sociology of the Professions," *Daedalus*, 92 (Fall, 1963), 674; Talcott Parsons, "Professions," *IESS*, Vol. 12 (1968), 536.

<sup>b</sup> Column headings are broad in nature, thus Col. 1 does not differentiate as to what kinds of knowledge, theoretical

TABLE I (continued)

or otherwise; Col. 2 includes references to subordination of self-interest but does not necessarily connote altruism *per se*; professional associations and/or autonomy are included under Col. 3; where additional criteria have not been subsumed under one of these four headings, special note of same is made in Col. 5.

<sup>c</sup>Flexner, *op. cit.*, emphasizes the "practical nature of the professions but extends this to teaching and research; he also stipulates that techniques must be "educationally communicable."

<sup>d</sup>Carr-Saunders and Wilson, *op. cit.*, cite the establishment of minimum fees and entry requirements.

<sup>e</sup>Lieberman, *op. cit.*, cites four other criteria all of which would seem to fit in under the headings indicated here, e.g., he separates the characteristics of individual and group autonomy.

<sup>f</sup>Greenwood, *op. cit.*, adds the possession of a "culture."

<sup>g</sup>Phenix, *op. cit.*, emphasizes that a profession is an occupation which is one's "life work."

<sup>h</sup>Wilensky and Lebeaux, *op. cit.*, cite "adherence to professional norms" as a general characteristic, the service ideal being one of them.

<sup>i</sup>*Ibid.* The authors specify that technical competence must be "exclusive."

<sup>j</sup>Goode, *op. cit.*, maintains that all other characteristics are derived from the two central criteria cited.

<sup>k</sup>Barber, *op. cit.*, stipulates that the system of rewards in professional occupations involves both honorary and monetary symbols, and that these are "primarily . . . symbols of work achievement . . . , not means to some end of individual or self interest."

<sup>l</sup>Not only must professions possess a high degree of knowledge and skill but they must also have the institutional means for ensuring that these are put to socially responsible uses. Secondly, the knowledge and skill must be part of a "generalized cultural tradition," not simply complex, special competence. Parsons, *op. cit.*

As an enumeration of variations in these four criteria, completely apart from reference to their significance in the process of professionalization, is likely to be shallow if not meaningless, some of the more dynamic aspects of these terms will be part of the discussion here.

Merton and others have noted that the characteristics of a profession are in large part a complex of paradoxes.<sup>1</sup> While this may be categorically inconvenient,<sup>2</sup> it may well be a valuable clue to the possibility that the essence of the concept "profession" lies rooted in a complex set of ordinates and coordinates, not simply in unidirectional criteria.

#### The Knowledge-Skill Component<sup>3</sup>

While there may be general agreement that this criterion is an essential<sup>4</sup> one, emphases on the nature of its

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<sup>1</sup>See Everett C. Hughes, "Professions," *Daedalus*, 92 (Fall, 1963), 660; Harold L. Wilensky and Charles N. Lebeaux, *Industrial Society and Social Welfare* (New York: Russell Sage Foundation, 1958), pp. 298-308; and Robert K. Merton, "Some Preliminaries to a Sociology of Medicine," in Robert K. Merton et al., eds., *The Student Physician* (Cambridge, Mass.: Harvard University Press, 1957), pp. 72-76.

<sup>2</sup>I.e., it would be more difficult to construct ideal types where characteristics to be exaggerated are paradoxical in nature.

<sup>3</sup>For purposes of brevity, we will hereafter refer to this as the "K-S" component.

<sup>4</sup>Geoffrey Millerson's analysis indicates that it is a characteristic not always cited. See *The Qualifying Associations* (London: Routledge and Kegan Paul, 1964), Table I.I, p. 5.

subcomponents vary, as do interpretations of its significance in relation to the process of professionalization.

The significance of the K-S component. A miniature symposium on the significance of this criterion might yield a variety of remarks such as these:

Phenix: "A professional, first of all, is one who possesses some special competence. He knows things which most other people do not know, or he has skills which the average person does not have." And this gives him "a sense of superiority, of possessing insights reserved for the select few."<sup>1</sup>

Marshall: Special competence is the legitimizing basis for the professional's authority in society; it is the source of his freedom from ascriptive restraints.<sup>2</sup>

Carr Saunders and Wilson: The K-S factor is essential because it is the chief source of other attributes, such as self-organization and a deep sense of personal responsibility for contributing to the public good.<sup>3</sup>

Millerson: Were it not for the K-S component, anyone could infiltrate the professions; it is the basis for the "exclusiveness" necessary to guarantee competence.<sup>4</sup>

Fichte: The distinction between the professional and the ordinary man is that through the K-S

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<sup>1</sup>Philip H. Phenix, Philosophy of Education (New York: Holt, Rinehart, and Winston, 1958), p. 155. Italics mine.

<sup>2</sup>T. H. Marshall, "Professionalism and Social Policy," in Sigmund Nosow and William H. Form, eds., Man, Work, and Society (New York: Basic Books, 1962), p. 228; see also Christopher Jencks and David Riesman, The Academic Revolution (Garden City, N.Y.: Doubleday and Company, 1968), p. 203.

<sup>3</sup>A. M. Carr-Saunders and P. Wilson, The Professions (London: Frank Cass and Company, 1933), pp. 286, 302-303.

<sup>4</sup>Geoffrey Millerson, The Qualifying Associations (London: Routledge and Kegan Paul, 1964), p. 11.

component, the former is in a position to reinvest in society that which it has given to him; otherwise there would be no accumulation of progress.<sup>1</sup>

Parsons: The character of the K-S component determines the limits of trust that clients will be willing to invest in the professional. It is nonsense to talk about professionals having different underlying motives than nonprofessionals--it's the K-S component that determines whether or not the so-called "service ideal" will be realized.<sup>2</sup>

Ben-David and Collins: The K-S component is nothing in itself if there is not a role developed on the basis of it. But we must admit there would be no professional role without it!<sup>3</sup>

Such are some of the psychological, socio-political, ethical, philosophical, structural, and functional reasons why the K-S component is considered so essential. Overly simplified? Yes. Comprehensive? No. But perhaps adequate to illustrate the wide range of contexts within which this criterion is considered central.<sup>4</sup> And perhaps adequate to

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<sup>1</sup>Johann G. Fichte, The Vocation of the Scholar, trans. William Smith (London: John Chapman, 1847), pp. 46-47, 54.

<sup>2</sup>Talcott Parsons, Essays in Sociological Theory (rev. ed.; Glencoe, Ill.: The Free Press, 1954), pp. 34-49.

<sup>3</sup>Joseph Ben-David and Randall Collins, "Social Factors in the Origins of a New Science: The Case of Psychology," American Sociological Review, 31 (August, 1966), 451-465.

<sup>4</sup>William J. Goode has asserted that amongst criteria appearing in the several definitions of a profession there are "no contradictions, and the only differences are those of omission." While in one sense the terms appear highly similar, their contexts vary to the degree that we question the usefulness if not the validity of his observation. "Encroachment, Charlatanism, and the Emerging Profession: Psychology, Medicine, and Sociology," American Sociological Review, 25 (December, 1960), 903.

suggest some underlying paradoxes, e.g., the source of professional autonomy or freedom from societal control lies in the responsibility which occupations assume when they undertake to offer unique kinds of services to society.

Optimum K-S base. One of the central subcharacteristics of the K-S component is its "specialism"; yet at the same time it must be knowledge-in-perspective.<sup>1</sup> Wilensky emphasizes that in order for an occupation to secure a reasonable monopoly of skill, the knowledge component must neither be too narrow nor, on the other hand, too vague and general.<sup>2</sup>

"Functional specificity" is an important requisite of the development of client trust, emphasizes Parsons,<sup>3</sup> yet the line is a fine one, e.g., today's heart-lung machine technicians seem hampered by too narrow a base of unique knowledge. On the other hand, Carr Saunders and Wilson say that the coming of business into professional status "is likely to be slow because the technique is generalized rather than specialized."<sup>4</sup>

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<sup>1</sup>Morris L. Cogan, "Defining a Profession," Harvard Educational Review, 23 (January, 1953), 46; Robert K. Merton, "Some Preliminaries to a Sociology of Medical Education," in Robert K. Merton et al., eds., The Student Physician (Cambridge, Mass.: Harvard University Press, 1957), p. 73, says, e.g., "The physician must have the kind of detailed knowledge which often requires specialized education. But he should also be a well-rounded and broadly-educated man."

<sup>2</sup>Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964), 149.

<sup>3</sup>Talcott Parsons, The Social System (New York: The Free Press, 1951), p. 456.

<sup>4</sup>A. M. Carr Saunders and P. Wilson, The Professions (London: Frank Cass and Company, 1933), p. 491.

The question also arises as to how far intraprofessional variation can safely depart from "the 'hard core' [of knowledge and skills] which provides each profession with a distinctive focus."<sup>1</sup> "Political science in its earliest form," says Boulding, "is the knowledge of how to take the food surplus away from the food producer without giving him very much in return."<sup>2</sup> Historically, the legal profession has focused on social order, medicine on illness, and engineering on physical processes.<sup>3</sup> Rudolph says that such divisions symbolize "the disunity of knowledge. . . ."<sup>4</sup> The story of occupations which have maintained not necessarily the same focus but successful ones is the story of professionalization, as distinct from that of deprofessionalization.

"Pure" versus "applied" knowledge. Part of what separates the physicist from the mechanic, the electrical engineer from the television repairman, and the social psychologist from the salesman is theoretical knowledge. Greenwood states that "systematic theory [is] a feature

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<sup>1</sup>Harvey L. Smith, "Contingencies of Professional Differentiation," in Sigmund Nosow and William H. Form, eds., Man, Work, and Society (New York: Basic Books, 1962), p. 224, points out that differentiation has occurred in medicine to the extent that there are "doctors' doctors," i.e., doctors without patients.

<sup>2</sup>Kenneth E. Boulding, "Where Are We Going If Anywhere?" Human Organization, 21 (Summer, 1962), 162.

<sup>3</sup>Talcott Parsons, "Professions," IESS 1968, Vol. 12, p. 537.

<sup>4</sup>Frederick Rudolph, The American College and University (New York: Vintage Books, 1962), p. 399. His remarks are specifically aimed at departmentalization within universities.

virtually absent in the training of the nonprofessional."<sup>1</sup> Far from being an occupational device designed to create a mystique,<sup>2</sup> it is a functionally-important cornerstone of rational practice.<sup>3</sup> Theoretical insight permits "a rational understanding of the how and why of one's special ways of functioning."<sup>4</sup> Without such a base, the choice of one's actions is likely to be haphazard and their outcomes unpredictable;<sup>5</sup> further, lacking such a base, the search for additional knowledge or, indeed, the search for professional identity, is likely to be tangential, spasmodic, and unfruitful in the absence of theory.<sup>6</sup>

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<sup>1</sup>Ernest Greenwood, "Attributes of a Profession," Social Forces, 2 (July, 1957), 44-46. In fact he makes the generalization that "as an occupation moves toward professional status, apprenticeship training yields to formalized education because the function of theory as a groundwork for professional practice acquires increased importance."

<sup>2</sup>Although, granted, it does appear to serve a prestige function. See Geoffrey Millerson, The Qualifying Associations (London: Routledge and Kegan Paul, 1964), p. 11.

<sup>3</sup>Greenwood, op. cit., p. 11.

<sup>4</sup>Philip H. Phenix, Philosophy of Education (New York: Holt, Rinehart, and Winston, 1958), p. 158.

<sup>5</sup>Morris L. Cogan, "Toward a Definition of Profession," Harvard Educational Review, 23 (January, 1953), 47.

<sup>6</sup>This is the underlying point in Gordon Hearn's Theory Building in Social Work (Toronto: University of Toronto Press, 1958) and Rose P. McKay's "The Process of Theory Development in Nursing" (unpublished doctoral dissertation; New York: Teachers College, Columbia University, 1965); see also Ray Hyman, The Nature of Psychological Inquiry (Englewood Cliffs, N.J.: Prentice Hall, 1964), p. 99, where he develops B. F. Skinner's point that the value of theories' holding true for all time is less important than that they generate research which leads to new avenues of understanding.

Neither only pure theoretical knowledge divorced from social applications nor only applied forms lacking theoretical underpinnings seems to fill the professional knowledge requirement. A century ago neither pure scientists nor applied engineers could be regarded as truly professionalized. Only when those occupations representing the pure sciences became aware of the "social component" of their work did they start to become "professionalized";<sup>1</sup> and only when their applications of knowledge became in large part intellectualized did engineers approach the professional model.<sup>2</sup> Kornhauser interprets this as scientists becoming "professionalized 'from above' and engineering 'from below.'"<sup>3</sup> Perkins sums such dual convergence up in the saying "He who knows the theory but not the practice does not know the whole theory."<sup>4</sup>

All professional knowledge is "applied," Parsons maintains. The application of pure knowledge in the areas of teaching and research, i.e., "the profession of learning itself," is one mode; the application of knowledge to

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<sup>1</sup>John J. Beer and W. David Lewis, "Aspects of the Professionalization of Science," Daedalus, 92 (Fall, 1963), 764.

<sup>2</sup>William Kornhauser with the assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), p. 84.

<sup>3</sup>Ibid. .

<sup>4</sup>James A. Perkins, "The University and the Arts," T.C. Record, 66 (May, 1965), 676.

so-called practical affairs is another. Parsons terms the former "cultural" and the latter "social."<sup>1</sup> The essence of this distinction is reflected in Rodgers' clarification of academic versus clinical applications of knowledge in the discipline of psychology. The function of the former is, he says, "to ask prototypical questions and to seek generalizable answers . . ."; the function of the latter is "to provide usable answers to important questions about particular rather than general events. The answers need not be prototypically correct if they are the most usable or satisfactory available, from a utilitarian point of view." To view the one as impractical and the other as "non-research-based" [or either, we might interject, as "nonprofessional"] is to miss the point; the specific objectives of each are qualitatively, not quantitatively, different.<sup>2</sup>

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<sup>1</sup>Talcott Parsons, "Professions," IESS 1968, Vol. 12, p. 537.

<sup>2</sup>David A. Rodgers, "In Favor of Separation of Academic and Professional Training," American Psychologist, 19 (August, 1964), 675. Italics the author's. As the title of his article indicates, Rodgers makes a semantic distinction between academics and applied professionals. As Parsons' and, e.g., Jencks' and Riesman's recent works suggest, it is becoming commonplace to subsume both groups under the rubric "Professions." Christopher Jencks and David Riesman, The Academic Revolution (Garden City, N.Y.: Doubleday and Company, 1968), e.g., "academic professionals," p. 216; Robert K. Merton, "Some Preliminaries to a Sociology of Medicine," in Robert K. Merton et al., eds., The Student Physician (Cambridge, Mass.: Harvard University Press, 1957), p. 73; Kenneth Underwood, "On the Pinnacle of Power--The Business Executive," in Peter Berger, ed., The Human Shape of Work (New York: The Macmillan Company, 1964), p. 180; and Lee Cronbach, "The Role of the University in Improving Education," Phi Delta Kappan, 42 (June, 1966), 540.

"Technical" versus "professional" skills. While mental pictures of the dentist, surgeon, or concert pianist reflect high degrees of manual dexterity, many "professional" skills involve less physical dexterity than do nonprofessional ones.<sup>1</sup> Lambertsen points out that it is not skill per se which differentiates professional from technical tasks but the purposes of the skills which distinguish the two groups.<sup>2</sup> Applying her criteria in the fields of, e.g., "pure" physics and legal practice, one can see that there are routine definable tasks involved in both "cultural" and "social" professions, e.g., in certain technical aspects of the preparation of a paper for publication and in the execution of certain documents of law.<sup>3</sup>

Professional knowledge: science, scientific effort, or scientism? The professional ideal type cannot be separated from the characteristic of skill in applying knowledge, whether the application is in the "cultural" or "social" spheres; in either case it is the centrality of "cognitive" skills which distinguishes professional from nonprofessional

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<sup>1</sup>Ernest Greenwood, "Attributes of a Profession," Social Forces, 2 (July, 1957), 45-46; those given are diamond-cutter and tool-and-die maker.

<sup>2</sup>Eleanor C. Lambertsen, "The Emerging Health Occupations," Nursing Forum, 1 (Winter, 1968), 93; Shirley M. Stinson, "The Future Begins Now for Nursing in the Year 2000," Hospital Administration in Canada, 10 (September, 1968), 93-94.

<sup>3</sup>"Call for Restructuring [Legal Education and Legal Tasks]," Time [Canada], March 29, 1968, pp. 40-41.

occupations.<sup>1</sup> Yet even in the traditional scientific fields, Whitehead questions how far cognition can progress apart from the use of bodily senses, maintaining that there is a "reciprocal influence" between what he terms "brain activity" and the use of the eyes, ears, voice, and hands.<sup>2</sup>

Definitions of profession do not exclude occupations which are not based on the rational-empirical mode of thought;<sup>3</sup> but there is a tendency to bestow prestige on those which are.<sup>4</sup> McCully warns against "scientism," the view that "science yields a sure external guide to the resolution of [all professional problems] . . . ."<sup>5</sup>

Goode points out that for an aspiring profession to succeed, it is necessary that its relevant publics value the kinds of knowledge it possesses.<sup>6</sup> And in that science is

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<sup>1</sup>Talcott Parsons, "Professions," IESS 1968, Vol. 12, p. 536.

<sup>2</sup>Alfred North Whitehead, The Aims of Education (New York: The Macmillan Company, 1929), p. 58.

<sup>3</sup>E.g., Parsons, op. cit., pp. 537-538, discusses professionalization in religion and the arts.

<sup>4</sup>C. Harold McCully, "Conceptions of Man and the Helping Professions," Personnel and Guidance Journal, 44 (May, 1966), 912.

<sup>5</sup>Ibid.

<sup>6</sup>William J. Goode, "The Librarian: From Occupation to Profession?" The Library Quarterly, 31 (October, 1961), 308.

"the chief distinguishing feature of modern civilization,"<sup>1</sup> it may well be that "scientific" kinds of professional knowledge are the most highly valued, if not highly rewarded of all.<sup>2</sup> But, in sum, whether professional knowledge must meet the sub-criterion of being scientific would seem to depend partly on our use of the word. In Flexner's words, "If the term 'science' is to be strictly confined to knowledge capable of quantitative expression and utilization, science would begin and end with mathematical physics--itself perhaps not the final character supposed in the days before Einstein. . . ."<sup>3</sup> If, on the other hand, by science we mean "the severest effort capable of being made in the direction of purifying, extending, and organizing knowledge," then "the [professional] effort is scientific."<sup>4</sup> This is far from saying that professions are by definition wedded to the use of one particular method of discovering and verifying

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<sup>1</sup>Philip H. Phenix, Philosophy of Education (New York: Holt, Rinehart, and Winston, 1958), p. 324.

<sup>2</sup>Thorstein Veblen maintains that "with the growth of industrial organization and efficiency there must, by selection and by adaptation, supervene a greater resort to the mechanical or dispassionate method of apprehending facts." As these modes and values become more and more part of the "scheme of life" of a society, objective knowledge is more highly valued. See The Place of Science in Modern Civilization (New York: The Viking Press, 1919), p. 105.

<sup>3</sup>Abraham Flexner, Medical Education (New York: The Macmillan Company, 1925), p. 3.

<sup>4</sup>Ibid.

knowledge.<sup>1</sup> Yet the fact remains that the systematic extension of knowledge depends in large part on principles of scientific enquiry. Law, for example, is now directing more attention to the study of the effects and shortcomings of existing laws and legal procedures, not merely confining its attention to precedent.<sup>2</sup> The methods which underlie such an expanded focus necessarily involve principles akin to the so-called experimental method.

Aura of mystery. A frequently-mentioned subcharacteristic of the K-S component is that it must inhere a mystique of some kind. The word mystery, Caplow explains, "originally referred to membership in a craft guild, and the secret understandings which such membership implied."<sup>3</sup> Goode says that this control over occupational knowledge is a source of mystery to the ordinary man.<sup>4</sup>

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<sup>1</sup>See Philip H. Phenix, Philosophy of Education (New York: Holt, Rinehart, and Winston, 1958), pp. 323-330. The imposition of the methods of, e.g., physics into all facets of the social sciences may, indeed, be considered unscientific; see Karl Mannheim, Ideology and Utopia, trans. Louis Wirth and Edward Shils (New York: Harcourt, Brace, and World, n.d.), pp. 51-52; W. H. Walsh, for example, points out that the historical method is distinctively suited to the disciplinary object, The Philosophy of History (New York: Harper and Row, 1960), p. 10.

<sup>2</sup>E.g., see Adam Podgorecki, "Law and Social Engineering," Human Organization, 31 (Fall, 1962), 181, and Martin P. Meyer's reference to the experiments of the Vera Institute of Justice, The Lawyers (New York: Dell Publishing Company, 1966), pp. 202-205.

<sup>3</sup>Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), p. 23.

<sup>4</sup>William J. Goode, "The Librarian: From Occupation to Profession?" The Library Quarterly, 31 (October, 1961), 308.

In part, the mystique is an outcome of the professional's need to obtain the layman's confidence and, thus, in medicine, for example, "[the doctor] surrounds himself with mystery and miracle."<sup>1</sup> The rituals of the nurse and pharmacist are part of this aura of mystery, and the pomp and circumstance of the court may be less procedural necessity than a need to dazzle the client, says Hughes.<sup>2</sup> But these explanations do not include another reason why an aura of mystery is such a pervasive subcharacteristic of professional knowledge; Wilensky adds that it is because professional knowledge is not communicable in the traditional sense, that it "is by its nature anti-traditional, never 'established.'" Building on Polanyi's observation that "there are things that we know but cannot tell," Wilensky maintains that to some extent professional knowledge is "tacit" knowing.<sup>3</sup>

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<sup>1</sup>A. M. Carr-Saunders and P. Wilson, The Professions (London: Frank Cass Company, 1933), p. 104; James Howard Means says the use of so many technological diagnostic devices has resulted in the doctor's losing "some of his apparent omniscience, prestige and mystique." See "Homo Medicus Americanus," Daedalus, 92 (Fall, 1963), 712.

<sup>2</sup>Everett C. Hughes, "Mistakes at Work," Canadian Journal of Economics and Political Science, 17 (August, 1951), 324-325.

<sup>3</sup>Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964), 149. Wilensky cites "recognizing the mood of a face" as an example of this last point.

Yet, again, while the characteristic of the mysterious is a positive, functional aspect of the knowledge criterion, an occupation with a totally mysterious body of knowledge is not consistent with the concept "profession." For one thing, the community is unlikely to sanction that which it cannot comprehend; secondly, such knowledge is too evasive from the standpoint of educating practitioners and thereby raises problems as to how to perpetuate that occupation.

The professional group must develop the K-S component. It is not enough that an occupational group utilizes complex knowledge, "it must also help to create it."<sup>1</sup> Occupations which do not do so are unlikely to be regarded as being highly professional. Schaefer emphasizes that unless teaching encompasses the production as well as the transmission of knowledge, it cannot truly be thought of as a profession.<sup>2</sup>

The above proviso inheres: (1) that there is a unique, codified body of knowledge which practitioners can develop, (2) that practitioners possess the skills necessary to such enquiry, and (3) that the structure of the work situation is conducive to enquiry.<sup>3</sup>

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<sup>1</sup>William J. Goode, "The Librarian: From Occupation to Profession?" The Library Quarterly, 31 (October, 1961), 308.

<sup>2</sup>Robert J. Schaefer, The School as a Center of Inquiry (New York: Harper and Row, 1967), pp. 1, 43.

<sup>3</sup>Ibid. This is the central theme of Schaefer's book. With regard to the first point, Marc Belth maintains that education is a discipline in its own right, see Education as a Discipline (Boston: Allyn and Bacon, 1965), especially pp. 6-8.

## Autonomy

Although the terms used in reference to this characteristic vary considerably (e.g., "autonomy," "professional authority," "self-control"),<sup>1</sup> they all seem to inhere not only kinds of occupational freedom from lay control but its attendant responsibilities. Professional authority is regarded both as a condition which permits the responsible application of knowledge and skill<sup>2</sup> and as a derivative of such competence.<sup>3</sup>

Frequently associated with the criterion of autonomy are such factors as solo practice, monopolies, the "right" to decide on substantive matters, occupational associations, and control by colleagues. In that such factors are not always consistent with the essence of the concept "profession," it would seem worthwhile to examine how they are or are not functional to the descriptive and normative ideal

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<sup>1</sup>Myron Lieberman, Education as a Profession (Englewood Cliffs, N.J.: Prentice-Hall, 1956), p. 3; Ernest Greenwood, "Attributes of a Profession," Social Forces, 2 (July, 1957), 44-45; and Bernard Barber, "Some Problems in the Sociology of the Professions," Daedalus, 92 (Fall, 1963), 672.

<sup>2</sup>Lieberman, op. cit., p. 3.

<sup>3</sup>William J. Goode, "Encroachment, Charlatanism, and the Emerging Profession: Psychology, Medicine, and Sociology," Sociological Review, 25 (December, 1960), 903; Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958), p. 285, consider monopolies of skill an outgrowth of technical competence, yet they seem also to consider it a conditional criterion of the concept "profession" in that they use the term "exclusive technical competence" as their first requisite of the characteristics of a profession.

type professions.

Solo practice. While the image of the professional may be that of a self-employed practitioner, the facts would seem otherwise. Even in 1870, half the professionals in the United States were employed on a salaried basis.<sup>1</sup>

Self-employment is more common among the "established" professions;<sup>2</sup> yet in that solo practice inheres some major threats to professionalization,<sup>3</sup> as well as potential aids,

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<sup>1</sup>William Kornhauser, Scientists in Industry (Berkeley: University of California Press, 1963), p. 4. Going even further back, A. M. Carr-Saunders and P. Wilson point out that in previous centuries most professionals were not self-employed, but were members of orders of one type or another, The Professions (London: Frank Cass Company, 1933), pp. 289-294.

<sup>2</sup>Albert J. Reiss, Jr.'s study showed 43 per cent of established professionals as self-employed versus 29 per cent of the semiprofessionals, 22 per cent of the new professions, 18 per cent of the would-be professions, and 17 per cent of marginal professions. "Occupational Mobility of Professional Workers," in Sigmund Nosow and William H. Form, eds., Man, Work, and Society (New York: Basic Books, 1962), p. 313. Martin P. Meyer, The Lawyers (New York: Dell Publishing Company, 1966), p. 28, says that by 1970 over one-half of United States lawyers will be in other than solo practice. In White Collar (New York: Oxford University Press, 1951), C. Wright Mills states that independent professionals have continued to comprise about 1 per cent of the labor force over the last two generations, while salaried professionals have increased from 1 to 6 per cent in that same period (p. 113).

<sup>3</sup>Joseph Ben-David, "The Professional Role of the Physician in Bureaucratized Medicine: A Study in Role Conflict," Human Relations, 11 (August, 1958), 256; Harold J. Laski, "The Decline of the Professions," Harper's Monthly Magazine, 171 (November, 1935), 679-680, maintains that the self-employed practitioner is too vulnerable, that the solo practitioner "lacks the one thing . . . which is fundamental to the preservation of the scientific temper--security."

it would seem tenuous to regard solo practice as being entirely consistent with the concept "profession." For example, the salaried professional may be more likely to be free of substantively-unrelated constraints imposed by individual clients or the local customs of the community; he may be more free to upgrade his experience by changing locale from time to time instead of being bound to an established community practice.<sup>1</sup> The solo professional may end up being the "choreboy of his clients . . . [having] little or no choice of what kinds of work he will do,"<sup>2</sup> and dependence upon expensive and complex technological resources sets considerable limits to the range and level of functions possible in, if not limiting the prestige derived from, solo practice.<sup>3</sup>

In short, while the image of self-employed practice may be part of the concept "profession," the realities would indicate that it is not in itself a reliable, valid index of professional autonomy;<sup>4</sup> on the other hand, if we

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<sup>1</sup>Everett C. Hughes, "Professions," *Daedalus*, 92 (Fall, 1963), 665.

<sup>2</sup>*Ibid.*, pp. 665-666.

<sup>3</sup>James Howard Means, "Homo Medicus Americanus," *Daedalus*, 92 (Fall, 1963), 712.

<sup>4</sup>To paraphrase T. H. Marshall, "[solo practice in] the major professions was a product of circumstance. It was not the cornerstone of the building." "Professionalism and Social Policy," in Sigmund Nosow and William H. Form, eds., *Man, Work, and Society* (New York: Basic Books, 1962), p. 232.

subscribe to the philosophy that, self-employed or salaried, "[the professional] can rely upon no one for unquestioned authority . . . ,"<sup>1</sup> the ideal type professional, whatever his work environment is, is a "solo" practitioner.

Monopoly. Ideal type professional autonomy, both for the individual and the occupational group, is "functionally specific"; it permeates as far but no farther than the parameters of technical and moral competence.<sup>2</sup> To the extent that the technical competence of an occupational group is exclusive, it "represents a monopoly of skill, which is linked to standards of training and which justifies a monopoly of activity in an area."<sup>3</sup> In this respect, Hughes distinguishes between "license," the legal right to perform certain tasks or functions, and "a legal, moral and intellectual mandate [through which professions] presume to tell society what is good and right for the individual and society at large in

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<sup>1</sup>Donald P. Cottrell, "A Philosophy of Education," American Journal of Nursing, 40 (August, 1940), 915. *Italics mine.*

<sup>2</sup>Talcott Parsons, Essays in Sociological Theory (rev. ed.; Glencoe, Ill.: The Free Press, 1954), p. 38; Talcott Parsons, The Social System (New York: The Free Press, 1951), pp. 136, 456, 465; Ernest Greenwood, "Attributes of a Profession," Social Forces, 2 (July, 1957), 44-48.

<sup>3</sup>Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958), p. 284.

some aspect of life."<sup>1</sup> It is mandates, not licensure, which distinguish the true professions.<sup>2</sup> But such extensive penetration of autonomy and influence would seem to be highly conditional, for community endorsement of monopolies of technical skill hinges in large part on a concomitant orientation of the occupational group to the ideal of community service. Any violation of this trust, be it tacit or formal violations, is likely to result in the community's withdrawing the sanctions which perpetuate it.<sup>3</sup>

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<sup>1</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 79, mandates being either "implicitly or explicitly granted [by society] as legitimate." William Kornhauser with the assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), p. 159, says, e.g., the physician's authority over his clients "is implicitly recognized when we speak of 'doctor's orders.'" Gordon Hearn, Theory Building in Social Work (Toronto: University of Toronto Press, 1958), p. 1, goes so far as to say that "Practice is professional to the extent it is sanctioned by society."

<sup>2</sup>Hughes, op. cit., p. 79; Corrine Lathrop Gilb differentiates between various levels of professional organizational autonomy, stating that the lowest level is that of occupational certification, the highest being complete, mandatory licensure (see Hidden Hierarchies [New York: Harper and Row, 1966], p. 62); it is precarious to assume that licensure is an index of professional autonomy, e.g., barbers are licensed, teachers may be licensed, yet in most states they do not comprise the majority membership of the boards which issue teaching licenses while barbers do (see Myron Lieberman, Education as a Profession [Englewood Cliffs, N.J.: Prentice-Hall, 1956], p. 95).

<sup>3</sup>Samuel W. Bloom, The Doctor and His Patient (New York: Russell Sage Foundation, 1963), p. 92.

Autonomy as the "right" to decide. Where an occupation has never had the prerogative of being "final arbiter" on questions involving substantive knowledge (or where this prerogative has been removed), Goode says that it is not a true profession.<sup>1</sup> The extent to which the occupational group actually uses this prerogative is not the index of its autonomy, "it is the right to make the judgment . . ." which distinguishes the professions from the nonprofessions.<sup>2</sup>

Self-organization. Ianni points out that the formation of shared interest groups is a characteristic of all societies, civilized and primitive. Further, interest groups based on shared intellectual pursuits are not peculiar to the professions.<sup>3</sup> Millerson argues that what ultimately distinguishes professional associations from other types of occupational organization is the scope and depth of authority they have over technical and ethical occupational standards.<sup>4</sup> The shared knowledge base is the source of cohesion in

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<sup>1</sup>William J. Goode, "The Librarian: From Occupation to Profession?" The Library Quarterly, 31 (October, 1961), 308.

<sup>2</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 94, italics his; see also Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), p. 103.

<sup>3</sup>Francis A. J. Ianni, Culture, Systems, and Behavior (Chicago: Science Research Associates, 1967), pp. 45, 73.

<sup>4</sup>This is the whole theme underlying Geoffrey Millerson's The Qualifying Associations (London: Routledge and Keegan Paul, 1964).

professional occupational groups,<sup>1</sup> and ultimately the legitimating basis for control. As Gilb underlines, this is a two-way process: "Cohesion is necessary to attain control;<sup>2</sup> control is necessary to attain cohesion."<sup>3</sup>

Roscoe Pound, an inveterate individualist himself, maintains that it is through collective, not individual, action that high professional standards can be ensured.<sup>4</sup> Describing four possible types of professional organizations, the Prestige Association, the Study Association, the Occupational Association, and the Qualifying Association, Millerson says that it is the latter type which plays the key role in "convert[ing] occupations into professions."<sup>5</sup>

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<sup>1</sup>Bernard Barber, "Some Problems in the Sociology of the Professions," Daedalus, 92 (Fall, 1963), 672-673.

<sup>2</sup>Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 162, e.g., legislators are likely to be ill-disposed to give attention to the petitions of loosely-knit, segmented occupational groups.

<sup>3</sup>Ibid., p. 54.

<sup>4</sup>Roscoe Pound, The Lawyer from Antiquity to Modern Times, with Particular Reference to the Development of Bar Associations in the United States (St. Paul, Minn.: West Publishing Company, 1953), pp. 10-11.

<sup>5</sup>Yet he also admits (p. 156) that it is effective only to the extent that members "rely on the association as a means of initial and continuing qualification." Geoffrey Millerson, The Qualifying Associations (London: Routledge and Keejan Paul, 1964), p. 25; see also pp. 33-41 to see that Millerson's use of the term "Qualifying Associations" is broad, covering control of, e.g., training standards, admission to practice, and standards of on-going professional conduct and development. The Prestige and Study Associations are self-explanatory; Occupational Associations' foci are limited to narrow coordinative functions and/or concerns with members' remunerative or working conditions.

The fundamental point which Millerson makes is that the qualifying association is the central formal means for ensuring that occupational standards are developed and maintained. It is too simplistic to interpret this to mean that professional organizations are "causal" criteria of a profession. Taylor and Hall, for example, underline the importance of informal, sometimes highly subtle mechanisms for shaping and controlling the behavior of occupational members, e.g., through tacit norms operating in physician referral systems.<sup>1</sup> Yet it is equally simplistic to assume that professional organizations are no more than the sum of their members' values, so to speak. To think of professional associations in so limited a sense is to beg the question as to how homogeneous occupational norms would be and how long they would continue to be transmitted and/or developed in the absence of such organization, particularly in a rapidly-changing, highly mobile, geographically-dispersed society.

Collegial authority and professional association structure. It is tempting to say that while the existence

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<sup>1</sup>Oswald Hall, "The Stages of a Medical Career," American Journal of Sociology, 53 (March, 1948), 327-336; Lee Taylor, Occupational Sociology (New York: Oxford University Press, 1968), p. 131; see also Robert K. Merton's "Priorities in Scientific Discovery: A Chapter in the Sociology of Science," American Sociological Review, 22 (December, 1957), 659, regarding the importance of honorific mechanisms in perpetuating the norms in the scientific community.

of an occupational organization per se may not distinguish professions from nonprofessions, at least the structural characteristics of the former differ dramatically. Gilb's brilliant analysis of professional organizations as quasi-private governments would suggest that even this is a dubious point, for she ably shows that "the seeming paradoxes of centralization and decentralization, bureaucratic oligarchy and democracy" are not traits unique to professional associations, for they "also appear in American public government and in other private organizations, [thus] it is reasonable to conclude that none of the traits is accidental [or unique], but rather that each is an integral part of the total development of the American socioeconomic-political system."<sup>1</sup>

Collegial authority is, in a phrase, the recognized equality of equals,<sup>2</sup> and it is on this principle that the structure of professional associations rests. Again, the legitimating basis for this collegial authority is the

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<sup>1</sup>Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 133.

<sup>2</sup>An adaptation of Morris Janowitz's method of explaining how fraternal authority differs from hierarchical, traditional superordinate-subordinate authority. He explains the former as being "the recognized equality of unequals" and maintains that it is this type of authority system which is becoming more typical of military structure, "Changing Patterns of Organizational Authority: The Military Establishment," Administrative Science Quarterly, 3 (March, 1959), 473-493, especially 488.

knowledge base which occupational members share.<sup>1</sup> But to what extent this is ideology as distinct from practice is a good question. For example, analyses of the occupational characteristics of professional association leaders would suggest that the power structure is somewhat unegalitarian in composition and oligarchic in function.<sup>2</sup> Gilb points out that "the leaders are . . . people who occupy positions of relatively high prestige and authority within the profession (administrators and professors). . . ."<sup>3</sup> They are likely to be men, from urban centers, in the middle of their career-lives, and have positions which permit flexibility for attending meetings and conventions.<sup>4</sup>

We raise these points here only to indicate that it may be categorically incorrect to put forth collegial egalitarianism as a sub-trait of professional versus nonprofessional organizations, and that ideologically it would not

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<sup>1</sup>Ernest Greenwood, "Attributes of a Profession," Social Forces, 2 (July, 1957), 45-48.

<sup>2</sup>Corrine L. Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), pp. 128-133; see also Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), p. 126.

<sup>3</sup>Gilb, op. cit., p. 128.

<sup>4</sup>Ibid., pp. 128-129. We wonder if they are not also persons with private secretaries in their work-situations. See also William Kornhauser with the Assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), pp. 92-93, for an examination of characteristics of professional leaders in science and engineering.

seem a sub-trait unique to the former.<sup>1</sup>

If by "collegial" we mean an orientation to the opinions of one's peers as opposed to lay opinions and values, it may at first glance seem reasonable to agree with Jencks' and Riesman's implied proposition that the more collegially-oriented an occupational group, the more "professional" it is.<sup>2</sup> But the extreme of this is that it is only with peer opinions and values that professionals concern themselves, a situation which is potentially dangerous to the public good,<sup>3</sup> an outcome antithetical to the concept "profession."

In sum, in the descriptive sense it can be argued that the more autonomous an occupational group, the more "professional" it is; but in the normative sense it can be argued that the more autonomous an occupational group, the more "professional" it must be. For, in the normative context, to the extent that professional autonomy is a direct function of the degree to which knowledge and skill are

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<sup>1</sup>Indeed, it would be interesting to test the (descriptive) proposition that the more unrepresentative the leadership, the more "professional" the occupation.

<sup>2</sup>Christopher Jencks and David Riesman, The Academic Revolution (Garden City, N.Y.: Doubleday and Company, 1968), p. 201.

<sup>3</sup>This very situation would seem to have gone beyond the state of being a theoretical possibility. E.g., the Editors of The Yale Law Journal point to the peer-public conflicting loyalties of the A.M.A., see "The American Medical Association: Power, Purpose, and Politics in Organized Medicine," The Yale Law Journal, 63 (May, 1954), 938-947.

developed and "put to socially responsible uses,"<sup>1</sup> autonomy would seem to be a valid characteristic of the ideal type profession; to the extent that autonomy is dysfunctional to such a task, it would seem tenuous to consider it a valid trait of the concept "profession."

### The Service Ideal

In the most rudimentary sense the service ideal "means that the professional decision is not properly to be based on the self-interest of the professional, but on the need of the client."<sup>2</sup> Writ large, "A spirit of public service . . ." pervades the true profession.<sup>3</sup> But is this altruism on the parts of occupational members--or is it mainly "prudential"<sup>4</sup> behavior?

Altruism? Challenging the idea that one of the chief characteristics of professions is altruism, as opposed to

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<sup>1</sup>The phrase, not the argument in point, belongs to Talcott Parsons, "Professions," IESS 1968, Vol. 12, p. 536.

<sup>2</sup>William J. Goode, "The Librarian: From Occupation to Profession?" The Library Quarterly, 31 (October, 1961), 308.

<sup>3</sup>Roscoe Pound, The Lawyer from Antiquity to Modern Times, with Particular Reference to the Development of Bar Associations in the United States (St. Paul, Minn.: West Publishing Company, 1953), p. 5.

<sup>4</sup>This term is employed in the sense that Phenix uses it in his discussion on foundations for codes of ethics, Philip H. Phenix, Philosophy of Education (New York: Holt, Rinehart, and Winston, 1958), pp. 168-169, and William K. Frankena's use of it in Ethics (Englewood Cliffs, N.J.: Prentice-Hall, 1963), pp. 96-98.

the egoism of business, Parsons argues that the basic motives of each are the same. He maintains that the reason professions tend toward "disinterestedness," as opposed to "self-interest," is that the institutional values and norms of the former are, in the extreme, "rational," and "impersonal," whereas the norms of business are "acquisitive" in nature.<sup>1</sup> Parsons states, "The essential goals in the two cases would appear to be substantially the same, objective achievement and recognition;<sup>2</sup> the difference lies in the different paths to similar goals, which are in turn determined by the difference in the respective occupational situations."<sup>3</sup> This viewpoint stands in sharp contrast to Ross's stance that certain occupations are professions because their membership is restricted to men who come into them possessing a high sense of honor.<sup>4</sup>

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<sup>1</sup>Talcott Parsons, Essays in Sociological Theory (rev. ed.; Glencoe, Ill.: The Free Press, 1954), pp. 35-37.

<sup>2</sup>Ibid., p. 44, e.g., in business, objective achievement could be increasing the size of one's department, in medicine, effecting better cures of patients. Recognition for the former could be in the form of a promotion or an increase in salary, for the latter, an honorary degree.

<sup>3</sup>Ibid. See also Robert K. Merton, "Priorities in Scientific Discovery: A Chapter in the Sociology of Science," American Sociological Review, 22 (December, 1957), 640, in which he says that egotistical motives may operate at the psychological level, but at the institutional level, motivation stems from the need for "recognition" for the making of original discoveries in science.

<sup>4</sup>Edward A. Ross, Principles of Sociology (1st rev.; New York: The Century Company, 1930), p. 437.

Drawing upon Parsons' work, Wilensky and Lebeaux explain the functional necessity of the service ideal in occupational situations in which the client is vulnerable and in which the practitioner cannot "guarantee results, even though he must be paid."<sup>1</sup>

Phenix does not discount the idea that the motivations of the true professional are divorced from considerations of personal, social, and economic gain, nor from concern with the security and integrity of his profession, but he regards these considerations as being "largely prudential." The true professional, he maintains, "is also motivated by the pure ideal of rendering service. He finds intrinsic value and a sense of fulfillment in making available his special ability for the welfare of others."<sup>2</sup>

To what extent the desire to help others might stem from a conscious commitment to the pure ideal of service as opposed to an intuitive or even calculated conclusion

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<sup>1</sup>Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958), pp. 301-302; quotation taken from p. 302.

<sup>2</sup>Philip H. Phenix, Philosophy of Education (New York: Holt, Rinehart, and Winston, 1958), p. 169. It might be added here that contesting the views of those who maintain that there is no such thing as professional altruism might be likened to arguing with a fatalist, for whatever instances one might cite as altruistic behavior, it could be argued in turn that such conduct is essentially geared toward fulfilling egoistic needs. Yet, as William K. Frankena points out, "that we cannot prove judgments of intrinsic value does not mean that we cannot justify them or reasonably claim them to be justified." Ethics (Englewood Cliffs, N.J.: Prentice-Hall, 1963), p. 94.

that man cannot survive without "helping" his fellow man is an unresolved question.

A commitment to the "public good."<sup>1</sup> Directly, as in the case of the pure ideal of service, or indirectly, in that community sanction of professional services hinges upon society's belief that the services are rendered in the public interest, the overriding standard to which both the normative and descriptive ideal type professions are committed is that of the public good. In this sense, we may conclude that the criterion of the "service ideal" is common to both.

At the risk of oversimplification, we would suggest that the normative ideal type's commitment to the common good inheres two central components: (1) a "commitment to truth," and (2) a moral "commitment to right," the former being a commitment to the discovery of what is and what can be, and the latter a commitment to the discovery of what ought to be.<sup>2</sup> The normative type commitment to the public

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<sup>1</sup>Used here in the Rousseauian sense of the "general will," as distinct from the "will of all," see Robert MacIver, "The Social Significance of Professional Ethics," The Annals of the American Academy of Political and Social Science, 297 (January, 1955), 118-124; or, put another way, an "ideal" as opposed to an "actual" public consensus, see William K. Frankena, Ethics (Englewood Cliffs, N.J.: Prentice-Hall, 1963), p. 96.

<sup>2</sup>This model has been developed from Philip H. Phenix's "The Moral Imperative in Contemporary American Education," Perspectives on Education, 2 (Winter, 1969), 6-13.

good inheres a balance between these two components for, given an occupation concerned only with truth, we have Orwellian scientists; conversely, a concern for right sans a commitment to truth is likely to result, in Flexner's words, in only "vigor . . . without intelligence."<sup>1</sup> In this view an organized scholarly discipline committed only to a search for truth is not a profession, for we cannot assume that such a commitment in and of itself is co-terminal with the public good. (Merton says, "It required an atomic bomb to shake many scientists loose from this tenaciously held doctrine.")<sup>2</sup> Neither is an occupation directed solely at the discovery of right a profession in the normative sense, for the discovery of truth can shed light on the discovery of what ought to be.<sup>3</sup>

There would seem to be two alternative ways to interpret the service ideal in relation to the descriptive ideal type.

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<sup>1</sup>Abraham Flexner, "Is Social Work a Profession?" School and Society, 1 (June 26, 1915), 910.

<sup>2</sup>Robert K. Merton, "The Machine, the Worker, and the Engineer," in Sigmund Nosow and William H. Form, eds., Man, Work, and Society (New York: Basic Books, 1962), p. 86.

<sup>3</sup>Philip H. Phenix, "The Moral Imperative in Contemporary American Education," Perspectives on Education, 2 (Winter, 1969), especially p. 13; Philip H. Phenix, Realms of Meaning (New York: McGraw-Hill Book Company, 1964), especially pp. 97-137, 215-233; and Stephen Toulmin, The Philosophy of Science (New York: Harper and Row, 1960), pp. 54-55.

Firstly, if we take the definist<sup>1</sup> view of the Parsonian approach, "altruistic-type behavior" is a characteristic required of professions by society as a condition for obtaining community sanction. Or, secondly, we can take the view that this kind of behavior is adopted on a non-moral basis for reasons beyond those which are simply "prudential," a stance consistent with Frankena's line of reasoning that there can be "nonmoral reasons [for] adopting the moral way of thinking and living" and that "non-moral justification is not necessarily egoistic or prudential."<sup>2</sup>

#### Codes of Ethics

It is interesting to note that while Wilensky uses a "formal code of ethics" as a factor in professionalization, the occupations first to publish codes of ethics in the United States were: pharmacy (1850), dentistry (1866), and veterinary science (1866).<sup>3</sup> Medicine and law did not

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<sup>1</sup>I.e., where what one "ought" to do is grounded not in moral principles but in what "we are required by society to do. . . ." William K. Frankena, Ethics (Englewood Cliffs, N.J.: Prentice-Hall, 1963), p. 80.

<sup>2</sup>Ibid., pp. 97-98.

<sup>3</sup>Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964), 143. We will later comment on the possible significance of the fact that the first three codes were from occupations "competitive" with that of medicine.

publish codes until 1908 and 1912, respectively.<sup>1</sup> Further, Millerson's extensive analysis of over 150 "Qualifying Associations" in England indicated that less than 20 per cent have a formalized code.<sup>2</sup>

Yet when one turns from empirical analyses to verbal descriptions in the literature, a formal code of ethics is frequently mentioned as one of the essential characteristics of the concept "profession."<sup>3</sup>

The investigator's frequency analysis of Millerson's descriptive table indicates that codes ranked 1.5 out of the seven most frequently mentioned items cited by the some twenty authors. However, making a further breakdown in terms of whether the sources of publication of these opinions are English or American in origin, codes are the

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<sup>1</sup>Harold L. Wilensky, "The Professionalization of Everyone? American Journal of Sociology, 70 (September, 1964), 143; Benson Y. Landis' more extensive documentation of medical codes indicates that "medical ethics were documented and adopted by the American Medical Association in 1848. The first formulation showed traces of English influences and followed historic statements of famous practitioners [e.g., Hippocrates'] as to the duties of a physician. A revision was made in 1903. A new document was adopted in 1912 and revised in 1922." See Professional Codes: A Sociological Analysis to Determine Applications to the Educational Profession (New York: Bureau of Publications, Teachers College, Columbia University, 1927), p. 41. It may be that Wilensky takes the 1912 date as the generic date so far as American medicine is concerned, but in that the values expressed in the new document would not seem to depart radically from those in the earlier ones, this discrepancy of dates would seem worth some consideration.

<sup>2</sup>Geoffrey Millerson, The Qualifying Associations (London: Routledge and Keegan Paul, 1964), p. 148.

<sup>3</sup>E.g., ibid. and our own analysis in Table I, p. 30, above.

most frequently mentioned items cited in English sources, yet rank only 4.5 in frequency in American sources.<sup>1</sup> The latter point substantiates Millerson's verbal generalization that "written codes are a comparative rarity [in England], whereas in the United States they seem a commonplace necessity."<sup>2</sup> The aforementioned inconsistencies aside, the general literature in this area would suggest that an ideal type profession must have codes of ethics consonant with the uses and abuses to which the knowledge component can be put, and inherent in this criterion is the principle that the occupational members "are more handsomely rewarded for conforming to its code of ethics than for failing to do so."<sup>3</sup>

Codes may be formal and/or informal, explicit and/or implicit, so long as they are effective. Millerson points out that in reality codes do not initiate standards so much as they reflect what has become generally accepted practice.<sup>4</sup>

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<sup>1</sup>Geoffrey Millerson, The Qualifying Associations (London: Routledge and Keegan Paul, 1964), Table I.I, p. 5. In the American sources, "skill based on theoretical knowledge" ranked first in frequency, versus 4.5 in English sources.

<sup>2</sup>Ibid., p. 164.

<sup>3</sup>William J. Goode, "The Librarian: From Occupation to Profession?" The Library Quarterly, 31 (October, 1961), 308.

<sup>4</sup>Millerson, op. cit., p. 160; see also "Mayor Asks Code for Teachers to Curb Slurs Causing Tension," New York Times, January 24, 1969, pp. 1, 20. To the extent Millerson's observation is true, it is meaningless for related administrative bodies to try to "impose" ethics.

Codes are "particularistic" in nature. Professional codes differ from general codes in that they are based on function rather than on authority or tradition.<sup>1</sup> The function must be broad enough to be of significance, yet narrow enough to be distinctive.<sup>2</sup> This principle applies not only between various occupational groups but within them.<sup>3</sup> Normative codes are "designed to cover the distinctive powers which define . . . [a] particular vocational group and [take] cognizance of the distinctive moral obligations

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<sup>1</sup>Robert MacIver, "The Social Significance of Professional Ethics," [The Annals of] American Academy of Political and Social Science, 297 (January, 1955), 53. One of MacIver's central points is that as the latter two bases for ethics "weaken," ethics based on function act to strengthen community ethics.

<sup>2</sup>C. Harold McCully says that where the function is too broad or too narrow, efforts at formulating codes of ethics are likely to amount to little more than "tactics," rather than being "developmental tasks" fundamental to the process of professionalization, "The School Counselor: Strategy for Professionalization," Personnel and Guidance Journal, 40 (April, 1962), 682.

<sup>3</sup>For example, while an Osler or a Nightingale may serve to symbolize the general character and function of a particular occupational group, more definitions are required "if professional norms and images are to be maintained." See Harvey L. Smith, "Contingencies of Professional Differentiation," in Sigmund Nosow and William H. Form, eds., Man, Work, and Society (New York: Basic Books, 1962), pp. 222-223. Returning to Rodgers' distinction between the functions of academic as opposed to clinical psychologists (page 39 above), ideally, there would be an over-all code for the profession of psychology but, in addition, there would be specific codes pertaining to the uses and abuses of the knowledge forms and work situations which distinguish the one area of specialty from the other.

which accompany the exercise of those powers."<sup>1</sup> The scientist must declare truth even if it means losing his job;<sup>2</sup> the clergyman must not divulge a troubled parishioner's confidences.<sup>3</sup>

Some of the main factors which may underlie inter- and intra-occupational differences in codes of ethics are:

(1) the type of work situation of practitioners (e.g., solo or corporate), (2) the situation of the client (e.g., service to a single client or groups of clients), (3) the type of practice (e.g., that involving life as distinct from property), and (4) the degree to which the technique is understood by the client.<sup>4</sup>

Some of the intra-occupational factors which are instrumental in determining the nature and limits of an ethical code are: (1) the extent, type, and diversity of training, (2) the extent and diversity of occupational

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<sup>1</sup>Philip H. Phenix, Philosophy of Education (New York: Holt, Rinehart, and Winston, 1958), p. 168.

<sup>2</sup>William J. Goode, "The Librarian: From Occupation to Profession?" The Library Quarterly, 31 (October, 1961), 308.

<sup>3</sup>Robert MacIver, "The Social Significance of Professional Ethics," The Annals of the American Academy of Political and Social Science, 297 (January, 1955), 52.

<sup>4</sup>Geoffrey Millerson, The Qualifying Associations (London: Routledge and Keegan Paul, 1964), pp. 150-153.

function, (3) whether or not there is a variety of employers,<sup>1</sup> and (4) the degree to which occupational members rely on qualification by the occupational association for the right to begin and to continue practice.<sup>2</sup> To this list we would add a less obvious variable, the nature of the "service" component, for we would submit that if the service ideal is based upon a defintist ethic, codes are likely to be as specific or general, formal or informal, as the going mood of society requires.<sup>3</sup> If, on the other hand, codes are based on a "teleonomous"<sup>4</sup> ethic, their scope, content, and form will reflect what "ought" to be, not merely those norms which society requires as a minimum.

Codes must be "universalistic" in nature. "There is always a limit to the degree which the code and policy of an occupation can deviate from the general culture of the

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<sup>1</sup>Geoffrey Millerson, The Qualifying Associations (London: Routledge and Keegan Paul, 1964), p. 156, maintains that "a single employer [such as the State's employment of teachers] reduces the need for an ethical code, though [sic] making it easier to introduce rules." Martin P. Meyer, The Schools (New York: Harper and Brothers, 1961), p. 20, decries the possibility of attaining value homogeneity amongst the huge number (1,400,000) of United States school teachers.

<sup>2</sup>Millerson, op. cit., pp. 154-156.

<sup>3</sup>William K. Frankena, Ethics (Englewood Cliffs, N.J.: Prentice-Hall, 1963), p. 80.

<sup>4</sup>I.e., based on a "comprehensive purpose," reflecting not only the occupation's distinctive functions but its subsequent moral obligations, used here in the sense in which Philip H. Phenix employs it in "The Moral Imperative in Contemporary American Education," Perspectives in Education, 2 (Winter, 1969), 10.

community."<sup>1</sup> One might thus, for example, make the proposition that the degree to which a profession places importance on the protection of individual rights is a function of the community norms surrounding this value. Ross maintains that "the older professions tended to put loyalty to the patron above duty to society."<sup>2</sup> Yet perhaps it was society itself which valued the rights of the individual beyond those of the collective good. It is interesting to contrast Ross's charge with the more recent principle cited in the ethical standards of the Section on Social Psychology of the American Sociological Association to the effect that standards "must be defined to give primacy to the needs and welfare of the client so long as they do not violate the rights and integrity of other individuals and organizations and are consistent with high ethical principles."<sup>3</sup> It is a truism to say that, even in a democratic society, what constitutes individual rights is a complex question,

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<sup>1</sup> Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 35; James Howard Means says, for example, that although birth control and euthanasia are quite within the technical competency of the medical profession, community norms preclude such policies' being a part of medical ethics, "Homo Medicus Americanus," Daedalus, 92 (Fall, 1963), 718.

<sup>2</sup> Edward A. Ross, Principles of Sociology (1st rev.; New York: The Century Company, 1930), p. 440.

<sup>3</sup> Italics mine, Proceedings of the 55th Annual Meeting of the American Sociological Association, New York City, August 28, 29, 30, and 31, 1960, reported in The American Sociological Review, 25 (December, 1960), 931.

particularly when professional knowledge expands, for example, to permit preventive as well as curative and palliative approaches in medicine.<sup>1</sup>

This fact that professional ethics cannot in themselves, then, be isolated from those of the whole community raises "the question of the limits of professional self-government."<sup>2</sup>

Wilensky and Lebeaux maintain that there are "[four] moral norms that characterize the established professions."<sup>3</sup> Building on Parsons' work, they state that a professional must be: (1) impersonal in his relations with clients

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<sup>1</sup>The principle raised here is reflected in the writings of Gardner C. Quarton, "Deliberate Efforts to Control Human Behavior and Modify Personality," Daedalus, 96 (Summer, 1967), 837-853; Leonard Kraser and Leonard P. Ullmann, Research in Behavior Modification (New York: Holt, Rinehart, and Winston, 1965), p. 362; Adam Podgorecki, "Law and Social Engineering," Human Organization, 21 (Fall, 1962), 177-181; see also the special issue on "Ethical Aspects of Experimentation with Human Subjects," Daedalus, 98 (Spring, 1969), 219-594.

<sup>2</sup>Robert MacIver, "The Social Significance of Professional Ethics," [The Annals of] American Academy of Political and Social Science, 297 (January, 1955), 55.

<sup>3</sup>Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958), p. 285. We would draw attention to the point that although the authors refer to "moral" norms, they appear to defend their value on the basis of their functional worth. E.g., impersonalness aids the practitioner in restricting client demands to his area of competence and at the same time allows him to gain intimate types of information about the client, objectivity is necessary to the gathering of facts, and the need for client confidence means that conditions for rendering services must be impartial (pp. 299-301). The functionality of the service norm has already been mentioned.

(relations are "functionally specific"), (2) objective (he must have "emotional neutrality" toward the client), (3) impartial (he must not "give or withhold services, to serve poorly or well, on the basis of [the client's] personal characteristics . . ."), and he must (4) "be motivated by a service ideal (devotion to the client's interest more than profit should guide decisions when the two are in conflict)."<sup>1</sup> But closer examination would suggest that even these norms have their coordinates. For example, Merton points out that while emotional neutrality is of importance, "excessive detachment" is to be avoided in the physician-client relationship;<sup>2</sup> "rapport" is a fundamental characteristic of the so-called helping professions.<sup>3</sup> Hall's empirical data suggest that the higher the degree of the professionalization of an occupation, "the less impersonality is stressed."<sup>4</sup> Legal societies contribute services to clients because of the characteristics of their inability

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<sup>1</sup>Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958), pp. 285, 299-301, italics the authors'; see also Talcott Parsons, The Social System (New York: The Free Press, 1951), pp. 433-439, 455-463.

<sup>2</sup>Robert K. Merton, "Some Preliminaries to a Sociology of Medicine," in Robert K. Merton et al., eds., The Student Physician (Cambridge, Mass.: Harvard University Press, 1957), p. 74.

<sup>3</sup>Wilensky and Lebeaux, op. cit., p. 300.

<sup>4</sup>Richard H. Hall, "Professionalization and Bureaucratization," American Sociological Review, 33 (February, 1968), 102.

to pay for services; and the scientist may withhold his services from corporations (i.e., his "clients") on the basis of their "personal" corporate characteristics.

The principle which seems to operate throughout professional codes is not so much that certain norms are in the extreme applicable to all professions but that the norms underlying the ideal type profession are consonant with the knowledge-skill component and are articulated with the basic norms of the wider community.

The content of professional codes. Descriptively speaking, the content of professional codes varies so considerably that generalizations are likely to be misleading. Content may center on specific rules and/or general principles, professional-client, professional-professional, and professional-community relationships, emphasis on modes of remuneration, and/or technical interests.<sup>1</sup> To cite "codes of ethics" as a criterion of the concept "profession" is relatively meaningless unless there are some sub-criteria by which to judge such codes. In MacIver's opinion it is in the area of "the relation of the profession as a whole

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<sup>1</sup>E.g., see Geoffrey Millerson, The Qualifying Associations (London: Routledge and Keegan Paul, 1964), p. 164; Benson V. Landis, Professional Codes: A Sociological Analysis to Determine Applications to the Educational Profession (New York: Bureau of Publications, Teachers College, Columbia University, 1927), especially pp. 87-88; and Robert MacIver, "The Social Significance of Professional Ethics," [The Annals of] American Academy of Political and Social Science, 297 (January, 1955), 53-54.

to the community that professional codes are still weakest and professional ethics least developed."<sup>1</sup> He says:

The service to the community they clearly envisage is the service rendered by individual members of the profession to members of the public. The possibility that there may still be an inclusive professional interest--generally but not always an economic one--that at significant points is not always harmonized with the community interest is nowhere adequately recognized.<sup>2</sup>

Maintaining that, for the most part, existing professional codes have little of what can "be fairly called ethical significance,"<sup>3</sup> Cooke, in fact, suggests that the degree to which ethical codes provide for interpretation of the social obligation of the profession as a whole to society at large may well be a "dominant test" of an occupation's professional status. He cites instances of the American Medical Association's blocking federal legislation for health insurance and lawyers' associations blocking "liberalizing measures" in legislation as examples "in which

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<sup>1</sup>Robert MacIver, "The Social Significance of Professional Ethics," The Annals of the American Academy of Political and Social Science, 297 (January, 1955), 53, italics his.

<sup>2</sup>Ibid.

<sup>3</sup>Morris L. Cooke, "Professional Ethics and Social Change," American Scholar, 15 (Autumn, 1946), 489, "The present-day status of professional codes is so tenuous that among the more influential [professions] it would be difficult to secure active interest either in revising an existing code or drafting a new one"; Martin Gross, The Doctors (New York: Random House, 1966), p. 544, maintains that "Medical ethics are actually [just] a fastidious code of guild manners. . . ."

some of our most distinguished professional organizations have sought to block social developments, allegedly to safeguard the public's own best interests, but actually to maintain the status quo and to protect private as contrasted to public interests."<sup>1</sup>

Whether or not ethical codes as such spell out in detail the obligations of professions to the greater society is obviously not Cooke's point, for, ultimately, what really matters is whether or not the actions of professions reflect a conviction that they have an obligation to be responsible agents of social change.

#### The Integral Nature of a Profession

The concept "profession" cannot adequately be interpreted apart from reference to the integral nature of its components. But, as the form and substance of the descriptive and normative ideal type components vary to a considerable extent, we will consider their integral natures separately.

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<sup>1</sup>Morris L. Cooke, "Professional Ethics and Social Change," American Scholar, 15 (Autumn, 1946), 489-490, quotation taken from pp. 489, 495; James Howard Means, "Homo Medicus Americanus," Daedalus, 92 (Fall, 1963), 719, says that his colleagues "forget perhaps that medicine is for the people, not for the doctors."

### The Descriptive View

The foregoing discussion of the knowledge-skill component, "altruistic-type behavior," autonomy, and codes of ethics suggests that these are not discrete criteria. (See Figure 1.) Figure 2 symbolizes their integral nature. For example, professional codes are meaningless unless they relate to the K-S component; the characteristic of autonomy is rooted not only in the K-S component but in the assumption that the "service ideal"<sup>1</sup> is an occupational norm; and the conditional nature of the "service ideal" inheres that society assumes that the profession has something to give, the nature of which requires "altruistic-type behavior" if the public is to be protected.

In the descriptive sense, the answer to the question of whether or not a given occupation is a profession lies in measuring, directly or indirectly, the degree to which it resembles the established professions in regard to these traits.

### The Normative View

In the normative sense, an ideal type profession is an occupation whose central mission it is to put competence

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<sup>1</sup>Used here not in the sense of the pure ideal of service but as a behavior required by society as one of the conditions of occupational autonomy.

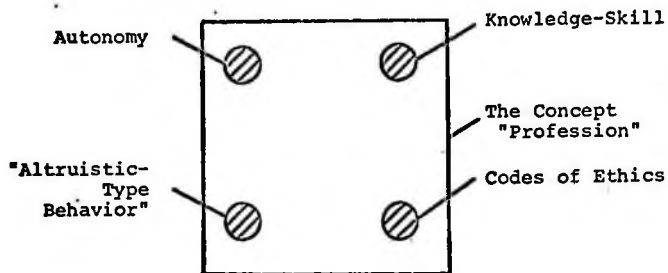


Fig. 1--Discrete View of the Central Characteristics of the Descriptive Ideal Type Profession.

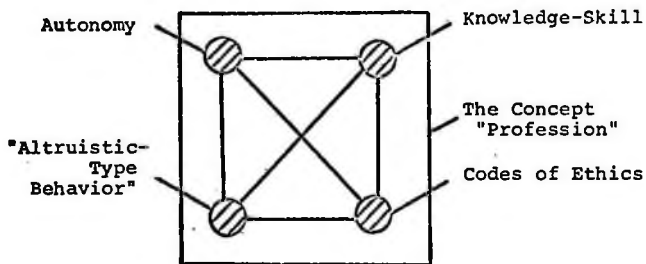


Fig. 2--Integral View of the Central Characteristics of the Descriptive Ideal Type Profession.

based on special knowledge to socially responsible uses.<sup>1</sup> As such, it is characterized by two concomitant tasks: (1) the development, transmission, application, and re-evaluation of knowledge and skills, i.e., the discovery of truth,<sup>2</sup> and (2) the development, transmission, application, and re-evaluation of norms consonant with such a mission, i.e., the discovery of right.<sup>3</sup> For, to paraphrase Brinton, while the pursuit of scientific knowledge may well be a part of the professional values, it cannot possibly "make" professional values.<sup>4</sup> These tasks of discovering truth and right in turn require that institutional means for accomplishing them be developed.<sup>5</sup>

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<sup>1</sup>Talcott Parsons, "Professions," IESS 1968, Vol. 12, p. 536, cites knowledge, skill, and putting knowledge and skill to socially responsible uses as the three central criteria of a profession. We have chosen to regard the latter criterion as the over-all professional mission.

<sup>2</sup>Applied from Philip H. Phenix's "The Moral Imperative in Contemporary American Education," Perspectives on Education, 2 (Winter, 1969), 6-13, especially p. 10.

<sup>3</sup>Ibid.

<sup>4</sup>See C. Crane Brinton, Ideas and Men: The Story of Western Thought (New York: Prentice-Hall, 1950), p. 532.

<sup>5</sup>While the mission-tasks-institutional means relationship as it is presented in the above paragraph is a model evolved by the investigator, its character is primarily a composite of crucial points made by Phenix, op. cit., pp. 6-13; Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958), especially pp. 284-301; and Parsons, op. cit., pp. 536-547.

To the degree that such institutional means as the development of: (1) professional roles directed toward the discovery of truth and right, (2) occupational self-organization, (3) monopolies of skill, (4) licensure, (5) codes of ethics, (6) occupational-political lobbies, (7) entry training and continuing education programs, (8) honorific and economic rewards, and (9) solo, group, or corporate forms of practice are consonant with the central mission of putting knowledge and skills to socially responsible uses, they can be considered valid means for accomplishing the two central tasks; but to the extent that they are dysfunctional to the central mission by inhibiting or distorting the balance between the tasks, they are not.

The mission-tasks-means relationship of the normative ideal type profession is depicted in Figure 3. The small letters "ms" (the professional mission), "t" and "r" (the tasks of discovering and applying truth and right), and "im" (the institutional means by which the tasks are accomplished), and the open-endedness of the paradigm symbolize the incompleteness of man's knowledge, norms, and sense of purpose and also serve to indicate that as his understanding of these components becomes more and more complete, the means he uses for fulfilling them will also become more complete.

In the normative view, the answer to the question of whether or not a given occupation is a profession lies not

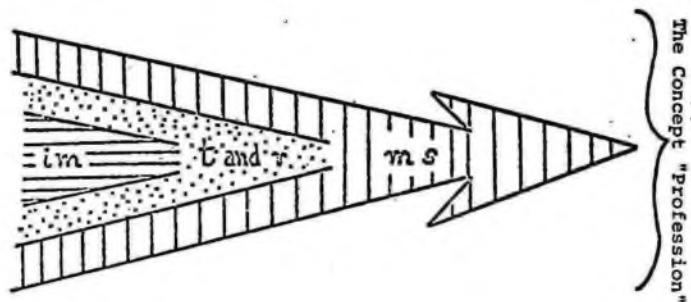


Fig. 3--Paradigm Showing the Mission-Tasks-Means Relationship of the Normative Ideal Type Profession.

in measuring knowledge, norms, and institutional means per se, but in measuring the degree to which they contribute to the mission of putting special competence to socially responsible uses.

But the description of the characteristics of the ideal type profession does little to tell us how and why occupations develop or fail to develop these characteristics, i.e., it tells us little about the process of professionalization. And it is on this subject that we will now focus.

### CHAPTER III

#### THE PROCESS OF PROFESSIONALIZATION

The process of professionalization is at once a societal, occupational, and individual phenomenon. While understanding professionalization at any one of these levels necessarily entails comprehending its character at the other two, the nature of our thesis requires that we concentrate primarily on the occupational group phenomenon. But in order to provide a beginning perspective, we shall first make reference to professionalization as a general societal phenomenon, where societal and individual dimensions will be interwoven in the discussion where pertinent. The group phenomenon will be discussed under the following headings: (1) Steps in Professionalization, (2) Professionalization as Supplying Valued Services, and (3) Professionalization as Regulating Valued Services. The theoretical limits to professionalization will then be discussed briefly, after which principles underlying the task of measuring professionalization will be considered.

#### Professionalization as a General Societal Phenomenon

Understanding the process of professionalization involves understanding the kinds of societies in which it takes place. Professionalization does not, for example, occur to any great extent in societies which have a low degree of

industrialization, in stages of civilization in which there is little in the way of a systematically developed "community of knowledge," in societies where occupation and education are not basic routes of social mobility, or in societies where the middle class is poorly developed and the ruling elites are autocratic and inflexible.<sup>1</sup>

Goode says, "An industrializing society is a professionalizing society."<sup>2</sup> But behind this statement in the case of the most highly industrialized country in the world, the United States, lies a host of coinciding social phenomena, such as the rise of equalitarianism, an unparalleled acceleration of the rate of change, a vastly increased amount and rate of communication, and a sudden rise in the amount of cumulative knowledge, subscription to the Judaic-Christian "notion of obligation" and the rise of the Protestant ethic, including the notion of the respectability of work, an increase in pragmatic as opposed to traditional

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<sup>1</sup> A composite based on readings from Joseph Ben-David, "The Growth of the Professions and the Class System," in Reinhard Bendix and Seymour M. Lipset, eds., Class, Status, and Power (New York: The Free Press, 1966), especially pp. 471-472; W. Lloyd Warner, American Life: Dream and Reality (rev. ed.; Chicago: The University of Chicago Press, 1962), p. 144; Kenneth E. Boulding, "Where Are We Going If Anywhere? A Look at Post-Civilization," Human Organization, 21 (Summer, 1962), p. 163; and C. Crane Brinton, Ideas and Men: The Story of Western Thought (New York: Prentice-Hall, 1950), pp. 531-550. Phrases in quotations are taken from Boulding.

<sup>2</sup> William J. Goode, "Encroachment, Charlatanism, and the Emerging Profession: Psychology, Medicine, and Sociology," American Sociological Review, 25 (December, 1960), 902.

ways of solving problems, a rich growth in group life, the rise of the university as a major social institution, the ideal of individualism coupled with the paradoxical growth of collectivistic behavior, and unparalleled economic and educational development, geographical and social mobility.<sup>1</sup>

The extent to which the process of professionalization is a product of industrialization, and vice versa, is, then, not fully understood. If by becoming "increasingly professionalized" we mean, for one thing, that a society relies more and more on greater proportions of its workers to have esoteric knowledges and skills in order to produce the goods and services which it requires, then American society does indeed seem to be becoming more professionalized. Also, there is little argument that there is a "rapid spread of

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<sup>1</sup>Again a composite statement, the principal sources of which are derived from Joseph Ben-David, "The Growth of the Professions and the Class System," in Reinhard Bendix and Seymour M. Lipset, eds., Class, Status, and Power (New York: The Free Press, 1966), pp. 459-472; Chapter 2, "The Meanings of Work," in Sigmund Nosow and William H. Form, eds., Man, Work, and Society (New York: Basic Books, 1962), pp. 9-55; W. Lloyd Warner, American Society: Dream and Reality (rev. ed.; Chicago: The University of Chicago Press, 1962), pp. 126-178; Thorstein Veblen, The Place of Science in Modern Civilization (New York: The Viking Press, 1919), especially p. 105; phrase in quotation marks from William K. Frankena, Ethics (Englewood Cliffs, N.J.: Prentice-Hall, 1963), p. 84; Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), pp. 53-81; Talcott Parsons, "Professions," IESS 1968, Vol. 12, pp. 536-547; Lewis Mumford, Technics and Civilization (New York: Harcourt, Brace, and World, 1963), pp. 406-410; and C. Crane Brinton, Ideas and Men: The Story of Western Thought (New York: Prentice-Hall, 1950), especially pp. 261, 371-390, 531-550.

the forms of professional organization among occupational groups which are not professions in the full meaning of the term."<sup>1</sup> Whether or not this kind of trend can be regarded as evidence of increased professionalization or to what extent it represents the vogue of the day is a good question.

A substantial analysis of the extent to which society is becoming increasingly professionalized is beyond the scope of this thesis. We have chosen to examine the question from the standpoints of: (1) professionalization as movement from unskilled manual occupations to white collar jobs, (2) professionalization as growth of quinary industries, (3) education as an index of professionalization, and (4) professionalization as it relates to the assignment of work.

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<sup>1</sup>T. H. Marshall, "Professionalism and Social Policy," in Sigmund Nosow and William H. Form, eds., Man, Work, and Society (New York: Basic Books, 1962), p. 232. "The forms which such groups can adopt are: recognized courses of training in a specialized technique, a means of testing efficiency in that technique, the admission of those duly qualified into an association, the building up of the prestige of the association as against non-members, the imposition of certain standards of honorable dealing, and the rudiments of a code of ethics." (The above article is an abridged form of Marshall's article entitled, "The Recent History of Professionalism in Relation to Social Structure and Social Policy," in The Canadian Journal of Economics and Political Science, 5 [August, 1939], 325-340.)

Professionalization as a Movement from  
Unskilled Manual Occupations to  
White-Collar Occupations

A comparison of the labor force composition in 1920 and 1960 (see Table II) gives evidence that there has been, even in this short a period of time, a dramatic shift toward white-collar occupations. The professional-technical area now accounts for more than one out of ten workers compared to approximately one out of twenty four decades ago. The proportion of clerical workers, too, approximates a 100 per cent increase. Further, there has been a two-fold increase in the proportion of workers in service occupations outside the home. In contrast to these so-called upward occupational mobility swings, the proportion of blue-collar workers has decreased, as have proportions of private household and all farm workers.<sup>1</sup>

Table III indicates that these swings have not been proportionately the same for both sexes. While there has been an almost 175 per cent increase in the proportion of male

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<sup>1</sup>See Seymour L. Wolfbein's comments in Employment and Unemployment in the United States, 1900 to 1950 (Chicago: Science Research Associates, Incorporated, © 1964), pp. 194-195, for similar and more detailed comparisons. What Table II does not show is that growth within the professions has not been even. E.g., over the last four decades, the number of lawyers has increased only about 50 per cent, and physicians and surgeons less than 35 per cent, while the number of electrical engineers has more than quadrupled, see U.S. Bureau of the Census, Historical Statistics of the U.S., Colonial Times to 1957 (Washington, D.C.: Government Printing Office, 1960), p. 75; see also N. Foote and P. Hatt, "Social Mobility and Economic Advancement," American Economic Review, 43 (May, 1953), 376.

been an almost 175 per cent increase in the proportion of male professional and technical workers, the proportion of females in this category has increased less than 15 per cent, a trend which is somewhat reversed in the clerical category, where the proportion of male workers has increased only 36 per cent while that of females has increased 65 per cent.

Because the percentage comparisons in Table III in the case of professional and technical workers are likely to be misleading, we should like to make a special comment in this direction. If we take into account that male professional and technical workers in 1920 and 1960 numbered approximately 1.3 million and 4.9 million, respectively, and that females numbered 1.0 million and 2.9 million in those same two years,<sup>1</sup> the percentage changes in Table III assume somewhat different significance. For this means that while in 1920 females represented about 44 per cent of professional and technical workers of both sexes, in 1960 they represented only some 37 per cent.

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<sup>1</sup>These statistics were evolved by applying percentages in Table III to labor force figures cited in U.S. Bureau of the Census, Historical Statistics of the United States, Colonial Times to 1957 (Washington, D.C.: Government Printing Office, 1960), p. 71, and the Continuation to 1962 and Revisions (Washington, D.C.: Government Printing Office, 1965), p. 14. Edith J. Alpenfels, in her article, "Women in the Professional World," in Beverly B. Cassara, ed., American Woman: The Changing Image (Boston: Beacon Press, 1962), p. 74, underlines the point that this is a trend many sociologists miss in analyzing labor statistics.

Taking the shifts in Tables II and III at face value, it would seem that there has been a general swing away from unskilled occupations, a factor which would lead us to surmise that so far as the process of professionalization involves upgrading skill levels of occupations, such is happening in the American occupational structure. Yet extreme caution must be used in equating changes in occupational classification with the "upgrading" of skills; similarly, it is too simplistic to assume that the greater the proportion of workers in the professional and technical category, the more "professionalized" the society becomes. Part of the difficulty here lies in the problem of how to classify occupations. For example, in the Bureau of the Census classifications, midwives and licensed practical nurses are lumped alongside of theater ushers and janitors under nonhousehold service workers; embalmers, dancers, and radio operators are classified under the professional and technical category, as are dentists, scientists, and judges; the owner of a failing shoe-repair shop falls under the same over-all category of managers, officials, and proprietors as the manager of a nationwide brokerage firm.<sup>1</sup> No matter what system of occupational classification is used, shifts in one

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<sup>1</sup> E.g., see U.S. Bureau of the Census, Historical Statistics of the United States, Colonial Times to 1957 (Washington, D.C.: Government Printing Office, 1960), pp. 75-77.

direction or the other must be regarded with extreme caution,<sup>1</sup> particularly if we are inferring degrees of professionalization from same.

Hughes maintains that professionalization is, in a phrase, the upward mobility of occupational groups.<sup>2</sup> But the question arises, what are valid indexes of upward mobility? Are shifts in occupational structure amongst them? If so, to what extent? Jaffe and Carlton, for example, point out that upward occupational mobility may not always have been associated with shifts from agriculture to nonagriculture.<sup>3</sup> Further, Jencks and Riesman emphasize that increases in professional numbers are one thing, maintenance and improvement of professional standards quite another.<sup>4</sup>

And, ultimately, the question arises, "If all occupational groups are becoming increasingly professionalized, what is the net upward occupational mobility?" To contract

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<sup>1</sup>Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), pp. 30-58, discusses the precariousness of interpreting shifts toward white-collar occupations as evidence of "upward" mobility.

<sup>2</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 44.

<sup>3</sup>Christopher Jencks and David Riesman, The Academic Revolution (Garden City, N.Y.: Doubleday and Company, 1968), p. 204.

<sup>4</sup>A. J. Jaffe and R. O. Carlton, Occupational Mobility in the United States 1930-1960 (New York: King's Crown Press, 1954), p. 51.

a phrase of Foote and Hatt, "If everyone moves, none moves."<sup>1</sup> What, then, is the relevance of shifts in occupational structure for the process of professionalization?

Professionalization as the Growth  
of Quinary Industries

Building on Colin Clark's categories of industry, Foote and Hatt describe five types of industry, namely: (1) primary (e.g., farming, forestry, mining), (2) secondary, (e.g., manufacturing), (3) tertiary (service industries which maintain society "as it is," so to speak, e.g., police, firemen, restaurants), (4) quaternary ("non-productive" as such, e.g., transportation, communication, commerce, finance, administration), and (5) quinary (all having "to do with the refinement and extension of human capacities," e.g., medical care, education, recreation, and research).<sup>2</sup> The majority of employees in the quinary industries as distinct from the other four categories are professionals, they state, and it is this industry in which the greatest growth is occurring.<sup>3</sup> Instead of relying upon shifts in the occupational structure

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<sup>1</sup>Nelson Foote and Paul K. Hatt, "Social Mobility and Economic Advancement," American Economic Review, 43 (May, 1953), 364-379.

<sup>2</sup>Ibid., p. 365; Colin Clark, The Conditions of Economic Progress (2nd ed. rev.; London: Macmillan Company, 1951), passim.

<sup>3</sup>Foote and Hatt, op. cit.

per se as evidence of shifts in degrees of professionalization, we might, then, consider the proposition that a professionalizing society is one in which there is extensive growth of quinary industries.

Breaking down the tertiary group into three subcategories, "official" community services (e.g., police, firemen, motormen), "unofficial" community services (e.g., deliverymen, gardeners), and "personal" services (e.g., maids), Foote and Hatt maintain that in the tertiary category the trend toward growth and professionalization lies more in the "official" community services than in the other two. Thus, from a descriptive standpoint, a second proposition might be that a professionalizing society is one in which growth in the former outweighs that in the "unofficial" and "personal" services categories.

To the extent that industries focused on medical care, education, recreation, and research<sup>1</sup> do in fact contribute to "the refinement and extension of human capacities," rather than simply maintaining the status quo (i.e., in essence perform only as "service" industries), the principle underlying the authors' quinary category offers an interesting qualitative dimension of the growth of professionalization.

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<sup>1</sup>To the extent that the research performed by other industries, e.g., manufacturing, in fact does refine and enhance human capacities, they could in a sense be regarded as "mixed" industries having a quinary component.

For, in the normative sense, it could be argued that societies in which occupational groups are geared only toward preserving the status quo are relatively low in the quality of professionalization. Or, restated at the occupational group level, occupations represented not at all in the dimension of enlarging the human capacities of individuals and of society as a whole are less than "professional," regardless of their quantitative and other qualitative attributes.

The other interesting possibility which the Foote-Hatt model moves us to suggest is the eventuality that in another fifty to one hundred years perhaps the true "professions" will be involved almost exclusively at the quinary level, and that maintenance of the status quo will be provided by increasingly well-prepared persons in the "official services" industries.

#### Education as an Index of Professionalization

Ben-David maintains that because higher education is the most important element of "professionalism," ratios of the number of earned degrees from institutions of higher learning to the general population of a society are valid indexes of the degree of professionalization in any one society.<sup>1</sup>

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<sup>1</sup>Joseph Ben-David, "The Growth of the Professions and the Class System," in Reinhard Bendix and Seymour M. Lipset, eds., Class, Status, and Power (New York: The Free Press, 1966), p. 459.

Using his procedure,<sup>1</sup> we have calculated the ratios of degrees to population for the years 1920 and 1960 (Table IV). Clearly, the increase has been dramatic. To what extent such an increase is covariant with occupations' more nearly approximating the comprehensive ideal type profession is, of course, a matter of conjecture. But, while higher education is not a guarantor of high degrees of professionalization, it is in current times in the United States a near condition of it. To the extent that the relationship between these two variables holds true, Table IV indicates a vast upward swing in professionalization over the forty-year period.<sup>2</sup>

Extending this procedure in a slightly different way, we have in Table V calculated the ratio of higher degrees to the labor force. This methodology is, of course, open to question as, for one thing, not all persons receiving degrees enter or stay in the labor force. Yet in that

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<sup>1</sup>Joseph Ben-David, "The Growth of the Professions and the Class System," in Reinhard Bendix and Seymour M. Lipset, eds., Class, Status, and Power (New York: The Free Press, 1966), p. 461, i.e., taking a given year and calculating the ratio of degrees conferred that year in comparison to the population of that year. Ben-David restricted degrees to baccalaureate and higher degrees and we have done the same. That additional calculations on other post-high school occupational preparation would no doubt be enlightening is recognized, but in order to keep within manageable limits we have restricted our focus to higher degrees.

<sup>2</sup>There are several reasons why there may be a weak relationship between these variables; some of them will be discussed in reference to Tables V and VI.

TABLE IV  
EARNED DEGREES COMPARED TO TOTAL POPULATION,  
1920 AND 1960<sup>a</sup>

	1920 (1)	1960 (2)	Per Cent Increase <sup>b</sup> (3)
Number of total degrees awarded per 10,000 total population	5.01 <sup>c</sup>	26.48	528
Number of degrees awarded to males per 10,000 total population	3.33	17.43	523
Number of degrees awarded to females per 10,000 total population	1.69	9.05	535

<sup>a</sup>Calculated on the basis of data from the U.S. Bureau of the Census, Historical Statistics of the United States, Colonial Times to 1957 (Washington, D.C.: Government Printing Office, 1960), pp. 7, 212; and the Continuation to 1962 and Revisions (Washington, D.C.: Government Printing Office, 1965), pp. 1, 31.

<sup>b</sup>To nearest percentage.

<sup>c</sup>The total rate is not identical to the sum of the rates by sex below it due to rounding errors.

TABLE V  
EARNED DEGREES, BY SEX, COMPARED TO LABOR  
FORCE, BY SEX, 1920 AND 1960<sup>a</sup>

	1920 (1)	1960 (2)	Per Cent Increase <sup>b</sup> (3)
Total degrees awarded per 10,000 total labor force <sup>c</sup>	12.83	68.10	531
Degrees awarded to males per 10,000 male labor force <sup>c</sup>	10.63	65.91	620
Degrees awarded to females per 10,000 female labor force <sup>c</sup>	21.62	72.74	336

<sup>a</sup>Calculated on the basis of data from the U.S. Bureau of the Census, Historical Statistics of the United States, Colonial Times to 1957 (Washington, D.C.: Government Printing Office, 1960), pp. 70, 212; and the Continuation to 1962 and Revisions (Washington, D.C.: Government Printing Office, 1965), pp. 14, 31; and Seymour L. Wolfbein, Employment and Unemployment in the United States, 1900 to 1950 (Chicago: Science Research Associates, 1964), pp. 194, 198-199.

<sup>b</sup>To nearest percentage.

<sup>c</sup>This is, of course, not to be taken literally in that the persons receiving the degrees may or may not have been in the labor force, more likely the latter.

professionalization is primarily an occupational<sup>1</sup> phenomenon, this index might be an even more valid one than population so long as the over-all labor force participation rate stays fairly stable.

As the over-all labor force participation rate has remained practically unchanged over this forty-year period,<sup>2</sup> the over-all increase in the number of degrees awarded per 10,000 persons in the labor force (531 per cent, see Table V) is very similar to the increase of total degrees awarded per 10,000 population (Table IV). The proportion of male and female participation in the labor force over that same period has, however, altered considerably, females representing only 20 per cent of the 1920 labor force, yet

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<sup>1</sup>We say "primarily" because professionalism has its roots not in an occupational basis per se but in a "religious matrix." (See Talcott Parsons, "Professions," IESS 1968, Vol. 12, p. 537.) Further, social work, for example, had its roots in philanthropic endeavor, not within the occupational framework as such, see Raymond Lubove, The Professional Altruist (London: Oxford University Press, 1965), especially pp. 51-52.

<sup>2</sup>The rate was roughly 54 per cent of the population over ten years of age in 1920, 58 per cent in 1960, see U.S. Bureau of the Census, Historical Statistics of the United States, Colonial Times to 1957 (Washington, D.C.: Government Printing Office, 1960), p. 71, and the Continuation to 1962 and Revisions (Washington, D.C.: Government Printing Office, 1965), p. 14.

32 per cent of that of 1960.<sup>1</sup> The second and third horizontal comparisons in Table V do, however, take both the sex of the degree recipient and the changing sex composition of the labor force into account.

Whereas Table IV indicates that female degrees per 10,000 population have increased at roughly the same rate as male degrees, Table V indicates that female degrees per 10,000 female workers have increased only 336 per cent; while male degrees per 10,000 male workers have increased 620 per cent.<sup>2</sup> Further, while we can assume that most males earning degrees are in, or do enter and stay in, the labor

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<sup>1</sup> Report of the President's Commission on the Status of Women, American Women (Washington, D.C.: Government Printing Office, 1963), p. 28. Throughout Tables V and VI it must be kept in mind that Census statistics were much more approximate in earlier years, particularly for women (A. J. Jaffe and R. O. Carlton, Occupational Mobility in the United States 1930-1960 [New York: King's Crown Press, 1954], p. 6). This is just one of the many reasons why these percentage increases should be interpreted with caution.

<sup>2</sup> In relation to this point it is noteworthy that in this same forty-year period, the average schooling per person in the over-all labor force almost doubled, from a 1920 average of 5.25 years to 10.45 years in 1957, see Theodore Schultz, The Economic Value of Education (New York: Columbia University Press, 1963), p. 50.

force, this is not by far so true for women,<sup>1</sup> a factor which would make these differences even more disparate.

Taking the procedure one step further, we have (see Table VI) calculated the ratio of higher degrees to the professional and technical component of the labor force. Clearly, the rate of increase in these comparisons has been less than for the labor force as a whole. Also, because we cannot assume that all college graduates who are in the labor force are in the professional and technical group,<sup>2</sup> the rates of increase shown here are spuriously high. For example, the National Manpower Council states that "over 60 per cent of the [female] college graduates are employed as secretaries, stenographers, and typists."<sup>3</sup> And, as was

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<sup>1</sup>In 1920 about 85 per cent of males over ten years of age were in the labor force, whereas the figure was only 23 per cent for women; in 1960, 80 per cent of males and 36 per cent of females fourteen years of age or over were in the labor force, U.S. Bureau of the Census, Historical Statistics of the United States, Colonial Times to 1957 (Washington, D.C.: Government Printing Office, 1960), p. 71, and the Continuation to 1962 and Revisions (Washington, D.C.: Government Printing Office, 1965), p. 14. Single female degree holders are usually in the labor market and "college women are much more likely than women with little education to work at the beginning of marriage and when they are past 35." The statistics on degree holders in the female labor market are, even today, very indefinite, see National Manpower Council, Womanpower (New York: Columbia University Press, 1957), especially p. 75.

<sup>2</sup>Whether or not the relative decline in the proportion of professional and technical workers who are women (see page 87) inheres a decrease or an increase in the higher educational qualifications of female technical and professional workers we do not know.

<sup>3</sup>National Manpower Council, op. cit., p. 222.

TABLE VI

EARNED DEGREES, BY SEX, COMPARED TO THE  
PROFESSIONAL AND TECHNICAL OCCUPATIONAL  
GROUP, BY SEX, 1920 AND 1960<sup>a</sup>

	1920 (1)	1960 (2)	Per Cent Increase <sup>b</sup> (3)
Total degrees awarded per 10,000 total professional and technical labor force	149.42	601.21	402
Degrees awarded to males per 10,000 male profes- sional and technical labor force <sup>c</sup>	280.74	633.86	226
Degrees awarded to females per 10,000 female professional and tech- nical labor force <sup>c</sup>	184.78	546.97	296

<sup>a</sup>Calculated on the basis of data from the U.S. Bureau of the Census, Historical Statistics of the United States, Colonial Times to 1957 (Washington, D.C.: Government Printing Office, 1960), pp. 70, 212; and the Continuation to 1962 and Revisions (Washington, D.C.: Government Printing Office, 1965), pp. 14, 31; and Seymour L. Wolfbein, Employment and Unemployment in the United States, 1900 to 1950 (Chicago: Science Research Associates, 1964), pp. 194, 198-199.

<sup>b</sup>To nearest percentage.

<sup>c</sup>Again, this is not to be taken literally as degree recipients may or may not be in the professional and technical group.

the case in Table V, we do not know even approximately the concentration of degree holders in the female labor force.

The strength of the relationship between education and professionalization becomes even less clear cut when we realize that at the individual level a person with a doctorate in English, for example, might be a free-lance writer, a university professor, president of a public school teachers' union, editor of a scholarly journal, a hippie, and/or a mother with five children. At the occupational group level it is important to remember that "the educational upgrading of the population [in general] will very likely continue to be more rapid than the shift in occupational structure."<sup>1</sup> Given this situation, it may be that the strength of the relationship of higher education to professionalization may decline, and may already have declined considerably.<sup>2</sup>

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<sup>1</sup>John K. Folger and Charles B. Nam, "Trends in Education in Relation to Occupational Structure," Sociology of Education, 38 (Fall, 1964), 32.

<sup>2</sup>Ibid., i.e., in that "there has been a decline in the strength of the relationship between educational attainment and occupation in the last two decades," it may also be that the relationship between the aggregate educational attainment of occupational groups and professionalization has also declined.

Professionalization and the  
Assignment of Work

The most pervasive bases for the assignment of work in all cultures are age, sex, and skill.<sup>1</sup> Age plays a secondary part in the assignment of work in the professions. Descriptively speaking, the assignment of work in the occupations in the United States, including professions, is in general based upon both sex and skill, even where the former is a functionally irrelevant factor. While it is tempting to state that, theoretically, from a normative standpoint the assignment of work in the professional ideal type is based only upon skill, i.e., that it is "suprasexual," in another sense it is perhaps not desirable that sex be excluded as a basis for work assignment. For, if the unique skills of a particular occupation are in certain societies at certain times in general more expertly performed by women or men, whether it be because of "native endowment" or cultural contingencies, then the assignment of work by sex is highly functional. And, in this sense, professional ideal type work assignment is "supersexual." What is not desirable from a normative standpoint is that certain types of work are assigned or denied to one sex or the other on the sheer basis of biological gender.

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<sup>1</sup>Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), p. 9.

Clearly, we are not concerned here with issues in "women's rights" per se.<sup>1</sup> What we are concerned with is to what extent the assignment of work by sex is dysfunctional to the process of professionalization not only within the professions but within families, communities, and society as a whole. For, while "rationality" is the earmark of the knowledge component of the professions, descriptively speaking, "tradition" is the norm when it comes to work assignment. To the extent that this holds true, Goode's statement should perhaps be amended to read, "An industrializing society is a professionalizing society--at least for men."

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<sup>1</sup>There is ample evidence, for example, that "the earnings of women working full time [average] only about 60 per cent of those of men working full time." Further, "women with comparable education and years of service are at lower [occupational] grades than men." See the Report of the President's Commission on the Status of Women, American Women (Washington, D.C.: Government Printing Office, 1963), pp. 28, 33. Discontinuities such as these represent serious impediments to the upward occupational mobility of women as opposed to men and thus have ramifications for the professionalization of women in occupations in general and professions in particular. The literature on male dominance in the professions and in the occupational hierarchy is extensive, e.g., Goodwin Watson, Social Psychology: Issues and Insights (Philadelphia: J. B. Lippincott, 1966), pp. 427-458; Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), pp. 47-48; Robert W. Smuts, Women and Work in America (New York: Columbia University Press, 1959), especially p. 105; Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958), pp. 322-323; Jessie Bernard, Academic Women (University Park, Pa.: Pennsylvania State University Press, 1964), passim; Alice Rossi, "Equality Between the Sexes," in Robert J. Lifton, ed., The Woman in America (Boston: Beacon Press, 1967), pp. 98-143; and Esther Peterson, "Working Women," in ibid., pp. 144-172.

Caplow suggests as much in his analysis of trends in women's entries into the professions, maintaining that the picture is much the same as it was two generations ago, that for the most part women in professions are concentrated in teaching, nursing, and social work, and that there are proportionately even fewer women in the major professional schools now than in the early 1900's.<sup>1</sup> In Caplow's view, "The assumed progress toward equality between the sexes becomes, upon closer examination, a change in the form of inequality." For, he argues, equal pay, for example, means little if entry into high-paying positions is out of limits to most women.<sup>2</sup>

Statements such as the above suggest that the generalization that professionalization is increasing in society as a whole must be regarded with considerable caution, for if the assignment of work in the professions is not based upon the normative model of skills, and sex only as it relates to skills, the process of professionalization will be different in kind and degree than that based upon biological gender

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<sup>1</sup>Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), pp. 230-231. In this respect, Kenneth S. Lynn, "Introduction to the Issue, 'The Professions,'" Daedalus, 92 (Fall, 1963), 652, states that "the prejudice against women in the professions remains shockingly high." Alva Myrdal and Viola Klein, Women's Two Roles (London: Routledge and Keegan Paul, 1956), p. 75, say that "the effect of emancipation has been, it seems, to replace amateurs by professionals in the 'feminine' occupations rather than men by women in the 'masculine' spheres of work. . . ."

<sup>2</sup>Caplow, op. cit., p. 234.

per se. On the basis of the literature,<sup>1</sup> we are inclined to conclude that in general the professionalization of the woman worker and of "feminine" occupations has not occurred to the same degree as it has for the male worker and "masculine" occupations.

We take the position that "true equality" between the sexes "ought" to exist in ideal type professionalization. But far from being a petition for "sameness," the principle involved here is a petition for the optimization of "uniqueness."<sup>2</sup> To the extent that the assignment of work by sex is functional for society as a whole, the process of professionalization for both sexes would in principle be the same as a process of professionalization built upon the assignment of work by skills; to the extent that work assignment

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<sup>1</sup>Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), especially Chapter X, "Occupations of Women," pp. 230-247. See also Jessie Bernard, "The Status of Women in Modern Patterns of Culture," The Annals of the American Academy of Political and Social Science, 375 (January, 1968), 3-14; Edith J. Alpenfels, "Women in the Professional World," in Beverly B. Cassara, ed., American Woman: The Changing Image (Boston: Beacon Press, 1962), pp. 73-89, especially p. 74; H. J. Mozans, Woman in Science (New York: Appleton and Company, 1913), especially pp. 284-285; and Charles Winick, "The Beige Period: Depolarization of Sex Roles in America," The Annals of the American Academy of Political and Social Science, 376 (March, 1968), 18-24.

<sup>2</sup>The philosophy underlying this position is best summed up in Erik H. Erikson's statement, "True equality can only mean the right to be uniquely creative." See Identity: Youth and Crisis (New York: W. W. Norton and Company, 1968), p. 291; see also Robert J. Lifton, "Woman as Knower: Some Psychohistorical Perspectives," in Robert J. Lifton, ed., The Woman in America (Boston: Beacon Press, 1967), pp. 27-51.

by sex is dysfunctional, such practice would lead to modes of professionalization different from those based on the normative ideal type. The current assignment picture may be "functional" for most<sup>1</sup> males and male professions; whether or not it is functional in terms of the needs of the greater society is the point in question.

These introductory points may help to underline a basic paradox about professionalization: the limits of the professionalization of an occupational group depend greatly upon the structure and values of the greater society or, putting it more broadly, on the "cosmology"<sup>2</sup> which pervades the society in general; yet, conversely, without social institutions such as professions or their historical counterparts, the central ideas of man would likely remain static, and those which did emerge remain largely abstractions.

#### Professionalization as an Occupational Group Phenomenon

Our aim in this section is to highlight some of the major characteristics and processes of the phenomenon of

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<sup>1</sup>We say "most" males because it can also be argued that some of the present-day modes of assigning work by sex are dysfunctional for many males, too, see Goodwin Watson, "Males Suffer Too," in Social Psychology: Issues and Insights (Philadelphia: J. B. Lippincott, 1966), pp. 451-453, and Margaret Mead, "The Life Cycle and Its Variations," Daedalus, 96 (Summer, 1967), 872-875.

<sup>2</sup>The significance of this choice of term will be expanded upon in the following pages.

professionalization at the occupational group level.

Throughout, we shall attempt to strike a balance between the "real" and the "ideal," for, without such a balance, our concept of professionalization in the former case is likely to be a static and therefore a misleading one, and, in the latter case, it is likely to be speculation without substance.

One of the most generative concepts about professionalization is that of "steps" in professionalization. For example, Wilensky's empirical analysis (which we shall be discussing subsequently) shows that, in general, in so far as "established" professions such as law and medicine are concerned, licensure laws and formal codes of ethics fell later in the sequence of professionalization steps than did the formation of local and professional associations. Such an observation might lead us to posit that a "corporate" feeling of identity is a pre-condition of licensure and the issuance of codes of ethics. But, as we have indicated in Chapter II, many occupations which might be considered "professions" in the social sense of the word do not have formal codes of ethics, nor does all "professional" practice entail legal licensure. We cite this (albeit incomplete) example to underline the point that unless we have a perspective within which to view "steps" in professionalization, their essential significance may escape us. Too, without such a perspective, we may be tempted to assume that the steps which we can identify are tantamount to those of an

"ideal" process of professionalization. We may tend to judge twentieth-century occupations by what may essentially be nineteenth-century processes.

Yet the question arises, what kind of perspective could provide the backdrop necessary to achieve a sense of proportion of what the process of professionalization has been, is, and might yet become? It is tempting to assume that an overview of the sociology of work would be appropriate, but we think this is too syllogistic and likely to be misleading. What then?

Because professionalization, whatever else it might be, is a process which hinges directly upon the development of ideas, we have chosen to attempt to create a perspective based upon the major ideas in and the distinctive character of Western thought.<sup>1</sup>

#### A Mini-Theory of Professionalization Based on a Concept of Optimum Tension

The quintessence of Western thought, says Brinton, lies in the combination of three central themes: "Firstly . . .

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<sup>1</sup>It could be argued that the inclusion of this departure from our central topic of professionalization within occupational groups is ponderous or inappropriate, or that it should have been handled under professionalization as a General Societal Phenomenon. In the latter case, in that we are trying to emphasize that the occupational phenomenon must be viewed within a larger perspective, we feel it is more strategic here. So far as the former two criticisms are concerned, "Western thought" means different things to different people, thus, some type of synopsis would seem in order.

[that] of the organization of the universe . . . not provable by scientific methods . . . but an organization, not a chaos." The second theme, he says, is a pervasive "feeling for what is commonly called the 'dignity of man.'" And, thirdly, "there is a striking continuity in Western ideas of the good life here on earth."<sup>1</sup>

The most fundamental characteristic of this combination of ideas is that of tension, tension between the real and ideal, tension between that which is and that which ought to be, tension between this-worldliness and other-worldliness.<sup>2</sup> We shall now attempt to interpret the relationship between these seminal points and the process of professionalization.

It is our position that professionalization is an occupational manifestation of the characteristic tension which pervades Western thought, and that professions are occupational embodiments of this "gap" or "relationship" between the real and the ideal.

Professionalization, then, is seen as hinging upon a

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<sup>1</sup>Italics the author's, C. Crane Brinton, Ideas and Men: The Story of Western Thought (New York: Prentice-Hall, 1950), pp. 533-534. Brinton points out that although the central ideas are all vital to Western thought, it is their combination which is so distinctive (p. 535).

<sup>2</sup>Ibid., pp. 531-537 et passim.

particular kind of cosmology.<sup>1</sup> Without the three combined themes, there would not be this same type of tension; and without this characteristic tension, there would have evolved no occupations in the form of professions as we know them.

Brinton maintains that in no other culture have the natural sciences flourished as they have in the West. Others can "study" the sciences, but their development is consonant with Western cosmology, not with others.<sup>2</sup> For example, he says that it is little wonder that "Eastern mystic[s], for whom the body is a complete illusion [are not] expert[s] in human physiology."<sup>3</sup>

Neither intellectual disciplines nor professions "just happen"; they are outgrowths of our ways of life and thought. Thus, in the above view, professionalization is, in a phrase, the process of maintaining optimum occupational tension

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<sup>1</sup>Alfred North Whitehead, Adventures of Ideas (New York: The Macmillan Company, 1933), p. 79, makes a brief reference to the close relationship between the evolution of ideas and the advent of professions, going back as far as the days of Alexander.

<sup>2</sup>C. Crane Brinton, Ideas and Men: The Story of Western Thought (New York: Prentice-Hall, 1950), p. 531.

<sup>3</sup>Ibid.; see also William A. Glaser, "Medical Care. II: Social Aspects," IESS 1968, Vol. 10, p. 95, in which Glaser says that the practice of performing autopsies, which have contributed so much to medical knowledge, is consonant with the Christian attitude that the soul and the body are "separable"; further, x-ray equipment, thermometers, and microscopes were inventions related to Western gadget-consciousness.

between the real and the ideal. And while optimum<sup>1</sup> professionalization might thus be considered to hinge upon the will to try to close this "gap," this does not at the same time inhere a constant preoccupation with, a nagging, disabling awareness of the gap.<sup>2</sup> Indeed, "the gap between the real and the ideal, between what we have and what we want [and, e.g., between what a profession is and what it ideally could be] is no abyss, not actually a gap, but a relation."<sup>3</sup>

Within such a context under-professionalization and excessive professionalism, or over-professionalization, are seen as aberrant forms of optimum professionalization, states in which there is either too little or too much tension surrounding the gap between what is and what ought to be.

To recapitulate, optimum professionalization is a dynamic state in which the tension between the real and the ideal is neither so overpowering as to give rise to despair or ritualism, nor so little that it creates a sense of occupational self-complacency and a desire to maintain the status quo. In this light, the question of "What are the steps in professionalization?" might better be phrased, "What are the

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<sup>1</sup>In that "optimum" here is intended to designate a balance between the real and the ideal; it is not to be confused as meaning "normative."

<sup>2</sup>C. Crane Brinton, Ideas and Men: The Story of Western Thought (New York: Prentice-Hall, 1950), p. 533.

<sup>3</sup>Ibid., italics the author's.

mechanisms by which a state of optimum tension is maintained?"

### Steps in Professionalization

Taken in chronological sequence, Carr-Saunders' and Wilson's classical treatise on *The Professions* can be regarded as an historical item-by-item account of the phrases if not the steps in the development of the major professions. They in fact use the term "evolution," thereby implying orderly stages.<sup>1</sup> But the notion of basic developmental stages, or sequential steps, in the "careers"<sup>2</sup> of professions is a relatively new one. To our knowledge, Edward A. Ross (1930) was one of the first to talk in terms of the "steps" an occupation must go through in order to become a profession.<sup>3</sup> But the most substantial efforts in this direction are those of Caplow (1958) and Wilensky (1964).

Caplow maintains that there are four basic steps or sequential stages involved in the process of professionalization: (1) the establishment of a professional association

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<sup>1</sup>A. M. Carr-Saunders and P. Wilson, *The Professions* (London: Frank Cass Company, 1937), p. 304.

<sup>2</sup>Everett C. Hughes, *Men and Their Work* (Glencoe, Ill.: The Free Press, 1958), p. 9, refers to "careers" of occupations.

<sup>3</sup>Edward A. Ross, *Principles of Sociology* (1st rev.; New York: The Century Company, 1930), p. 437. Ross's treatment of "steps" is very perfunctory, e.g., "The first step toward creating a profession is exclusion of the unfit."

with stipulated criteria for entrance, (2) change of name or title which reduces identification with the former status [e.g., "funeral directors" versus "undertakers"], (3) adoption of a code of ethics, and (4) political agitation to protect monopoly of occupational functions and titles. Concurrently, there is development of training facilities and elaboration of legal protection and stipulations surrounding qualifications for holding occupational titles.<sup>1</sup>

Building on the suggestion that there is a "natural history" of professionalism, Wilensky, in a gross analysis of some fifteen established, marginal, and new professions, identified seven major steps which characterized professional development. In general, the sequence of the established professions which he studied was as follows: (1) they became full-time occupations, (2) the first training school was established, (3) the first local association was formed, (4) the first university school was established, (5) the first national professional association was formed, (6) the first state license law was enacted, and (7) a formal code of ethics was declared.<sup>2</sup>

Sometimes, as in the case of law, steps two through seven took place over a period of a century and a quarter;

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<sup>1</sup>Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), pp. 139-140.

<sup>2</sup>Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1974), 143.

in others, such as architecture, the "same" steps occurred in less than fifty years.<sup>1</sup>

The idea of sequential steps is by no means an uncontested one. Goode takes the view that there is no such thing, maintaining that such tactics as establishing codes of ethics, professional associations, and formal curricula are not steps but mere "'testing operations'--if they are accepted and supported by the public or relevant publics, then the occupation has indeed progressed; otherwise not."<sup>2</sup> Those who do subscribe to the idea of sequential steps, he says, are confusing the specific time of the event with the same organic process which has been going on over time. For example, there was no Bar code until the late nineteenth century, yet ethical "controls" were great; there was no formal medical code when as early as the eighteenth century physicians were expelled from practice.<sup>3</sup>

Hughes points out that because of differences in cultural circumstances, the development of the medical profession in India will take on a different configuration than

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<sup>1</sup>Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964), 143.

<sup>2</sup>William J. Goode, "The Librarian: From Occupation to Profession?" The Library Quarterly, 31 (October, 1961), 309.

<sup>3</sup>William J. Goode, "The Theoretical Limits to Professionalization" (unpublished address delivered at the All-College Lecture Series on "The Professional as Educator," Teachers College, Columbia University, New York, April 15, 1968).

that of the pattern of American medicine.<sup>1</sup> In that there are different intra-cultural circumstances for women than for men,<sup>2</sup> we might suspect that the pattern of the process of professionalization might be considerably different in the case of women's occupations.

It is our considered opinion that too rigid an adherence to the idea of specific steps is likely to blind us to the manifold patterns which may have existed or are unfolding. Wilensky's analysis may tell us much about steps in the professionalization of seventeenth to nineteenth century, male-dominated, professions in America, but it may also blind us to steps in the professionalization of academic disciplines and to nuances between "male" and "female" professions<sup>3</sup> in twentieth-century industrialized societies, and to "steps" in societies which are poorly or unevenly industrialized.

Yet there are two major reasons why Wilensky's model is of critical importance. The first is that it very clearly conveys the notion of "process," as contrasted to the rather

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<sup>1</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 45.

<sup>2</sup>E.g., see Margaret Mead, Male and Female (New York: Dell Publishing Company, 1949), p. 168, in which she says that "when the same occupations are performed by women, they are regarded as less important."

<sup>3</sup>"Female-dominated" professions such as nursing and social work were included in his study, but their patterns were more like those of other "marginal" professions, such as optometry, see Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964), 143.

static concept which the criteria of professions give us, and thus it may prompt us to wonder, "What are the next steps in professionalization?" The second is that whether or not this model is appropriate for all occupations which aspire to become professions, it is a stereotype held high in the minds of many,<sup>1</sup> and as such, it may help us to better understand the actions of occupational groups aspiring to become professions, if not their successes and/or failures.

We will now comment on each of these steps for the purpose of trying to assess to what degree they might constitute valid indexes of professionalization in light of past and current circumstances in an effort to try to provide guidelines for the eventual measurement of whether or not nursing was at one time characterized more by "professionalizing" behaviors and whether it is now professionalizing or deprofessionalizing.

#### Full-time Occupation

Clearly, there are many reasons why unless an occupation represents the full-time if not lifetime work of occupational members, the degree of professionalization is likely to be low. Barber-surgeons who pulled teeth remained barbers and

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<sup>1</sup>It is a truism to say that the professionalization steps taken by law and more particularly medicine are widely employed as a model for other professions, e.g., see Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958), p. 284.

not dentists until "tooth drawing" became a full-time occupation;<sup>1</sup> the social identity of the wealthy Roman matrons who tended the sick was, we would assume, firstly that of wife of a successful man and mother of yet-to-be successful children, and secondly that of "nurse";<sup>2</sup> and merchants who acted as advocates for friends in trouble with the civic authorities did not become "lawyers" until such time as advocacy became a full-time endeavor.

As indicated in Chapter II, Phenix maintains that advances in professional knowledge and standards hinge upon not only full-time but lifetime endeavor.<sup>3</sup> Hughes, taking an amusing if not perceptive view, states that the reason this is so is that the more an occupation represents a group's life work, the more likely they will be determined to upgrade it, whatever the means, because they are "stuck"

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<sup>1</sup>A. M. Carr Saunders and P. Wilson, The Professions (London: Frank Cass Company, 1933), pp. 107-108.

<sup>2</sup>For an interesting "linear" description on how social work came to constitute full-time employment, see Raymond Lubove, The Professional Altruist (London: Oxford University Press, 1965), pp. 51-52 et passim. First there were voluntary "friendly visitors," then full-time amateurs were employed as agents of the latter, their chief function being that of stimulating voluntary service. But it was not until the agents began to develop special skills through their continuous experience (i.e., skills beyond those of the voluntary workers) that they began to view themselves as "practitioners," rather than servants of the philanthropic matrons.

<sup>3</sup>Philip H. Phenix, Philosophy of Education (New York: Holt, Rinehart, and Winston, 1958), pp. 163-164.

with it and their social statuses hinge upon the successes of their efforts.<sup>1</sup>

Wilensky makes reference to "program professionals," distinguishing them from professionals in the traditional sense of the word. Into this group he places, e.g., rehabilitation specialists, social insurance specialists, and professionals working in public assistance programs. He defines the "program professional" as a "specialist . . . whose professional competence and commitment are beyond question, but whose commitment to particular programs and policies (e.g., health insurance) is just as strong."<sup>2</sup> We would underline the point that Wilensky does not equate these "full-time" professionals with those whose orientations are toward not programs but their professions. The difficulty in the case of the former is that they can become subject to intensive pressures from their "clients," be they labor unions, political parties, or congressional committees.<sup>3</sup> Wilensky's moot point is that they may be [full-

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<sup>1</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 45.

<sup>2</sup>Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964), 158. He says (p. 158) that "these men . . . constitute an important link between professional culture and civil culture, the man of knowledge and the man of power." This concept is explained in more detail in Wilensky's Intellectuals in Labor Unions: Organizational Pressures on Professional Roles (Glencoe, Ill.: The Free Press, 1956), pp. 129-143.

<sup>3</sup>Wilensky, American Journal of Sociology, 70 (September, 1964), 154, 158.

time] program professionals but they are not [full-time] professionals in the traditional sense of the term.

Inasmuch as the professionalization of an occupation may be tied to: (1) the occupation's being a full-time, lifetime one, and (2) the desire to improve one's status by improving one's occupation, we might suspect that the degree of professionalization for women and for women's occupations in the mid-twentieth century is perhaps less than that of men's. There are several reasons why this might be so.

Firstly, according to Caplow, the "gainful" work-life of women is, in all likelihood, less continuous than it has ever been in that at the turn of the century, for example, a greater proportion of women likely remained in the work force continuously, their "careers" being less intermittent than those of women today.<sup>1</sup> Secondly, Parsons says that in today's society, the status of the married woman is derived chiefly from her husband's social status, particularly from his occupational status.<sup>2</sup> To the extent this is true, and

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<sup>1</sup>Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), p. 260. See also the Report of the President's Commission on the Status of Women, American Women (Washington, D.C.: Government Printing Office, 1963), p. 29, in which it is reported that in 1920 less than 25 per cent of women workers were married; in 1960 more than 60 per cent.

<sup>2</sup>Talcott Parsons, "Age and Sex in the Social Structure," American Sociological Review, 7 (October, 1942), 608-609. The author maintains that the above situation is less true for "career" women, but even then their social status is not always derived from their careers.

to the extent that increasing proportions of women workers are married, we might expect that their motivation to improve their social status through occupational gains would be limited. Historically, women's ego-satisfactions have been derived from other than gainful employment, an assertion not true for men,<sup>1</sup> and it may be that women devote less psychological energy to upgrading themselves in the work world and upgrading their occupations than do men. Further, the mobility even of "career" women, much less that of married women workers, is blocked to a considerable degree due to cultural sanctions which favor mobility for male workers.<sup>2</sup>

The consequences of intermittent work-lives may affect not only mobility chances and the drive for professionalization, but may also have an impact on limiting the very kinds and levels of skills which are relegated to, or chosen by, women, a not inconsequential factor in relation to the nature and sophistication of development of the knowledge-skill component in feminine occupations.<sup>3</sup>

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<sup>1</sup>Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), p. 243.

<sup>2</sup>Ibid., pp. 243-246.

<sup>3</sup>Caplow maintains that because women's work-lives are so intermittent, they are destined to be given employment in which "skill achieved by continuous experience is slight, in which interchangeability is very high, and in which the loss of skill during periods of inactivity is relatively small." He includes nursing and teaching as examples of such employment. Objections to the possibilities that Caplow has not recently had to teach the new math to children or has not been unfortunate enough to find himself in a highly-complex medical unit of late aside, the principles he enunciates would seem solid ones. Ibid., p. 245.

Yet neither is the notion of the desirability of an occupation's being one's "lifetime" work to be taken too literally. Professional and technical workers have the lowest mean number of years in the labor force because of their above-average age of entry.<sup>1</sup> Another dimension here is Langerock's point that the more an occupation represents the total life span of its incumbents (e.g., such as in the religious orders and the military), the more likely "professional deformation" is likely to occur. Such incumbents, he maintains, are likely to adopt "an estimation of [the social value of] that function [or specialized technique] which is both absolutely and relatively unwarranted," and at the same time become overly-defensive about any infringements upon what they consider to be their unique occupational domain.<sup>2</sup>

While becoming a full-time occupation may be the first "visible" step in professionalization, such a step still leaves open the question of its antecedents.

#### Creating a New Occupational Role

New ideas are not enough to precipitate the development of a new profession. An integrated set of behaviors, an "occupational role" must be created. For this reason, we

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<sup>1</sup>A. J. Jaffe and R. O. Carlton, Occupational Mobility in the United States 1930-1960 (New York: King's Crown Press, 1954), p. 50.

<sup>2</sup>Hubert Langerock, "Professionalism: A Study in Professional Deformation," American Journal of Sociology, 21 (July, 1915), 31.

cannot assume that the phenomenal explosion in "knowledge" per se ensures an equivalent growth in professional roles. Ben-David and Collins, analyzing the genesis of psychology, state:

The uninterrupted growth of a scientific field depends upon the existence of a scientific community permanently devoting itself to the field. Therefore a new idea is not sufficient to start the take-off into sustained growth in a new field; a new role must be created as well.

.....

The new role [in psychology] resulted from academic career opportunities favoring the mobility of practitioners and students of physiology into other fields, and from the relatively low academic standing of speculative philosophy and its consequent receptivity to persons and ideas which promised to turn the study of the human mind into an experimental science.<sup>1</sup>

Only in Germany were these several factors all present. In England and France at least one of the conditions was not met.<sup>2</sup> The above case stands as somewhat of a rarity in the literature, for although there are what might be thought of as "historical" accounts of the development of academic disciplines and professions, there are few social analyses along these lines.

Hughes emphasizes that, if they are to survive at all, occupations must in some way be identified with an "historic"

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<sup>1</sup>Original paragraph all in italics, Joseph Ben-David and Randall Collins, "Social Factors in the Origins of a New Science: The Case of Psychology," American Sociological Review, 31 (August, 1966), 451.

<sup>2</sup>Ibid., p. 465.

role,<sup>1</sup> whether it be sorcerer, mother, wise-man, priest, or king. These historic roles themselves are not free of status,<sup>2</sup> a factor which has important implications for the kinds and degrees of professionalization which might follow.

Inherent in Wilensky's first step, it seems to us, is the notion that, because it represents full-time work, the occupation has in essence already developed to the point where there are three "occupational generations" in view: a first generation capable of socializing a second generation to want to socialize a third.<sup>3</sup> (We might interject here that it was perhaps not until Florence Nightingale emerged that these three "generations" could then become a reality in modern nursing.) This would seem to be a minimum condition of occupational survival, much less professionalization of the occupational role.

A Galen, a Vesalius, or a da Vinci constitutes largely an example of what we might think of a "professional

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<sup>1</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 57. This observation is consistent with Joseph Ben David's and Randall Collins' analysis of psychology being derived through a process of "role hybridization" (p. 465) involving the roles of philosophy and physiology [which, in turn, have their historic roots], see "Social Factors in the Origins of a New Science: The Case of Psychology," American Sociological Review, 31 (August, 1966).

<sup>2</sup>Hughes, op. cit., p. 57.

<sup>3</sup>An application of William J. Goode's statement regarding socialization of the family, in The Family (Englewood Cliffs, N.J.: Prentice-Hall, 1964), p. 18.

integration" at the individual, not occupational level.<sup>1</sup> Were this not so, it would have been unlikely that more than a century after Vesalius, Charles the Second, on his death-bed, would be "tortured by physicians employing futile remedies [still] customary at that time."<sup>2</sup> Individual "flashes of intelligence"<sup>3</sup> are not enough; there must be institutional means for transmitting such insights<sup>4</sup> and perpetuating not "customs" but professional roles.

In sum, the first step in professionalization is perhaps not so much the literal fact of an occupation's becoming a full-time one as it is the successful development of a well-integrated occupational role, a role in which there is an optimum tension between what is and what ought to be.

#### Establishing a Training School

It might be argued that the establishment of a training school in times when professional knowledge was passed on

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<sup>1</sup>See Alfred North Whitehead, Adventures of Ideas (New York: Macmillan Company, 1933), pp. 76-77.

<sup>2</sup>Ibid.

<sup>3</sup>Ibid., p. 77. Whitehead writes, "In the earlier centuries the professional influence . . . was mainly a welter of bygone flashes of intelligence relapsing into customary procedures."

<sup>4</sup>The above paragraph may help to explain the significance of Abraham Flexner's insistence that professional techniques must be "educationally communicable," see "Is Social Work a Profession?" School and Society, 1 (June 26, 1915), 904.

largely by the apprentice system<sup>1</sup> was a feat which well surpasses institution of occupational training at the university level today. What seems to us more significant than the school as such is the degree to which occupational members have control over recruitment to and the nature of the training in such institutions.

Special training schools, particularly in the building crafts, exist in thousands, but it is training and recruitment organized largely by outsiders,<sup>2</sup> be it governmental agencies, extra-professional board members who hold purse-strings, and/or, as in the case of the building crafts, members of "higher" occupations, such as engineering.

Occupational control of training schools is a significant step in the process of professionalization because it represents at least a tacit agreement between society and the occupation in question that there are limits to the legitimate authority of the state when it comes to presuming to decide upon questions within the purview of such occupations.<sup>3</sup>

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<sup>1</sup>See Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 55. Training schools in fact, says Gilb, were a second step in professional education, the first being the evolvment of the apprentice system. (We recognize that these may have been modeled in part on the guild system but we cannot assume that the socialization techniques were the "same" in the case of the professions.)

<sup>2</sup>Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), p. 103.

<sup>3</sup>See Alfred North Whitehead, Adventures of Ideas (New York: The Macmillan Company, 1933), p. 78.

Establishment of a Local Professional Association

Although the predominant pattern in the professions analyzed by Wilensky was for local associations to precede national associations, it would seem tenuous to assume that such is the optimum sequence in all societies or in all professionalizing occupations. On the contrary, it might be posited that the more erudite the knowledge component, whether it be space engineering, genetics, or international jurisprudence, the more likely local associations are not to precede national or international organization.

The earlier structure of professional "association" was supranational in character. Whitehead maintains that it was not until the sixteenth century that the associational patterns in academia "shrank to be national."<sup>1</sup> Gilb, referring to the development of professional associations in the nineteenth century, points out that academic associations formed first at the national, then at the local level. The formation of professional associations in the reverse order was in fact following the pattern set by the trade unions.<sup>2</sup>

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<sup>1</sup> Alfred North Whitehead, Adventures of Ideas (New York: The Macmillan Company, 1933), p. 75.

<sup>2</sup> Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 29; see also Christopher Jencks and David Riesman, The Academic Revolution (Garden City, N.Y.: Doubleday and Company, 1968), pp. 156-157, where they point out that this "Balkanization" pattern was a general one, not only in the professions, because of sectarian, geographical, and economic circumstances characterizing socio-political life at that time.

While the historical "fact" of the establishment of local associations is not to be minimized, their existence often did little to elevate professional standards.<sup>1</sup> "The techniques of organization were not well developed, and the habit of organization had not taken hold."<sup>2</sup>

#### Establishment of a University School

With three exceptions, of the professions studied by Wilensky, a "training school" always preceded the first university school.<sup>3</sup>

But the mere fact that occupational training is done "in" a university does not guarantee that the occupation is "of" the university. Parsons maintains that only at that point at which President Charles Eliot appeared at a Harvard medical faculty meeting (circa 1870) and, much to the consternation and indignation of the doctors present, took the chair, did medical schools start to become of the university

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<sup>1</sup>Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 32.

<sup>2</sup>*Ibid.*, p. 32, italics mine. See also C. Crane Brinton, Ideas and Men: The Story of Western Thought (New York: Prentice-Hall, 1950), p. 375, in which he points out that it was not until the eighteenth century that the emergence of voluntary groups really became a very widely developed phenomenon in Western culture. In our estimation this illustrates the point that, in most ways, professions do not seem to have social patterns different in kind from those of the greater society.

<sup>3</sup>Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 61 (January, 1956), 143.

rather than merely being in its environs.<sup>1</sup> Even up to 1910, "the majority of medical schools were still little more than diploma mills."<sup>2</sup>

Today it is not so much the university tie itself which is likely to indicate the degree of professionalization but the nature of the tie. For example, although there are "professional" schools of business and pedagogy, some would argue that they exist in spite of the paucity of substantive knowledge in these fields.<sup>3</sup> The degree of professionalization, Gilb says, is more likely to be reflected in "the kinds of colleges and universities that do the training, the amount of training they offer, and the degree of jurisdiction given those who supervise and teach in the field. . . ."<sup>4</sup> Further, it is not just whether professional education occurs in university settings, but at what level it occurs.<sup>5</sup> Separate

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<sup>1</sup>Talcott Parsons, "The Professional As Academic" (unpublished address delivered at the All-College Lecture Series on "The Professional as Educator," Teachers College, Columbia University, New York, March 4, 1968). The principle here is documented by Parsons in his article, "Professions," IESS 1968, Vol. 12, p. 543, in which he mentions that "The marriage of the University system to the practicing professions in the United States was spearheaded by medicine. . . ."

<sup>2</sup>Christopher Jencks and David Riesman, The Academic Revolution (Garden City, N.Y.: Doubleday and Company, 1968), p. 213

<sup>3</sup>Ibid., p. 203.

<sup>4</sup>Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 57.

<sup>5</sup>Ibid.

independent colleges may be less an advance than "schools" within prestigious universities.<sup>1</sup>

From a normative standpoint the question is, of course, not one of what are the current vogues in professional education but whether or not these are viable institutional means for accomplishing the tasks necessary to the professional mission. For example, "For both its knowledge and ethical functions, the relative insulation of the university professional school has certain advantages."<sup>2</sup> Yet, while becoming an integral part of the university intellectual community may be functional to a point, there are extremes in which this may become an end in itself, not a means. If the involvement of professional schools in the university complex becomes dysfunctional to the over-all professional mission, normatively speaking, it is not a reflection of increased professionalization.

Finally, what about those "professions" which began solely as intellectual endeavors within universities? Psychology, for instance. Might not a professionalizing step for such groups involve getting out of the university? Not a mass emigration, of course, but an expansion of teaching

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<sup>1</sup>Corrine Lathrop Gilb, *Hidden Hierarchies* (New York: Harper and Row, 1966), p. 57. See also Charles R. Feilding, with the assistance of Thomas W. Klink, *Education for Ministry* (Dayton, Ohio: The American Association of Theological Schools, 1966), pp. 33-35.

<sup>2</sup>Bernard Barber, "Some Problems in the Sociology of the Professions," *Daedalus*, 92 (Fall, 1963), 675.

territory, such as into clinical settings. Wilensky's model seems linked mainly with occupations which have professionalized "from below," as Kornhauser would say, rather than "from above."<sup>1</sup>

#### Establishing a National Professional Association

The fact of the emergence of a national association as a step in professionalization has been noted,<sup>2</sup> but again, their character is another matter. Gilb's brilliant treatise on the historical development of professional associations seems to be the best reference in the latter case.

Nineteenth-century professional organizations were highly "elitist" and "social" in character,<sup>3</sup> having a "deliberately exclusive" tone to them.<sup>4</sup> Often national

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<sup>1</sup>William Kornhauser with the assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), p. 84.

<sup>2</sup>In Wilensky's study, of the sixteen occupations which became full-time occupations during the seventeenth to nineteenth centuries, all but two (city planning and hospital administration) had by the turn of the century established a national association, Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964), 143.

<sup>3</sup>E.g., women and non-Caucasians were often excluded. Further, they were often very local in character, e.g., of the forty-five members at the 1896 meeting of the American Institute of Certified Public Accountants, more than three-quarters were from New York, and only one member was from the South. See Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 32.

<sup>4</sup>Ibid., p. 31. The importance of limiting membership so that the banquet halls at Saratoga Springs would not be overcrowded was for some time a concern of the American Bar Association.

association meetings (for those who did attend, Gilb interests) were not for strictly technical purposes but for relaxation and informal communication.<sup>1</sup>

The percentage of professional practitioners who belonged to national associations may have been less an index of the degree of professionalization per se than it was a function of the political-social context of the times. By 1920, 7 per cent of teachers were National Education Association members, some 9 per cent of lawyers belonged to the American Bar Association, and 57 per cent of doctors were members of the American Medical Association.<sup>2</sup> Some forty years later these figures were 42 per cent, 46 per cent, and 70 per cent, respectively.<sup>3</sup> The emphasis on "states rights" in civic matters, particularly in earlier times, needs little elaboration, and there had been a long history of state variations in law and in education. (This would not seem to have been as true in medicine.) Further, the knowledge-skill component in medicine may, even in earlier days, have been perceived to be less local in character than in these other two professions.

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<sup>1</sup>Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 31.

<sup>2</sup>Ibid., pp. 119-124.

<sup>3</sup>Ibid., except for the last figure which is taken from Ronald L. Akers and Richard Quinney, "Differential Organization of Health Professions: A Comparative Analysis," American Sociological Review, 33 (February, 1968), 114.

It is difficult to estimate the extent to which a high degree of "membership completeness" (i.e., taken as a percentage of those eligible who join) in national organizations is a valid index of the degree of professionalization present in an occupation. Akers and Quinney, studying differential characteristics of selected health occupations (medicine, dentistry, chiropractic, optometry, and pharmacy), found membership completeness highest in dentistry (80 per cent in 1964) and lowest in chiropractic (27 per cent in 1964).<sup>1</sup> These authors employ other indexes for evaluating relative "strengths" of organizational structure and resources such as percentage attendance at national meetings, circulation rates of national association journals, years of educational preparation required for entrance, sheer occupational size, and professional association budgets.<sup>2</sup>

Even within the "elitist" limits of the earlier professional associations there did evolve a growing interest in trying to uplift the standards of the profession. Gilb refers to the activities of nineteenth-century professional associations as "bread-and-butter"<sup>3</sup> professionalism, the

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<sup>1</sup>Ronald L. Akers and Richard Quinney, "Differential Organization of Health Professions: A Comparative Analysis," American Sociological Review, 33 (February, 1968), 114.

<sup>2</sup>Ibid., p. 106.

<sup>3</sup>Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), uses this phrase for her chapter on early professionalism (pp. 27-52), distinguishing it from the succeeding phase, that which she calls "Freedom Through Conformity," pp. 53-81.

beginning of self-consciousness of professional groups. These gropings began to give way to more discretely defined "protectionist" behaviors, efforts to gain control over professional practice and check intra-professional competition.<sup>1</sup> At the same time this differentiation was and is going on, efforts were and are made to articulate the occupation with the larger society through, e.g., interpreting standards of ethical practice and articulating professional education with the larger governmental and educational structures. Such articulation measures act to widen the degree of sanction which the community implicitly gives when it approves junctures such as these. Professional freedom is gained for individual practitioners by subjecting them to professional group regulation and, in turn, the professional group itself extracts freedom from the community in exchange for "accepting some community control."<sup>2</sup>

This process of increasing differentiation and articulation is, first and foremost, not peculiar to the professions, but a widespread twentieth-century economic phenomenon. But as the economic system has gone, so have professions.<sup>3</sup>

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<sup>1</sup>Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 53, this and subsequent principles are largely at the state and local levels; see also William H. Form, "Occupations and Careers," IESS 1968, Vol. 11, pp: 245-254.

<sup>2</sup>Actual excerpt is taken from p. 54; paragraph contents summarized from Gilb, op. cit., pp. 53-54.

<sup>3</sup>Ibid., pp. 27-29.

Today, what is much more significant than the actual fact of the existence of national, state, and local professional associations is the character of their relations with educational institutions,<sup>1</sup> relations with intermediaries (e.g., with insurance companies, textbook industries), with other professional associations, and with state and federal governments.<sup>2</sup>

The professional association which, e.g., manipulates rather than adapts to intermediary institutions, dictates to rather than relates to other professions,<sup>3</sup> leads rather than learns from other national professional groups, and prescribes edicts rather than drafts<sup>4</sup> legislation is, from the descriptive standpoint "highly professional."<sup>5</sup> While taking the "step" of forming a national and/or state and local associations is still within the twentieth-century

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<sup>1</sup>Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 58, e.g., through gaining control by providing accreditation and consultation services, standardized examinations, and acting as research information clearinghouses.

<sup>2</sup>Most of these points are mentioned by Gilb (ibid., pp. 180-181).

<sup>3</sup>Especially in relation to its own "power elite." Gilb (ibid., p. 159) points out that each group of professions has its own "power elite."

<sup>4</sup>In the last few years it has become increasingly characteristic of professional associations not merely to suggest legislation but actually draft it (ibid., pp. 147, 206-224).

<sup>5</sup>As Gilb has noted (ibid., p. 151), "Power begets power. And access begets access." Thus these several characteristics tend to accompany one another.

context an important one, the degree to which the sub-steps have been extended is a decidedly greater one, and, as in the larger political arena, national associations are exerting a hitherto unknown degree of professional influence.<sup>1</sup>

In the normative sense, professional organizations need to be as well-knit and powerful as the professional mission requires. Gaining ground in such areas as "locus [of practice], function, income, prestige, power [and] independence . . ." <sup>2</sup> is functional only to the extent that it is consonant with the overriding criterion of that of the "public good." And in complex societies where professions are highly interdependent, due to the extensive division of labor, this means that the "public good" is unlikely to be served by the tangential development of one profession at the expense of other related professions.<sup>3</sup> This is far from tantamount to saying there must be "sameness" between, e.g., the prestige, incomes, and power of occupational groups, for that is to miss the point. But it is implying that, for one thing, increased differentiation of a profession from other

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<sup>1</sup>Witness Corrine L. Gilb's interpretation of the function of now full-time public relations and lobbying personnel: "How to Attain Support Without Interference," Hidden Hierarchies (New York: Harper and Row, 1966), pp. 70-81.

<sup>2</sup>William H. Form, "Occupations and Careers," IESS 1968, Vol. 11, p. 250.

<sup>3</sup>E.g., see Raymond S. Duff and August B. Hollingshead, Sickness and Society (New York: Harper and Row, 1968), especially p. 383.

professions and other occupational groups "ought" to be balanced by increased articulation with those groups and the greater society. In terms of the "tension" concept, it is a matter of maintaining optimum tension, not disabling tension, between one profession and the others, and between professions and the larger society.

The empirical "fact" of the establishment of a national association as an index of professionalization begins to pale somewhat under these many contingencies.

#### The Enactment of Licensure Laws

As we indicated in the previous chapter, it is tenuous to regard licensure as an unequivocal index of the degree of professionalization in an occupation.

It might be argued that so long as social and occupational mobility remained low, as in the days of the guild, licensing functions were taken care of largely by intra-occupational and informal social sanctions. As mobility increased and as the quality of the occupational product became increasingly difficult for the consumer to judge, more explicit social sanctions were required.

It is our considered opinion that the popularity of licensing in the eighteenth, nineteenth, and early twentieth centuries<sup>1</sup> was not only a testimony to the emergence of

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<sup>1</sup>Corrine Lathrop Gilb says that the growth of licensing boards reached its peak in the years 1911-1915, see Hidden Hierarchies (New York: Harper and Row, 1966), p. 42.

several newly-constituted "professions," but to a considerable degree may also have been a function of the degree to which society perceived some occupational groups as representing a potential source of harm--and not simply harm on the basis of the threat of quackery. This proposition has not, to our knowledge, been tested, but it would seem an interesting one to pursue, for then one of the ways of inferring whether or not an occupation might, within the above period of time, be considered as constituting a profession might in part be answered by establishing evidence of licensure. The proposition would clearly not be applicable within the context of current American society where the licensing of stone-cutters, beauticians, and plumbers invalidates the significance of licensure as an earmark of the professions. But in earlier times this may not have been the case. We have arranged Wilensky's data chronologically for the purpose of developing our point further. (See Table VII.)

In view of the political-social context of the times and the paucity of medical knowledge, it is perhaps not surprising that licensure in law preceded that in medicine. Society was relatively resigned to loss of life--but not to loss of property and certain other civic rights. It is a truism to say that ensuring the moral character of school teachers in eighteenth-century America was considered a matter of prime importance. Dentists and pharmacists were no doubt seen as possessing a greater ability to do harm than optometrists.

TABLE VII

CHRONOLOGICAL PROGRESSION OF WILENSKY'S DATA  
ON FIRST STATE LICENSURE LAWS ENACTED IN  
SELECTED PROFESSIONS IN THE UNITED  
STATES, 1732-1963<sup>1</sup>

<u>Occupation</u>	<u>Year First Licensure Law Enacted</u>
Law	1732
Medicine	Before 1780
School Teaching	1781
Dentistry	1864
Pharmacy	1874
Veterinary Medicine	1886
Accounting	1896
Architecture	1897
Optometry	1901
Nursing	1903
Civil Engineering	1908
Librarianship	Before 1917
Social Work	1940
Hospital Administration	1957
City Planning	1963

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<sup>1</sup>The data, not the interpretation, are taken from Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964), 143.

The veterinarian's ability to do harm would understandably be of concern to what was then a highly agricultural economy as would the accountant's in the by-then vastly important mercantile area of the economy. Through perhaps well-meaning but poor aseptic techniques, nurses may have for centuries been contributing to the early demise of their patients, but it was perhaps not until the consequences of inadequate nursing started to become apparent to doctors and other relevant publics that licensure for nurses began to receive social support.

Once the "habit of licensure" becomes a widespread occupational characteristic, its significance for the actual process of professionalization becomes difficult to assess (e.g., as in the last two cases in Table VII) and, indeed, where social institutions other than licensure feature heavily in society's eyes as adequate mechanisms for controlling "unsafe" practice (e.g., universities in the case of academia, churches in the case of the clergy), licensure may be not only an invalid step in professionalization, but a negative index.

Where licensure does seem to be an appropriate, valid step in professionalization, we must look beyond the "fact" of licensure to, e.g., such questions as: (1) whether it is permissive or mandatory in nature, and (2) the degree to which in practice there is actual adherence to such laws, to assess its real import.

Enactment of a Code of Ethics

Again, a written code of ethics is not likely to be positively significant unless, to name a few conditions: (1) "members are more handsomely rewarded for conforming [to it] . . . than for failing to do so,"<sup>1</sup> (2) that the behaviors "which it imposes are stricter than those society embodies in its administrative regulations and statutes,"<sup>2</sup> (3) it is consonant with the particular uses and abuses to which professional knowledge can be put, and (4) it covers not only professional-client and intra-professional ethics, but inter-professional ethics and codes regarding the posture of the profession toward the needs and rights of the greater society.

We have noted earlier Millerson's statement that codes of ethics are really only formal expressions of already-instituted behavior. That they are the "last" of the seven steps identified by Wilensky would tend to support this

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<sup>1</sup>William J. Goode, "The Librarian: From Occupation to Profession?" The Library Quarterly, 31 (October, 1961), 308; see also Benson Y. Landis, Professional Codes: A Sociological Analysis to Determine Applications to the Educational Profession (New York: Bureau of Publications, Teachers College, Columbia University, 1927), pp. 84-85, where Landis distinguishes between those professions which report ethical offenses and those that do not. Disbarment from a professional organization is not automatically accompanied by denial of the right to practice (p. 90), and the reporting of and penalizing of professional offenses falling short of criminal negligence are often exceedingly difficult matters for professional associations to handle.

<sup>2</sup>Goode, op. cit., p. 308.

generalization. But extending Millerson's statement further, we might posit that unless there is a serious breakdown in adherence to the "tacit" code, there will be little activity in the way of drafting new and revised codes of ethics. Indeed, the point at which an occupation demonstrates activity in the area of written ethics may coincide with crises in professional disintegration, not integration.<sup>1</sup>

In sum, the constant which seems to be operating throughout elements in the analysis of the process of professionalization of occupations is not so much that of a sequential series of inviolate steps as the principle that, by whatever means, these occupations manage to evolve social institutions which are consonant with the task of putting knowledge to socially responsible uses, oftentimes in a rapidly-changing society. In a sense, although many occupations which can be regarded as professions have and do evidence similar patterns of development, these patterns are by no means "identical," nor would those steps which are in general common to most of these occupations each have the "same" significance for one occupation that they might have

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<sup>1</sup>The above proposition is consistent with the first of Benson Y. Landis' six steps in the formulation of codes of ethics: "Definitions of situations which are of concern." Unless tacit codes are violated, "situations of concern" may be minimal. The step cited here, not the inference, is taken from Professional Codes: A Sociological Analysis to Determine Applications to the Educational Profession (New York: Bureau of Publications, Teachers College, Columbia University, 1927), p. 91.

for another. And in this view, professionalization is in effect an equifinal type of process, one in which the routes may vary somewhat, but they essentially lead to the same spot or the same state, that of an occupation's constituting a "profession."

There are many important forces and factors in the process of professionalization which, although sometimes implicit, have not been touched upon in the foregoing discussion. In that the degree of professionalization hinges largely upon an occupation's being able to meet two conditions: (1) supplying highly valued services to society, and (2) regulating these services, we shall employ these two rubrics in highlighting crucial additional factors in the process of professionalization. Our purpose here is two-fold, firstly, to again provide benchmarks which will guide us in assessing whether or not nursing in the 1920's and 1960's did and does show evidence of the characteristics of professionalization and, secondly, to provide the kind of foundation which a comprehensive discussion of the nature of deprofessionalization requires.

#### Professionalization as Supplying Highly-Valued Services to Society

Supplying and regulating highly-valued services to society hinge upon an occupation's being able to meet five overlapping conditions, namely: (1) the successful initial and

ongoing socialization of practitioners, (2) adequate development of the knowledge-skill component, (3) formulation and implementation of viable standards of practice, (4) developing adequate systems for the articulation and distribution of services, and (5) ensuring that the rewards are such that these several conditions are met. We shall deal here with the first two conditions, discussing the remaining three under the heading, "Professionalization as Regulating Highly-Valued Services,"<sup>1</sup> On the premise that the character of medical organization and functioning affects the nature and progress of professionalization in nursing to a considerable extent, we shall at times in the following discussion draw heavily from examples in medical practice.

#### The Socialization of Practitioners

In earlier times, the task of socializing practitioners was seen mainly as the problem of molding attitudes and developing intellectual abilities and substantive skills in new recruits. More recently, professional socialization is being viewed as a long-term, if not lifetime process.

Professional socialization can be thought of as that process or processes which "cause a person to define himself

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<sup>1</sup>The discussion in both of these sections is limited in character, for any one of these conditions constitutes a whole area for study. However, because professional socialization is so vital to the process of professionalization, and because there is relatively little attention given to it elsewhere in this study, considerable weight is given this topic here.

in terms of his role as [a] professional."<sup>1</sup> Although there is considerable literature in the field of occupational specialization, too little is known to permit the making of vast generalizations.<sup>2</sup> Yet one thing seems clear: professionalization will not occur to any great degree unless occupational members have a strong sense of their professional identity.

#### Identity and Commitment

The socialization of recruits is largely a twofold process: (1) shaping attitudes, and (2) transmitting knowledge and developing skills. The professional's identity rests not only upon what he "knows about" but upon what he feels, what he values. Schilling makes this point very clearly:

The term "physics" stands for much more than knowledge itself. No one would assert, I trust, that a man is a physicist if all he knows is its formal content, impressive as that in itself might be. Physics is also an aggregate of techniques and methods, of patterns and habits of thought, of characteristic intellectual interests, preoccupations and goals, a particular orientation of mind, an historical and social enterprise and phenomenon, the work and way of life of a community of people called physicists.<sup>3</sup>

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<sup>1</sup>This definition is an application of Corrine Lathrop Gilb's interpretation of how professional identity and occupational cohesiveness are maintained, Hidden Hierarchies (New York: Harper and Row, 1966), p. 64.

<sup>2</sup>Ibid., p. 64.

<sup>3</sup>Harold K. Schilling, "Independent Study and Research in the Undergraduate Physics Curriculum," Journal of General Education, 14 (April, 1962), 23. Italics his.

Schilling adds that to teach physics, then, "means to introduce students to a way of life and thought, and the spirit of physics--with all that implies."<sup>1</sup>

Becker and Carper maintain that the internalization of the ideology associated with a particular profession "operates to produce commitment to the occupational title, [and this outcome] appears to be closely related to participation in informal student groups and, secondarily, to classroom and informal participation with teachers." Commitment to the occupational task is seen as evolving largely from the arousal of interest in being presented with subject-material interpreted as being problematic, "requiring further research," an approach not widely characteristic of the often factually-oriented undergraduate courses.<sup>2</sup>

Occupational commitment, unless it is monastic in character, represents a "balance" between how far occupational members are prepared to immerse themselves in their work as opposed to their extra-occupational lives.<sup>3</sup>

Central among the arrangements in our society that appear to predispose persons to high degrees of occupational commitment are such structural and

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<sup>1</sup>Harold K. Schilling, "Independent Study and Research in the Undergraduate Physics Curriculum," Journal of General Education, 14 (April, 1963), 24.

<sup>2</sup>Howard S. Becker and James W. Carper, "The Development of Identification with an Occupation," American Journal of Sociology, 61 (January, 1956), 296-297. Italics mine. Quotation taken from p. 296.

<sup>3</sup>Fred Davis and Virginia L. Olesen, "Initiation into a Woman's Profession," Sociometry, 26 (March, 1963), 89-90.

cultural attributes as maleness, a middle-class achievement orientation, and professional status.<sup>1</sup>

The possession of such "attributes not only motivates persons to make extensive vocational commitments," say these authors, "it also serves as social justification for their right to do so."<sup>2</sup>

Socialization into professional roles, as into other roles, does not have to be a conscious process to be an effective one. The incoming student has in all likelihood a rough idea of the "folkways"<sup>3</sup> if not some of the intellectual values particular to a given profession. The socialization task, then, involves both getting rid of distorted ideas,<sup>4</sup> and introducing, as well, "new" systems of thought and social relationships.

It is characteristic of "the factory trades, as in all mobile occupations [that] control of extra-vocational behavior is relatively weak."<sup>5</sup> Not so in the professions--

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<sup>1</sup>Fred Davis and Virginia L. Olesen, "Initiation into a Woman's Profession," Sociometry, 26 (March, 1963), 90.

<sup>2</sup>Ibid. Italics theirs.

<sup>3</sup>Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), pp. 124-133, e.g., knowledge of such modes as those of dress, family mores, decorum, consumption patterns, and financial habits. The occupational stereotype, says Caplow (p. 134), is the single most important conditioning factor both for faculty and students.

<sup>4</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 120.

<sup>5</sup>Caplow, op. cit., p. 127.

nor, to a large degree (be it tacit or explicit), for student professionals.<sup>1</sup>

The ultimate criterion for determining whether or not the initial and ongoing socialization of professionals is adequate is directly reflected in the degree to which they have a "tendency" rather than only the "capacity" to carry out their professional roles.

Capacity implies that the person can perform the activity when the appropriate situation arises. This differs from the tendency type disposition which implies that the person will perform the activity when the appropriate situation arises.<sup>2</sup>

Clearly, to supply society only with persons who can perform but may not have the "tendency" to perform is to miss the point. "Socialization" of the professional inheres the possession of both dispositions.

#### Professional Cultural Heroes, Values and Symbols

Professional cultural heroes are important in the socialization process because they provide role models for practitioners (and the public) and, when effective, act as

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<sup>1</sup>In this respect it is interesting to note Seymour M. Lipset's observation that activism is rare in faculties and students in the professional as compared to academic divisions of universities, "Students and Politics in Comparative Perspective," Daedalus, 97 (Winter, 1968), 19.

<sup>2</sup>Gilbert Ryle, The Concept of Mind (New York: Barnes and Noble, 1949), p. 133.

a cohesive force.<sup>1</sup> Myerhoff and Larson maintain that the doctor, once a magico-charismatic type of cultural hero, is becoming regarded mainly as a cultural hero, his magical powers now being attributed more to science than to super-human personal powers.<sup>2</sup> Now it is the machines, drugs, and operations which themselves have become the heroes.<sup>3</sup> This would seem to have vast implications for the socialization of practitioners.<sup>4</sup> They, too, may identify more with the technological, not the human aspects of professional practice, a factor which would ultimately precipitate a displacement of traditional professional values.

Although there are what might be thought of as general professional cultural values,<sup>5</sup> each family of professions and

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<sup>1</sup>Barbara Myerhoff and William R. Larson, "The Doctor as Cultural Hero: The Routinization of Charisma," Human Organization, 24 (Fall, 1965), 188; cultural heroes embody tradition whereas charismatic ones embody the notion of vast social change (p. 189); Corrine Lathrop Gilb points out that the heroes of the professional associations are not always the same persons as those of professional schools, Hidden Hierarchies (New York: Harper and Row, 1966), p. 69.

<sup>2</sup>Myerhoff and Larson, op. cit., p. 189.

<sup>3</sup>Ibid.

<sup>4</sup>Leo Lowenthal has found that after 1940 there was a shift from the charismatic type of hero to the cultural type of hero, and a subsequent lessening of the ascription of extraordinary personal powers to the latter, "Biographies in Popular Magazines," in William M. Peterson, ed., American Social Patterns (New York: Doubleday, Anchor, 1956), p. 106.

<sup>5</sup>E.g., see Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), pp. 124-125.

each individual profession has, too, its own unique mores and traditions.<sup>1</sup> For example, in science, recognition for originality of discovery is the cornerstone of the values of scientific culture.<sup>2</sup> In law, "the doctrine of precedent is the anchor of the legal system. . . ."<sup>3</sup> Too much unrealistic pressure on these centrally-valued themes "exerts a pressure for deviant behavior and for cynicism, for the rejection of the rules of reigning moralities and the rules of the game."<sup>4</sup> In law, too central a preoccupation with precedent can obscure justice.<sup>5</sup> On the other hand, unless occupational values are deeply embedded in members' value-systems, consistency and control of occupational behavior becomes impossible to achieve.

Professional cultural symbols, too, play an important part in the socialization of occupational members. Many occupations inhere members' possessing what Hughes refers to as "guilty knowledge."<sup>6</sup> Uniforms help to convince laymen that

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<sup>1</sup>Philip H. Phenix's Realms of Meaning (New York: McGraw-Hill Book Company, 1964), is an analysis of the central characteristics and norms of the major disciplines.

<sup>2</sup>Robert K. Merton, "Priorities in Scientific Discovery: A Chapter in the Sociology of Science," American Sociological Review, 22 (December, 1957), 636-637.

<sup>3</sup>Martin P. Meyer, The Lawyers (New York: Dell Publishing Company, 1966), p. 498.

<sup>4</sup>Merton, op. cit., p. 657.

<sup>5</sup>E.g., see Meyer, op. cit., pp. 199, 490.

<sup>6</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), pp. 80-81. Indeed, he says (p. 45), the very term "profession" is itself a symbol.

priests do not yield to their knowledge of sin and that theologians are not heretics.<sup>1</sup> The myth of the menial character of personal service<sup>2</sup> may require that those doing the "dirty work"<sup>3</sup> wear the kinds of uniforms which dispel this myth. "Symbols canalize perception and response. . . ."<sup>4</sup> They are important in the socialization of both the professional and the client.

Supplying valued services inheres socializing members to carry through cultural traditions.

#### Occupational Choice

Do different professions attract different personalities? If so, what are the limits to which an occupation can socialize its recruits into the professional culture?

Plant and Telford maintain that higher educational institutions have little effect toward changing non-intellectual values.<sup>5</sup> To the degree this is true, it represents profound

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<sup>1</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), pp. 80-81.

<sup>2</sup>Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), p. 49.

<sup>3</sup>See Hughes, op. cit., p. 49.

<sup>4</sup>Harry C. Bredemeir and Richard M. Stephenson, The Analysis of Social Systems (New York: Holt, Rinehart, and Winston, 1962), p. 7.

<sup>5</sup>Walter T. Plant and Charles W. Telford, "Changes in Personality for Groups Completing Different Amounts of College over Two Years," Genetic Psychology Monographs, 74 (August, 1966), 3-36.

limitations for the professional socialization process. Brinton's analysis prompts us to suggest that the ideal of service may be heavily dependent upon practitioners' having a well-tempered belief in the hereafter.<sup>1</sup> Too little belief in it might tend to promote a "get what you can while you can get it" attitude; on the other hand, there is the possibility that too pronounced an attitude toward the hereafter might engender a too-passive attitude toward economic and social inequities in the "this world" on the premise that the dignity of man rests only upon the principle of spiritual equality.<sup>2</sup>

Kaback, using Rorschach techniques to assess personality differences among various professional students, concludes that ". . . there are as many kinds of students preparing for the professions studied as there are professionals already engaged in them."<sup>3</sup> All professions, she concludes, contain many diverse personality types. Not so, say Stern et al. Practitioners in business, law, and medicine prefer interpersonal instrumental activities,

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<sup>1</sup>C. Crane Brinton, Ideas and Men: The Story of Western Thought (New York: Prentice-Hall, 1950), p. 537.

<sup>2</sup>Ibid., as was the case in the days of the "Victorian compromise" when spiritual but not economic and social equality was subscribed to.

<sup>3</sup>Goldie Ruth Kaback, Vocational Personalities (New York: Bureau of Publications, Teachers College, Columbia University, 1946), pp. 80-81.

engineers impersonal ones. Psychologists, sociologists, and teachers prefer interpersonal consumatory activities, philosophers impersonal ones.<sup>1</sup>

In Roe's study, 25 per cent of biologists were found to have suffered the loss of one or both parents very early in life, at age ten or under.<sup>2</sup> Half of the scientists she studied had fathers who were professionals, none came from Catholic homes. "More than is usual, [all] these men were placed [early] on their own resources."<sup>3</sup> The study of Super and Bachrach would lend support to the idea that the interests of intra-vocational groups differ. Engineers in research and development work contrasted to those in manufacturing industries reflected a low interest in social service as compared to a high interest in this area on the parts of the latter.<sup>4</sup>

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<sup>1</sup>George Stern, Morris J. Stein, and Benjamin S. Bloom, Methods in Personality Assessment (Glencoe, Ill.: The Free Press, 1956), p. 212; see also Maurice Freehill, "Authoritarian Bias and Evaluation of College Experiences," Improving College and University Teaching, 15 (Winter, 1967), 18-19; and Gordon J. DiRenzo, "Professional Politicians and Personality Structure," American Journal of Sociology, 73 (September, 1967), 217-225.

<sup>2</sup>Anne Roe, The Making of a Scientist (New York: Dodd Mead and Company, 1952), p. 85.

<sup>3</sup>Ibid., p. 231.

<sup>4</sup>Donald Super and Paul B. Bachrach, Scientific Careers and Vocational Development Theory (New York: Teachers College, Columbia University, 1957), p. 19; see also William Kornhauser, with the Assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), p. 85; Sarane S. Boocock, "Toward a Sociology of Learning," Sociology of Education, 39 (Winter, 1966), 32-33; and D. M. More and Nathan Kohn, Jr., "Some Motives for Entering Dentistry," American Journal of Sociology, 66 (July, 1960), 48-53.

To the extent that some personality types are better suited to particular professions than others, recruiting adequate numbers of reasonably intelligent practitioners is not enough to meet the "supply" function--they must be the "right kinds" of recruits as well.<sup>1</sup>

#### Ongoing Socialization

The supply function hinges greatly upon the continued socialization of practitioners. Kramer reports that the exposure of nurses with high professional orientations to hospital work settings effects a transition to a low professional orientation coupled with a high bureaucratic one.<sup>2</sup> Unless there are adequate mechanisms for reinforcing learned professional behaviors, acculturation is likely to occur. As we shall bring out in Chapter IV, incentives in the work situation can precipitate a shift to an "organizational"<sup>3</sup>

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<sup>1</sup> Even attrition may be markedly reduced, depending upon certain social characteristics of the family, e.g., J. Zelan in Lawyers in the Making, Seymour Warkov with Joseph Zelan, National Opinion Research Center Monograph Series in Social Research (Chicago: Aldine, 1965), pp. 51-52, found that fewer lawyers' than nonlawyers' sons dropped out of law school.

<sup>2</sup> Marlene Kramer, "Role Models, Role Conceptions, and Role Deprivation," Nursing Research, 17 (March-April, 1968), 115-120.

<sup>3</sup> In organizational careers mobility is gained by upward movement within a given organization. "Occupational" careers, on the other hand, are not bound by place of work and may take the individual into any number of geographical, organizational, or social settings. See Barney G. Glaser, ed., Organizational Careers (Chicago: Aldine, 1968), pp. 1, 4.

rather than a professional orientation.

Professional journals, meetings, honorific rewards, continuing education programs, teaching new recruits, and interaction with clients can all act as positive reinforcements to the integrity of the professional orientation.<sup>1</sup> In our estimation, too little attention in the literature has been given to the impact of ancillary systems such as textbook and testing industries, equipment supply houses, mass media, and such institutions as drug supply houses on the ongoing socialization of practitioners. Structures such as these, Wayland points out, affect professional groups considerably, yet in the United States, unlike many countries, they are not part of the formal organization of professional systems.<sup>2</sup>

Leaders, Teachers, and Researchers

Supplying professional services inheres supplying an adequate quality and quantity of leaders, teachers, and researchers. This means there must be differential

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<sup>1</sup>The importance of some of these factors is discussed by Ronald L. Akers and Richard Quinney, "Differential Organization of Health Professions: A Comparative Study," American Sociological Review, 33 (February, 1968), 115-116; see also Bernard Barber, "Some Problems in the Sociology of the Professions," Daedalus, 92 (Fall, 1963), 680-682.

<sup>2</sup>Sloan R. Wayland, "Structural Features of American Education," in Matthew B. Miles, ed., Innovation in Education (New York: Bureau of Publications, Teachers College, Columbia University, 1964), p. 596.

socialization of some occupational members into these particular roles. Every profession evolves a "division of labor" between services, teaching, and research (usually in that order).<sup>1</sup> Where one of these groups dominates the power structure of the profession, distortion in the kinds of services supplied by the occupational group may occur, and what may amount to disenfranchisement of the bulk of occupational membership is not an impossibility.<sup>2</sup>

As research becomes more and more necessary to the specific development of the knowledge-skill component and to the general prestige of the total occupation, researchers, if they do not evolve from the occupation itself, may be "imported" to initiate studies, in the case of marginal professions. This would seem to us as having important consequences, one of which might be feelings of occupational inferiority, plus the more serious possibility that methods typical of the disciplines of the immigrant researchers,

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<sup>1</sup>Ernest Greenwood, "Attributes of a Profession," Social Forces, 2 (July, 1957), 45-46; see also Robert J. Schaefer, The School as a Center of Inquiry (New York: Harper and Row, 1967), p. 77.

<sup>2</sup>E.g., see Harvey L. Smith, "Contingencies of Professional Differentiation," in Sigmund Nosow and William H. Form, eds., Man, Work, and Society (New York: Basic Books, 1962), p. 219; and also "The American Medical Association: Power, Purpose, and Politics in Organized Medicine," The Editors of The Yale Law Journal, 63 (May, 1954), 946-947.

suitable or not, may be imposed upon what may be unique areas of enquiry.

As paid headquarters staffs become entrenched, their influence upon professional organizational decisions becomes greater. Executive secretaries, although nominally working under board direction, are probably the most powerful individuals in professional organizations,<sup>1</sup> a situation which could run counter to the needs and values of the bulk of membership. Also, many professional organizations are hiring nonmembers, e.g., public relations personnel from "outside,"<sup>2</sup> people who may, like imported researchers, have values and objectives antithetical to the particular professional cultures in which they are working.

The supply function, traditionally a primary concern of professional organizations, may be slipping gradually from the hands of professional organizations as the funding for professional education and research is more and more a matter handled between government agencies and professional schools. Increasingly, federal and state agencies are finding researchers and educators easier to deal with than

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<sup>1</sup>Corinne Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), pp. 131-132; Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 66, says that the functions of executive secretaries, being more political than professional as such, are likely to make them more liaison officers than colleagues of the members they represent.

<sup>2</sup>Gilb, op. cit., pp. 131-132.

structurally-cumbersome, often slow-moving professional organizations.<sup>1</sup> This has great implications for both the initial and the ongoing socialization of practitioners, for, as we underlined earlier, researchers and teachers are by definition atypical of their service counterparts. For example, substantial control of continuing education and research by professional schools may skew priorities in the direction of academic as opposed to service values.<sup>2</sup> Yet it may also put the professional schools in the position of being better able to bridge the gap between research and practice as formal provisions for the continuing education of occupational members<sup>3</sup> draws practitioners back into academic settings.

#### Development of the Knowledge-Skill Component

The professional is valued by society not for what he "knows" but for what he can do. Developing the knowledge-skill component requires that three simultaneous processes be going on: (1) accumulation of the K-S component, (2) transmission of it, and (3) extension of it, namely,

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<sup>1</sup>Christopher Jencks and David Riesman, The Academic Revolution (Garden City, N.Y.: Doubleday and Company, 1968), p. 219.

<sup>2</sup>E.g., see Everett C. Hughes, "Professions," Daedalus, 92 (Fall, 1963), 661.

<sup>3</sup>Corinne Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 80, a trend which seems to be taking shape.

through systematic research. Supplying valued services depends upon success in all three of these areas.

Socialization of occupational members of course inheres transmitting the K-S component. Too, as we have already mentioned both in this chapter and the preceding one, it is important that the K-S component be developed at such a rate and to such extent that it is limited enough to permit expertise yet broad enough to be substantial both in the eyes of occupational members and in those of the general public. These areas of importance will not be reiterated here; we shall direct attention to other dimensions of the transmission process.

#### Accumulating Knowledge and Skills

Cumulative knowledge is both a characteristic of Western thought and a central means by which it has been developed.<sup>1</sup> The practice and the art of accumulating knowledge is a comparatively recent social phenomenon, there being relatively little accrued in the period from Greek times to the eighteenth century.<sup>2</sup> This factor is so crucial that it might be posited that the process of professionalization is strongly and positively related to the systematization of insights, theories, and empirical findings of occupational

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<sup>1</sup>C. Crane Brinton, Ideas and Men: The Story of Western Thought (New York: Prentice-Hall, 1950), p. 535.

<sup>2</sup>Ibid., p. 368.

practice.

To our knowledge, little systematic research has been done on how the helping professions, by system or accident, distribute the task of accumulating knowledge. In academic professions it would of late<sup>1</sup> seem to have been university professors who have made the greatest contributions in this area. Barber states that university professional schools are the leading, though not the only "systematizers of ideas for their professions."<sup>2</sup> But whether or not this is meant to intend cumulation or systematization of already formally-stated ideas we do not know. Mozans makes reference to Trotula, wife of the distinguished Italian physician Platearius (eleventh century), as writing a textbook on the treatment of women's diseases.<sup>3</sup> Yet it is patently obvious that much of what was at one time recorded, and much more of what could constitute valuable professional knowledge has not been conserved.

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<sup>1</sup>We say "of late" because the advancement of scientific thought until well into the seventeenth century lay almost entirely outside the universities (Sir Eric Ashby, Technology and the Academics [London: The Macmillan Company, 1959], p. 4); Robert H. Knapp and H. B. Goodrich, The Origins of American Scientists (Chicago: University of Chicago Press, 1952), p. 271, state that by the late nineteenth century scientific accomplishments were made primarily by those "whose livelihood was obtained by teaching."

<sup>2</sup>Bernard Barber, "Some Problems in the Sociology of the Professions," Daedalus, 92 (Fall, 1963), 675.

<sup>3</sup>H. J. Mozans, Woman in Science (New York: Appleton and Company, 1913), p. 284.

One of the less obvious reasons why the accumulation of knowledge and explanations of the arts of professional practice are important is that there seem to be cyclical vogues in modes of thought in both service and academic endeavor. For example, although the psychological aspects of illness had long since been recognized as important, in the 1920's there was a strong leaning toward the organic approach to illness.<sup>1</sup> During and after World War II there was an increased emphasis upon psychiatric medicine. Insights gained in these periods, if not preserved in communicable form, would be lost to future generations of practitioners,<sup>2</sup> so that generations can stand upon each others' shoulders," so to speak, rather than repeating the same errors.<sup>3</sup>

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<sup>1</sup>Sir Robert Platt, "The New Medicine and Its Responsibilities," in Sir Julian Huxley, ed., The Humanist Frame (New York: Harper Brothers, 1961), p. 361.

<sup>2</sup>E.g., Barney G. Glaser, ed., Organizational Careers (Chicago: Aldine, 1968), pp. 2-5, and other professionals can start at less than scratch with the concept of so-called "grounded theory," thanks to the record of Sir Francis Bacon's essays, now over three centuries old, for example, compare Glaser's pleas with those of Bacon in The Complete Essays of Francis Bacon, with an Introduction by H. L. Finch, published in paperback form by Washington Square Press, Inc., N.Y., 1963, especially pp. 206-264.

<sup>3</sup>For one thing, the social consequences of trial and error are becoming even more monstrous, e.g., see John Conway, "Politics as a Profession in the United States," Daedalus, 92 (Fall, 1963), 846.

While the record of precedent in law appears to be an outstanding exception to the generalization that accumulation of knowledge in the helping professions is not yet what it ought to be,<sup>1</sup> such should not be confused with accumulating insights about the arts and philosophies of law.

Akers and Quinney use paid circulation of formal professional journals as an index of the degree of professionalization of an occupation.<sup>2</sup> It would be interesting to analyze in a more comprehensive fashion the relationship between cumulative knowledge and professionalization in a longitudinal study. For example, it may be that in occupations in which the apprenticeship system is the dominant mode of training occupational members, that this relationship would not be a strong one.

Lacking substantial evidence of the nature of these relationships, we can say only that the process of professionalization in general would seem to be positively correlated with that of the accumulation of knowledge in Western society.

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<sup>1</sup>In that rights of privacy set theoretical limits to the extent of accumulated knowledge, the "ideal" state would likely be less than the accumulation of knowledge technically possible.

<sup>2</sup>Ronald L. Akers and Richard Quinney, "Differential Organization of Health Professions: A Comparative Study," American Sociological Review, 33 (February, 1968), 115-116.

### Transmitting the Knowledge-Skill Component

Professional schools are placed in a dilemma. Firstly, it would seem little exaggeration to say that one is likely to teach as one was taught. Change in curriculum content, much less methods of teaching, is therefore difficult to achieve. If we perceive curriculum change as predominantly that of effecting social change,<sup>1</sup> the rigor mortis of various professional curricula<sup>2</sup> becomes somewhat easier to understand although making it no less serious in its consequences. Secondly, while teachers in professional schools, looking ahead, may try to teach for tomorrow instead of

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<sup>1</sup>Alice Miel, Changing the Curriculum: A Social Process (New York: Appleton-Century-Crofts, 1946).

<sup>2</sup>E.g., Katherine R. Nelson maintains that by the 1960's relatively little change had occurred in nursing curricula since the National League for Nursing Education's Curriculum Guide for Schools of Nursing was published ("The Administrative Implications of Curriculum Change in the Teaching and Practice of Nursing," Unpublished Ed.D. dissertation, Columbia University, 1960, p. 40); this distinction would not seem limited to nursing education. The Commission on Dentistry concluded in their 1961 study that "the average dentistry curriculum has changed little since 1935." (See Report of the Commission on the Survey of Dentistry in the United States, Survey of Dentistry, Byron S. Hollinshead, Director [Washington, D.C.: The American College of Education, 1961], p. 418.) Adam Podgorecki, "Law and Social Engineering," Human Organization, 21 (Fall, 1962), p. 181, says that many lawyers might well be regarded as mere technicians, that the attitude that lawyers could be highly instrumental in effecting social reforms is not reflected in professional practice.

today,<sup>1</sup> this approach may be ill-received by those already in practice and by those in related professions. This can put not only teachers but new members in a very conflict-ridden situation.

Transmitting professional knowledge, as we have already underlined, goes far beyond conveying the "facts" and beyond assessing trainees' abilities to regurgitate that which is already known.<sup>2</sup> It inheres the transmission of values, the

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<sup>1</sup>A principle subscribed to by Eli Ginzberg, "Manpower in a Service Economy," in United States Department of Labor and Department of Health, Education, and Welfare, Proceedings of the Conference on Job Development and Training for Workers in Health Services, Training Health Service Workers: The Critical Challenge (Washington, D.C.: Government Printing Office, 1966), p. 17; see also Robert M. Hutchins, "The University, an Intellectual Community," Vital Speeches, 33 (May 15, 1967), 475.

<sup>2</sup>There seems, for example, to be a very low correlation between grades students get in professional schools and subsequent occupational success. It may be that grades are highly related to students' being able to retain facts surrounding current modes of practice rather than reflecting their capacity to adapt professional behaviors to changing social systems. E.g., see Christopher Jencks and David Riesman, The Academic Revolution (Garden City, N.Y.: Doubleday and Company, 1968), p. 205, and their reference to the study of Donald P. Hoyt, "The Relationship Between College Grades and Adult Achievement," American College Testing Program Research Report No. 7 (1965); also, see D. W. MacKinnon, "The Nature and Nurture of Creative Talent," in Marion Goldberg and Janellen Hottenlocher, eds., Readings in the Psychology of Education (New York: Selected Academic Readings, n.d.), especially pp. MKN-10A and MKN-11A, where he discusses the low correlation of college grades with professional achievement in architecture.

development of social roles, and methods<sup>1</sup> of thinking. Further, it is transmitting not just specialized knowledge but specialized knowledge in perspective;<sup>2</sup> it is learning how to learn.<sup>3</sup> Professional knowledge is "education that liberates,"<sup>4</sup> not that which limits one's appreciation of the whole. Alfred P. Sloan, speaking for industry, is quoted as saying, "'Give us educated men. We can train them ourselves.'"<sup>5</sup> But unless adequate training resources are

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<sup>1</sup>In many respects it is less "knowledge per se which distinguishes one profession from another than the methods through which that knowledge is applied. E.g., there is clearly a great deal of knowledge common to both physicians and psychiatrists. But not only does their specialized knowledge differ, so do their diagnostic methods. The physician diagnoses by exclusion, the psychiatrist by inclusion. Further, whereas the tacit norm in medical practice is the "tradition that the patient should be kept uninformed for his own best interests," in psychiatry insight on the part of the patient is sought after (Norman E. Zinberg, "Psychiatry: A Professional Dilemma," Daedalus, 92 [Fall, 1963], pp. 816-818, quotation from p. 817).

<sup>2</sup>E.g., see Lawrence Cremin, The Transformation of the School (New York: Alfred A. Knopf, 1961), pp. 173-174, in which he discusses this principle, one propounded by John Dewey; see also H. R. Niebuhr et al., The Advancement of Theological Education (New York: Harper, 1957), p. 101, where the authors point out, for example, that although the essence of theological doctrines cannot be taught apart from perspectives such as sociology and psychology, neither can they be absorbed into them.

<sup>3</sup>The basic point of Robert M. Hutchins' book, The Learning Society (New York: Frederick A. Praeger, 1968), is that training for today is not what the times require, that social progress depends upon learning how to learn.

<sup>4</sup>Charles R. Feilding, with the assistance of Thomas W. Klink, Education for Ministry (Dayton, Ohio: The American Association of Theological Schools, 1966), p. 133.

<sup>5</sup>J. Roby Kidd, "Liberal Education for Business Leadership," in Robert A. Goldwin and Charles A. Nelson, eds., Toward the Liberally Educated Executive (New York: A Mentor Book, Published by The New American Library, 1960), p. 86, italics Sloan's.

available in the work settings to which practitioners go, transmitting only principles could be disastrous for the development of the substantive component and for the professionalization of the occupation.

In sum, in modern society<sup>1</sup> the supply function in the process of professionalization necessitates the development of viable means for transmitting professional culture in a rapidly changing social system.

#### Ongoing Development of the Knowledge-Skill Component

In research, as in the accumulation of knowledge, innovation and the formal development of professional modes of thought are concentrated in the university professional schools.<sup>2</sup> It would seem patently clear that without specialists who devote themselves to research, there would be a standstill if not a reversal in the process of professionalization. Yet it would seem equally clear that research for research's sake is inconsistent with the

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<sup>1</sup>We qualify this by the word "modern" because so long as a society is static and the development of knowledge minimal, the apprentice system may well be the most viable model for transmitting professional knowledge, see Geoffrey Millerson, The Qualifying Associations (London: Routledge and Keegan Paul, 1964), p. 20; contrast this situation with that described by Kenneth E. Boulding, "Where Are We Going If Anywhere? A Look at Post-Civilization," Human Organization, 21 (Summer, 1962), 167, in which the author emphasizes that modes of transmitting knowledge must change as the pace and nature of social changes are radically altered.

<sup>2</sup>Bernard Barber, "Some Problems in the Sociology of the Professions," Daedalus, 92 (Fall, 1963), 675. We use "professional schools" here in the broad sense to include attached research centers.

professional mission. This is not to say that basic research is irrelevant. Far from it. But it is to say that sheer self-indulgence along these lines is antithetical to the professionalization process. If research is poorly done, and/or fragmentary, if practitioners are ill-equipped to utilize findings intelligently, and/or if the means for communicating research findings are inadequate or limited to a low proportion of membership, professional research may be not only unproductive in its consequences but it may have a disintegrating effect on the occupation.

To supply society with practitioners but with no systematic means for developing the K-S component and/or with practitioners who have neither the interest nor preparation for the utilization of new knowledge is to supply society with a highly "systematized" (i.e., institutionalized) means of ensuring that professional services will not be attuned to the needs of a rapidly changing society.

But the problems of developing the K-S component in such a way as to improve standards of practice are many. For one thing, as Cronback points out, research is really a three-phased process, and, too often, particularly in the social sciences, research stops after the first or second phase. The phases he outlines are: (1) evolving and testing ideas, (2) making practical applications of these ideas and re-designing procedures until they are truly effective, and (3) disseminating or "marketing" the practical applications

and motivating and training practitioners to use them.<sup>1</sup>

Taylor et al. conclude that societal progress in general and professional progress in particular depend upon the successful development of all three of these phases.<sup>2</sup> Where the second and third phases are missing, practitioners become exasperated by what seem to be the ramblings of academics and in any case tend to see research as being "evaluative" and therefore threatening in tone.<sup>3</sup> Where practitioners do not utilize tested ideas, researchers "become frustrated when they learn that concrete changes do not emerge [from their findings]. . . ." <sup>4</sup> The gap between discovery and application is narrowing in the physical sciences,<sup>5</sup> but it would seem little exaggeration to say that the reverse is largely true in the social sciences.<sup>6</sup>

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<sup>1</sup>Lee Cronback, "The Role of the University in Improving Education," Phi Delta Kappan, 42 (June, 1966), 540.

<sup>2</sup>Calvin W. Taylor, Brewster Ghiselin, and John A. Wolfer, "Bridging the Gap Between Basic Research and Educational Practice," NEA Journal, 23 (January, 1962); 25.

<sup>3</sup>Hyman Rodman and Ralph Kolodny, "Organizational Strains in the Researcher-Practitioner Relationship," Human Organization, 23 (Summer, 1964), 171-182.

<sup>4</sup>Taylor, Ghiselin, and Wolfer, op. cit., p. 25.

<sup>5</sup>W. O. Baker, "The Dynamism of Science and Technology," Technology and Change, Eli Ginzberg, ed. (New York: Columbia University Press, 1964).

<sup>6</sup>E.g., see The Report of the Citizens' Commission on Graduate Medical Education, The Graduate Education of Physicians, John Millis, Chairman (Chicago: The American Medical Association, 1966), p. 4.

Some authorities maintain that to be a professional person, one must, by definition, be "engaged in a continuing search for new knowledge and skill."<sup>1</sup> While there may be differences of opinion about the degree to which all professionals should be involved directly in some aspect of research, there is little argument that all should have a "research orientation" and be capable research consumers.<sup>2</sup>

Supplying professional services inheres the principle that initiating research, training various kinds of research workers, and "marketing" findings must not be left to the whims of chance and/or at the entire mercy of commercial interests. This means evolving not only intra-professional mechanisms for the development and application of substantive knowledge but articulating these devices with those of other professions<sup>3</sup> and those of the broader society.

#### Professionalization as Regulating Highly-Valued Services

The process of professionalization will be inhibited unless a profession is able continuously and simultaneously

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<sup>1</sup>National Commission on Teacher Education and Professional Standards, New Horizons for the Teaching Profession, Margaret Lindsey, ed. (Washington, D.C.: National Education Association, 1961), p. 6.

<sup>2</sup>E.g., see Talcott Parsons, The Social System (New York: The Free Press, 1951), p. 433.

<sup>3</sup>O. L. Rallsback, "Research and Teaching," School Science and Math, 63 (January, 1963), 142.

to formulate and implement standards, develop adequate systems for articulating and distributing services, and ensure that the reward system is consonant with professional values and objectives.

### Standards

Professions are charged with two apparently contradictory responsibilities: (1) to ensure that members conform to safe standards, and (2) to ensure that there is ongoing reform of standards of practice. Yet it is this very charge which separates professions from other occupational groups.

Where the process of professionalization is most likely to become endangered is where professions see their role as that of "fossilizing"<sup>1</sup> (in effect, immobilizing) standards of practice, not as that of being responsible agents of change.<sup>2</sup> This means that professions themselves have a

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<sup>1</sup>An expression of A. M. Carr-Saunders' and P. Wilson's in The Professions (London: Frank Cass Company, 1933), p. 300. They state that for many years there was opposition to the development of professions because society viewed, e.g., physicians and barristers as "active only in opposition to movements toward reform [p. 330]." See also James Howard Means, "Homo Medicus Americanus," Daedalus, 92 (Fall, 1963), 722.

<sup>2</sup>E.g., see Lynn White, Jr., "The Social Responsibility of Scholarship: History," Journal of Higher Education, 32 (October, 1961), 357-361; Charles R. Feilding, with the Assistance of Thomas W. Klink, Education for Ministry (Dayton, Ohio: The American Association of Theological Schools, 1966), p. 155; and "Presbyterian Cleric Proposes Radical Changes in Church," New York Times, April 18, 1968, p. 44.

responsibility for shaping social policy,<sup>1</sup> not merely reacting to it, nor merely developing and enunciating professional standards per se.

Traditionally it has been the professional organization in whose hands the judiciary function has fallen. The professional organization is the standard bearer, the guardian, the conscience of the profession, says Phenix.<sup>2</sup> Directly related to the judiciary function, yet separate from it, is the professional organization's responsibility for interpreting standards within the profession, to other professions, and to society at large,<sup>3</sup> and the responsibility for effecting standards, whether it be through mandatory licensure, accreditation,<sup>4</sup> or encouraging prosecution for

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<sup>1</sup>An insistent theme of Professor Eleanor C. Lambertsen, e.g., as in TN 5010, "Advanced Study of Professional Nursing Problems," Teachers College, Columbia University, New York, Spring Semester, 1967, especially May 2, 1967. In his Introduction to Ferment in Medicine (Philadelphia: W. B. Saunders Company, 1966), Richard M. Magraw charges that organized medicine has been preoccupied "with maintaining old forms instead of making wise adaptations to new technical and social realities" (p. v).

<sup>2</sup>Interview with Philip H. Phenix, Professor of Philosophy and Education, Teachers College, Columbia University, New York, December 1, 1967. See also Alfred North Whitehead, Adventures of Ideas (New York: The Macmillan Company, 1933), p. 77.

<sup>3</sup>Phenix, op. cit.

<sup>4</sup>Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 165.

malpractice. To a large extent, professional schools have become de facto enunciators and reformers of standards of practice.<sup>1</sup> But it is in professional organizations that de jure control exists.<sup>2</sup>

Conformance is both a function and symptom of the cohesiveness of occupational membership. Regulation of standards is impossible without it.<sup>3</sup> And cohesion, in turn, requires dependence of members on the professional organization. The reforming of standards depends upon there being adequate channels within and without the profession for controversy and the expression of dissent. Professional regulation of new ideas requires that they be developed in such a way as not to produce social chaos, yet not so that they are suppressed merely because their development might "unseat old chieftains," as Gilb says, or require radical shifts in the stance of a professional organization.<sup>4</sup> The character of professional autonomy is very like that of the somewhat

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<sup>1</sup>E.g., John E. Deitrick and Robert C. Berson, Medical Schools in the United States at Mid-Century (New York: McGraw-Hill Book Company, 1953), p. 280; Christopher Jencks and David Riesman, The Academic Revolution (Garden City, N.Y.: Doubleday and Company, 1968), p. 219; and Bernard Barber, "Some Problems in the Sociology of the Professions," Daedalus, 92 (Fall, 1963), 675.

<sup>2</sup>E.g., see Homer D. Crotty, "The Accreditation of Law Schools," Journal of Higher Education, 31 (June, 1960), 322-327.

<sup>3</sup>Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), pp. 12, 54, 67, 141.

<sup>4</sup>Ibid., pp. 78-79.

contradictory position in the relationship of sovereign states to international law. A profession exercises its autonomy by agreeing to contract certain social obligations.<sup>1</sup> Where professional standards do not reflect that character of this social obligation, domination, not regulation, of professional services may be the mode, and this is not consistent with the terms of the social contract.

#### Distributing and Articulating Professional Services

##### Distribution

"[F]or the average man on an average income that 'best medical care in the world' can be a hollow mockery--not for lack of knowledge but for lack of distribution."<sup>2</sup>

It could be argued that the most efficacious distribution of professional services was in earlier times effected by the system in which professional services were offered on a fee for service, solo basis. Far from implying that such an arrangement was adequate for the bulk of society, it was, we would suggest, nevertheless consistent with such social factors as rugged individualism, the restricted

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<sup>1</sup>This is an analogy developed from a principle expressed by Joseph Frankel, International Relations (New York: Oxford University Press, 1964), pp. 14-15.

<sup>2</sup>Roul Tunley, The American Health Scandal (New York: Harper and Row, 1966), p. 15.

nature of knowledge of cause and effect relationships in such areas as medical practice, and the balkanization of political and educational systems.

What may have been tolerable distribution mechanisms for society in the late nineteenth and early twentieth centuries are clearly unacceptable today. Tunley says, "miracle medicine' isn't enough. If the miracles don't seep down to the majority of people, that country can't be said to have good medicine."<sup>1</sup> His point is applicable to professional services in general. New forms of organization and distribution are required if professional services are to be other than luxuries afforded the few, and even they are in danger, for one cannot on an individual basis "buy" a clean urban environment, or "buy" protection from public disorder.

In contrast to the solo practice model, three other modes of facilitating the giving of professional service are also in use: (1) "autonomous" practice, in which a group of professionals band together to form a clinic or a firm, e.g., as in law, architecture, and medicine; (2) "heteronomous" practice, in which professionals are employed directly by external agencies, such as school boards, libraries, and government agencies; and (3) "departmental" practice, in which professionals form a distinct

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<sup>1</sup>Roul Tunley, The American Health Scandal (New York: Harper and Row, 1966), p. 49.

unit of a larger organization, such as is the case with legal departments of industrial firms.<sup>1</sup> Hall concludes that, in general, the degree of professionalization is not a direct function of any particular one of these modes of practice.<sup>2</sup> That organized medicine, for example, is against the socialization of medical practice as a means of ensuring adequate quality and distribution of services needs little defense here.<sup>3</sup> The problem in miniature would seem to be that while physicians do not object to group practice, they do, by and large, object to any arrangement "allied with a prepayment plan. . . ."<sup>4</sup>

To say that professional services are not well dispersed is a truism. But the extent to which they are available by one means or another to persons with high social position,<sup>5</sup> regardless of geographic location, is perhaps even more significant.

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<sup>1</sup>Richard H. Hall, "Professionalization and Bureaucratization," American Sociological Review, 33 (February, 1968), 94.

<sup>2</sup>Ibid., p. 104.

<sup>3</sup>E.g., see James Howard Means, "Homo Medicus Americanus," Daedalus, 92 (Fall, 1963), 722.

<sup>4</sup>Dennis C. McElrath, "Perspective and Participation of Physicians in Prepaid Group Practice," American Sociological Review, 26 (August, 1961), 607.

<sup>5</sup>E.g., see Fred Powledge, "What Will the Doctors do for Jean Paul Getty That They Won't Do for You?" Esquire, October, 1968, pp. 200-203, 271-278; and Robert M. Hutchins, "Who Should Have What Kinds of Education?" in The Learning Society (New York: Frederick A. Praeger, 1968), pp. 11-32.

To recapitulate, from a normative standpoint the process of professionalization is in part inherently a function of the degree to which professional services are adequately organized and distributed. From a descriptive standpoint, these factors are significant only to the extent that services are available to those upon whose sanction professional autonomy and survival depend.

We shall now focus upon some of the problem surrounding articulation of professional services.

#### Articulation

The very concept "professional role" inheres human interaction.<sup>1</sup> Unless professional roles are successfully articulated with those of relevant others, a profession will not be in a position to render services valuable to society.

Where conflict between professional roles becomes pronounced, disintegration of the professional ideals of service may ensue. Articulation amongst roles in intra-professional specialties<sup>2</sup> and closely related professions is often the most difficult, yet that most important to achieve. There are, for example, serious problems in articulating the professional roles and prerogatives of

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<sup>1</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 119.

<sup>2</sup>E.g., see Norman E. Zinberg, "Psychiatry: A Professional Dilemma," Daedalus, 92 (Fall, 1963), 821-822.

lawyers and social workers, doctors and nurses. Sloane reports that social workers view lawyers as often going beyond their areas of competence, e.g., sometimes offering marital counseling in addition to legal advice. And while lawyers often see social workers as being "all heart and no head . . . ,"<sup>1</sup> social workers see lawyers as "hired gun[s],"<sup>2</sup> incapable of being able to appreciate client problems from a psychosocial point of view.<sup>3</sup> That such clashes of attitude preclude an effective approach to what are complex social problems would seem patently clear. But promoting better articulation of roles in situations such as these is delicate business. The legal profession has great power and authority; social work does not.<sup>4</sup> This state of affairs is in principle much akin to that of medicine and nursing. The scope of influence and authority of the medical profession pervades the entire health system.<sup>5</sup> Lack of articulation between medical and nursing roles<sup>6</sup> is a problem

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<sup>1</sup>Homer W. Sloane, "Relationship of Law and Social Work," Social Work, 12 (January, 1967), 90.

<sup>2</sup>Ibid., p. 88. <sup>3</sup>Ibid., pp. 88-93. <sup>4</sup>Ibid., p. 91.

<sup>5</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), pp. 72-73; Eliot Friedson, "Medical Personnel: II. Paramedical Personnel," IESS 1968, Vol. 10, p. 116.

<sup>6</sup>E.g., see Virginia Walker et al., Ritualism in Nursing and Its Effects on Patient Care, A Final Report to the Public Health Service Grant No. GM 08544, United States Public Health Service (Indianapolis: Indiana University Medical Center, 1964).

besieging clients and these two groups themselves.<sup>1</sup> It may well be that the interests of society would be better served by the creation, not of autonomous professional units, but of professional "commonwealths,"<sup>2</sup> mega-professions charged with supplying and regulating professional services in health, order, and e.g., the control of the physical environment. Obviously, such a proposal inheres the possibility of such social units' weakening the political structure. But the dangers of government agencies' taking over the planning of widespread systems for providing service is also fraught with problems, particularly if their programs are subject to the whims of short-term legislators. Perhaps only if several professions come under formal umbrellas, would sound articulation be easier to achieve. This need not violate the principle of autonomy any more than state autonomy is violated by interstate and state-federal cooperation. By hanging on to their de jure "rights," professions may, paradoxically, lose their de facto influence.

Lack of articulation of professional roles is one problem, over-articulation another. Too much meshing of

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<sup>1</sup>F.g., Raymond S. Duff and August B. Hollingshead, Sickness and Society (New York: Harper and Row, 1968), p. 383.

<sup>2</sup>A term attributed to T. F. Fox by Richard M. Magraw in Ferment in Medicine (Philadelphia: W. B. Saunders Company, 1966), p. 183.

occupational roles may weaken the trust of the client and may blur occupational loyalties and values. For example, currently there is reason to suspect that the roles of high-ranking military officers are overly articulated with those of top executives in the defense industries, so much so that Pentagon policy "prohibit[s] a retired officer from selling products to his former department for two years after leaving the military."<sup>1</sup>

The whole point here is that as the rendering of professional services requires increased interaction with other social groups, the need for better articulation and distribution of services is increased, yet at the same time the problems of effecting them are more complex and more difficult. But unless professions themselves take initiative in this direction, society very likely will. This represents a delicate situation, for while it is impossible to "legislate" inter-professional cooperation and trust, and outlaw self-seeking tendencies, it is not impossible for society to legislate the withdrawal of professional autonomy should occupational self-interests surrounding the supply and regulation of professional services reach intolerable proportions.

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<sup>1</sup>"Ex-military Men Gain in Industry," New York Times, Section 1, March 23, 1969, p. 32.

## Rewards

The supply and regulation of professional services hinges to a large degree upon the development of an adequate reward system. In keeping with the principle that the most important rewards for ensuring professional performance are largely honorific,<sup>1</sup> we shall discuss these first and then focus upon monetary rewards.

### Honorific Rewards

The reward system in science is very complex and elaborate, and it has taken centuries to develop.<sup>2</sup> Rewards are given primarily for the originality of one's contributions to science and for humility, the acknowledgment of one's personal limitations. "To blend these potential incompatibilities into a single orientation," says Merton, "to reconcile them in practice, is no easy matter."<sup>3</sup> When an institutionalized reward system such as this "operates effectively, the augmenting of knowledge and the augmenting of personal fame go hand in hand; the institutional goal

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<sup>1</sup>Bernard Barber, "Some Problems in the Sociology of the Professions," Daedalus, 92 (Fall, 1963), 672; and Robert K. Merton, "Priorities in Scientific Discovery: A Chapter in the Sociology of Science," American Sociological Review, 22 (December, 1957), 659.

<sup>2</sup>Merton, op. cit., p. 641.

<sup>3</sup>Ibid., p. 647.

and the personal reward are tied together."<sup>1</sup>

The reasons why preoccupation with monetary rewards runs counter to the professional ideal type would seem fairly obvious. But preoccupation with values culturally prized, and regarding them as absolute values, too, has its dangers, for "It can produce the kind of fanatical zeal in which anything goes [e.g., secretiveness, plagiarism, and fabrication of data]."<sup>2</sup> Taken to such extremes, such values lose their functional significance.<sup>3</sup>

Time was when the scholar was rewarded too by "passage" rights (i.e., exemption from travelers' tolls) or "terrage" rights (the privilege of securing space at fair grounds or markets).<sup>4</sup> But these, like the executive furniture and the rugs on the dean's floor, are in well-developed professional cultures insignificant compared to, e.g., titles, prizes, and the holding of office in organizations valued by occupational members.<sup>5</sup> In the next chapter we shall discuss

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<sup>1</sup>Robert K. Merton, "Priorities in Scientific Discovery: A Chapter in the Sociology of Science," American Sociological Review, 22 (December, 1957), 659. See also p. 640, where the author explains that while at the psychological level the motivation is egotistical, at the institutional level the motive is that of recognition.

<sup>2</sup>Ibid., p. 659.

<sup>3</sup>Ibid.

<sup>4</sup>Pearl Kibre, Scholarly Privileges in the Middle Ages (Cambridge: Mediaeval Academy of America, 1962), pp. 322-323.

<sup>5</sup>Bernard Barber, "Some Problems in the Sociology of the Professions," Daedalus, 92 (Fall, 1963), 673.

differing work orientations. Persons with professional orientations value these above honorific rewards, but it is far from being an "automatic" process.<sup>1</sup> Unless socialization to professional values is substantial, and continually reinforced, honorific rewards attached to professional performance will be of little significance in the controlling of behavior.

It is, therefore, too simplistic to think that the creating of honorific rewards within an occupation is per se a positive step in professionalization. If members have not been imbued with the idea that they are meaningful symbols of work achievement, their mere existence may have even less than a neutral effect.

Rewards, like codes of ethics, must be "particularistic" in that they must be integrally related to that which furthers approximation to the professional ideal type, and whereas rewards based on originality of discovery are highly functional in science,<sup>2</sup> they may not be so to the same degree in, e.g., social work or the ministry. If professional ethics espouse sacrifice, honorific rewards must reflect this kind of cultural value. If the ideal in

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<sup>1</sup>E.g., see Arthur J. Dibden, "The Academician as Scholar," Liberal Education, 48 (March, 1962), 12, regarding the "entrepreneur" kind of scholar.

<sup>2</sup>Robert K. Merton, "Priorities in Scientific Discovery: A Chapter in the Sociology of Science," American Sociological Review, 22 (December, 1957), 659.

medical practice is to treat the "whole" person, rewards for curing parts of the body without knowledge of the effects on the mind must be dispensed with extreme discretion.

As great inequalities in patterns of consumption begin to disappear,<sup>1</sup> honorific rewards as symbols of work achievement become less effectual.

The conformist-reformist paradox is reflected in ideal type reward systems, too. For example, in the military, most of the top-ranking officers are those who have followed conventional career lines. But, additionally, they have most often been innovators, anti-traditionalists, so to speak.<sup>2</sup> They are, then, rewarded for their functional departures from traditional professional norms.

The current movement to establish a specialty in "Family Medicine" is an example of how the status attached to a title can be used to reverse dysfunctional shifts in patterns of intra-occupational specialization.<sup>3</sup> The issue to which we refer goes far beyond that of changing the character and length of professional training programs. It is a direct attempt to encourage more doctors to go into

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<sup>1</sup>Kenneth E. Boulding, "Where Are We Going If Anywhere? A Look at Post-Civilization," Human Organization, 21 (Summer, 1962), 164.

<sup>2</sup>Morris Janowitz, The Professional Soldier (New York: The Free Press, 1960), pp. 150-165.

<sup>3</sup>"Family Medicine Is Made a Specialty," New York Times, Section 1, February 11, 1969, pp. 1, 28.

general practice by bringing that area "up to" the status of already established specialties.<sup>1</sup>

Davis differentiates between "esteem, the kind of approval that comes with the faithful fulfillment of the duties of a position" and "prestige," which he regards as "the approval that comes with having a position and not to the degree of faithfulness in performing its duties."<sup>2</sup> Although a social system "certainly uses esteem, [it] is not entirely built on it, because there must be motivation not only to conform to the requirements of positions held but also to strive to get into positions. Esteem alone tends to produce a static society, prestige a mobile one."<sup>3</sup>

Many of the examples cited earlier here represent symbols of esteem, although changes in titles and the holding of offices in professional organizations also serve prestige functions. But it would seem worthwhile to analyze the topic of occupational prestige in some detail before turning to the topic of monetary rewards.

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<sup>1</sup>"Family Medicine Is Made a Specialty," New York Times, Section 1, February 11, 1969, p. 1. Through this step, organized medicine hopes to "eventually reverse present figures of 21 per cent general practitioners and 79 per cent specialists."

<sup>2</sup>Italics the author's, Kingsley Davis, "Reply to Tumin," American Sociological Review, 18 (August, 1953), 397.

<sup>3</sup>Ibid.

## Prestige

Occupational prestige is germane to the process of professionalization because it constitutes both a motive for professionalization and, to varying degrees, an index of it. Prestige can be thought of as "the evaluation of a status. . . ."<sup>1</sup>

Status incongruence (i.e., in the occupational sense, dissonance between the services performed by an occupation and the acclaim and privileges it is afforded) can be perceived as a potential source of motivation for the professionalization of occupations in general and for individuals in particular. Where status incongruence is disabling, it could be predicted that not professionalization but de-professionalization might occur if adaptations to the dissonance assumed pathological proportions, such as resulting in extreme occupational militancy, extensive tourism, and/or complete withdrawal from the occupation.<sup>2</sup>

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<sup>1</sup>Clovis Shepherd and Paula Brown, "Status, Prestige, and Esteem in a Research Organization," Administrative Science Quarterly, 1 (December, 1956), 342.

<sup>2</sup>E.g., see Andrzej Malewski, "The Degree of Status Incongruence and Its Effects," in Reinhard Bendix and Seymour M. Lipset, eds., Class, Status, and Power (2nd ed.; New York: The Free Press, 1966), pp. 303-308, reprinted from The Polish Sociological Bulletin, 7 (No. 1, 1963), n.p. given; James C. Kimberly, "Status Inconsistency: A Reformulation of a Theoretical Problem," Human Relations, 20 (May, 1967), 171-179; and William M. Evan, "On the Margin--The Engineering Technician," in Peter Berger, ed., The Human Shape of Work (New York: The Macmillan Company, 1964), pp. 100-103.

Davis and Moore maintain that the relative prestige of an occupation is determined by two central factors: (1) its functional importance for society, and (2) scarcity of supply.<sup>1</sup> It is crucial that a society has at its disposal mechanisms for ensuring that persons are attracted to occupations which have the greatest importance for the functioning of that society. Prestige is one way of accomplishing this, so long as the members of society value it. But prestige is always a product of both function and scarcity, for as Davis points out in reply to criticisms of his analysis, unskilled workmen in factories may be functionally as important as engineers. But it takes more capital and time to train an engineer, so there is a comparative scarcity of them. Yet if engineers were not considered more important functionally, this expenditure would not be made.<sup>2</sup>

Where occupations control the flow of entrance, "artificial scarcities" can be added to what in all likelihood are natural scarcities of talent.<sup>3</sup>

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<sup>1</sup>Kingsley Davis and Wilbert E. Moore, "Some Principles of Stratification," American Sociological Review, 10 (April, 1945), 243-244.

<sup>2</sup>Kingsley Davis, "Reply to Tumin," American Sociological Review, 18 (August, 1953), 395.

<sup>3</sup>Davis and Moore, op. cit., p. 248.

"The minimum common referent [as to what is functionally most important]," says Tumin, "is to something known as the 'survival value' of a social structure."<sup>1</sup> We referred earlier to the interpretive function of professional organizations. This function inheres the responsibility for a profession's being able to interpret validly and effectively its particular significance for the functioning of society. Valid interpretation would involve not only verbal interpretations but more importantly tangible demonstration through its actions. For example, marital counselors can "interpret" a rationale for the functional worth of their services, but unless society perceives such services as critical means of facilitating "social survival," gains in occupational prestige will be blocked. In that cultural norms may permit people to brag about "their" successful surgical operations and their doctor's great worth, yet not permit persons to give public credit to a marital counselor for saving a marriage which the outside world may have thought was intact in the first place, it is difficult for some occupations to achieve high occupational prestige very readily.

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<sup>1</sup>Melvin M. Tumin, "Some Principles of Stratification: A Critical Analysis," American Sociological Review, 18 (August, 1953), 388.

Professions in general have higher prestige ratings than other occupations.<sup>1</sup> Thus, it might seem plausible to try to infer the extent of professionalization from the relative prestige of an occupation.<sup>2</sup> But whereas chemists, dentists, lawyers, nuclear physicists, and members of boards of directors have similar prestige ratings,<sup>3</sup> these ratings tell us really very little about variations in the character and degree of professionalization in these several occupations.<sup>4</sup> While prestige rankings are clearly useful indexes of the perceived<sup>5</sup> social value of an occupation, they should not be employed as unequivocal indexes of professionalization.

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<sup>1</sup>Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), p. 39.

<sup>2</sup>And, incidentally, to infer that as "the net occupational movement has been toward jobs of higher prestige, there has been a net increase in the degree of professionalization in society in general. The quotation, not the inference, is taken from Nelson Foote and Paul K. Hatt, "Social Mobility and Economic Advancement," American Economic Review, 43 (May, 1953), 370.

<sup>3</sup>Paul K. Hatt and C. C. North, "Prestige Ratings of Occupations," in Sigmund Nosow and William H. Form, eds., Man, Work, and Society (New York: Basic Books, 1962), pp. 278-279.

<sup>4</sup>Board members, while they may constitute an established social tradition, do not constitute an occupational group in the sense that chemists and dentists do. Their occupation is essentially "business," whether their educational preparation is, e.g., that of law, commerce, or practical experience.

<sup>5</sup>Prestige ratings in the sense that the term is being used here are subjective evaluations of occupations, made by various publics, rather than objective estimates of their "actual" or extant functional social value.

It may well be that public prestige, while a useful and reasonably valid index of the degree of professionalization in male-dominated occupations, may not be so valid an index in the case of women's occupations. Indeed, were high prestige attached to a female-dominated occupation, one might expect that the occupation in question exhibits characteristics highly similar to those of the most prestigious "male" occupations. From a psychosocial aspect, esteem, rather than prestige, may from a normative standpoint be a more valid index of the degree of professionalization in "female" occupations. Mead's remarks serve to suggest some of the central psychosocial reasons why prestige may be so fundamental in the case of male occupations:

In every known human society, the male's need for achievement can be recognized. Men may cook, or weave or dress dolls or hunt humming-birds, but if such activities are appropriate occupations of men, then the whole society, men and women alike, votes them as important. When the same occupations are performed by women, they are regarded as less important.

.....

[Men have] a need for prestige that will outstrip the prestige which is accorded to any female.<sup>1</sup>

Such cultural sanctions would seem to preclude making very high status for women functional in society's

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<sup>1</sup>Margaret Mead, Male and Female (New York: Dell Publishing Company, 1949), p. 168; see also Lois B. De Fleur, "Assessing Occupational Knowledge in Young Children," Sociological Inquiry, 36 (Winter, 1966), 98-115.

eyes.<sup>1</sup> One would, therefore, predict that occupations rated high in prestige will not be women-dominated ones, and that within occupations which have more men than women, there is a strong likelihood that women will not attain highest intra-occupational prestige. In academia, for example, Caplow and McGee state that women are not low in the prestige race--they are entirely out of it.<sup>2</sup>

From a descriptive standpoint, then, one would expect women's occupations, including professions, to be lower in public prestige than those of men;<sup>3</sup> from a normative standpoint, only to the degree that prestige is functionally related toward the mission of putting knowledge to socially responsible uses is it a valid index of professionalization.

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<sup>1</sup>E.g., see Goodwin Watson, Social Psychology: Issues and Insights (Philadelphia: J. B. Lippincott, 1966), pp. 427-458; and Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), p. 237.

<sup>2</sup>Theodore Caplow and Reece J. McGee, The Academic Marketplace (New York: John Wiley and Sons, 1958), p. 111.

<sup>3</sup>Even then, within any given "family" of occupations, there is likely to be one occupation beyond which the status and prestige of related occupations cannot go. E.g., see Eliot Friedson, "Medical Personnel: II. Paramedical Personnel," IESS 1968, Vol. 10, p. 116. Friedson says, "All occupations in the [para-medical] system are given less prestige than the physician by society at large."

While there is extensive literature on the prestige of occupations, including the professions, much of it is not highly representative of women's occupations. For example, Reiss and his colleagues point out that many prestige analyses do not include "trained nurses" in their scales and make the criticism "that some of these [kinds of] deletions in the interests of practicality appear to have impaired the 'representativeness' of the list[s]."<sup>1</sup>

#### Monetary Rewards

Although there is a rough correlation between income and occupational prestige, important inconsistencies do, nevertheless, exist.<sup>2</sup> Further, disparities are greater

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<sup>1</sup>Albert J. Reiss, Jr., with the assistance of Paul K. Hatt and Otis D. Duncan, Occupations and Social Status (New York: The Free Press, 1961), p. 5. Other sources utilized in the development of a perspective for this section on prestige include: Everett C. Hughes, "The Professions in Society," Canadian Journal of Economics and Political Science, 26 (February, 1960), 54-61; A. F. Davis, "Prestige of Occupations," British Journal of Sociology, 3 (June, 1952), 134-147; Peter M. Blau and Otis D. Duncan, The American Occupational Structure (New York: John Wiley and Sons, 1967); Michael J. Armer, "Intersociety and Intra-society Correlations of Occupational Prestige," American Journal of Sociology, 74 (July, 1964), 28-36; and Robert W. Hodge and Donald J. Trieman, "Class Identification in the United States," American Journal of Sociology, 73 (March, 1968), 535-547.

<sup>2</sup>William H. Form, "Occupations and Careers," IESS 1968, Vol. 11, p. 249. The ministry would seem to constitute one such exception.

in the case of women.<sup>1</sup> Barber says, "The professions are not so well paid, on the whole, as equal-ranking business roles in American society. . . ."<sup>2</sup>

Income, too, varies with "social power," occupations having the strongest unions generally drawing incomes higher than weakly organized ones,<sup>3</sup> a factor which may be highly relevant in the case of professional organizations' impacts on income to the extent that this is one of their objectives.

Hodge et al. maintain that it is too simplistic to view income as being a consequence of prestige, for it may be a significant determinant of it.<sup>4</sup> Firstly, this would lead us to expect that if the incomes of women's occupations tend to be lower,<sup>5</sup> prestige will consequently be lower. But, more importantly, it suggests that if prestige

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<sup>1</sup>William H. Form, "Occupations and Careers," IESS 1968, Vol. 11, p. 249.

<sup>2</sup>Bernard Barber, "Some Problems in the Sociology of the Professions," Daedalus, 92 (Fall, 1963), 673.

<sup>3</sup>Form, op. cit., p. 250.

<sup>4</sup>Robert W. Hodge, Donald J. Trieman, and P. H. Rossi, "A Comparative Study of Occupational Prestige," in Class, Status, and Power, Reinhard Bendix and Seymour M. Lipset, eds. (New York: The Free Press, 1966), p. 321.

<sup>5</sup>Even where education and experience are held constant, this is generally true, e.g., see The Report of the President's Commission on the Status of Women, American Women (Washington, D.C.: Government Printing Office, 1963), p. 33.

is crucial in the process of professionalization, then income is functionally important in that process; and further, as the economy increases, then so does the amount of prestige available. To the extent this is true and to the extent that prestige is a vital component in the process of professionalization, there are in this respect no theoretical limits to the extent of professionalization which can take place.<sup>1</sup>

Although income may not vary directly with prestige in the professions, "all studies show that . . . professionals themselves are more satisfied with their work rewards than are other occupational groups."<sup>2</sup> Our criticism of the significance of income as an index of the degree of professionalization rests upon the same principles as those mentioned in reference to the variable of prestige.

To the extent that standards of professional practice can be regulated only by economic means, as income differentials shrink,<sup>3</sup> professions will have less control over the regulation of professional practice. To the extent that occupational members can be socialized to value other than economic rewards, the regulation of standards of professional

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<sup>1</sup>Robert W. Hodge, Donald J. Trieman, and P. H. Rossi, "A Comparative Study of Occupational Prestige," in Class, Status, and Power, Reinhard Bendix and Seymour M. Lipset, eds. (New York: The Free Press, 1966), p. 321.

<sup>2</sup>Bernard Barber, "Some Problems in the Sociology of the Professions," Daedalus, 92 (Fall, 1963), 673.

<sup>3</sup>And it would seem that they are, see Kenneth E. Boulding, "Where Are We Going If Anywhere? A Look at Post-Civilization," Human Organization, 21 (Summer, 1962), 164.

practice is theoretically unlimited.

We have already raised some points here pertaining to the theoretical limits to the process of professionalization, but before concluding this chapter by stating some basic guidelines for measuring professionalization, we should like to outline very briefly the main principles which would seem to constitute the general theoretical limits of professionalization.

#### Theoretical Limits to Professionalization

There are two basic ways of viewing the theoretical limits to the process of professionalization: as a zero-sum game and as a non-zero-sum game.<sup>1</sup>

In Goode's view, if one occupation rises in relation to income, power, and prestige, then it "does so at the expense of others which it surpasses. . . ." <sup>2</sup> In essence, he says, it is a zero-sum game.

Recent game theory research in social psychology suggests that an unequal distribution of social power can create

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<sup>1</sup>A non-zero-sum game is one in which there are theoretically no limits to the gains the participants can make. A zero-sum game might be likened to that of checkers, in which if one participant wins, the other loses.

<sup>2</sup>William J. Goode, "The Librarian: From Occupation to Profession?" Library Quarterly, 31 (October, 1961), 306; see also his article, "Encroachment, Charlatanism, and the Emerging Profession: Psychology, Medicine, and Sociology," Sociological Review, 25 (December, 1960), 907.

situations in which "even the winner loses."<sup>1</sup> Economic theory, too, would seem to suggest that it is fallacious to assume that there are absolute limits to the amount of income to be distributed among "competing" occupations.<sup>2</sup> If the society or the occupational system to which Goode refers were a closed one, we could concur with his statement. But in view of its seeming to be a distinctly open one, one in which there would seem to be no absolute limits to the forms which income, power, and prestige can take, it might be more accurate to rephrase his statement with the paradox, "Unless many occupations become professionalized, none can become professionalized."

It is our position, then, that the latter view is the more tenable. In this view, the theoretical limits to professionalization hinge firstly upon the very limits of civilization itself, mainly, the adequacy of and the character of thought and, in turn, upon the adequacy of our social institutions in general to ensure first of all survival,

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<sup>1</sup>Seymour Epstein, "Comments on Dr. Deutsch's Paper," Nebraska Symposium on Motivation, 1962, Marshall R. Jones, ed. (Lincoln, Nebraska: University of Nebraska Press, 1962), p. 319.

<sup>2</sup>E.g., see Nelson Foote and Paul K. Hatt, "Social Mobility and Economic Advancement," American Economic Review, 43 (May, 1953), 367; and Robert W. Hodge, Donald J. Trieman, and Peter H. Rossi, "A Comparative Study of Occupational Prestige," in Class, Status, and Power, Reinhard Bendix and Seymour M. Lipset, eds. (New York: The Free Press, 1966), p. 321.

and secondly, a sense that life is meaningful and, therefore, (at the risk of rhetoric) that there are mountains to be climbed.

Boulding maintains that the major problems in Post-Civilization, a period which is just beginning, are problems in social systems, not in physical and biological systems. Post-Civilization, he says, will survive only if it is able to develop social systems which will allow it to escape four major traps: (1) the war trap (this must be replaced with another social system, that of deterrence), (2) the population trap (the most worrisome factor here is not so much that of feeding the population as the danger that the population will grow so rapidly that society will not have the human resources to educate the whole population, a factor which would delay the process of Post-Civilization and, thus, the hopes of avoiding annihilation), (3) the technological trap (the "suicidal" exhaustion of fossil fuels and ore deposits), and (4) the trap of "inani-  
tion" (what happens if problems which have so-beset man become solved--will he "die of sheer boredom?").<sup>1</sup>

Within these wider parameters, the limits of professionalization would seem to hinge upon: (1) the degree to

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<sup>1</sup>Kenneth E. Boulding, "Where Are We Going If Anywhere? A Look at Post-Civilization," Human Organization, 21 (Summer, 1962), 165-167, the quotation is taken from p. 167.

which society is convinced that professions<sup>1</sup> are viable social institutions for the supplying and regulating of highly-valued services, and (2) the degree to which society in general and professions in particular reward "professional-type"<sup>2</sup> as opposed to "entrepreneurial"<sup>3</sup> or "guild-type"<sup>4</sup> behaviors.

These limiting conditions would, in turn, seem to rest primarily upon four interrelated factors.

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<sup>1</sup>I.e., as opposed to other forms of social organization for the rendering of services such as "replacing" professions with government bureaus or state-directed occupations, e.g., the reference of Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964) to "'program professionals,'" pp. 154, 158; and Roscoe Pound, The Lawyer from Antiquity to Modern Times, with Particular Reference to the Development of Bar Associations in the United States (St. Paul, Minn.: West Publishing Company, 1953), pp. 359-360.

<sup>2</sup>I.e., behaviors in which the interest of the public good predominates that of occupational self-interest.

<sup>3</sup>I.e., the rendering of services for the primary object of self gain.

<sup>4</sup>E.g., whereas the organizational focus for guilds was essentially that of shared skills, professional organization is based not only upon skills but shared ideologies. Further, professional organizations are characterized by centralized special purpose commissions such as accreditation services, research-clearing houses, and foundations, features not characteristic of guilds, see Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), pp. 46-52.

Limiting Factor

1. The degree to which substantive knowledge per se is developed and is balanced by applications of that knowledge in ways which are consonant with the professional mission.
2. The degree to which the initial and ongoing quality and quantity of socialization of practitioners and regulation of professional practice are consonant with the improvement of occupational standards and with the over-all professional mission: putting knowledge to socially responsible uses.

Rationale

Professional knowledge is, by definition "never 'established,'"<sup>1</sup> and yet applications must "not be postponed beyond what the situation requires, even where scientific evidence is inadequate."<sup>2</sup> If knowledge and its applications do not expand, professionalization will be inhibited.

Socialization which is not based upon the professional ideal type results in the formation of a "pathological professional culture"<sup>3</sup> which in turn gives rise to distortion of the professional mission. Regulation of professional practice depends upon internalized controls. If initial and/or ongoing<sup>4</sup> socialization is/are inadequate, the most powerful basis of regulation is affected.

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<sup>1</sup>Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964), 149.

<sup>2</sup>Robert K. Merton, "Some Preliminaries to a Sociology of Medicine," in The Student Physician, Robert K. Merton et al., eds (Cambridge: Harvard University Press, 1957), p. 73.

<sup>3</sup>Robert K. Merton, "Priorities in Scientific Discovery: A Chapter in the Sociology of Science," American Sociological Review, 22 (December, 1957), 659; the exact wording is not that of Merton's, but the essence is.

<sup>4</sup>E.g., see Marlene Kramer, "Role Models, Role Conceptions, and Role Deprivation," Nursing Research, 17 (March-April, 1968), 115-120.

Limiting FactorRationale

3. The degree to which social systems for the distribution of professional services are functional.

Disparity between the quality of professional services available to some sectors of the public and the over-all distribution of these services represents a threat to the very essence of the professional mission: that of putting knowledge to socially responsible uses.<sup>1</sup>

4. The degree to which there is articulation within and without occupations and the larger society.

The more interdependent social systems are, the more crucial articulation is.<sup>2</sup> Both under- and over-articulation are dysfunctional to the professional mission.

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<sup>1</sup>See Harold J. Laski, "The Decline of the Professions," Harper's Monthly Magazine, November, 1935, pp. 676-685.

<sup>2</sup>This "interdependence" of the professions is certainly not a new phenomenon, but it is becoming a more complex one. E.g., see John Hanlon, Principles of Public Health Administration (4th ed.; St. Louis: C. V. Mosby Company, 1964), pp. 48-49, quoting the noted British hygienist Sir Arthur Newsholme's observation in the nineteenth century regarding the positive relationship between effective law and order and progress in public health, to the effect that improvements in public sanitation "had to wait upon adequate enforcement of law and order"; see also Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), pp. 162-166.

We shall now conclude this chapter by stating some basic guidelines for measuring professionalization.

Measuring Professionalization:  
Some Guidelines

Taking the foregoing discussion into account, we would suggest that there are four related principles to be kept in mind in attempting to measure the kind and degree of professionalization characteristic of an occupation: (1) the criteria used must be comprehensive in scope, (2) the significance of the relationships between the criteria must be assessed, (3) the criteria must be valid for the occupation in question, and (4) it should not be assumed that the greater the degree to which a given criterion is characteristic of an occupation, the more "professional" it is, i.e., it should not be assumed that there are no upper limits to the degree which given characteristics may be considered functional to the achievement of the professional mission.<sup>1</sup> We shall now expand on these principles.

Avoiding the "Sin of Monism"

Gottlieb warns against the "sin of monism," i.e., the danger of "defining a system with reference only to one or

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<sup>1</sup>The same principles would seem to underlie the measurement of deprofessionalization. They have been enunciated here in order to provide a summary perspective on the process of professionalization and to set a tone for the discussions that follow.

two key features . . . and assuming that structurally significant variation in other features does not occur or is marginal and random in import."<sup>1</sup> An analysis of professionalization in a given occupation not comprehensive in scope is likely to be a misleading if not irresponsible one.

#### The Configuration of Variables

As important as measuring variables as such is the principle of keeping in mind their special relationships, i.e., the configuration which the several features of professionalization in an occupation present.

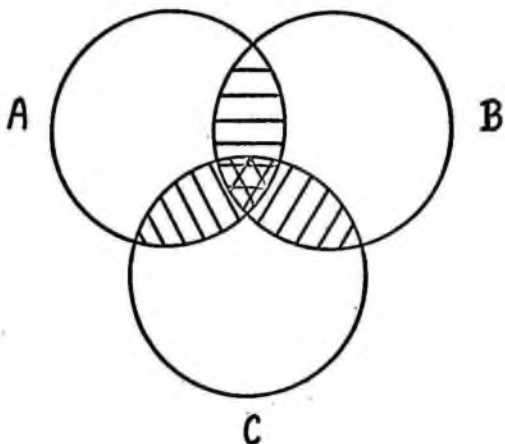
#### Professionalization Criteria Must Be Valid

A third principle is that because professionalization is a dynamic social phenomenon, care must be taken not to use yesterday's yardsticks to measure today's phenomenon, nor vice versa.

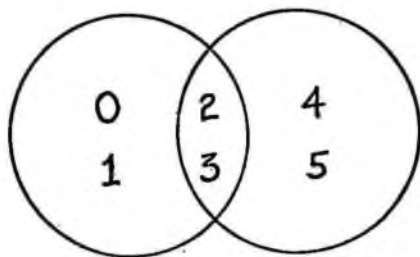
In addition to temporal considerations, it is crucial that criteria are "particularistic" enough to validly reflect professionalization in a given occupation. For example (see Figure 4), the characteristics of normative professionalization in three different occupations, A, B, and C, may not be identical in all respects. One characteristic which would

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<sup>1</sup>Manuel Gottlieb, "The Theory of an Economic System," American Economic Review, 43 (May, 1953), 350.



**Fig. 4--Paradigm Reflecting the Theoretical Possibility That the Characteristics of Normative Professionalization May Be Identical for All Occupations Only in Some Respects.**



**Fig. 5--Paradigm Reflecting the Theoretical Possibility That the Characteristics of Normative Professionalization in One Occupation May Be Identical Only in Some Respects with Those of Another.**

be common to all (i.e., the triply shaded area) is, for example, the universally-shared commitment to the professional mission, putting knowledge to socially responsible uses. One characteristic which may not be shared is that of the form of occupational organization.

More specifically, taking medicine and nursing as an example, it is equally tenuous to assume that normatively speaking the characteristics of professionalization in these two occupations are likely to be identical in all respects. Symbolically, if normative professionalization in medicine inheres the configuration of variables 0,1,2,3, and normative professionalization in nursing inheres those of 2,3,4,5, then, given that, e.g., medicine is a profession, it is a mistake to assume that because nursing does not exhibit 0,1 that it is not in a state of professionalization, or that because it does exhibit 0,1 that it is.

#### Avoiding a "The More The Better" Assumption

It would seem important to avoid the kind of thinking which would lead us to conclude that, whatever the variable being measured, the more of it present, the greater the degree of professionalization.

An example of this kind of pitfall is that of "over-professionalization." Janowitz describes overprofessionalization as a situation in which "concern with the forms of professional status outweigh concern with functional

performance."<sup>1</sup> He maintains that "overprofessionalization leads to an exaggerated concern with the specification of missions and roles and to organizational morale based on parochialism rather than on a sense of competence. The result is an emphasis upon mechanical principles . . . at the expense of creative problem solving."<sup>2</sup> Whether we choose to think of this kind of occupational behavior as "excessive professionalism" or "inadequate professionalism" (because it is an inadequate means of achieving the professional mission), it would seem important to keep in mind that the more an occupation possesses a given characteristic (e.g., autonomy, group cohesiveness,<sup>3</sup> control of supplying and regulating services), the more "professional" it is, is an untenable assumption.

In sum, measuring the kind and degree of professionalization which characterizes an occupation is to assess the degree to which it can be said to be achieving the professional mission: putting knowledge to socially responsible

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<sup>1</sup>Morris Janowitz, "Changing Patterns of Organizational Authority: The Military Establishment," Administrative Science Quarterly, 3 (March, 1959), 487.

<sup>2</sup>Ibid.

<sup>3</sup>E.g., in the extreme case of cohesiveness of membership, the code of "omerta" (absolute refusal to testify against one's peers) would prevail, a characteristic scarcely consonant with the service ideal. This extreme may be functional to the objectives of the Mafia, but not to professions, see "Mafia Chiefs Face Longer Jail Terms Unless They Testify," New York Times, Sections I and II, April 6, 1969, pp. 1, 51.

uses.

We shall now turn to examine the impact of bureaucratization upon the process of professionalization.

## CHAPTER IV

## BUREAUCRATIZATION AND PROFESSIONALIZATION

It is too simplistic to view bureaucratization and professionalization as being antithetical phenomena. Indeed, as Arendt points out, "The elevation of the 'intellectuals' coincided with the establishment of a bureaucracy [i.e., the Roman Empire]."<sup>1</sup> Further, both phenomena are based upon rational modes of thought;<sup>2</sup> and the basis for the legitimation of authority in both cases is ultimately rooted in knowledge and training.<sup>3</sup>

Very succinctly, the central problem posed by the interdependence of these two processes revolves around "the theme of autonomy versus integration. . . ."<sup>4</sup> Kornhauser

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<sup>1</sup>Hannah Arendt, The Human Condition (Chicago: University of Chicago Press, 1958), the quotation is from a footnote on p. 329 referring to her initial point on p. 80.

<sup>2</sup>Peter M. Blau, Bureaucracy in Modern Society (New York: Random House, 1956), p. 17; and Arthur L. Stinchcombe, "Bureaucratic and Craft Administration of Production: A Comparative Study," Administrative Science Quarterly, 4 (September, 1959), 169.

<sup>3</sup>Amitai Etzioni, Modern Organizations, Foundations of Modern Sociology Series, Alex Ineles, ed. (Englewood Cliffs, N.J.: Prentice-Hall, 1964), pp. 53-54. Etzioni states that although knowledge does not replace legitimation, it is, nevertheless, the basis on which legitimation is granted.

<sup>4</sup>William Kornhauser, with the Assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), p. 195. Italics his.

sums it up in the words, "Professionalism is a response to the need for functional autonomy engendered by the special character of social action that places a premium on intellectual judgments."<sup>1</sup> Bureaucracy, on the other hand, is an organizational response to the need for coordinating highly interdependent activities.<sup>2</sup> Admittedly, these are in part contradictory principles,<sup>3</sup> but it is fallacious to assume that they are entirely non-complimentary ones.<sup>4</sup>

Before we examine in more detail the relationship between these two phenomena, it would seem well to summarize briefly the characteristics of the ideal type bureaucracy and compare them with professional ideal type characteristics. These comparisons may suggest clues about the nature of the impact of bureaucratization upon professionalization.<sup>5</sup>

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<sup>1</sup>William Kornhauser, with the Assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), p. 196.

<sup>2</sup>Ibid.

<sup>3</sup>Ibid.

<sup>4</sup>Ibid., pp. 195-196. The author stresses that there is lack of understanding on the parts of those who study management regarding the negative effects too severe pressure to meet only organizational needs can have. Conversely, professionals tend to underestimate the positive advantages which bureaucratization can offer them.

<sup>5</sup>As our focus is primarily that of the process of professionalization, we shall confine attention primarily to bureaucratization's impact upon it, rather than the reverse.

The Traditional Ideal Type Bureaucracy

In our society, the term "bureaucracy" tends to have a negative ring to it, being associated with such "characteristics as red tape, buck passing, inaction, [and] inflexibility. These, however, are but the 'pathologies' of bureaucracy--they derive from a number of more basic features of organization."<sup>1</sup> As such, the more neutral term "organization" is often used in its place.<sup>2</sup> In either case, these terms denote "social units (or human groupings) deliberately constructed and reconstructed to seek specific goals."<sup>3</sup> Clearly, in this sense, professions, too, are organizations. But bureaucracies are organized according to what at points are different ideal type principles than are professions.

Bureaucratic authority is hierarchical in nature. In professions, as we have seen, ideal type authority is collegial. As such, where control in the professions is

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<sup>1</sup>Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958), p. 235.

<sup>2</sup>Amitai Etzioni, Modern Organizations, Foundations of Modern Sociology Series, Alex Ineles, ed. (Englewood Cliffs, N.J.: Prentice-Hall, 1964), p. 2.

<sup>3</sup>Ibid. This definition represents Etzioni's interpretation of Talcott Parsons' description of organizations in Structure and Process in Modern Society (Glencoe, Ill.: The Free Press, 1960), p. 17.

effected largely through advice and final decisions are individual and discretionary,<sup>1</sup> control in bureaucracies is effected through rules and regulations and decisions are made known through the giving of orders. A bureaucracy embodies the idea of the systematic exercise of power; professions, the systematic exercise of freedom.<sup>2</sup>

Ideal type bureaucrats and professionals are full-time workers, but the former have, first and foremost, stable careers within an organization, the latter within an occupation. As such, bureaucrats identify with the organization, professionals identify with the occupation.<sup>3</sup>

Theoretically, bureaucratic goals, in the traditional model,

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<sup>1</sup>Arthur L. Stinchcombe, "Bureaucratic and Craft Administration of Production: A Comparative Study," Administrative Science Quarterly, 4 (September, 1959), 176.

<sup>2</sup>This paragraph is a composite based on the following readings: Peter M. Blau, Bureaucracy in Modern Society (New York: Random House, 1956), p. 17; William Kornhauser, with the Assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), pp. 200-203; Amitai Etzioni, Modern Organizations, Foundations of Modern Sociology Series, Alex Ineles, ed. (Englewood Cliffs, N.J.: Prentice-Hall, 1964), pp. 53-54; Max Weber, The Theory of Social and Economic Organization, translated by A. M. Henderson and T. Parsons, T. Parsons, ed. (New York: Oxford University Press, 1947), pp. 329-330; Reinhard Bendix, "Weber, Max," IESS 1968, Vol. 16, 493-502; and Reinhard Bendix, "Bureaucracy," IESS 1968, Vol. 2, 206-207.

<sup>3</sup>Stinchcombe, op. cit., p. 186.

are set by non-bureaucratic heads;<sup>1</sup> professional goals are set by occupational members in light of the overriding mission of putting knowledge to socially responsible uses. The "career" of the ideal type professional depends upon his status in a structured labor market; the bureaucrat's upon administrative regulation.<sup>2</sup> Further, all professional services ultimately involve an element of trust; accountability is the pervasive principle underlying all administrative actions.<sup>3</sup>

Impersonality is a guiding norm in the bureaucratic ideal type.<sup>4</sup> Earlier, we discussed Parsons' view that it, too, is a characteristic of the professional ideal type.<sup>5</sup> It is our position that from a normative standpoint although rational use of self is desirable, this is not equivalent

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<sup>1</sup>Amitai Etzioni, Modern Organizations, Foundations of Modern Sociology Series, Alex Ineles, ed. (Englewood Cliffs, N.J.: Prentice-Hall, 1964), p. 54; see also Arnold Brecht, "How Bureaucracies Develop and Function," The Annals of the American Academy of Political and Social Science, 292 (March, 1954), 3-5, regarding the influence bureaucrats can have upon the shaping of organizational goals.

<sup>2</sup>Arthur L. Stinchcombe, "Bureaucratic and Craft Administration of Production: A Comparative Study," Administrative Science Quarterly, 4 (September, 1959), 185.

<sup>3</sup>Reinhard Bendix, "Bureaucracy," IESS 1968, Vol. 2, 214.

<sup>4</sup>Peter M. Blau, Bureaucracy in Modern Society (New York: Random House, 1956), p. 19.

<sup>5</sup>See pages 52-53.

with valuation of complete detachment. Hall's research indicates that this is true also from a descriptive standpoint, for his data suggest that impersonality is not strongly and positively related to professionalism.<sup>1</sup>

In addition to the shared characteristics of rationality and the significance of knowledge in the securing of authority, the principle of specialization in the division of labor is common to both ideal types.<sup>2</sup> Further in both cases, technical achievement, not ascriptive characteristics, is the basis of the assignment of work and for admittance to and mobility in both bureaucracies and professions.<sup>3</sup>

#### Effectiveness and Efficiency

If an organization is effective, it accomplishes its goals; if it is efficient, it accomplishes them with minimum effort. The two do not always go hand in hand, but they tend to do so.<sup>4</sup> It is tempting to characterize

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<sup>1</sup>Richard H. Hall, "Professionalization and Bureaucratization," American Sociological Review, 33 (February, 1968), 101.

<sup>2</sup>E.g., as in the characteristics of functional specificity. Although the division of labor is effected primarily from within professions rather than being imposed upon them, the division of labor is a vital characteristic nevertheless, see ibid., p. 102.

<sup>3</sup>Ibid., p. 95; see also Amitai Etzioni, Modern Organizations, Foundations of Modern Sociology Series, Alex Ineles, ed. (Englewood Cliffs, N.J.: Prentice-Hall, 1964), p. 53.

<sup>4</sup>Etzioni, op. cit., pp. 8-9.

bureaucracies by the label "efficient" and professions by the label "effective," but bureaucracies which do not fulfill their goals are not "effective," and effectivity in putting knowledge to socially responsible uses requires that efficiency characterize professions as well. Increasingly, bureaucratic goals are continuous, multiple, and far from being strictly concrete;<sup>1</sup> and as professional services become viewed by society not just as privileges but as rights, limited but effective professional service is not enough, and adequate distribution necessitates concern with efficiency too.<sup>2</sup>

These several comparisons refer primarily to contrasts between the professional ideal type and the traditional bureaucratic ideal type. There are two other central types of bureaucratic models which bear mention if our analysis of the relationship between bureaucratization and professionalization is to be meaningful and realistic.

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<sup>1</sup>E.g., see John K. Galbraith, The New Industrial State (Boston: Houghton Mifflin Company, 1967), pp. 176-188.

<sup>2</sup>See James L. McCamy, "Responsiveness Versus Efficiency in Public Service," The Annals of the American Academy of Political and Social Science, 292 (March, 1954), 30-38, especially 30.

Rational Administration: Three  
Central Sub-types<sup>1</sup>

The assumption underlying the traditional ideal type bureaucracy is that the goals it aims to achieve stand as given. For example, historically, the goal of the bureaucracy of the Roman Empire was to protect the interests of the State; the goal which the slave bureaucracies of the Middle Ages were directed toward was that of protecting the interests of their "owners," e.g., as in the case of the Mamelukes in Egypt.<sup>2</sup> Modern American bureaucracies would seem to constitute three central types: (1) the "stated goal" type (such as business organizations, government agencies, or the military), (2) the "intrinsic goal" type (organizations directed toward finding satisfaction in common interests such as music), and (3) the "goal-determining" bureaucracy (such as that of democratic

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<sup>1</sup>The terms for the ensuing sub-types are derived from Peter M. Blau, Bureaucracy in Modern Society (New York: Random House, 1956), pp. 22-23, but the idea of their constituting sub-types of a larger social process, that of rational administration, was derived from Arthur L. Stinchcombe's thesis that professions are one sub-type of rational administration, traditional bureaucratic ideal types another. See his article, "Bureaucratic and Craft Administration of Production: A Comparative Study," Administrative Science Quarterly, 4 (September, 1959), 168-187, especially pp. 169-170, 183.

<sup>2</sup>Arnold Brecht, "How Bureaucracies Develop and Function," The Annals of the American Academy of Political and Social Science, 292 (March, 1954), 4-11.

governments as distinct from governmental agencies).<sup>1</sup>

Normatively speaking, bureaucratization in these latter two types is not directed toward more nearly approximating the traditional ideal type bureaucracy. Bureaucratization in these cases is, rather, a process directed toward the deliberate development of a social unit or units for the purpose of achieving intrinsic type goals or for the purpose of determining goals. Whereas winning wars (Type I) depends heavily upon emphasis on efficiency, the criterion of intrinsic satisfaction is clearly more important in the assessment of goals in the second type of bureaucracy. Efficiency, while important in the third type, must not override the free expression of opinion or its *raison d'être* will be sacrificed.<sup>2</sup>

While small businesses fall fairly clearly into the first type of bureaucracy, this is not so true of today's megacorporations (e.g., American Telephone and Telegraph, General Electric), as Galbraith's analysis will indicate.<sup>3</sup>

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<sup>1</sup>Arnold Brecht, "How Bureaucracies Develop and Function," The Annals of the American Academy of Political and Social Science, 292 (March, 1954), 9-11, regarding the peculiar characteristics of American bureaucratization as contrasted to earlier Roman, slave-type, and Prusso-German models; the terms are derived from Peter M. Blau, Bureaucracy in Modern Society (New York: Random House, 1956), pp. 22-23.

<sup>2</sup>Blau, op. cit., pp. 22-23.

<sup>3</sup>John K. Galbraith, The New Industrial State (Boston: Houghton Mifflin Company, 1967), especially pp. 186, 393-394, 405.

Hospitals and universities, too, in earlier times constituted more clearly the "stated goal" organizations, the "stated goals" being the care of the sick, and the pursuit of truth and the transmission of knowledge. But, directly or indirectly, they are becoming "mixed type"<sup>1</sup> social units.

For reasons such as these, vast generalizations about the relationship between bureaucratization and professionalization are not only tenuous but likely to be misleading. We shall try to keep this point in mind as we discuss compatibilities and conflicts, for what may be true for professionalization in one type of bureaucracy may not be as true in another.

Bureaucratization and Professionalization:  
Compatibilities and Conflicts

Areas of Compatibility

"Organizations are increasingly governed by professional standards, and professions are increasingly subject to bureaucratic controls."<sup>2</sup> These days the "unattached"

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<sup>1</sup>The particular inference here is ours but it seems consistent with Blau's categorizing trade unions as comprising a "mixed" type of social unit. See Peter M. Blau, Bureaucratization in Modern Society (New York: Random House, 1956), p. 23.

<sup>2</sup>William Kornhauser, with the Assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), p. 7.

professional (i.e., the "solo" professional), says Merton, is to a large extent the power-less professional, for "characteristically he has neither the resources to carry through his investigations on an appropriate scale nor any strong likelihood of having his findings accepted by policy-makers as a basis for action."<sup>1</sup> In turn, policy-makers are increasingly dependent upon the scientific community to provide them with the kinds of up-to-date technical information and know-how if organizational goals are to be expanded and achieved.<sup>2</sup>

Speaking primarily of basic research scientists, Kornhauser says, "There are no strong professional

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<sup>1</sup>Robert K. Merton, Social Theory and Social Structure (rev. enlarged ed.; Glencoe, Ill.: The Free Press, 1957), p. 170; see also Charles Perrow, "The Analysis of Goals in Complex Organizations," American Sociological Review, 26 (December, 1961), 858, regarding doctors' dependence upon hospital resources.

<sup>2</sup>We use the term "scientific community" broadly to denote both technical expertise and the norms of professional culture; see Arthur L. Stinchcombe, "Bureaucratic and Craft Administration of Production: A Comparative Study," Administrative Science Quarterly, 4 (September, 1959), 170; C. Wright Mills, White Collar (New York: Oxford University Press, 1951), pp. 112-114; Talcott Parsons, The Social System (New York: The Free Press, 1951), p. 345; and Morris Janowitz, "Changing Patterns of Organizational Authority: The Military Establishment," Administrative Science Quarterly, 3 (March, 1959), 473.

incentives for seeing that scientific knowledge gets used."<sup>1</sup> Although the public is aware of the so-called "knowledge explosion," application of these gains is virtually dependent upon formally-developed social institutions, collectivities of one kind or another.

There is evidence to suggest that bureaucratization in its less extreme forms may have a very positive effect upon research productivity, including the application of research findings. Organizational settings too loosely structured, and settings too far removed from the visible consequences of research efforts are likely to be less conducive to high productivity than are moderately structured work situations.<sup>2</sup>

On the basis of the few systematic studies which have been made on the relationship between professional education and subsequent standards of practitioner practice, Friedson concludes that "the organizational setting in which the professional works [is] a more important influence

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<sup>1</sup>Italics his, William Kornhauser, with the Assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University Of California Press, 1963), p. 161; see also Talcott Parsons, The Social System (New York: The Free Press, 1951), p. 338; and C. R. DeCarlo, "Perspectives on Technology," in Technology and Social Change, E. Ginzberg, ed. (New York: Columbia University Press, 1964), p. 39.

<sup>2</sup>Gerald Gordon and Sue Marquis, "Freedom, Visibility of Consequences, and Scientific Innovation," American Journal of Sociology, 72 (September, 1966), 195-202; Donald C. Pelz and Frank Andrews, "Autonomy, Coordination, and Stimulation in Relation to Scientific Achievement," Behavioral Science, 11 (March, 1966), 89-97.

than . . . education or performance."<sup>1</sup> To the extent this is true generally, this point has profound implications for the process of professionalization in a society in which "nearly every one of the important services given people by professionals . . . is given in a complex institutional setting."<sup>2</sup> Specialization and hierarchy, rules, and clear-cut jurisdictions of responsibility are not entirely antithetical to the giving of such services.<sup>3</sup> Further, as the achievement of organizational goals becomes increasingly dependent upon professionals' keeping up to date in scientific information, bureaucracies may "build-in" to their structures provisions for the monies, time, and opportunities for professionals to continue their

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<sup>1</sup>Friedson is referring primarily to the work of Jerome H. Carlin, Lawyers' Ethics: A Survey of the New York City Bar (New York: Russell Sage Foundation, 1962), and E. Friedson, "The Organization of Medical Practice," in Handbook of Medical Sociology, H. E. Freeman, S. Levine, and L. G. Reader, eds. (Englewood Cliffs, N.J.: Prentice-Hall, 1963), pp. 299-319. The quotation here comes from Friedson's essay, "Medical Personnel: I. Physicians," IESS, Vol. 10, 108.

<sup>2</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 76; see also Talcott Parsons, "Professions," IESS, Vol. 12, 541-542.

<sup>3</sup>Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958), p. 240.

substantive education.<sup>1</sup>

While the proliferation of rules and regulations and extreme degrees of hierarchical authority are essentially antithetical to the process of professionalization,<sup>2</sup> so, too, is inadequate organization.<sup>3</sup> Bureaucratization of medical services, says Ben-David, can afford patients assurance of continuous medical coverage, facilitate the development of clinical research by making substantial specialization possible, free the doctor from irrelevant personal demands of clients, and permit doctors to work

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<sup>1</sup>That continuing education is consonant with increased professionalization needs little defense (e.g., see Corinne Lathrop Gilb, Hidden Hierarchies [New York: Harper and Row, 1966], p. 80). But devising institutional means for ensuring that professional rewards are a function of up-to-date professional expertise is another problem. Christopher Jencks and David Riesman, for example, point out that "General Electric spends more [on education] than any but the largest universities." See The Academic Revolution (Garden City, N.Y.: Doubleday and Company, 1968), p. 506.

<sup>2</sup>Richard H. Hall, "Professionalization and Bureaucratization," American Sociological Review, 33 (February, 1968), p. 102, reports a negative correlation between prevalence of rules and regulations and the degree of professionalization.

<sup>3</sup>Ibid., p. 104; see also The Report of the Harvard Committee, The Graduate Study of Education (Cambridge: Harvard University Press, 1966), pp. 27-28 et passim, regarding the dysfunctional consequences of inadequate organizational structure in academia.

limited and fixed hours,<sup>1</sup> all factors conceivably consonant with increased professionalization.

Hall concludes that a generalized assumption of inherent conflict between professionalization and bureaucratization "appears to be unwarranted." He says "that in some cases an equilibrium may exist between the levels of professionalization and bureaucratization in the sense that a particular level of professionalization may require a certain level of bureaucratization to maintain social control."<sup>2</sup> But where this "equilibrium"<sup>3</sup> is for one reason or another upset, conflict is likely to ensue.<sup>4</sup>

We shall now examine in some detail that issue which is most likely to upset equilibrium: "autonomy versus integration."

#### Areas of Conflict

In order to keep discussion at a manageable length, we shall restrict our focus here to examining the issues of

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<sup>1</sup>Joseph Ben-David, "The Professional Role of the Physician in Bureaucratized Medicine: A Study in Role Conflict," Human Relations, 11 (August, 1958), 256.

<sup>2</sup>Richard H. Hall, "Professionalization and Bureaucratization," American Sociological Review, 33 (February, 1968), 104, italics mine.

<sup>3</sup>We think that this term "equilibrium" is too passive, and from the tone of Hall's remarks think that "synergism" may be more accurate and useful.

<sup>4</sup>Hall, op. cit., p. 104.

"autonomy versus integration," for while specific areas of potential conflict would seem manifold, we would agree with Kornhauser that they would seem ultimately related to this central issue. The problem of conflicting goals is one such area. Ultimately, goals and the means of achieving them are a function of who possesses what operative power. Perrow differentiates between "official" and "operative" goals; discontinuities between these, in turn, are products of official and covert organizational power.<sup>1</sup> While there may be agreement on "official" goals, e.g., in the case of hospitals those of the care of the sick, teaching, research, and prevention of illness, or in the case of universities the pursuit of truth and the transmission of cultural values, conflict may result from differences of opinion on the best means of achieving these goals,<sup>2</sup> and on which areas are to receive top priority.

Further, while the manifest power structure and organizational goals may appear complementary, the

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<sup>1</sup>Charles Perrow, "The Analysis of Goals in Complex Organizations," American Sociological Review, 26 (December, 1961), 855; see also Richard H. Hall and Charles R. Tittle, "A Note on Bureaucracy and Its 'Correlates,'" American Journal of Sociology, 72 (November, 1966), 272.

<sup>2</sup>E.g., see William A. Wallis, "Centripetal and Centrifugal Forces in University Organization," Daedalus, 93 (Fall, 1964), 1072-1073; and L. L. Wade, "Professionals in Organizations: A Neoteric Model," Human Organization, 26 (Spring-Summer, 1967), 40-46.

extant<sup>1</sup> ones may not mesh. Such circumstances make the autonomy-integration issue even more difficult to dissect, and the making of generalizations the more tenuous. For what may be a "manifestly" complementary and healthy goal-power picture so far as both professional and organizational needs are concerned may in actuality be one riddled with disease. Such possibilities must be kept in mind as we discuss factors in the autonomy-integration issue.

#### Autonomy

Schild refers to Archimedes (250-212 B.C.) as "the first government-sponsored scientist."<sup>2</sup> The issue of

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<sup>1</sup>Wilfred Brown's categories of organizational structure are helpful in making distinctions of this type. He differentiates between: (1) "manifest" organization, that which is formally displayed in the way of organizational charts, for example; (2) "assumed" organization, that organization which employees would describe if they were asked what the distribution of authority was; (3) "extant" organization, that which would be revealed through systematic study of decision-making processes; and (4) "requisite" organization, that which would be evolved if all the realities of the organizational situation, including goals, were to be taken into account. See Explorations in Management (London: Heinemann, 1960), p. 24.

<sup>2</sup>A remark attributed to Professor Ernest Schild by his friend W. Gordon Whaley in "Sponsored Research and Scholarship," Educational Record, 42 (July, 1961), 221; no other source given. The event to which Schild refers is the point at which King Hieron the Second of Syracuse requested Archimedes to determine if a new gold crown weren't in part silver.

professional autonomy rests less upon professionals' working for and within bureaucracies per se and more upon whether or not doing so weakens professional control over substantive matters. In that professional control involves not only the "right" to decide but the feeling that the practitioner is free "to make his own decisions without external pressures from clients, those who are not members of his profession, and from his employing organization," the issue of professional autonomy has both its structural and attitudinal dimensions.<sup>1</sup>

In Goldner's opinion, the issue of autonomy for professionals working in organizations is the central source of conflict, but it is no longer that of autonomy for the individual but autonomy for the specialty.<sup>2</sup> Further, says Friedson, this issue centers less upon working conditions as such and more upon the right to develop substantive knowledge and the right "to determine what are 'scientifically acceptable' practices."<sup>3</sup>

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<sup>1</sup>Richard H. Hall, "Professionalization and Bureaucratization," American Sociological Review, 33 (February, 1968), 93.

<sup>2</sup>Fred Goldner, "Professionals in Organizations," Guest Lecturer in TF 4202, "Sociology of Work," Teachers College, Columbia University, New York, Fall Semester, October 15, 1968; see also Mary E. W. Goss, "Influence and Authority Among Physicians in an Outpatient Clinic," American Sociological Review, 26 (February, 1961), 39, 50, in which she indicates that hierarchical arrangements within professional departments need not seriously impede the process of professionalization.

<sup>3</sup>Eliot Friedson, "Medical Personnel, I: Physicians," IESS 1968, Vol. 10, p. 106.

### Functional and Structural Contingencies

Whether or not bureaucratization of professional services endangers the autonomy of professionals depends in large part upon the nature of the professional's work.<sup>1</sup> "Surgery in the hospital operating room requires on-the-spot judgment and autonomous decision by the surgeon and one or two colleagues."<sup>2</sup> In contrast, because there aren't emergencies to the same extent in industry as in the operating room, and because management, not the scientist, takes ultimate responsibility for risks, the scientist "does not acquire the right to the last word."<sup>3</sup>

The bureaucratic threat to professional autonomy may perhaps be better understood if we consider the case of the intellectuals. Their very function is the criticism of social institutions. Alienation, not integration, may be the pre-condition for social contributions such as these.<sup>4</sup>

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<sup>1</sup>In Richard H. Hall's opinion, there tends to be an inverse relationship between professional autonomy and bureaucratization, see "Professionalization and Bureaucratization," American Sociological Review, 33 (February, 1968), 103; see also B. R. Clark, "College Teaching," in Professionalization, Howard M. Vollmer and Donald L. Mills, eds. (Englewood Cliffs, N.J.: Prentice-Hall, 1966), p. 283.

<sup>2</sup>Clark, op. cit., p. 283.

<sup>3</sup>William Kornhauser, with the Assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), p. 160, italics the author's.

<sup>4</sup>See Richard Hofstadter, Academic Freedom in the Age of the College (New York: Columbia University Press, 1955), especially pp. 229, 393-397; see also Barbara Hardy, "The Personality of Criticism," Southern Review, 3 (Autumn, 1967), 1001-1010.

There are not only functional differences which determine the degree to which professional autonomy is likely to be endangered, there are power differences as well. The scientist has one "client": management; the independent doctor practicing in a hospital has many. In the latter situation the dependency of the professional upon the client is minimal; in the former, the reverse is the case.<sup>1</sup> Yet where bureaucratization of medical practice occurs, the doctor's autonomy, too, is considerably threatened for "the responsibility for the case rests with the organization and not with any individual doctor."<sup>2</sup>

On the other hand, it is tenuous to make the general assumption that bureaucratization automatically endangers professional autonomy, for in many ways it helps to protect it through facilitating better means of both "the giving and getting of service,"<sup>3</sup> and through permitting patterns

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<sup>1</sup>William Kornhauser, with the Assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), p. 160.

<sup>2</sup>Joseph Ben-David, "The Professional Role of the Physician in Bureaucratized Medicine: A Study in Role Conflict," Human Relations, 11 (August, 1958), p. 256. In view of the point that not only employers of professionals but individual professionals as well can be held responsible for mismanagement, depending upon the nature of the circumstances, the author's statement seems rather extreme. However, his point remains sound in that the employing agency is assuming risks of a corporate nature.

<sup>3</sup>Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958), p. 240.

of professional specialization which make progress possible.<sup>1</sup> And while lay intervention is a concern in the bureaucratization of professional services, bureaucratization can also help to insulate professionals against disabling public pressures.<sup>2</sup> Bordura and Reiss, for example, maintain that bureaucratization of police departments has been a major factor in neutralizing the detrimental effects of civic pressures. The data from their particular research indicates that "bureaucratization has been a major device to commit members to the occupational organization, to the occupational community, and to its norms . . . to a degree where these commitments take precedence over extra-occupational ones to family and community."<sup>3</sup>

#### Changing Patterns of Organizational Authority

The traditional ideal type bureaucracy is a "punishment-centered" one. While the force which is employed need not

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<sup>1</sup>Joseph Ben-David, "The Professional Role of the Physician in Bureaucratized Medicine: A Study in Role Conflict," Human Relations, 11 (August, 1958), 256.

<sup>2</sup>E.g., see Gerald H. Moeller and W. W. Charters, "Relation of Bureaucratization to Sense of Power Among Teachers," Administrative Science Quarterly, 10 (March, 1966), 444-465; Reinhard Bendix, "Bureaucracy," IESS 1968, Vol. 2, pp. 215-216; Robert K. Merton, Social Theory and Social Structure (rev. enlarged ed.; Glencoe, Ill.: The Free Press, 1957), p. 196.

<sup>3</sup>David J. Bordura and Albert J. Reiss, Jr., "Command, Control, and Charisma: Reflections on Police Bureaucracy," American Journal of Sociology, 72 (July, 1966), 68.

be physical, nevertheless it represents an obey-or-else approach.<sup>1</sup> Seeman and Evans report that the more highly stratified the organizational structure in hospitals, the lower the quality of patient care.<sup>2</sup> Pyramid-type organizational structure in the military, too, is being questioned because it is being found to have a number of dysfunctional consequences.<sup>3</sup>

Once-pyramidal organizational structures are of necessity becoming flatter at the top where multiple organizational goals and increased reliance on higher levels of technical expertise<sup>4</sup> necessitate group decision-making. The "technostructure" is replacing the pinnacle.<sup>5</sup>

This shift from patterns of authority based upon domination and coercion to those based upon manipulation and

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<sup>1</sup>See Alvin W. Gouldner, "Organizational Analysis," in Sociology Today, Robert K. Merton et al., eds. (New York: Basic Books, Inc., 1959), p. 403.

<sup>2</sup>Melvin Seeman and John W. Evans, "Stratification and Hospital Care: I. The Performance of the Medical Intern," American Sociological Review, 26 (February, 1961), 67.

<sup>3</sup>Morris Janowitz, "Changing Patterns of Organizational Authority: The Military Establishment," Administrative Science Quarterly, 3 (March, 1959), 473-493.

<sup>4</sup>And, no doubt, a pattern which risk-taking in mega-corporations necessitates.

<sup>5</sup>John K. Galbraith, The New Industrial State (Boston: Houghton-Mifflin Company, 1967), p. 82.

persuasion is becoming a widespread phenomenon.<sup>1</sup> In the latter case authority is "the resultant of ongoing interaction between individuals, . . . not as a substance . . . [to] be quantified."<sup>2</sup> This approach is more akin to the colleague model where advice, not orders, becomes the modus operandus.

In many respects, authority structures based upon patterns of "multiple leadership"<sup>3</sup> represent a less direct threat to professional autonomy than those having a single final authority. But this system too threatens professional autonomy in that it may make strong gains almost impossible, for segmental interests can preclude commitment to long-range planning in any one segment, and opportunism and covert manipulation are encouraged.<sup>4</sup> Such a situation may

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<sup>1</sup>Harold L. Wilensky, "Organizations: IV. Organizational Intelligence," IESS 1968, Vol. 11, p. 324.

<sup>2</sup>Walter B. Miller, "Two Concepts of Authority," American Anthropologist, 57 (April, 1955), 271-286, for an interesting example of the employment of noncoercive techniques; see also Elihu Katz and S. N. Eisenstadt, "Some Sociological Observations on the Response of Israeli Organizations to New Immigrants," Administrative Science Quarterly, 5 (June, 1960), 113-133.

<sup>3</sup>Not to be confused with "fractionated power where several groups have small amounts of power in an unstable situation." See Charles Perrow, "The Analysis of Goals in Complex Organizations," American Sociological Review, 26 (December, 1961), 861.

<sup>4</sup>Ibid.

eventually reach the point where none can lead yet all can impede the decision-making process.<sup>1</sup>

Wherever professional autonomy is seriously hampered, feelings of alienation and powerlessness are likely to ensue, a situation which could ultimately destroy the very essence of professionalization.<sup>2</sup>

#### Bureaucratization Threatens the Service Ideal

"[P]erhaps bureaucracy enfeebles the service ideal more than it threatens professional autonomy."<sup>3</sup> In an effort to protect their highly-valued professionals, bureaucracies may establish such autonomous, stress-free organizational routines that the service ideal is lost sight of.<sup>4</sup> Hall's research on professionals in bureaucracies indicates that those with the highest professional prestige and salaries generally tended to have a low commitment to the ideal of

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<sup>1</sup>See Ross L. Mooney, "The Problem of Leadership in the University," Harvard Educational Review, 33 (Winter, 1963), 53, 56.

<sup>2</sup>This principle is, of course, not unique to the professions. Philip E. Phenix refers to the true professional as "representative man" (Philosophy of Education [New York: Holt, Rinehart, and Winston, 1958], p. 173). We would submit that it may well be that studying the problems of the professions in bureaucracies may yield insights into human problems in organizations in general.

<sup>3</sup>Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964), 148.

<sup>4</sup>Ibid.

service to the public and little "sense of calling."<sup>1</sup> This raises the question of cause and effect. Merton asks, are particular personality types attracted to bureaucratic settings? And/or are attitudes modified by bureaucratic environments?<sup>2</sup> The work of Argyris and Kramer, for example, would suggest the affirmative.<sup>3</sup> These considerations in turn raise another query: "What assurance is there that, given organizational autonomy in the work setting, professionals will remember the "ends" to which this autonomy ought to be applied?

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<sup>1</sup>Richard H. Hall, "Professionalization and Bureaucratization," American Sociological Review, 33 (February, 1968), 97. In Hall's study dedication was highest in less strongly professionalized groups such as teaching, social work, and nursing. What he fails to take note of is the heavy representation of women in these occupations. Were his implied proposition true, we would expect to find highest commitment to the service ideal in the very lowest-paying occupations, a rather unlikely event.

<sup>2</sup>Robert K. Merton, Social Theory and Social Structure (rev. enlarged ed.; Glencoe, Ill.: The Free Press, 1957), p. 205.

<sup>3</sup>Chris Argyris, Integrating the Individual and the Organization (New York: John Wiley and Sons, 1964), especially pp. 299-303; Marlene Kramer, "Role Models, Role Conceptions, and Role Deprivation," Nursing Research, 17 (March-April, 1968), 115-120; see also Arnold Rose, "'Official' vs. 'Administrative' Criteria for Classification of Combat Breakdown Cases," Administrative Science Quarterly, 3 (September, 1958), 194, in which Rose reports convergence of professional attitudes toward administrative ones.

### Integration

It is our position that it is not orientational differences per se which constitute a threat to organizational unity but that of whether or not differences in orientation can be accommodated within the organizational (i.e., social) unit in such a way that both the organization and the people in it thrive on their differences.<sup>1</sup>

Kornhauser says, "A complex system depends for its effectiveness on a certain distribution of types of orientation." A diversity of orientations is consistent with multiple and diverse functions.<sup>2</sup> Where conflict is most likely to occur is where there are insufficient mechanisms for accommodating differences in orientation.<sup>3</sup> The problem, we would suggest, is, then, one of being able to accommodate and profit (in the widest sense of the word) from differences --not one of eliminating them.

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<sup>1</sup>An application of C. Crane Brinton's more basic point that, paradoxically, "agreement is unnatural to democracy." Traditionally, Western thought has been characterized not by agreement but by unanimity. See Ideas and Men: The Story of Western Thought (New York: Prentice-Hall, 1950), p. 547.

<sup>2</sup>William Kornhauser, with the Assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), p. 121, italics his.

<sup>3</sup>Bernard Barber, "Some Problems in the Sociology of the Professions," Daedalus, 92 (Fall, 1963), 679; William A. Glaser, "Medical Care: II. Social Aspects," IESS 1968, Vol. 10, p. 98.

We shall first focus briefly on variations between professional and organizational orientations. On the premise that conflict can be greatly reduced if authority structures and reward structures are consonant with differences in work orientations,<sup>1</sup> we shall then proceed to discuss ways of reducing conflict through evolving differentiated role, authority, and reward structures.<sup>2</sup>

#### Work Setting Orientations

Gouldner, building upon Merton's work, identifies two central types of work orientation based upon the three variables of "loyalty to the organization; commitment to professional skills and values; and reference group orientations."<sup>3</sup>

1. Cosmopolitans: those low on loyalty to the employing organization, high on commitment to specialized role skills, and likely to use an outer [professional] reference group orientation.
2. Locals: those high on loyalty to the employing organization, low on commitment to specialized role skills, and likely to use an inner reference group orientation.<sup>4</sup>

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<sup>1</sup>A principle expressed by Bernard Barber, "Some Problems in the Sociology of the Professions," Daedalus, 92 (Fall, 1963), 679.

<sup>2</sup>A format based upon that used in Barber's analysis, ibid., p. 680.

<sup>3</sup>Alvin W. Gouldner, "Cosmopolitans and Locals: Toward an Analysis of Latent Social Roles--I," Administrative Science Quarterly, 2 (December, 1957), 294.

<sup>4</sup>Ibid., p. 290.

Of several other typologies along these lines,<sup>1</sup> Reissman's perhaps best reflects the point that work orientations are not likely to be restricted to simple polarities. His categories are: (1) the "functional bureaucrat," (2) the "specialist bureaucrat," (3) the "service bureaucrat," and (4) the "job bureaucrat."<sup>2</sup> The first of the above types resembles Gouldner's "cosmopolitan," i.e., he is a person who "just happens" to be working in a bureaucratic environment, and the fourth type here resembles Gouldner's "local" type. But the "specialist bureaucrat" is a person who, although he has an orientation toward professional standards, seeks recognition from the department within which he works rather than from peers within and without the organization in general. The "service bureaucrat," on the other hand, is oriented toward the organization but seeks personal recognition through rendering services outside the work situation, e.g., the civil servant whose recognition needs are met by helping handicapped children outside the organization.<sup>3</sup>

The dysfunctional characteristics of these various orientations and their incompatibilities would seem fairly

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<sup>1</sup>For a detailed comparison of types see William Kornhauser, with the Assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), pp. 118-121.

<sup>2</sup>Leonard Reissman, "A Study in Role Conceptions in Bureaucracy," Social Forces, 27 (March, 1949), 308-309.

<sup>3</sup>Ibid.

obvious. The "functional bureaucrat" may flit from organization to organization, the "specialist bureaucrat" may be overconcerned about staying within the rules, the energy of the person with a "service" orientation may be drained by his "outside" activities, and efficiency may be an end in itself for the "job bureaucrat."<sup>1</sup> Yet each, too, may have his own virtues when it comes to complex organizations, e.g., breadth of vision and currency of knowledge, departmental loyalty, service to the community, and stability and continuity, respectively. The problem of integrating the professional into the organization is, as for employees in general,<sup>2</sup> one of recognizing what kinds of orientations are most compatible with what kinds of organizational goals and functions.

#### Differentiated Role Structures

Kornhauser suggests that of the three central functions typifying most complex organizations, "production of

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<sup>1</sup>All examples taken from Leonard Reissman, "A Study in Role Conceptions in Bureaucracy," Social Forces, 27 (March, 1949), 308-309.

<sup>2</sup>Mary E. W. Goss points out that the conflicts between the norms and values of professionalism and those of bureaucracies may be an extreme case of the conflicts which non-professional persons may feel when their values and norms are not consonant with organizational ones, see "Influence and Authority Among Physicians in an Outpatient Clinic," American Sociological Review, 26 (February, 1961), 50. It may well be that the study of the conflicts of professionals in organizations will yield new insights about the broader problem of integrating individuals into organizations.

technical results (e.g., scientific research); (2) administration of the conditions under which technical results are produced; [and] application and communication of technical results," those persons with a strong professional orientation are likely to be best suited to the first function, those with a predominantly organizational orientation to the second, and those with combined orientations are likely to be most effective in the third.<sup>1</sup> Where employees' work orientations, whatever kind, are incompatible with their work roles, conflict is likely to ensue. Rather than trying to make the man fit the job, then, conflict may be reduced more appreciably if role-requirements are compatible with workers' predominant orientations.

At first glance the idea of evolving specialized roles to accommodate differences in orientation may seem a strong departure from the bureaucratic penchant for efficiency. But if we think of "technical competence" as embracing attitudinal dimensions as well, and if ideal bureaucratization is effective achievement of goals with minimum effort, "rational"<sup>2</sup> administration would dictate that the job and the man must complement each other. That this approach

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<sup>1</sup>William Kornhauser, with the Assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), p. 122.

<sup>2</sup>I.e., taking all relevant factors into account, feelings and values included.

could intensify coordination and communication problems would not seem impossible.<sup>1</sup> For example, increased specialization of professional roles can precipitate acute "inter-unit rivalry,"<sup>2</sup> and with this can come, e.g., hoarding of technical information, a situation antithetical to professional norms. Hall's data suggest that too intense a division of labor "may force a professional person away from his broader professional ties."<sup>3</sup> Further, if an organization becomes too specialized, the consequences of failure in any one part become all the more serious.<sup>4</sup> There is the question, too, of whether or not extensive specialization is consonant with the primary goals of the institution. In hospitals it may be highly convenient and scientifically profitable that a patient be attended by tens

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<sup>1</sup>Bernard Barber, "Some Problems in the Sociology of the Professions," *Daedalus*, 92 (Fall, 1963), 680, maintains that it would. We question this because it is not known to what degree coordination and communication problems in bureaucracies are intensified by trying to fit the man to the job. Richard H. Hall, "Professionalization and Bureaucratization," *American Sociological Review*, 33 (February, 1968), p. 100, says that the more well-developed the occupational culture and more highly internalized the norms of that culture, the less supervision is required.

<sup>2</sup>Harold L. Wilensky, "Organizations: IV. Organizational Intelligence," *IESS* 1968, Vol. 11, p. 325.

<sup>3</sup>Hall, *op. cit.*, p. 102.

<sup>4</sup>Wilensky, *op. cit.*, p. 322.

of specialized health personnel. But at what limits does this become inconsistent with the goal of helping the patient to regain his health?<sup>1</sup> Even the individual client aside, there is evidence to indicate that, to a point, the less role differentiation, the greater the use of new knowledge.<sup>2</sup> Another contingency here is that flexibility in evolving differentiated role structures depends to a considerable extent not only upon organizational function but upon the range and depth of function, and thus, to some extent, organizational size.

In sum, the task of evolving differentiated role structures compatible with varying work orientations presents many problems. But the conflict which can result if such structures do not evolve would seem to present even more serious ones.

#### Differential Authority Structures

Paradoxically, it would seem that the best way to integrate professionals into organizations is to give them organizational power.<sup>3</sup> In the foregoing section on autonomy

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<sup>1</sup>E.g., on patient care units composed of nothing but persons with acute coronary failure, might nurses and doctors become somewhat immune to the crises which these circumstances represent in the eyes of patients and their families? See Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), pp. 46, 52.

<sup>2</sup>James L. Price, "Use of New Knowledge in Organizations," Human Organization, 23 (Fall, 1964), 224-234.

<sup>3</sup>E.g., see Chris Argyris, Integrating the Individual and the Organization (New York: John Wiley and Sons, 1964), pp. 146-163.

it was pointed out that traditional hierarchical structure is becoming less functional as organizational goals become multiple and more complex. There are three central kinds of alternatives. The first is the diamond-shaped authority structure, an approach which permits more workers, including professions, to be closer to the decision-making process, a model becoming widely employed in industry and within the military.<sup>1</sup> Janowitz describes the evolving authority structure in the military as "fraternal" in nature. While formal authority is "technical and interpersonal skill plus group coordinate personnel for effective but decision in the decision-making process.

The second is mobility ladders, one for management and one for professionals. Goldner and Ritti see this as an approach to reducing conflict for while titles on the ladders may be similar, power, operative (versus formally-stated) status, and money income are not. They maintain that "the professional ladder does not provide an organizational arrangement for a share of the power necessary in controlling professions in a scientific

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<sup>1</sup>Harold L. Wilensky, "Organizations: IV. Organizational Intelligence," IESS 1968, Vol. 11, p. 325.

<sup>2</sup>Morris Janowitz, "Changing Patterns of Organizational Authority: The Military Establishment," Administrative Science Quarterly, 3 (March, 1959), 488.

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The second pattern is that of dual mobility ladders, one for management and one for professionals. Goldner and Ritti see this as an inadequate approach to reducing conflict for while titles on the ladders may be similar, power, operative (versus formally-stated) status, and money income are not. They maintain that "the professional ladder does not provide an organizational arrangement for a share of the power necessary in controlling professions in a scientific

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<sup>1</sup>Harold L. Wilensky, "Organizations: IV. Organizational Intelligence," IESS 1968, Vol. 11, p. 325.

<sup>2</sup>Morris Janowitz, "Changing Patterns of Organizational Authority: The Military Establishment," Administrative Science Quarterly, 3 (March, 1959), 488.

discipline. That is its major fault."<sup>1</sup> Indeed, these authors perceive the professional ladder as an immobilizing device, a mechanism for dealing with those who "don't make it" into management.<sup>2</sup> They state:

The established professional within an organization does not covet the professional ladder--it offers him little; he already has status in a wider society, and the ladder leads him away from power. The employee in a specialty occupation, blocked from further promotion, seeks professionalism and the professional ladder to gain status. At this stage, he is not only without power but is in no position to aspire to it.<sup>3</sup>

Goldner and Ritti maintain that the struggle for organizational power "is not simply between a professional group and the 'organization'; it is between that professional group and other groups in the organization."<sup>4</sup> Mobility up the professional ladder is viewed by professionals as being less an index of "success" than promotion within the management ladder.<sup>5</sup>

A third differentiated authority structure, one which is becoming increasingly popular, is that involving the role of the professional-administrator.<sup>6</sup> This approach,

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<sup>1</sup>Fred Goldner and R. R. Ritti, "Professionalization as Career Immobility," American Journal of Sociology, 72 (March, 1964), 494.

<sup>2</sup>Ibid., p. 500.

<sup>3</sup>Ibid., p. 501. Italics mine.

<sup>4</sup>Ibid., pp. 501-502. <sup>5</sup>Ibid., pp. 494, 497, 498.

<sup>6</sup>University academic deans, Bernard Barber suggests, are the prototype of this model, see "Some Problems in the Sociology of the Professions, Daedalus, 92 (Fall, 1963), 681.

too, presents some problems, but perhaps fewer than those of the dual ladder system or lay administration of professional groups.

The professional-administrator model requires that incumbents keep up not only with scientific advances in their areas of expertise but that they possess and develop administrative abilities. Needless to say, it is difficult to find such combinations of talent. Training programs for the administration of professional departments are as yet few and far between,<sup>1</sup> and the criteria for management promotion are in many work situations either not definitive or not adhered to.<sup>2</sup> Further, if rewards tend to become attached to management-type behaviors rather than also being a function of the professional-administrator's technical expertise, transvaluation of professional values might be expected to occur.<sup>3</sup>

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<sup>1</sup>William Kornhauser, with the Assistance of Warren O. Hagstrom, Scientists in Industry (Berkeley: University of California Press, 1963), p. 205. As this author points out, the administrative leadership function of the scientist who is a professional-administrator cannot be properly relegated to administrative assistants, no matter how brilliant the scientist may be in his technical field (p. 58).

<sup>2</sup>E.g., see Melville Dalton, "Informal Factors in Career Achievement," American Journal of Sociology, 56 (March, 1951), 407-415.

<sup>3</sup>See Peter M. Blau, "Organizations: I. Theories of Organizations," IESS 1968, Vol. 11, p. 300, for a summary of the theory regarding transvaluation of goals of those in power positions.

Again, accommodations of this sort are contingent not only upon organizational function but to some extent upon organizational wealth and size. Contrary to popular belief, increased organizational size need not inhere rigidity in organizational structure<sup>1</sup> nor a proportionate increase in the administrative component.<sup>2</sup> But there would seem at least some correlation between organizational function, size, status, and wealth, and from both a professional and an administrative viewpoint, the organization which does not have all of these is unlikely to attract top-flight professional-administrators.

Another factor which is important here is that working conditions must be such that reasonable stability of those involved in decision-making processes at the upper management levels is assured. Wilensky says, "Other things being equal, high turnover of administrative leaders discourages the expression of critical opinion. . . ."<sup>3</sup> Further, rapid turnover in the leadership group can foster the development

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<sup>1</sup>Richard H. Hall, J. Eugene Haas, and Norman J. Johnson, "Organizational Size, Complexity, and Formalization," American Sociological Review, 32 (December, 1967), 912.

<sup>2</sup>Theodore R. Anderson and Seymour Warkov, "Organizational Size and Functional Complexity: A Study of Administration in Hospitals," American Sociological Review, 26 (February, 1961), 23.

<sup>3</sup>Harold L. Wilensky, "Organizations: IV. Organizational Intelligence," IESS 1968, Vol. 11, p. 329.

of power cliques in middle and lower echelons,<sup>1</sup> a situation antithetical to a sound power structure. It may also create a dependence upon written policies and regulations which may in turn lead to rigidity, for while leaders come and go, written rules and regulations have a way of hanging on, applicable or not.<sup>2</sup>

In sum, the various schemes for reducing conflict in the area of organizational structure are still largely in their infancies.<sup>3</sup> But amongst those discussed here, the professional-administrator model would seem one of the most promising ones. While this model, if adopted throughout organizations, would mean sacrificing valuable professionals from strictly technical roles, it would help to ensure that policy decisions would take professional goals and needs into account,<sup>4</sup> and it would seem to be a tangible device for creating organizational loyalties while at the same time not eschewing professional ones.

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<sup>1</sup>Arnold Brecht, "How Bureaucracies Develop and Function," The Annals of the American Academy of Political and Social Science, 292 (March, 1954), 9.

<sup>2</sup>Ibid., pp. 7, 9.

<sup>3</sup>Bernard Barber, "Some Problems in the Sociology of the Professions," Daedalus, 92 (Fall, 1963), 682.

<sup>4</sup>Ibid.

### Differential Reward Structures

In a very real sense, the professional-administrator accommodative device is at once a differential authority and reward structure. While rewarding professionals by giving them administrative positions might at first glance seem somewhat contradictory to the "reward from colleagues" tradition, Goldner and Ritti maintain that the principle of intra-professional recognition "is not at all inconsistent with movement into management['s] being defined as success."<sup>1</sup> They say that "if most of the 'good' people (defined in terms of competence in the specialty) do, in fact, move up and the 'bad' ones are left behind, then moving up or staying behind will be defined by specialist groups as success or failure as they are defined by those in the rest of the organization."<sup>2</sup>

Conflict between professionalization and bureaucratization will be reduced if the reward structures permit those with "cosmopolitan" orientations to develop and publish research, attend professional meetings, work with other like-minded professionals, and continue training through

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<sup>1</sup>Fred Goldner and R. R. Ritti, "Professionalization as Career Immobility," American Journal of Sociology, 72 (March, 1964), 498-499.

<sup>2</sup>Ibid., p. 499. We would suggest that what seems to be a high proportion of executives, including professional-administrators in leadership positions in professional organizations, might lend support to the above point.

subsidized study. Very important for this group is that advances in salary and prestige be related to occupational rather than administrative type behaviors as such.<sup>1</sup> Not only may these kinds of approaches cost organizations much time and money, but such special treatment as sabbatical leaves and funding what may amount to "nonessential" research may also be a source of discontent for locally-oriented professionals and nonprofessionals. Further, if professionals get such "privileges" only through collective pressure on management, a professional union mentality may develop.<sup>2</sup>

Extremes of organizational compliance with cosmopolitan-type orientations are fraught with potential conflicts. For one thing, the "ethic of non-competition,"<sup>3</sup> a primary value in the professional ideal type, runs counter to many competitive business organizations, be it General Electric or Elizabeth Arden--or missile development programs. Professionals can patent ideas, but they ought not to hide them.<sup>4</sup> For another, the more that identification with the occupation is encouraged, the less place-bound the professionals are likely to feel, and rates of succession may reach pathological

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<sup>1</sup>See Bernard Barber, "Some Problems in the Sociology of the Professions," Daedalus, 92 (Fall, 1963), 673, 681-682.

<sup>2</sup>See Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), p. 202.

<sup>3</sup>Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 67.

<sup>4</sup>Ibid.

proportions the more that professionals become nationally known.

Yet, unless professional cultural needs are adequately met, organizations will have difficulty retaining those professionals which may best be able to help them achieve their goals.

In sum, differential reward structures must be such that they are consonant with professional values and at the same time meet organizational needs in the long run. Where either of these conditions is not met, conflict will result.

Bureaucratization, Professionalization,  
and Deprofessionalization

The processes of professionalization and bureaucratization are not inherently antithetical ones.<sup>1</sup> Where the latter is likely to precipitate deprofessionalization is where organizational necessities and/or requirements precipitate a devaluation and/or transvaluation of professional norms and values.

Such factors as the fractionalization of work roles, inadequate authority, the existence of reward systems inconsistent with the development of the knowledge-skill component and adherence to the norms of the professional culture, and

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<sup>1</sup>Richard H. Hall, "Professionalization and Bureaucratization," American Sociological Review, 33 (February, 1968), 104.

excesses or lacks of coordination and communication may not only engender but also may symptomatize deprofessionalization. There would seem four major adaptive responses likely: (1) convergence of professionals toward organizational orientations, (2) excessive professionalism as a response to what is perceived as unnecessary bureaucratization, (3) a state of relative anomie on the parts of both organizations and professions, and (4) a synergistic response in which organizations profit from the impact of professionalization and professions profit from the impact of a more systematic approach to the attainment of organizational goals.

Whereas bureaucratized work-settings may not be uncomplementary to well-developed professions,<sup>1</sup> the situation may be a quite different one in the case of marginal professions. For example, where professional autonomy is not well established, the professional role as yet too vaguely defined, and the socialization of occupational members generally not as yet substantial, bureaucratization may inhibit the process of professionalization quite markedly. On the other hand, if developing and strengthening professional orientations in

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<sup>1</sup>E.g., Mary E. W. Goss points out that while a bureaucratized work setting need not be antithetical to professional functioning, it may be that such holds generally true only where the profession in question is well developed before it enters a highly-structured organizational setting, see "Influence and Authority Among Physicians in an Outpatient Clinic," American Sociological Review, 26 (February, 1961), 50.

the case of marginal professions stands to further the achievement of organizational goals, it may well be that a bureaucratic setting can afford the beginning profession advantages which a low level of organization in the work-setting would never permit. In effect, we are supporting Hall's viewpoint that certain kinds and levels of bureaucratization may be highly complementary to certain kinds and levels of occupational development.

Understanding the nature of deprofessionalization, a topic to which we shall now turn, may help to better indicate where bureaucratization is or is not likely to impede the process of professionalization.

CHAPTER V  
DEPROFESSIONALIZATION

Our aim in this chapter is to develop a sense of what deprofessionalization is and examine the possibilities about where, why, and how it is likely to occur so that we have a basis for testing the thesis that nursing is undergoing a process of deprofessionalization.

Our approach will be to: (1) recount briefly the few references made to the notion of deprofessionalization in the literature, (2) present a conceptual model and provide tentative definitions and categories of deprofessionalization, (3) cite what may be some "cases" of deprofessionalization, and (4) consider what may constitute "steps," sources, and symptoms in the process of deprofessionalization.

The Use of the Term "Deprofessionalization"  
in the Literature

Dean Roscoe Pound's ten-page treatment of "The Era of Decadence [in the Legal Profession]: 1836-1870," stands as an exception to the generalization that there is very little direct reference made to "deprofessionalization" as such in

the literature on the professions.<sup>1</sup>

However, as early as 1915 Langerock used the term "professional deformation" to cover a variety of what he considered to be ills in professions at that time. His chief point was that, over time, professional practitioners had become enamored of themselves, their skills, and their professional associations to the point that they were failing to remember their *raison d'être*: service to society. We quote:

The continued performance of a certain profession or trade creates in the individual a deformation of the reasoning processes and of the sane valuation of the importance of his activity in the social labor of the community to which he belongs.<sup>2</sup>

Twenty years after Langerock, Harold Laski published a brilliant article entitled "The Decline of the Professions," in which he argued the case for organizing professions as public services rather than private services for hire, maintaining that the private, individualistic pattern of organization of the professions was rapidly becoming

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<sup>1</sup>It will be recalled that Howard M. Vollmer and Donald L. Mills had mentioned the term once as constituting a theoretical possibility, Professionalization (Englewood Cliffs, N.J.: Prentice Hall, 1966), p. 45. Pound's contribution in The Lawyer from Antiquity to Modern Times, with Particular Reference to the Development of Bar Associations in the United States (St. Paul, Minn.: West Publishing Company, 1953), pp. 232-242, will be discussed in detail later in this chapter.

<sup>2</sup>Hubert Langerock, "Professionalism: A Study in Professional Deformation," American Journal of Sociology, 21 (July, 1915), 30.

"fatal to the fulfilment of their function."<sup>1</sup> Professional services, he maintained, were too often restricted to those who could pay and pay well.<sup>2</sup> Laski referred to the use of professional skills for personal gain and/or interests incompatible with the public good as "the prostitution of a profession."<sup>3</sup>

Goode talks about occupations' moving "in the direction of increased or decreased professionalism," but he does not employ the term deprofessionalization as such. Further, the implication in his use of the term, "decreased professionalism," consistently implies an undesirable state of affairs,<sup>4</sup> an assumption we are not prepared to make.

Deprofessionalization:  
A Conceptual Framework

The actual testing of the idea that nursing is now undergoing a process of deprofessionalization requires only that we establish that nursing today is predominantly undergoing a process of deprofessionalization or that it is not.

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<sup>1</sup>Harold J. Laski, "The Decline of the Professions," Harper's Monthly Magazine, November, 1935, p. 677.

<sup>2</sup>Ibid. Laski said that professional deformation will occur "so long . . . as the motive of personal gain is the primary basis of activities [and] the true end of a profession becomes subordinated to it."

<sup>3</sup>Ibid., p. 678.

<sup>4</sup>William J. Goode, "The Librarian: From Occupation to Profession?" Library Quarterly, 31 (October, 1961), 307.

But to do this, we must first determine the nature of deprofessionalization.

In Figure 6, Area B, "professionalization" is intended to denote a state<sup>1</sup> of occupational development in which there is a functional degree of tension between the real and ideal, tension between the social realities of the times and what "ought" to be. It is not intended to represent a state of "ideal" professionalization. Rather, it denotes a range of occupational behaviors and characteristics the configuration of which, within the social context of the times, can be considered "professional," i.e., functional to the professional mission.

In contrast, both Areas A and C represent states in which, for one reason or another, there is a dysfunctional degree of tension between the real and ideal, they represent states of occupational organization dysfunctional to achieving the professional mission.

Occupations in Area A are likely to be those with, e.g., inadequately-developed knowledge-skill components, and/or those lacking adequate means for training recruits. They represent a state of occupational underorganization so far as the professional mission is concerned.

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<sup>1</sup>It can also be thought of as constituting a process. Due to the nature of the thesis to be tested, we shall talk in terms of occupational states in reference to Figure 6.

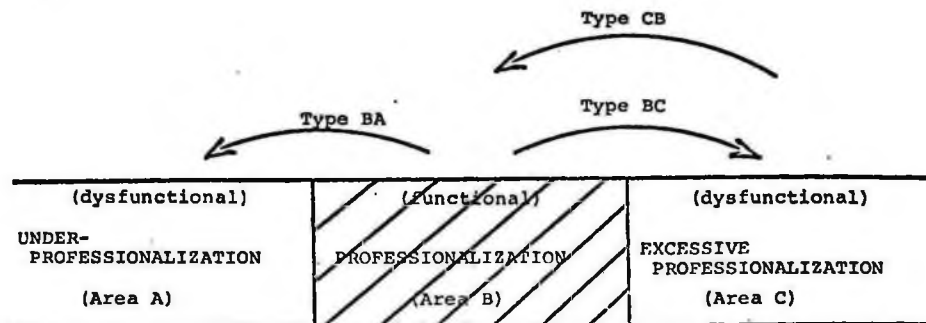


Fig. 6--Paradigm Showing Types of Deprofessionalization Occurring Where There Is Movement from One Area of Professionalization to Another.<sup>1</sup>

<sup>1</sup>The characteristics of Areas A, B, and C are described on pages 249, 251-252.

Area C represents occupations in which "concern with the forms of professional status outweigh concern with professional function."<sup>1</sup> In these occupations, means have become ends in themselves. They may have well-developed institutional means for the socialization of recruits, the development of knowledge and skills per se, and for regulating occupational performance, but the configuration of their characteristics and behaviors is not consistent with the professional mission of putting knowledge to socially responsible uses.

In that the nature of our analysis, as we have said, is primarily at the nominal level, we are not so much concerned here with deprofessionalization as it might occur within any of these areas, as with the phenomenon of deprofessionalization as it precipitates movement from one area to another.<sup>2</sup>

In our view, there are two central kinds of deprofessionalization, "functional" and "dysfunctional." In Figure 6, functional deprofessionalization can be thought of as movement from Area C to Area B; dysfunctional

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<sup>1</sup>Morris Janowitz, "Changing Patterns of Organizational Authority: The Military Establishment," Administrative Science Quarterly, 3 (March, 1959), 487.

<sup>2</sup>Movement of an occupation from Area A into B or C would constitute movement into a state of professionalization or excessive professionalization, respectively. However, as our emphasis here is upon deprofessionalization, the dynamics involved in such movements are not part of this discussion.

deprofessionalization can be thought of as movement from Area B into C and/or from B into A.

**Kinds of Deprofessionalization:  
Some Beginning Categories**

Examination of the principles underlying Figure 6 and of the phenomenon of deprofessionalization in general leads us to suggest that, in addition to the two major kinds of deprofessionalization cited above, some further categories would facilitate clearer analysis of the phenomenon in question. We will later attempt to demonstrate the usefulness of these categories by applying them to the "cases" of deprofessionalization as found in the occupations of law and diplomacy.

We will now outline categories related to: (1) the direction of deprofessionalization, (2) the duration of deprofessionalization, (3) socio-political boundaries, (4) intra-occupational factors, and (5) the work-settings in which deprofessionalization can take place.

Categories Involving the Direction  
of Deprofessionalization

The paradigm in Figure 6 suggests four major directions deprofessionalization is likely to take: (1) Type BA, involving a shift from Area B into A, serves to designate dysfunctional deprofessionalization of the under-professionalization type; (2) Type BC, a shift from Area B into C,

designates dysfunctional deprofessionalization of the excessive professionalization type; (3) Type BA-BC, involving shifts from Area B to both A and C is a "mixed" type designating a combination of the first two dysfunctional categories; and (4) Type CA, a shift from C into A, designating functional deprofessionalization.

Within the above context, testing the hypothesis that an occupation is deprofessionalizing involves, then, three major possibilities: (1) establishing the occupation's position at a given point in time as falling within Area C and substantiating Type CA movement, (2) establishing that the occupation was formerly of the "mixed" type and then demonstrating subsequent movement from C to B or A so far as its C component is concerned, and (3) establishing the occupation's position at a given point in time as falling within Area B and substantiating subsequent Type BA, BC, or BA-BC movement.

#### Categories Involving Duration

We would term deprofessionalization which is relatively short-lived, such as that described by Pound, "temporary deprofessionalization," as distinguished from "irreparable" or "irreversible deprofessionalization." We can think of no clear-cut example of an occupation once distinctly considered a "profession" becoming irreversibly deprofessionalized, but it would seem to be a logical theoretical

possibility. In principle, it might be argued that astrologists represent such a case. Ulich maintains that astrology was once a very highly regarded occupation but that it "withered" and continued to deteriorate as it became progressively removed from the basic experiences of mankind.<sup>1</sup> In England, barbers were once classed with surgeons,<sup>2</sup> and while from the fifteenth to the nineteenth centuries the latter's professional status was admittedly lower than that of physicians,<sup>3</sup> it could be argued that within the social context of the times, barbers rose up the occupational ladder to a considerable extent at least until the seventeenth century. But the complete divorce of surgeons from barbers in 1745<sup>4</sup> would seem to have signaled the formal<sup>5</sup> beginning of what would eventually constitute

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<sup>1</sup>Robert Ulich, Crisis and Hope in American Education (Boston: Beacon Press, 1951), pp. 158-159; see also the recent article, "Astrology: Fad and Phenomenon," Time [magazine], March 21, 1969, pp. 47-48, 53-56, would suggest a resurgence but not one with substantial occupational implications as yet.

<sup>2</sup>A. M. Carr-Saunders and P. Wilson, The Professions (London: Frank Cass Company, 1933), pp. 68-69.

<sup>3</sup>Ibid., p. 68.

<sup>4</sup>The surgeons broke away from the Company of Barber-Surgeons and their two hundred year-old amalgamation with barbers and formed the Company of Surgeons in 1745, see Geoffrey Millerson, The Qualifying Associations (London: Routledge and Keegan Paul, 1964), p. 19.

<sup>5</sup>We say "formal" because in agreeing to limit their functions to exclude surgery except for tooth-drawing, an agreement that was part of the amalgamation contract between barbers and surgeons in 1540 (see Carr-Saunders and Wilson, op. cit., p. 68), the barbers may have sealed their fate.

the "irreversible" deprofessionalization of barbers.

Categories of Deprofessionalization Involving Socio-Political Boundaries

As our later examples of deprofessionalization suggest, deprofessionalization may tend to be co-terminal with socio-political boundaries. These kinds of dimensions can perhaps best be classified as deprofessionalization of the:

(1) international, (2) continental, (3) national, (4) regional, (5) state, and (6) local types. We use the term "types" here instead of levels in an effort to try to avoid implying that deprofessionalization of international dimensions is necessarily more consequential than that, e.g., at the state "level." For example, minor deprofessionalization in medicine which was international in its scope might be far less consequential than a considerable degree of deprofessionalization in medicine in one of the Superpowers.

It is a commonplace to say that professional standards if not degrees of professionalization vary on regional, state, and local bases.<sup>1</sup> There is little reason to suspect

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<sup>1</sup>E.g., Christopher Jencks and David Riesman, The Academic Revolution (Garden City, N.Y.: Doubleday and Company, 1968), p. 204, categorize the standards of medical practice found by Peterson et al. in a recent study of North Carolina medical practice as showing "disparities of the pre-Flexner sort." Their reference is to the study of Osler L. Peterson et al., "An Analytic Study of North Carolina General Practice," Journal of Medical Education, 31 (December, 1956), 1-165.

that deprofessionalization might not also follow such patterns, and little reason to expect that the phenomenon of deprofessionalization would manifest itself in the "same" way in these different areas.

#### Types Involving Intra-Occupational "Boundaries"

It is conceivable that deprofessionalization may follow intra-occupational boundaries or segments, rather than geographical lines as such. For example, on the principle that the degree of professionalization of surgeons has not always been the same as that of internists,<sup>1</sup> we might anticipate that neither would deprofessionalization occur in such segments simultaneously and/or in the same ways.

#### Categories of Deprofessionalization Involving the Organizational Structure of the Work-Setting

As the literature in the previous chapters would suggest, there is reason to think that deprofessionalization, like professionalization, may tend to occur to a greater extent in some work settings more than others. Applying principles from Chapter IV, we would differentiate between deprofessionalization which occurs in three types of work

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<sup>1</sup>A. M. Carr-Saunders and P. Wilson, The Professions (London: Frank Cass Company, 1933), pp. 68-69; Sir Robert Platt, "The New Medicine and Its Responsibilities," in The Humanist Frame, Sir Julian Huxley, ed. (New York: Harper Brothers, 1961), especially pp. 360-361.

settings: (1) under-bureaucratized, (2) bureaucratized, and (3) over-bureaucratized work settings.

#### Defining Deprofessionalization

None of the following synonyms and definitions comes directly from the literature, but their formulation very often came about as a result of the investigator's readings in the area of professionalization, therefore the sources of stimuli have been noted.

#### Dysfunctional Deprofessionalization

Very succinctly, dysfunctional deprofessionalization can be described as "diseased professionalization,"<sup>1</sup> or "pathogenic professionalism."<sup>2</sup> In contrast to professionalization's representing a growth process, deprofessionalization can be thought of as a "katabolic" process,

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<sup>1</sup>Benson Y. Landis does not make reference to deprofessionalization as such, but in writing about problems in professionalization, he asks, "What are the diseases of professionalism?" See Professional Codes: A Sociological Analysis to Determine Applications to the Educational Profession (New York: Bureau of Publications, Teachers College, Columbia University, 1927), p. 102; A. M. Carr-Saunders refers to the decline of the learned character of the professions and terms this a "disintegration" rather than a "transformation" of the professions, in "Metropolitan Conditions and Traditional Professional Relationships," in The Metropolis in Modern Life, R. M. Fisher, ed. (New York: Doubleday and Company, 1955), p. 287, reported by Howard M. Vollmer and Donald L. Mills, eds., Professionalization (Englewood Cliffs, N.J.: Prentice-Hall, 1966), p. 63.

<sup>2</sup>See Robert K. Merton, "Priorities in Scientific Discovery: A Chapter in the Sociology of Science," American Sociological Review, 22 (December, 1957), 659, where Merton refers to "pathogenic" professional culture.

as "interrupted professionalization,"<sup>1</sup> or as "professional retrogression."<sup>2</sup> As a state, it can be described as "the state in which the social need for certain services and the realities of the particular profession or social institution are no longer in good functioning relation to each other."<sup>3</sup> Viewed as such, it represents a type of "occupational entropy," or a disorder between the expectations of the occupation as a social institution and the "need dispositions" of occupational members.<sup>4</sup> Descriptively, deprofessionalization could be termed "downward occupational mobility."<sup>5</sup>

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<sup>1</sup>Joseph Ben-David and Randall Collins, "Social Factors in the Origins of a New Science: The Case of Psychology," American Sociological Review, 31 (August, 1966), 451, make reference to a "normal growth curve" in professionalization.

<sup>2</sup>Developed from Richard Hofstadter's comments about "retrogression" in academia in the early half of the nineteenth century, Academic Freedom in the Age of the College (New York: Columbia University Press, 1955), especially p. 209.

<sup>3</sup>A paraphrase on Everett C. Hughes' comments on professionalism, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 15.

<sup>4</sup>An application of J. W. Getzel's model in "Conflict and Role Behavior in the Educational Setting," in Readings in the Social Psychology of Education, W. W. Charters, Jr. and N. L. Gage, eds. (Boston: Allyn and Bacon, 1963), pp. 305-318.

<sup>5</sup>It will be recalled that Hughes described professionalization as upward occupational mobility, Hughes, op. cit., p. 44.

Before going on to the categorization of functional deprofessionalization, we might mention that in the case of a rapidly-changing society, it could be argued that, theoretically, an occupation which fails to continue to professionalize while other occupations are doing so is, relatively speaking, "deprofessionalizing." We are tempted to suggest that an additional term, "relative deprofessionalization," might prove useful in this regard. However, as it would in essence be a dysfunctional sub-type, it does not alter our two central categories.

#### Functional Deprofessionalization

Very simply, this type can be described as the process of moving from a state of excessive professionalization to a state of functional professionalization. Again, in using the term "functional deprofessionalization," we are implying that excessive professionalization does not serve the best interests of the public.

In terms of open systems, whereas dysfunctional deprofessionalization is viewed as occupational entropy, functional deprofessionalization represents a force of a negative entropic character, a process operating to produce order or organization.

#### "Cases" in Deprofessionalization

We use the term "cases" with some reservation because the following paragraphs are at best only selected instances

of deprofessionalization. Yet they are in kind "cases" in that they serve to suggest the incremental and complex nature of deprofessionalization and draw attention to the point that deprofessionalization is by no means simply a discrete intra-occupational phenomenon.

#### Law

In describing deprofessionalization of the profession of law in the years 1836-1870, Pound cites several factors which may have contributed to the phenomenon. It is difficult to say which of these is more likely "cause" than "symptom"; in our opinion they are very likely highly inter-related in nature.

The "Era of Decadence" in law coincided with: (1) several states all but eliminating special training requirements for lawyers, settling instead on the two chief criteria that those wishing to practice must "be of good character" and be at least twenty-one years of age,<sup>1</sup> (2) the dissolution of many bar associations, (3) formal apprenticeship's giving way to "reading in law," (4) a growth of the cities with resulting lack of coordination between lawyers and a lack of collective opinion amongst bar members, (5) in some cases,

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<sup>1</sup>The states of Michigan and Indiana represent two such examples (both in 1850), see Roscoe Pound, The Lawyer from Antiquity to Modern Times, with Particular Reference to the Development of Bar Associations in the United States (St. Paul, Minn.: West Publishing Company, 1953), pp. 225-227.

due to mistrust, strong public objection to an organized bar, and (6) in some cases (e.g., Indiana), a prohibition of the use of Latin and special legal technical terms in the courts.<sup>1</sup>

But even behind such "causes" as these, Pound maintains that there were deeper factors, such as the idea that the pioneer had to be jack-of-all-trades, the fast growth of the population in relation to the number of qualified lawyers, economic and political depressions which had favored the multiplication of lawyers who did little but debt-collecting,<sup>2</sup> the failure to adapt legal procedures to urban conditions and in the frontier areas the English common law's not being suited to frontier conditions, a basic distrust of English law in general,<sup>3</sup> a tendency for frontier lawyers to try to please audiences in the courts rather than pursue justice, the fear that the professions might create a special social class unequalitarian in nature, and the

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<sup>1</sup>Roscoe Pound, The Lawyer from Antiquity to Modern Times, with Particular Reference to the Development of Bar Associations in the United States (St. Paul, Minn.: West Publishing Company, 1953), pp. 223-242; see also George E. Brand, "Bar Organization and Judicial Administration," Journal of the American Judicature Society, 34 (June, 1950), 38-45.

<sup>2</sup>"[A] type that has never been the best." See Pound, op. cit., p. 180.

<sup>3</sup>Even to the point where there was a "temporary cult of French law books." Ibid., pp. 180-181.

deprofessionalizing effect which the short-term elected bench tended to create.<sup>1</sup>

Although Pound considers that the legal profession made a comeback beginning in the 1880's,<sup>2</sup> he maintains that residual effects from the era of deprofessionalization are likely to be of considerable proportion. He writes:

The harm which this deprofessionalization of the practice of law did to the law, to legal procedure, to the ethics of practice and to forensic conduct has outlived the era in which it took place and still presents problems to the promoters of more effective administration of justice.<sup>3</sup>

#### The Clergy

An example of temporary deprofessionalization may be that of the English clergy in the Middle Ages. Millerson says that by the late Middle Ages monastic discipline had declined and a contempt for clergy had developed; a widening gulf separated rich and poor ecclesiastics and the secularization of the professions was on its way.<sup>4</sup> We cite

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<sup>1</sup>Roscoe Pound, The Lawyer from Antiquity to Modern Times, with Particular Reference to the Development of Bar Associations in the United States (St. Paul, Minn.: West Publishing Company, 1953), pp. 233-241 unless otherwise cited.

<sup>2</sup>Although the comeback coincided with a resurgence in professional associations, the reasons for this comeback are not made clear.

<sup>3</sup>Pound, op. cit., p. 232.

<sup>4</sup>Geoffrey Millerson, The Qualifying Associations (London: Routledge and Keegan Paul, 1964), p. 16.

this set of events not only as possible evidence of deprofessionalization but to illustrate the point that the professionalization of some occupations may be integrally associated with the deprofessionalization of others.

It would seem no overstatement to categorize the clergy in the United States of the seventeenth and eighteenth centuries as in general being of a considerably "professional" character. But Feilding maintains that this generalization did not hold for the following century; indeed, he emphasizes that American theological education is still trying "to regain ground lost from the general flight from reason that went into the making of the [indigenous] denominations in the nineteenth century. . . ."<sup>1</sup>

In terms of the professional ideal type, a widespread "flight from reason" is scarcely consistent, particularly in an occupation the traditions and writings of which have represented "a major component in the total body of intellectual disciplines."<sup>2</sup>

#### Academia

Hofstadter's documentation of what he terms "The Great Retrogression" in university teaching in the early half of

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<sup>1</sup>Charles R. Feilding, with the Assistance of Thomas W. Klink, Education for Ministry (Dayton, Ohio: The American Association of Theological Schools, 1966), p. 132.

<sup>2</sup>Talcott Parsons, "Professions," IESS 1968, Vol. 12, p. 537.

the nineteenth century and Sizer's accounts of the state of affairs in the ante-bellum academies would seem to suggest a phase of deprofessionalization so far as university teaching is concerned.<sup>1</sup> Yet it might well be argued that this period of the "popularization"<sup>2</sup> of American higher education may have been the roots of the later surge in professionalization in American society.

It is interesting to note that the periods to which Hofstadter and Sizer refer approximate the "Era of Decadence" in law.

#### The Military

Janowitz, the foremost American sociological authority on the military profession, reports that evidence presented at a recent conference on militarism "confirmed the decline in prestige of the military profession in recent years in advanced industrialized societies."<sup>3</sup> Frankel gives cues

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<sup>1</sup>Richard Hofstadter, Academic Freedom in the Age of the College (New York: Columbia University Press, 1955), pp. 209-222; and Theodore Sizer, ed., The Age of the Academies, Classics in Education Series No. 22, Lawrence Cremin, ed. (New York: Bureau of Publications, Teachers College, Columbia University, 1964).

<sup>2</sup>Sizer, op. cit. Lawrence Cremin, writing in the Introduction to Sizer's book, p. viii, uses this term to contrast the tone of The Age of the Academies with the previous "elitist" approach.

<sup>3</sup>Morris Janowitz, "International Perspectives on Militarism," American Sociologist, 3 (February, 1968), 13.

as to reasons why this may be so.

The traditional subject-matter of military strategy, says Frankel, has been how weapons are to be used. Where a policy of deterrence is in effect, as in the Super-powers today, weaponry is not supposed to be used; it is only there to deter. Further, determination of what weapons are available is now largely in the hands of scientists. In previous times, military advice in situations of international tension or in outright war was considered of paramount importance to society; this is no longer so true today.<sup>1</sup>

While the strength of the relationship between declining prestige and the kind and degree of deprofessionalization that may be occurring in an occupation is a matter of conjecture, Janowitz points to evidence that indicates that the declining prestige is associated with severe problems in professionalization. In some countries, the United States amongst them, there has, for example, been a continued increase in recruitment from lower social classes, data indicate that occupational inheritance in the military (i.e., sons of the military choosing their father's career) in countries with highly professionalized armed forces is declining, and Sweden reports a rise in "intellectually

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<sup>1</sup>Joseph Frankel, International Relations (New York: Oxford University Press, 1964), pp. 42-43.

inferior" recruits.<sup>1</sup> While such data are too spotty to confirm a definite movement in the direction of deprofessionalization, it would at least seem to be suggestive of it.

### Diplomacy

It is our considered view that the field of diplomacy may represent a rather dramatic and particularly interesting instance of what may at least be a case of temporary deprofessionalization.

In the following analysis we will rely almost exclusively on Frankel's treatise on international relations.<sup>2</sup> While at no point does Frankel make reference to "deprofessionalization" as such, his description of events in the area of diplomacy over the past few centuries struck us as representing a possible example of the phenomenon.

We will first examine the nature of diplomacy briefly and then pursue factors which might have contributed to deprofessionalization in that occupational field.

Frankel states that "diplomacy is the inevitable outcome of the co-existence of separate political units with

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<sup>1</sup>Morris Janowitz, "International Perspectives on Militarism," American Sociologist, 3 (February, 1968), 13-14.

<sup>2</sup>Joseph Frankel, International Relations (New York: Oxford University Press, 1964), especially pp. 125-133.

any degree of contact. . . ."<sup>1</sup> Diplomacy (and thus the functions of diplomats) is, in the broadest sense, often employed to "embrace both the making and the execution of foreign policy."<sup>2</sup> Keenan defines it as "the business of communicating between governments."<sup>3</sup> It is important here to distinguish between occupations involving the functions of propaganda and those involving diplomatic functions. While both are mainly "verbal" in nature, propagandists' efforts are aimed at the "people of other states rather than to their governments . . ."; and secondly, the techniques and content in the field of propaganda are entirely "selfish" in nature, being governed exclusively by national as distinguished from international interests.<sup>4</sup>

While diplomats were perhaps amongst the earliest "professionals,"<sup>5</sup> a period of marked professionalization of the field began with "the Peace Treaty of Westphalia [1648], which established several major states capable of maintaining

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<sup>1</sup> Joseph Frankel, International Relations (New York: Oxford University Press, 1964), p. 125.

<sup>2</sup> Ibid.

<sup>3</sup> Attributed to the American scholar, George Keenan, no specific source given, ibid.

<sup>4</sup> Ibid., italics the author's, pp. 133-134.

<sup>5</sup> For example, it is interesting to note that as early as the Middle Ages diplomats, like physicians and teachers, were required to take at least minor holy orders in order to enter the occupation, see Geoffrey Millerson, The Qualifying Associations (London: Routledge and Keegan Paul, 1964), p. 16.

an equilibrium of power among themselves."<sup>1</sup> Prior to this time diplomatic behavior was governed entirely by what were often deceitful, sporadic state interests rather than by a common interest in maintaining international order.<sup>2</sup>

Frankel states:

The balance-of-power system . . . demanded constant vigilance . . . and hence diplomatic missions became permanent instead of sporadic. This . . . led to the consolidation of diplomatic procedures and practices which was facilitated by the common aristocratic origin of practitioners and by the common interest in the existing international order. . . .

[These events] transformed the nature of diplomacy.<sup>3</sup>

However, this "golden age" of diplomacy passed with the dissolution of the balance-of-power system at the time of World War I.<sup>4</sup>

#### The Impact on Diplomacy of Changes in Technology and Communications

By 1919 the actual heads of governments could meet face-to-face for negotiations. Air travel and radios effected increases in the speed of communication and thus "reduced the importance of diplomats. . . ."<sup>5</sup> Secondly,

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<sup>1</sup>Joseph Frankel, International Relations (New York: Oxford University Press, 1964), direct quotation is from p. 157, but the reference to the professionalization of diplomats is based on information on pages 126-127.

<sup>2</sup>Ibid., p. 126.

<sup>3</sup>Ibid.

<sup>4</sup>Ibid., a judgment made by Frankel, p. 126.

<sup>5</sup>Ibid., p. 127.

advances in mass communications had opened the field of propaganda, direct approach to the peoples of other countries, thereby devaluing the importance of diplomatic contacts, and sometimes introducing conflicts between diplomatic and propaganda operations.<sup>1</sup>

A third factor in the immediate world situation is that technological advances are such that the global social system is increasingly based not upon the threat of war but upon the need for deterrence. And, as Boulding underlines, "if the deterring forces are ever used, the system has broken down."<sup>2</sup> This removes a primary final resort, a "power-play," which had been theoretically available (in the form of recommending war) to diplomats of all previous history.

Deterrence involves persuasion, frequently in open conferences (such as those of the United Nations) rather than secret compromise. The tradition of the comparatively independent diplomat of the Concert era is quickly giving way to what is "sometimes called diplomacy by conference," or by parliamentary procedures, or forensic diplomacy."<sup>3</sup>

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<sup>1</sup> Joseph Frankel, International Relations (New York: Oxford University Press, 1964), p. 127.

<sup>2</sup> Kenneth E. Boulding, "Where Are We Going If Anywhere? A Look at Post-Civilization," Human Organization, 21 (Summer, 1962), 165.

<sup>3</sup> Frankel, op. cit., p. 128.

All of these events point to a lessening of the power and influence of the diplomat, a situation conceivably suggestive of deprofessionalization.

Increased "Interference"  
from Public Opinion

Before World War I diplomats and diplomatic policy had in general been relatively free from immediate public pressure. The structure of the decision-making system of some governments (e.g., Britain) permits high flexibility in the process of decision-making at the cabinet and diplomatic levels, whereas in other types, such as that of the United States, the handling of foreign policy is made "cumbersome" by the proliferation of "checks and balances."<sup>1</sup> Prior to World War I the American government had not been involved in foreign policy to any appreciable extent. When it did, it introduced a diplomatic system weak in tradition<sup>2</sup> and one which inhered public pressure. In Frankel's opinion, the intrusion of American public opinion into the conduct of foreign policy "has weakened the esteem in which diplomacy

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<sup>1</sup>Joseph Frankel, International Relations (New York: Oxford University Press, 1964), pp. 41, 67.

<sup>2</sup>Ibid., pp. 65-67. The author maintains that until 1945 there was inadequate development in the field of American diplomacy. Since that time the American diplomatic service has become the largest in the world, but Frankel maintains that it lacks long tradition and is encumbered by public pressures.

was formerly held."<sup>1</sup> In effect, particularly in the West, the post-World War I demand for "open" diplomacy with no secret agreements and the stipulation that negotiation be in the open meant the withering of one of the chief techniques or methods<sup>2</sup> of diplomatic practice, the art of compromise, for where positions on foreign relations must be stated in the open, compromise is generally not possible without loss of face.<sup>3</sup> Instead, the art of persuasion has gradually replaced that of compromise.

The replacement of the art of compromise largely with that of persuasion has, in our opinion, profound implications for the educational preparation of diplomats. It might be argued, for example, that today's "persuaders" need to know less about history per se (i.e., have a scholarly knowledge of previous compromises and of different national traditions in diplomatic style) and more understanding of the dynamics of social psychology. Further, whereas previously the purpose of negotiation was to secure agreement, the purpose in many of today's encounters is "to damage the position of an opponent and to express hostility."<sup>4</sup>

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<sup>1</sup>Joseph Frankel, International Relations (New York: Oxford University Press, 1964), pp. 65-67.

<sup>2</sup>Frankel terms this a "function," ibid., p. 129. We see it more as a method or technique which facilitates the carrying out of their functions.

<sup>3</sup>Ibid., pp. 127-128.

<sup>4</sup>Ibid., p. 130.

The golden age of diplomacy required master compromisers; current diplomacy may require master agitators. Role-models of the latter type may be inadequate or in short supply, and this could represent problems in the successful training of diplomats.

#### Ideological Rifts

Frankel maintains that diplomats today have to contend with ideological rifts of a magnitude those in the "golden age" did not. While it might be argued that the terror of nuclear weapons is a superordinate uniting force, the problem here is that the real implications of imbalance in nuclear power have not yet been adequately absorbed into diplomatic roles.<sup>1</sup>

#### The Changing Status of the Highest Levels of Diplomats

Whereas prior to World War I ambassadorial status was highly exclusive in character, being granted only in the case of important Powers, it is now widely used as an expression of good will.<sup>2</sup> In some instances it would seem to us that diplomatic machinery is being employed almost (in the latter cases) as a "propaganda" tool. To the extent that such appointments are primarily good-will devices, it may

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<sup>1</sup>Joseph Frankel, International Relations (New York: Oxford University Press, 1964), p. 129.

<sup>2</sup>Ibid.

be that the functionally specific knowledge of even highly "socialized" diplomats may disintegrate under such role diffusion as that encompassing the "friendly visitor" as distinct from the expert negotiator. This is a situation which could lead to the deterioration of the knowledge-skill component, either directly, as we have suggested here, or indirectly, in that rewards may become dissociated from specialist knowledge.

Applying Categorical Terms to the "Cases"  
of Law and Diplomacy

Applying Categorical Terms  
to the Case of Law

Pound's interpretation of the deprofessionalization of law falls into the dysfunctional, temporary deprofessionalization category of the Type BA, underprofessionalization type; it is a predominantly national case with strong state (e.g., legislation changes), regional (e.g., frontier), and local (e.g., lack of cohesive opinion amongst lawyers in growing urban centers) components. In that we do not know what the comparative situation was in Upper and Lower Canada, we cannot make any judgments about continental patterns at that time. There were "segmental" aspects to this case in that of the "bill collectors" particularly. Pound did not mention work-settings as such, but we assume that most of the lawyers were in solo practice, a situation which could be considered an under-bureaucratized one.

The presenting symptoms seemed to center on the lowering of training standards, deterioration of professional organization, destandardization of legal procedures, and, in the case of the prohibition of legal technical terms including Latin ones, perhaps a lowering of the "aura of mystery" surrounding the legal process. The predominant underlying symptom, if not strong contributing cause, was widespread public distrust of the legal profession; yet this in turn would seem to have been manifestly associated with changing patterns of social mobility and political thought.

Applying Categorical Terms  
to the Case of Diplomacy

The case of diplomacy seems to be one of temporary de-professionalization, including the current period. In Frankel's view it would be characterized as a Type BA phenomenon. It is clearly of international dimensions but the strongest components would seem to be continental (as in the decline of the Concert) and national (as in the emergence of a Superpower which had relatively weak diplomatic traditions). The ambassadorial segment seems to have been hard hit; we do not know about other segments of diplomatic practitioners. We cannot automatically assume but would suspect that the work-setting was and is over-bureaucratized.<sup>1</sup>

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<sup>1</sup>Indeed, the very term "bureaucracy" was developed during the "golden age" of diplomacy. See Reinhard Bendix, "Bureaucracy," IESS 1968, Vol. 2, pp. 206-219, especially p. 206. The term was developed in the seventeenth century, the major concepts in the nineteenth and early twentieth

The presenting symptoms in this case are, according to Frankel, a weakening of standards and traditions in the diplomatic field. The underlying symptoms if not causes were associated with a rather sudden transition from a situation in which there existed a balance of power to one which has become characterized by the emergence of two Superpowers, one of which, through historical circumstance, had a relatively weakly-developed diplomatic tradition and a highly "democratized" system of determining and carrying out foreign policy. Such events could, conceivably, result in a clear-cut case of dysfunctional deprofessionalization, Type BA. But we wonder if it might in the long run be interpreted as being primarily a Type CA phenomenon. For we must keep in mind that this "explosion" of diplomatic traditions and standards could, conceivably, be interpreted as a response to the consequences of if not the system in which diplomacy had become excessively professionalized. Perhaps the secret compromises had gone so far that the "international public good" was no longer being served by them; perhaps diplomatic standards and procedures had in themselves become means, not ends. Thus in our opinion, although there is no question that in general<sup>1</sup> deprofessionalization occurred, the question remains, was it

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<sup>1</sup>We say "in general" because the decades following World War I would seem to represent a period of relative professionalization so far as American diplomacy is concerned.

Type BA--or was it Type CB?

"Steps," Sources, and Symptoms  
in Deprofessionalization

"Steps" in Deprofessionalization

Pound refers not to "steps" per se in the process of deprofessionalization but he does refer to three "stages" which he fears may soon characterize twentieth-century professions, stages related to professions' gradually becoming absorbed into the "Service State."

First will be unionization of all callings. . . .  
Next, getting control of professional education by government subsidies and thus subjecting the professions to bureaucratic management. Then finally by seeking to bring cheap professional assistance to everyone's back door by government taking over of the callings pursuing learned arts to complete the process of substituting bureaus for professions.<sup>1</sup>

It will be recalled from Chapter IV that Wilensky classes bureau professionals as "'program professionals,'"<sup>2</sup> not equating them with the traditional ideal type model. Such views stand in direct contrast to Laski's<sup>3</sup> idea that so long as the profit motive is operative, i.e., unless

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<sup>1</sup>Roscoe Pound, The Lawyer from Antiquity to Modern Times, with Particular Reference to the Development of Bar Associations in the United States (St. Paul, Minn.: West Publishing Company, 1953), p. 360.

<sup>2</sup>See page 117 above.

<sup>3</sup>See page 248 above.

professions are organized along "public" lines, deprofessionalization will surely ensue. Thus what Laski sees as a forward step in professionalization, Pound views as constituting the last step in deprofessionalization.

The factors which could be regarded as potential sources and symptoms of deprofessionalization are, like those of professionalization, so great as to constitute a major analysis in themselves. We shall narrow our attention to some of the more probable and significant ones, then we will again assess the question of whether there might be anything in the nature of "steps" in deprofessionalization.

On the premise that if an occupation is at one point a "profession" and if neither the profession nor the society changes, deprofessionalization will not occur, we have chosen to organize the following discussion under two major headings: extra-occupational and intra-occupational sources and symptoms of deprofessionalization. It is artificial to make such sharp distinctions because the two are largely inter-related, but it may help to emphasize our point that deprofessionalization is far from being simply an intra-occupational phenomenon. We would again underline that a great many of the sources and symptoms we will be mentioning here could, too, characterize professionalization. For example, a situation such as shortages of practitioners (such as that alluded to by Pound) could conceivably result in increased

prestige,<sup>1</sup> and it could also strengthen the process of professionalization by precipitating a re-ordering of priorities and getting rid of more "dirty work." Throughout, we shall focus only on how various factors might constitute sources and symptoms of deprofessionalization.

Lastly, whereas it would seem fairly reasonable to assume that functional deprofessionalization would involve changes in form but not in substance compared to those of professionalization, the steps, symptoms, and sources of dysfunctional deprofessionalization, because it would seem essentially a process of social disintegration rather than one of integration, are likely to be quite different. We shall therefore focus attention on the dysfunctional phenomenon.

#### Extra-occupational Sources and Symptoms of Deprofessionalization

##### Socio-political-cultural Sources and Symptoms

All of the examples cited in the section on "cases" in deprofessionalization occurred either during, slightly before, or slightly after a major war. We say a "major" war because there is scarcely a sizable period of time free of wars;

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<sup>1</sup>Prestige may be a function of the scarcity of skills, see Kingsley Davis and Wilbert E. Moore, "Some Principles of Stratification," American Sociological Review, 10 (April, 1945), 244.

further, these were major wars so far as the professions in point were concerned.<sup>1</sup> But it is too simplistic to think of wars as "causing" deprofessionalization. As a matter of fact, history suggests that the converse may to a considerable extent be true. Wilensky maintains that states of urgency may act to neutralize "distortions" of hierarchy and specialization and types of organization and communication which have become cumbersome in times of low social pressure.<sup>2</sup> It might be predicted, for example, that given extensive periods of lack of world tension, the military and diplomacy would deprofessionalize because their raisons des êtres had evaporated, and inanition would set

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<sup>1</sup>E.g., the case of the clergy followed the Norman Conquest, a period in which the powers of the Church became highly pervasive (see Geoffrey Millerson, The Qualifying Associations [London: Routledge and Keegan Paul, 1964], p. 16, regarding D. D. Knowles' analysis in "Religious Life and Organization," Chapter XII, in Medieval England, Vol. II, A. L. Poole, ed. [rev. ed.; London: Oxford University Press, 1958]); the cases relating to law and academia both occurred in the first part of the nineteenth century before the Civil War; Janowitz's data refer primarily to phenomena following World War II; and Frankel's interpretation of (what we are terming) deprofessionalization in diplomacy was that it was an outcome of circumstances emerging from World War I.

<sup>2</sup>Harold L. Wilensky, "Organizations: IV. Organizational Intelligence," IESS 1968, Vol. 11, pp. 327-328.

in."<sup>1</sup> Of course, the converse also could be argued, that extensive periods of disabling tension and conflict would deprofessionalize these occupations.

### Social Unrest

There are reasons why social unrest may contribute to deprofessionalization. In Hughes' opinion, social unrest may manifest itself through questioning professional prerogatives and demanding "more complete conformity . . . to lay modes of thought, discourse, and actions."<sup>2</sup> The reason for such behavior, says Caplow, is that "highly visible, moderately professional men are logical targets for popular aggression."<sup>3</sup> The case of law may be an example not of

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<sup>1</sup>E.g., according to Frankel, the period in which diplomacy flourished was what might be described as a state of optimum world tension from the standpoint of the development of the diplomatic role. The tension between the diplomat's first loyalty, that to the state, and his second loyalty, that to international organization, was optimum because it was neither disabling (because success in one area depended upon success in the other) nor was it absent (see Joseph Frankel, *International Relations* [New York: Oxford University Press, 1964], p. 49). Karl Polanyi, *The Great Transformation* (Boston: Beacon Press, 1957), especially pp. 9-17, cites evidence that the underlying reason why this kind of tension was possible was due to the integrative character of haute finance during this period.

<sup>2</sup>Everett C. Hughes, *Men and Their Work* (Glencoe, Ill.: The Free Press, 1958), p. 83.

<sup>3</sup>Theodore Caplow, *The Sociology of Work* (Minneapolis: University of Minnesota Press, 1954), p. 135.

internal deterioration of legal practice so much as an instance in which a leading profession was a target of social unrest. As society increasingly sees government, not professions, as effective change agents rather than obstacles of same,<sup>1</sup> this tendency to project blame for the ills of society onto professions, whether or not they are responsible, may become intensified because professional groups are more tangible bodies than are governments.

#### Changing Ideologies and Shifts in Power

It was mentioned earlier that professionalization is a phenomenon consonant with if not derived from Western thought. A sudden change in the amount and kind of state intervention in matters involving substantive judgment may precipitate professional retrogression. For example, in Red China a number of socio-political factors have converged to precipitate a massive loss of autonomy in medicine. "Surgery is no longer the prerogative of doctors," medical schools have lost control of standards of training and the period of training has been cut drastically, and there is a return to the use of ancient Chinese herbal medicine and once-prohibited treatments such as acupuncture.<sup>2</sup>

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<sup>1</sup>John Conway, "Politics as a Profession in the United States," Daedalus, 92 (Fall, 1963), 845.

<sup>2</sup>"Red China Youths Serve as Doctors," New York Times, Section 1, November 10, 1968, p. 22.

Inter-professional shifts in power, too, may contribute to deprofessionalization, either directly or, where the professionalization of one occupation depends heavily upon the amount and kind of authority held by closely related occupations, indirectly. For example, formally-stated prerogatives which were once clearly in the hands of hospital board members in the early twentieth century then tended to shift largely toward doctors, then to hospital administrators, and/or are now dispersed amongst all three.<sup>1</sup> Such shifts have implications for related health professions, for doctors, for example, cannot "give over" power they do not have, and if professionalization in nursing depends to some extent on the latter, disarticulation between these two roles may occur.

#### The Changing Public

It seems no overstatement to say that even at the turn of the century, the public in general did not consider it had an inalienable "right" to receive professional services. Whereas community sanctions were earlier directed toward making professional services safe and possible, the emphasis now is on ensuring that professional services

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<sup>1</sup>Charles Perrow, "The Analysis of Goals in Complex Organizations," American Sociological Review, 26 (December, 1961), especially 857-861; see also Samuel W. Bloom, The Doctor and His Patient (New York: Russell Sage Foundation, 1963), pp. 164-165.

related to basic human needs be available one way or the other to all, and on assuring that services "not be withdrawn under any circumstances."<sup>1</sup> With heavy lay intervention into problems associated with the distribution of services may come deprofessionalization because the institutionalized means for doing so may be highly incomplete.

Further, the public today is better informed than at any previous time, a factor which may precipitate at least "relative deprofessionalization" if professional expertise is only little higher than that of the public's.

Successful professionalization involves not only the effective socialization of practitioners but of clients as well. Explicitly or implicitly there are certain norms of behavior associated with being a patient, a client, or a student. The professional-client system based on the omnipotent practitioner-grateful, ignorant client model<sup>2</sup> may have been quite "functional" in earlier times but, clearly, it is a potential source of social disorganization today, both for the practitioner who is married to such a

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<sup>1</sup>See Robert Theobald, "The Implications of American Physical Abundance," The Annals of the American Academy of Political and Social Science, 378 (July, 1968), 11; see also in the same issue, Wesley C. Clark's "The Impact of Mass Communications in America," pp. 68-74.

<sup>2</sup>E.g., see Raymond S. Duff and August B. Hollingshead, Sickness and Society (New York: Harper and Row, 1968), passim. The theme that more attention must be directed toward patients' needs and rights runs throughout this research report.

model and for the client who, by virtue of his increased sophistication of knowledge and/or insistence on rights basic to his dignity, cannot and/or will not fit the old mold.

On the basis of rigorous research, Plant and Telford conclude that the degree to which institutions of higher education can modify non-intellectual value-orientations of students is negligible.<sup>1</sup> Professional schools cannot nurture values which are not there. As such, if there is a deterioration in social values in general, there will be a deterioration of professional ideals and ethical practices.

#### Structural Characteristics of Government

As a general principle, it might be stated that the more that professionalization of an occupation depends upon governmental action and the less functional the decision-making machinery of government is, the more likely deprofessionalization is to occur. Conway states that the current structure of the United States government encourages ad hoc, short-range approaches to social problems.<sup>2</sup>

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<sup>1</sup>Walter T. Plant and Charles W. Telford, "Changes in Personality for Groups Completing Different Amounts of College over Two Years," Genetic Psychology Monographs, 74 (August, 1966), especially 7, 32.

<sup>2</sup>John Conway, "Politics as a Profession in the United States," Daedalus, 92 (Fall, 1963), especially 850-855.

Responsible social applications of knowledge now largely necessitate wide-scale planning. Failure to do so might result in cynicism, both within and without the professions, and a disillusionment with and a distortion of the professional mission.

### Economic Factors

Implicit in the descriptive ideal type professional model is the idea that rewards (economic and otherwise) are a direct function of the utility of professional services to society.<sup>1</sup> Yet Caplow argues that were incomes to be based on social utility, such would "have the effect of turning existing incomes upside down."<sup>2</sup> The relation between the degree of professionalization and income is a far from direct one, so it is tenuous to assume that one of the primary symptoms of deprofessionalization is a loss of real income. For example, Form says that although income "roughly parallels the prestige hierarchy of broad occupational families," there remain important inconsistencies.<sup>3</sup> To the extent that increased professionalization does parallel

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<sup>1</sup>E.g., this seems to be the assumption underlying Goode's model, see William J. Goode, *Community Within a Community: The Professions*, American Sociological Review, 22 (April, 1957), 903.

<sup>2</sup>Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), p. 137.

<sup>3</sup>William H. Form, "Occupations and Careers," IESS 1968, Vol. 11, p. 249.

rising income, the question arises as to limits to which the economic system can tolerate increasing professionalization and, ultimately, it raises the question as to at what point might economic impediments to professionalization give rise to an occupation's becoming deprofessionalized.

As the federal government becomes increasingly involved in financing professional training and research, greater standardization becomes possible. But this goes for errors too. What used to occur as "new approaches which did not turn out" but which were at least confined to local levels, may now become massive overnight educational disasters. Further, while there may be no conscious effort to do so, massive funding from federal sources may effect changes in institutional goals, if not functions.<sup>1</sup>

These several points may serve to suggest some of the major "external" forces and factors which may operate to produce "professional deformation." We shall now examine sources and symptoms of deprofessionalization as an intra-occupational phenomenon.

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<sup>1</sup>E.g., see Peter H. Rossi, "Researchers, Scholars, and Policy Makers: The Politics of Large Scale Research," Daedalus, 93 (Fall, 1964), 1152.

### Internal Sources and Symptoms

#### The Knowledge-Skill Component

If the knowledge-skill component is irrelevant or inadequate in terms of the professional mission, deprofessionalization is likely to occur. For example, in Pound's description, it will be recalled that in part there was either a distrust of the character of the knowledge-skill component (English law) and/or inadequate adaptation of legal knowledge and procedures to the needs of a rapidly changing society. In either case the knowledge-skill component was perceived by society as not being attuned to the times.

As in the case of professional codes of ethics, the nature of the knowledge-skill component and its attendant roles cannot vary too widely from the tenor of that valued by society at large, or disarticulation will result. For example, at the one extreme of the knowledge-skill component, there is no room as yet for the sanction of Orwellianism; on the other, society does not reward those persons who know little more than extra-occupational persons do.

In the twentieth century, more valuation is attached to scientific forms of knowledge than in previous times,<sup>1</sup>

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<sup>1</sup>Thorstein Veblen, The Place of Science in Modern Civilization (New York: The Viking Press, 1919), p. 105.

and occupations not keeping pace with the emphasis on the scientific are likely to be less highly rewarded than, e.g., in societies where much stress is placed on humanitarian<sup>1</sup> or aesthetic values.

Professions are, in a sense, "rulers" of specified functions. Applying a principle from Weber, if these "rulers" fail to justify their domination of particular applications of knowledge, their legitimate right to do so will be questioned. And if such a situation continues long enough, their authority will be supplanted by some other group.<sup>2</sup>

What may not be so obvious as the point that society must value a profession's knowledge-skill component if de-professionalization is not to occur is that occupational members themselves must value it. Esther Lucile Brown, the noted anthropologist, emphasizes the cruciality of this point, for unless the occupation has a positive stance toward the uniqueness and the value of its own contribution, society can scarcely be expected to believe in it, support

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<sup>1</sup>Erik H. Erikson suggests that there may be beginning movement toward humanistic rather than technological orientations, see "Memorandum on Youth," Daedalus, 96 (Summer, 1967), 864-866.

<sup>2</sup>Reinhard Bendix, "Weber, Max," IESS 1968, Vol. 16, p. 499. The principle, not the content, is taken from this source.

it, and reward it.<sup>1</sup>

Another factor here is that deprofessionalization may occur because there has been a failure to accumulate and preserve knowledge which represents insights won from practical experience. Knowledge acquired over years of professional practice can be lost in the space of one generation either through limits in the degree of socialization that is achieved and/or through intermittent vogues in practice.<sup>2</sup>

Deprofessionalization as Loss  
of Occupational Autonomy

Loss of occupational autonomy may be both a source and a symptom of deprofessionalization. As power diminishes, the ability to take corrective action also diminishes. Further, sensing loss of ground, an occupation may try "to exorcise the reality by the negative rite of looking firmly in the opposite direction. . . ."<sup>3</sup>

As we have underlined earlier, the knowledge-skill component is the legitimating basis of occupational authority. Where relevant publics perceive this component as having

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<sup>1</sup>Esther Lucile Brown, Nursing for the Future (New York: Russell Sage Foundation, 1948), p. 198.

<sup>2</sup>It is with the growth in cumulative knowledge that the great advances in Western thought are associated, see C. Crane Brinton, Ideas and Men: The Story of Western Thought (New York: Prentice-Hall, 1950), pp. 368, 535.

<sup>3</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 15.

deteriorated, autonomy will very likely become diminished. Taking all these factors together, it would seem that deprofessionalization is likely to be a cumulative process, i.e., "Loss of power begets loss of power."

#### Failures in Professional Socialization

Deprofessionalization is likely to occur if there are failures in the socialization of new recruits and of member-practitioners. For a profession to turn out a well-socialized product into a situation in which existing practitioners do not reinforce learned professional behaviors is to create a situation of role strain.<sup>1</sup> The greater the heterogeneity<sup>2</sup> of occupational members, the more likely role strain is to occur. Further, the greater the diversity of expectations from significant persons and professions outside the occupation in question, the more this role

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<sup>1</sup>We are using Sloan R. Wayland's interpretation of "role strain" here to denote noncomplimentary expectations of a particular role as distinct from "role conflict," the strain within an individual which can result when the demands of one role (e.g., that of teacher) do not mesh with demands of other roles carried out by that same person (e.g., wife, mother). (Lecture in TF 3202, "Sociology of Education," Teachers College, Columbia University, New York, Fall Semester, November 7, 1966.)

<sup>2</sup>"The more heterogeneous [occupational members are in their] . . . social origins, the greater the tendency to leave it [the occupation] later for a variety of other occupations." See Peter Blau, "The Flow of Occupational Supply and Recruitment," American Sociological Review, 30 (August, 1965), 490.

strain is likely to be accentuated, even to the point of role disintegration.

The adaptive responses to role strain are not necessarily dysfunctional ones. Clearly, innovation may be highly functional.<sup>1</sup> What seems most crucial here is that adaptive responses to role strain do not result in altering the central mission of putting knowledge to socially responsible uses. Where this occurs, deprofessionalization will necessarily occur. In contrast, so long as adaptive responses result in improving the institutional means for accomplishing the professional mission, they are not maladaptive in the normative sense.

A comprehensive analysis of factors which may underlie failures in initial and ongoing socialization is beyond the scope of this study, but we shall highlight what seem to be some of the major ones. The following may constitute not only symptoms of deprofessionalization but sources as well.

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<sup>1</sup>Robert K. Merton's typology of modes of adaptive response consists primarily of valences attached to the responses of conformity, innovation, ritualism, retreatism, and rebellion, see Social Theory and Social Structure (rev. enlarged ed.; Glencoe, Ill.: The Free Press, 1957), pp. 139-156, especially p. 141; see also Frank Harary, "Merton Revisited: A New Classification for Deviant Behavior," American Sociological Review, 31 (October, 1966), pp. 693-697.

Deprofessionalization Related  
to the Quantity and Quality  
of Practitioners

Deprofessionalization may be associated with either extreme shortages or extreme excesses of occupational members, both within and without a given occupation.<sup>1</sup> Shortages may result in a lowering of occupational standards of practice, the giving up of crucial aspects of occupational functions,<sup>2</sup> practitioners' leaving the occupation altogether, "tourism,"<sup>3</sup> and/or retreating to areas of practice within the occupation where the pressures from shortages are not felt so directly. Further, it may result in

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<sup>1</sup>E.g., Eleanor C. Lambertsen points out that where there is inadequate medical coverage of obstetrical patients, nurses are forced into performing tasks beyond their areas of qualification. [This not only means that the patient is getting inappropriate care but it is a source of great role strain for nurses.] See "Poor [Medical] Supervision [of Patients] Has Obstetric Nurse Doing the Specialist's Job," Modern Hospital, 102 (January, 1964), 126.

<sup>2</sup>E.g., James Howard Means says that the pressure for time has contributed to doctors' giving up to a large degree their counseling function. "Homo Medicus Americanus," Daedalus, 92 (Fall, 1963), 712.

<sup>3</sup>I.e., a modified form of occupational retreatism, floating from one place of work to another, see William M. Evan, "On the Margin--The Engineering Technician," in The Human Shape of Work, Peter Berger, ed. (New York: The Macmillan Company, 1964), p. 101.

lowering standards for admission to training<sup>1</sup> and/or a fractionalization of complex professional roles to dimensions more manageable for less-talented recruits.<sup>2</sup> Shortages may precipitate an influx of recruits who bring a low "inherent" status with them,<sup>3</sup> and/or value-orientations about illness, crime, justice, education, or whatever, which differ markedly from values traditionally associated with professional practice, and thus values which could ultimately represent a threat to the professional mission itself.<sup>4</sup>

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<sup>1</sup>E.g., see William J. McGlothlin, The Professional Schools (New York: The Center for Applied Research in Education, 1964), pp. 16-17; John K. Galbraith, The New Industrial State (Boston: Houghton Mifflin Company, 1967), p. 375; and Eli Ginzberg, "Confrontations and Directions," in Technology and Social Change, Eli Ginzberg, ed. (New York: Columbia University Press, 1964), p. 137.

<sup>2</sup>Charles R. DeCarlo, "Perspectives on Technology," in Technology and Social Change, Eli Ginzberg, ed. (New York: Columbia University Press, 1964), p. 42.

<sup>3</sup>E.g., women into "male" professions and entry from heterogeneous ethnic or religious minorities. Whether such minorities are capable of objective professional competence is beside the point here. If they are "perceived" to be less than competent, there may be dysfunctional consequences.

<sup>4</sup>In this regard we would mention John Porter's analysis of the heavy influx of foreign professionals into the United States. E.g., during the early 1960's, this kind of immigration was occurring at a rate equivalent to 3 per cent per year of domestic graduates, up to 12 per cent in the case of engineering, and 17 per cent in the case of medicine, "The Future of Upward Mobility," American Sociological Review, 33 (February, 1968), 12-13. See also Everett C. Hughes on the problems which mixed value-orientations can present, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 76. E.g., as an example of this point we would suggest that a profession in which the creed had been that man's task is to perfect his environment would be radically altered by a heavy influx of recruits who believe man's suffering is inevitable.

Rokeach's research on time as a factor affecting levels of cognition suggests that abstract thinking is less likely to occur where the pressure of time is too great. To a point, the less time available for problem-solving, the more rigid the solutions given.<sup>1</sup> Thus extreme demands on the time of practitioners may indirectly contribute to deprofessionalization by inhibiting concern with and success in theoretical development of the knowledge component.

Excesses of practitioners may result in members' taking on all and any kinds of tasks, many of which may be lower in prestige, thereby destroying not only the functionally specific nature of the area of expertise but lowering the prestige of the occupation. Too, many recruits may swamp the facilities of professional schools and pressured faculties may give way on some of those experiences which are vital to the socialization of recruits.<sup>2</sup>

Further, excesses of recruits may have been the outcome of denial to access into other occupations, a factor scarcely consistent with a high degree of occupational stability and commitment.

There would seem, then, to be a complex relationship between quantitative shortages and qualitative shortages of

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<sup>1</sup>Milton Rokeach, "The Effect of Perception of Time upon the Rigidity and Concreteness of Thinking," Journal of Experimental Psychology, 40 (April, 1950), 216.

<sup>2</sup>E.g., informal conferences, individual attention.

practitioners as a factor in deprofessionalization.

#### Membership Versus Reference Groups

It is a basic tenet of social psychology theory that if the chief reference group of occupational members lies outside their occupation, attitudes will tend to converge toward those of the reference group.<sup>1</sup> Where the chief reference group for a given profession was at one time the membership group itself and has subsequently become an outside group, deprofessionalization may have occurred. The reasons for this could be many, but we shall concentrate upon one possibility.

By converging to the attitudes if not the techniques of psychiatry, social work, Lubove maintains, has developed the therapeutic role (through emphasizing case work) at the expense of social work's quintessential functions, those of liaison and resource mobilization.<sup>2</sup> In effect, efforts to emulate what are thought to be highly professionalized groups may ultimately effect the unintended consequence of deprofessionalization, because the unique

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<sup>1</sup>E.g., see the research data reported by Albert E. Siegel and Sidney Siegel, "Reference Groups, Membership Groups, and Attitude Change," Journal of Abnormal and Social Psychology, 55 (November, 1957), 360-364.

<sup>2</sup>Raymond Lubove, The Professional Altruist (London: Oxford University Press, 1965), p. 220.

functions have become withered in the process.<sup>1</sup> The principle being underlined here is that so long as the impact of "outside" reference groups results in what amounts to disintegration of the professional mission, deprofessionalization may be the eventual outcome.

Also symptomatic of convergence toward other than occupational group membership norms may be a tendency to devalue symbols which have been traditional to the occupational culture. As Caplow has noted, the process of professionalization usually involves a change in the name of the occupational association and/or title of the occupation.<sup>2</sup> It may well be that the process of deprofessionalization does, too. Further, in that upward occupational mobility, be it janitor or Madison Avenue executive, is frequently associated with changes in styles of dress, we might suspect that deprofessionalization may also be accompanied by changes in such occupational symbols.

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<sup>1</sup>E.g., in imposing the methods of natural science upon areas of social science inquiry, Mannheim maintains, social scientists may no longer ask what they need to know and instead attempt "only to deal with those complexities of fact which are measurable according to an already existent method." See Karl Mannheim, Ideology and Utopia, translated from the German by Louis Wirth and Edward Shils (New York: Harcourt, Brace and World, n.d.), p. 51.

<sup>2</sup>Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), p. 139.

### Rewards Are Not a Function of "Ideal Type" Professional Behaviors

Professional "role-status disequilibrium" is likely to result if occupational rewards (recognition and rewards from peers, clients, and society) are not consonant with carrying out professional type behaviors.<sup>1</sup>

Physicians are not ordinarily rewarded prestige-wise or economically by becoming administrators,<sup>2</sup> engineers are.<sup>3</sup> Where advances in status involve what amounts to promotion out of the occupation,<sup>4</sup> deprofessionalization is likely to occur. Janowitz and Delany conclude from their research that where promotion of occupational members tend to settle "for the minimum necessary for carrying out [their jobs] consistent with developing bet

<sup>1</sup> Joseph B. ... "The Social Role of the Physician in Bureaucracy: A Study in Role Conflict," *Human Relations*, 1958, 11:268-269.

<sup>2</sup> Everett C. Hughes, *Men and Their Work* (Glencoe, Ill.: The Free Press, 1958), p. 122.

<sup>3</sup> Christopher Jencks and David Riesman, *The Academic Revolution* (Garden City, N.Y.: Doubleday and Company, 1968), p. 203. The whole point of Theodore Caplow's and Reece J. McGee's *The Academic Marketplace* (New York: John Wiley and Sons, 1958), *passim*, is that those who teach are rewarded in terms of their research, not their teaching contributions.

<sup>4</sup> See Fred Goldner and R. R. Ritti, "Professionalization as Career Immobility," *American Journal of Sociology*, 72 (March, 1964), 494.

<sup>5</sup> Morris Janowitz and William Delany, "The Bureaucrat and the Public: A Study of Informational Perspectives," *Administrative Science Quarterly*, 2 (September, 1957), 159.

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<sup>1</sup>Joseph Ben-David, "The Professional Role of the Physician in Bureaucratized Medicine: A Study in Role Conflict," Human Relations, 11 (August, 1958), 268-269.

<sup>2</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 122.

<sup>3</sup>Christopher Jencks and David Riesman, The Academic Revolution (Garden City, N.Y.: Doubleday and Company, 1968), p. 203. The whole point of Theodore Caplow's and Reece J. McGee's The Academic Marketplace (New York: John Wiley and Sons, 1958), passim, is that those who teach are rewarded in terms of their research, not their teaching contributions.

<sup>4</sup>See Fred Goldner and R. R. Ritti, "Professionalization as Career Immobility," American Journal of Sociology, 72 (March, 1964), 494.

<sup>5</sup>Morris Janowitz and William Delany, "The Bureaucrat and the Public: A Study of Informational Perspectives," Administrative Science Quarterly, 2 (September, 1957), 159.

Merton points to the discontinuities between the reward system in medical practice and what physicians "ought" to do. He says:

The physician must do all he can to prevent, and not only to help cure, illness. But: society more largely rewards medical men for the therapy they effect as practitioners and only secondarily rewards those engaged in the prevention of illness, particularly since prevention is not as readily visible to patients who do not know that they remain healthy because of preventive measures.<sup>1</sup>

To paraphrase Brinton, a profession whose members profess one set of values and live another cannot long endure in any society.<sup>2</sup>

Discrepancies of the above kinds effect a transvaluation<sup>3</sup> of professional values, and ultimately a deterioration of the professional mission. If rewards are attached primarily to the tangible, what might be meaningful, rewarding interaction between professional and client may instead

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<sup>1</sup>Italics his, Robert K. Merton, "Some Preliminaries to a Sociology of Medicine," in The Student Physician, Robert K. Merton, et al., eds. (Cambridge, Mass.: Harvard University Press, 1957), p. 75.

<sup>2</sup>C. Crane Brinton, Ideas and Men: The Story of Western Thought (New York: Prentice-Hall, 1950), p. 550, the original statement concerns his point that democracies which profess one set of beliefs and live another cannot long survive.

<sup>3</sup>See William M. Evan, "On the Margin--The Engineering Technician," in The Human Shape of Work, Peter Berger, ed. (New York: The Macmillan Company, 1964), p. 102.

become only "work."<sup>1</sup> And as it becomes only work, not only the desire but also the capacity may be lost for effecting meaningful applications of knowledge. A more secondary point here, although perhaps a subtle index, is that transvaluation of occupational values may be manifested by increasing emphasis upon formal statements of ethics, a symbolic effort to try to deny that values are changing;<sup>2</sup> similarly, standards of entry may be raised and a redefinition of functions may occur as a desperate defense against what may seem to be impending doom.

#### The Character and Locus of the Work Situation

As we have already noted, bureaucratization may or may not, solo and group practice may or may not, be consonant with the accomplishment of the professional mission. Thus, no generalizations about deprofessionalization can be made on the basis of the sheer type of organizational structure. But the locus of practice may, for example, create situations in which practice is "too visible,"<sup>3</sup> thus detracting from

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<sup>1</sup>This represents an application of Hannah Arendt's point that meaningfulness springs not from the tangible results of work but from human interaction, The Human Condition (Chicago: University of Chicago Press, 1958), especially pp. 296-297.

<sup>2</sup>See Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), p. 15, regarding denials of the realities of situations.

<sup>3</sup>Rose Laub Coser, "Insulation from Observability and Types of Social Conformity," American Sociological Review, 26 (February, 1961), 38.

the "aura of mystery" and the "social distance"<sup>1</sup> which the specific function requires. Or, conversely, the work situation may allow scarcely any visibility so that rewards may be low and/or the regulation of practice made difficult.<sup>2</sup>

Further, practitioners may have been socialized to function primarily in solo practice and through complex circumstances find themselves having to work in groups or vice versa, situations for which they may neither intellectually nor emotionally be prepared. Maladaptive behaviors may thus result.

#### Deprofessionalization and Technology

In a technological culture, humanitarian behaviors are secondary in importance to technological ones.<sup>3</sup> Again, advances in technology have permitted vast gains in professionalization. But unless the application of technology to professional practice is consonant with the over-all mission, and/or technological advances are seen as means to and not

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<sup>1</sup>Rose Laub Coser, "Insulation from Observability and Types of Social Conformity," American Sociological Review, 26 (February, 1961), 38.

<sup>2</sup>Or, in the extreme case in which professionals are as a group geographically isolated from their families, such as was the mode in the military, the locus of practice may develop the professional mission at the expense of other institutions such as the family. See Morris Janowitz, "Changing Patterns of Organizational Authority: The Military Establishment," Administrative Science Quarterly, 3 (March, 1959), 491.

<sup>3</sup>Odin W. Anderson, Toward an Unambiguous Profession, Health Administration Perspectives, Number A6 (Chicago: Center for Health Administration Studies, University of Chicago Press, 1968), p. 37.

ends of professional practice, deprofessionalization is likely to result.

The experimental intravenous devices through which patients can give themselves a controlled amount of pain-relieving drugs while in the hospital may represent an ingenious technological feat; but they may also be an abomination of professional practice.

#### Deprofessionalization as Deficient Intra-, Inter-, and Extra- Occupational Articulation

On the same principle that professionalization is associated with increasingly effective articulation, disarticulation may be both a symptom and a cause of deprofessionalization.

Earlier we noted Gilb's point that in professionalization increasing differentiation is accompanied by increasing articulation.<sup>1</sup> In deprofessionalization, there may perhaps be instead increasing differentiation accompanied by decreased articulation. As the division of labor within and between professions and society in general becomes the more complex, occupations may deprofessionalize because they are unable by themselves to modify complex factors which may be impeding professionalization. This kind of situation may result in a pervasive sense of occupational powerlessness.

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<sup>1</sup>See page 132 above.

While articulation in normative professionalization is a synergistic process, disarticulation is anergistic in nature. Sources and symptoms of deprofessionalization may include a fractionalization of professional organizations into smaller associations, each with its own ideology and standards of practice, extra-professional intervention on what constitutes intra-professional matters, lack of articulation with related systems (e.g., voluntary lay groups), organizational emphasis upon job security<sup>1</sup> rather than upon professional standards as such, and, ultimately, disarticulation may precipitate the withdrawal of community sanctions.

#### "Steps" in Deprofessionalization?

The process of professionalization is essentially a process of social integration; deprofessionalization is a process of social disintegration.

To a certain extent, the steps in deprofessionalization may represent a reversal of the steps in professionalization. For example, as we have noted here, instead of occupational members' becoming more cohesive, they are likely to become uncohesive; instead of making gains in autonomy, losses in autonomy are likely to occur; relative homogeneity

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<sup>1</sup>William M. Evan, "On the Margin--The Engineering Technician," in *The Human Shape of Work*, Peter Berger, ed. (New York: The Macmillan Company, 1964), p. 102.

of standards is likely to give way to disparities and variations in standards. We say "likely" because we simply do not know. Dying swans may, in professions as in societies, become all the more cohesive under common threat; social systems may be so faulty that holding onto occupational autonomy may not inhere the condition of possessing special expertise.

Because the knowledge-skill component is so central<sup>1</sup> in the process of professionalization, it is tempting to suggest that the first "step" in deprofessionalization is deterioration of this component. But this may not be so. For example, no matter how sound the K-S component, if practice is not adequately rewarded, it may be discontinuities in the reward structure which represent the first "step." We can, then, see no unequivocal set or sequence of steps. Instead, we would offer a summary of tentative characteristics associated with the process of dysfunctional deprofessionalization. Where it seems reasonable, distinctions between preconditions, causes, and consequences are drawn. But because these characteristics are unlikely to be mutually exclusive, and because their interrelationships, like the characteristics of professionalization, are

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<sup>1</sup>In that knowledge and skills in and of themselves do not inhere a commitment to put them to use, we do not consider this component to be the only essential cornerstone.

likely to be of an exponential nature, we would underline that the process of dysfunctional deprofessionalization is likely to involve a combination of several of these characteristics.

Tentative Characteristics Associated with the Process of Dysfunctional Deprofessionalization

Broad social factors: Social disintegration at the general societal level would seem to be a strongly related precondition of dysfunctional deprofessionalization; this disintegration may stem from aberrations in social, political, cultural, and/or economic institutions which act to disintegrate rather than to strengthen and transform institutions basic to the process of professionalization.

Occupational autonomy: Decline in control over substantive matters and feelings of occupational powerlessness both at the individual practitioner and occupational association levels are likely consequences of dysfunctional deprofessionalization.

The K-S component: Deterioration and/or inadequacy of the substantive K-S component is likely to be strongly correlated with the process of dysfunctional deprofessionalization; while it may be both causal and consequential in nature, it would seem in any case likely to be an eventual outcome. Sources of

the deterioration of the K-S component may include: (1) imposition of inappropriate methods of substantive enquiry, and (2) decline in emphasis on theory; these factors may in turn precipitate maladaptive responses to changing technology, and a decline in the aura of mystery.

Failures in occupational socialization: Inappropriate socialization of recruits, role-status disequilibrium associated with inadequate rewards, an excess of practitioners and/or an influx of lower status recruits, inadequate rewarding of contributions to the development of substantive knowledge and skills, and weakening integrity of the occupational role due to maladaptive responses to technological developments are likely causal factors in the process of dysfunctional deprofessionalization. An extreme shortage of recruits could conceivably be a cause and/or an eventual outcome. Consequences of failures in occupational socialization are likely to include upward mobility's being associated with leaving the substantive field, occupational membership's not being identical with the chief reference group, pathological occupational mobility including tourism, and transvaluation of occupational values.

## CHAPTER VI

## NURSING, C. 1920 AND C. 1960: AN OVERVIEW

In postulating that nursing is currently undergoing a process of deprofessionalization, we are in essence saying that nursing at one time, namely, in the 1920's, exemplified to a greater degree the characteristics of professionalization than is true of it today. Or, put another way and in terms used in Chapter V, we are saying that within the social context of the times, nursing circa 1920 could be thought of as falling within Area B, and that it has since moved into Area A and/or C.

Any one of the variables germane to a social analysis such as this, e.g., the knowledge-skill component in nursing, detailed temporal comparisons about such features as occupational autonomy in nursing, socialization of members, the character of professional organizational structure, and occupational prestige, to name only a few, would in themselves constitute worthwhile and substantial areas of study. But our aim here is to provide an overview. And to do this we must necessarily limit the depth of analysis on any one of the essential features which we will be discussing.

We have elected to organize this chapter around three major headings. Firstly, in order to provide a beginning perspective, we shall present "vignettes" of the modal

nurse, c. 1920 and 1960, e.g., we shall look at where the 75,000th nurse of the 150,000 practicing nurses of 1920<sup>1</sup> was working, what she was earning, whether or not it is likely she belonged to the American Nurses' Association, and so on.

Secondly, we shall examine professionalization in nursing in these two periods from the standpoint of five critical variables: (1) the social significance of the knowledge-skill component in nursing; (2) the effect of bureaucratization on nursing practice including autonomy, standards, prestige, the nurse's response to patient crises, and professional and organizational orientations in the hospital; (3) the professional culture; (4) the supplying of nursing services; and (5) regulating nursing services.

Thirdly, we shall draw conclusions about: (1) whether or not and within the social context of the times nursing in the 1920's exemplified to a greater degree the characteristics of professionalization than is true of nursing today; and (2) to what extent, if any, nursing today is undergoing a process of deprofessionalization.

From time to time we shall compare, for example, data from 1920 with data from 1960, 1924 with 1964, and sometimes

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<sup>1</sup>National League for Nursing Education, Report of the Committee for the Study of Nursing Education, Nursing and Nursing Education in the United States, Josephine Goldmark, Secretary (New York: The Macmillan Company, 1923), p. 171.

data slightly more or less than forty years apart. Quite apart from the obvious advantages this approach affords the investigator, it is a concrete effort to underline: (1) the approximateness of much of the data and, more importantly, (2) the point that none of these comparisons in and of itself is "proof" for or against the thesis in question. Rather, it is their configuration, their relationships to one another, and their social context that will determine their significance.

Throughout this chapter we shall use the terms, "nurse," "registered nurse," "trained nurse," and "professional nurse" interchangeably except where specifically noted otherwise to include graduates of hospital diploma programs, associate degree, and baccalaureate programs.<sup>1</sup> Wherever we use the term "modal" nurse, it is intended to designate a graduate of a hospital diploma program. The term "auxiliary personnel" is an umbrella term covering licensed practical nurses,<sup>2</sup> aides, and orderlies, except where otherwise noted.

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<sup>1</sup> See American Nurses' Association, Facts About Nursing: A Statistical Summary, 1968 Edition (New York: The Association, 1968), (hereafter designated as ANA Facts 19--), pp. 9, 12, where the Association reports that in 1967 of the 640,000 employed registered nurses, approximately 12 per cent held a baccalaureate degree in nursing, 3 per cent a master's degree, 2 per cent an associate degree (i.e., in general from a two-year junior college program), and the remainder, 83 per cent, held no degree.

<sup>2</sup> "Licensed practical nurse" in general refers to auxiliary personnel who have undergone formal training programs in nursing of over one year but under eighteen months in length.

The Modal Nurse, c. 1920 and c. 1960

## The Modal Nurse: Circa 1920

In 1920 there were approximately 150,000 "trained nurses," 120,000 of whom were in private duty nursing, some 11,000 of whom were employed in public health nursing, and an equivalent number employed by institutions.<sup>1</sup>

The modal nurse of the '20's was female, likely to be single,<sup>2</sup> under thirty-five years of age,<sup>3</sup> and employed

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<sup>1</sup>National League of Nursing Education, Nursing and Nursing Education in the United States, Josephine Goldmark, Secretary, Report of the Committee for the Study of Nursing Education, 1923 (New York: The Macmillan Company, 1923), p. 171. In this respect it is interesting to note that an editorial comment, "Private Duty Nursing," in the American Journal of Nursing, 21 (January, 1921), 209-211, charged that private duty nursing was suffering from the "campaigning" of hospitals, public health agencies, and training schools. The editor, Mary M. Roberts, maintained that private duty nursing was the very area which required the top nursing talent. By 1930 (see ANA Facts 1935, p. 12), there were approximately 214,000 practicing nurses, approximately 55 per cent of whom were in private duty, 36 per cent in institutions, and 8 per cent in public health nursing.

<sup>2</sup>Even as late as 1934, 80 per cent of all nurses, i.e., both inside and outside the labor force, were single; at that time only 12 per cent of employed nurses were married, see National League of Nursing Education, Nursing Schools Today and Tomorrow, Final Report of the Committee on the Grading of Nursing Schools, 1934 (New York: The Committee, 1934), pp. 26-28.

<sup>3</sup>Ibid., p. 26. In 1934, 71 per cent of all trained nurses were under thirty-five years of age.

several months of the year on a full-time basis,<sup>1</sup> and she worked very long hours, frequently being with or nearby her patient twenty-four hours a day.<sup>2</sup>

While "on a case" in the patient's home, she stayed until the case was terminated by recovery, death, illness on the part of the nurse, or financial stress on the part of the patient and his family, although in the latter case, the nurse was sometimes unable to collect fees or, at times, worked without charge with those in need. If her patient were in the hospital,<sup>3</sup> she worked a twelve-hour day. By the mid-twenties, she was earning an income of approximately \$108 per month in addition to the board furnished her by her clients,<sup>4</sup> or \$100 per month plus room and board if she were employed by a hospital.<sup>5</sup> She had no

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<sup>1</sup> National League of Nursing Education, Nurses, Patients, and Pocketbooks, Report of a Study of the Economics of Nursing Conducted by the Committee on the Grading of Nursing Schools, May Ayres Burgess, Director (New York: The Committee, 1928), (hereafter referred to as Nurses, Patients, and Pocketbooks), pp. 289, 304-316, reports that in 1927 the average private duty nurse worked only five months of the year, and a limited study showed that she was likely to average working 5.1 days per week. See also Esther Lucile Brown, Nursing as a Profession (New York: Russell Sage Foundation, 1936), p. 84.

<sup>2</sup> Nurses, Patients, and Pocketbooks, p. 301. If her case were in the hospital, the chances were about 9 to 1 that she worked a twelve-hour day; if at home, twenty-four hours.

<sup>3</sup> Ibid., p. 301. By about 1928, half of private duty cases were in hospitals, half in homes. Most nurses (86 per cent) had the same case for over one week.

<sup>4</sup> Ibid., pp. 304-309.

<sup>5</sup> Ibid., p. 532, reports that at the time this "free" maintenance was equivalent to about \$500 per year income.

paid vacation, and the matter of funds for retirement was left up to her own initiative.

This modal nurse very likely had less than three years of high school,<sup>1</sup> and was very likely a graduate of a state-approved, three-year<sup>2</sup> hospital-controlled diploma program. She was likely to be licensed,<sup>3</sup> and if she were, it would have been under a permissive type of nurse practice act.<sup>4</sup>

During her hospital training program she was instructed primarily by her lady superintendent, head nurses, and private physicians, although she and her classmates may have had one nursing instructor amongst them.<sup>5</sup> She worked long hours in training, as much as twelve hours a day, and very likely her formal instruction occurred in her "off duty" hours.

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<sup>1</sup>Nurses, Patients, and Pocketbooks, p. 251, reports that 51 per cent of practicing nurse respondents in a survey conducted as part of this study reported three years or less of high school, and 15 per cent had one or more years of college. See also p. 440.

<sup>2</sup>Ibid., p. 439.

<sup>3</sup>See the chronology of nurse practice acts cited in ANA Facts 1966, pp. 62-64. By 1923 all states and territories except Puerto Rico (1930) had nurse practice acts.

<sup>4</sup>Gwendoline MacDonald, Development of Standards of Accreditation in Collegiate Nursing Education (New York: Teachers College Press, Columbia University, 1965).

<sup>5</sup>Isabel Maitland Stewart, The Education of Nurses (New York: The Macmillan Company, 1943), p. 211. Even by 1932 only half of the training schools had a full-time instructor.

Were she to wish to take "post-graduate" study, there were by the late twenties some dozen colleges and universities which offered courses either in clinical nursing or in public health nursing, teaching, or supervision.<sup>1</sup>

Statistically speaking, it was unlikely that she belonged to the American Nurses' Association because the membership completeness rate was about 23 per cent in 1920.<sup>2</sup> Nor was it likely that she subscribed to the official publication, the American Journal of Nursing.<sup>3</sup> Her professional association was not open to members regardless of color;<sup>4</sup> chances are that she did not attend a national

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<sup>1</sup>ANA Facts 1935, p. 18. This figure is an approximation based upon there being some sixteen courses of this type available in 1935. At that time, too, there were 132 programs offering a baccalaureate degree in nursing and by 1935 there were two master's programs for nurses.

<sup>2</sup>Personal written communication regarding personal count down by W. Simonton, March 19, 1969, on the basis of ANA membership records for 1920. At that time there were 35,559 members. Comparing this figure with the 150,000 practicing nurses at that time (see p. 309, fn. 1 above), we calculate the rate as being about 23 per cent.

<sup>3</sup>The earliest Audit Bureau of Publications records for The American Journal of Nursing show a paid circulation of 19,926 as of June 30, 1925. By 1930 circulation was 30,109 (figures supplied in a personal written communication from T. J. Donnelly, Public Relations and Education Department of the Bureau, dated March 26, 1969). Using the figures of Nurses, Patients, and Pocketbooks, p. 61, which estimated that there were approximately 174,027 practicing nurses in 1925 and 214,000 by 1930, we calculate the circulation rate as being approximately 11 per cent, or at a rate of 1 to 9 nurses in 1925, and 14 per cent, or 1 subscription to 7 nurses in 1930.

<sup>4</sup>See Mabel K. Staupers, "Story of the National Association of Colored Graduate Nurses," American Journal of Nursing, 51 (April, 1951), 222-223. Until 1950 the NACGN was not officially absorbed into the ANA structure, yet in 1948 a Negro nurse was elected to the ANA board.

meeting of the American Nurses' Association.<sup>1</sup>

We do not know if the modal nurse of the twenties was likely to have belonged to a nursing registry, obtain her calls through doctors, or through a hospital. If she lived in a large city, she was more likely to have belonged to a registry.

Working on private duty cases in the home, her only other professional contact during "on duty" time was likely to be the attending physician. If perchance she were employed to attend her client in the hospital,<sup>2</sup> the hospital personnel she encountered directly were, more likely than not, student nurses, head nurses, and supervisors, physicians and internes, and, to a lesser extent, auxiliary personnel, at the time categorized as "untrained" nurses.<sup>3</sup>

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<sup>1</sup>The total attendance at the first biennial meeting of the ANA in 1920 was 2,179 (see "Brief Highlights in ANA's 60 Years" [New York: The Association, May, 1968; mimeographed], p. 2). Our calculations are that this constitutes slightly over 1 per cent of all practicing nurses at that time, and is equivalent to about 6 per cent of ANA membership in 1920. These figures are based on the assumption that most of those attending were nurses, an assumption that is not at all valid in the 1960's.

<sup>2</sup>In that in 1927 only 2,155 of the 7,416 hospitals had their own training schools, there is a chance she might have been employed by a hospital, see Nurses, Patients, and Pocketbooks, p. 524.

<sup>3</sup>Ibid., p. 45, reports that prior to 1920, there were fewer trained than untrained nurses. ANA Facts 1935, p. 12, reports that c. 1930 there were about 153,000 "licensed attendants or otherwise" in addition to the 214,000 nurses.

While it was tacitly if not explicitly expected that the private duty nurse in the home would not have to perform household tasks unrelated to the direct care of her patient, she often found it necessary to do so, particularly if unhygienic conditions warranted it.

The private duty nurse, in home or in hospital, spent her entire time either with her patient or within earshot of his room.

#### The Modal Nurse: Circa 1960

In 1966 there were approximately 909,000 nurses in the United States,<sup>1</sup> 621,000 of them who were employed on a full-time or part-time basis.<sup>2</sup> In that year, some 9 per cent of employed nurses were in private duty nursing,<sup>3</sup> 66 per cent employed in hospitals or other institutions, and 8 per cent were working as office nurses.<sup>4</sup>

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<sup>1</sup>ANA Facts 1968, p. 17.

<sup>2</sup>Ibid., p. 10. Other 1966 figures listed for employed nurses in this issue of ANA Facts range from 640,000 (p. 12) to 594,000 (p. 19).

<sup>3</sup>Ibid., p. 19. See also ANA Facts 1966, p. 8, where the point is made that private duty nursing employment is on a steady decline.

<sup>4</sup>ANA Facts 1968, p. 19. Trends in nursing employment (p. 8) include a rise in institutional employment, and a rise in the proportion of nurses who are married.

The modal nurse of the 1960's is likely to be female,<sup>1</sup> married,<sup>2</sup> between the ages of thirty and thirty-nine years,<sup>3</sup> and the chances are about 3 to 1 that as a hospital nurse she works on a full-time basis<sup>4</sup> in a non-federal short-term general or other special hospital,<sup>5</sup> not in a federal and/or psychiatric or long-term institution. There are no figures available for how many years the average nurse works.<sup>6</sup>

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<sup>1</sup> ANA Facts 1966, p. 15. In 1962 less than 1 per cent of nurses were male; in 1966 (see ANA Facts 1968, p. 17), slightly over 1 per cent.

<sup>2</sup> ANA Facts 1966, p. 13. In 1962 approximately 57 per cent of nurses were married; in 1966 (see ANA Facts 1968, p. 8), approximately 64 per cent.

<sup>3</sup> ANA Facts 1966, p. 13. In 1962, 421,000 of the some 550,000 employed nurses were below forty years of age; 191,000 of them below thirty.

<sup>4</sup> Ibid. Of hospital nurses (p. 16) about one-quarter in 1966 were employed on a part-time basis; the most recent figure pertaining to all employed nurses (see ANA Facts 1968, p. 10) is that in 1964 approximately 23 per cent of employed nurses were part-time.

<sup>5</sup> ANA Facts 1966, p. 16. In 1964 over 85 per cent of nurses employed in hospitals were employed in non-federal short-term general and other special hospitals. Yet the average daily patient census was higher in those hospitals staffed by the remaining 15 per cent.

<sup>6</sup> In a survey covering a period from the late 1890's to the twenties the working life of the average nurse including unemployed married nurses was 17.34 years (Nurses, Patients, and Pocketbooks, p. 54). The ANA has undertaken a study along these lines (see ANA Facts 1968, p. 7), but it is not yet available.

The modal nurse is employed as a general duty nurse<sup>1</sup> and, as of the mid-sixties, she earns a salary of approximately \$100 per week, while her head nurse earns \$13 more, her supervisor \$29, and her director of nursing earns about \$54 more per week than the modal nurse does.<sup>2</sup> Her salary is approximately \$28 more per week than that of the licensed practical nurse;<sup>3</sup> she works a forty-hour week.<sup>4</sup>

The modal nurse of the sixties is enrolled in some type of retirement plan which her employer pays for in part or in whole;<sup>5</sup> she gets at least two weeks' paid vacation per year.<sup>6</sup>

After completing high school, she very likely graduated from a state-approved,<sup>7</sup> National League for Nursing-accredited,<sup>8</sup> three-year, hospital-controlled,<sup>9</sup> privately-

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<sup>1</sup> ANA Facts 1966, p. 18. If she works in hospital, there is an over 65 per cent chance (our calculation) that she works as a general duty nurse.

<sup>2</sup> ANA Facts 1968, p. 130. These figures are averages based upon 1966 reports.

<sup>3</sup> Ibid., p. 173.

<sup>4</sup> ANA Facts 1966, p. 127.

<sup>5</sup> Ibid., p. 131.

<sup>6</sup> Ibid., p. 129, and very likely she gets three weeks after five years' service.

<sup>7</sup> Ibid., p. 93.

<sup>8</sup> Ibid., p. 97.

<sup>9</sup> Ibid., p. 93.

supported<sup>1</sup> diploma<sup>2</sup> program. She is licensed as a registered nurse in at least one state.<sup>3</sup> During her hospital diploma program her instructors were registered nurses who very likely held a baccalaureate degree in nursing; the chances are that her director of nursing, a registered nurse, held a master's degree.<sup>4</sup>

Statistically speaking, it is unlikely that she belongs to the American Nurses' Association,<sup>5</sup> nor that she subscribes

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<sup>1</sup>ANA Facts 1966, p. 93.

<sup>2</sup>Ibid., p. 88. In 1964 (p. 100) although approximately 21 per cent of all students in initial nursing programs were in baccalaureate programs, and 6 per cent in associate degree programs, and although the number of hospital schools is declining (72.5 per cent of schools in 1964 were of the hospital type, see p. 92), in 1966 (ANA Facts 1966, pp. 9, 12) only 12 per cent of employed nurses held baccalaureate degrees, and under 3 per cent held graduate degrees.

<sup>3</sup>ANA Facts 1966, p. 7. Most nurses obtain licensure upon graduation and retain the licensure "even when interrupting their career to rear a family." E.g., although there were only some 582,000 nurses employed in 1964 (p. 8), there were some 1,122,000 licenses that year (p. 52).

<sup>4</sup>Ibid., p. 38, i.e., the director of her school of nursing.

<sup>5</sup>See ANA Facts 1968, p. 10. In 1967 there were approximately 640,000 employed nurses; registered nurse membership in the ANA (p. 68) was approximately 205,000 that same year, i.e., approximately 32 per cent of employed nurses. We cannot, of course, assume that all ANA members are employed nurses. (As a matter of interest we would mention the data of Ronald L. Akers and Richard Quinney, "Differential Organization of Health Professions: A Comparative Study," American Sociological Review, 33 [February, 1968], 114, to the effect that about this same period of time 70 per cent of physicians belonged to the American Medical Association, and 80 per cent of dentists to the American Dental Association.) Figures for ANA membership in 1966 (ANA Facts 1966, p. 68) indicate that some 33 per cent of ANA members were general duty and head nurses; 20 per cent private duty (recalling the figure of 9 per cent of employed nurses' being private duty in 1966,

to the Journal, as only 1 in 2.6 nurses does so--1 in 6 in the case of general duty nurses.<sup>1</sup> Membership in her professional association is open to all regardless of race, religion, creed, sex, nationality, or color;<sup>2</sup> it was unlikely that she attended a national American Nurses' Association convention.<sup>3</sup>

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a point that was mentioned on page 314 above, their membership rate is higher proportionately than that of general duty nurses); 19 per cent nursing service administration; 11 per cent public health nursing; and occupational health and office nurses approximately 2 and 3 per cent, respectively.

<sup>1</sup>See ANA Facts 1968, p. 234. In 1968 the paid circulation of the American Journal of Nursing was about 250,000. In that year there were approximately 659,000 employed nurses (p. 10), giving a ratio of about 1 Journal to 2.6 employed nurses; the Audit Bureau of Circulation Report ending June 30, 1968, p. 3, shows a total of some 55,000 general duty subscriptions. Basing our calculations upon the most recent figures pertaining to general duty nurses, those of 1966 (see ANA Facts 1968, p. 17), 318,000 at the time, and assuming the subscriptions have not varied drastically since that time, we calculate the ratio of approximately 1 Journal "general duty subscription" for every six general duty nurses. (Of interest here are rates based upon figures taken from Ronald L. Akers and Richard Quinney, "Differential Organization of Health Professions: A Comparative Study," American Sociological Review, 33 [February, 1968], 116, which show that about at the same time, the paid circulation of the weekly Journal of the American Medical Association averaged about one subscription to every 1.3 physicians, and the paid circulation of the monthly Journal of the American Dental Association about one to every 1.1 dentists.)

<sup>2</sup>ANA Facts 1966, p. 66.

<sup>3</sup>In view of the fact that in 1960 there were 504,000 employed nurses (*ibid.*, p. 8), and, on the basis of data from that year's ANA Convention, we calculate that the 5,365 nurses in attendance represent about 1 per cent of the number of employed nurses, or an equivalent of 3 per cent of the ANA membership that year. See "The 1960 ANA Convention," American Journal of Nursing, 60 (June, 1960), 831-846, especially 840. Some 3,650 in attendance were not nurses.

Numerically speaking, her work cohorts in hospital nursing service are more likely than not to be auxiliary personnel rather than other nurses<sup>1</sup> or student nurses.<sup>2</sup>

Although she may be found directing auxiliary personnel, conducting nursing care conferences, answering the phone, answering questions from patients' families and friends, coordinating a flow of traffic in the patient unit ranging from tens of physicians to physiotherapists, inhalation therapists, laboratory technicians, and medical social workers, to name only a few, working days, nights, and evenings and having few weekends off duty in comparison to most of her relatives and friends, wherever this hospital nurse works, it is very unlikely that she spends the greater proportion of her time giving direct nursing care to the patient.

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<sup>1</sup>E.g., the United States Department of Health, Education, and Welfare in Health Manpower Perspective: 1967 (Washington, D.C.: Government Printing Office, 1967), p. 12, estimates that in 1966 there were 361,000 registered nurses in hospitals, compared to some 660,000 licensed practical nurses, surgical technicians, aides, and orderlies.

<sup>2</sup>See ANA Facts 1968, p. 97. In 1966 there were approximately 91,000 students enrolled in hospital nursing programs, i.e., in some of the hospitals which would be included in the above number. There were, in addition, approximately 15,000 associate degree students and 33,000 baccalaureate students enrolled that same year; however, these students spend relatively less time in the nursing service areas than their hospital counterparts.

Selected Characteristics of Professionalization in Nursing,  
Circa 1920 and Circa 1960

Because the above modal profiles tell us little about possible changes in the K-S component, the effects of bureaucratization, and changes in the professional culture, supply, and regulation of nursing services, we shall now turn our discussion to these topics.

The Knowledge-Skill Component in Nursing,  
Circa 1920 and Circa 1960

The Social Significance of Nursing

What is "nursing" expertise as distinct from "medical" expertise? The investigator recalls that about ten years ago a teaching hospital in the Midwest, faced with a summer shortage of nurses, decided to permit senior medical students to be employed as "private duty nurses." Apparently the most successful lasted two days before being discharged by their unsatisfied patients.

Firstly, the above is hearsay and, secondly, both these patients and the medical students may have been psychologically unable to cope with the idea of a male "nurse." But, unquestionably, these medical students had more knowledge about the facts of organic illness than did the nurses around them. But knowledge of organic disease is one thing, the facility of being able to make a patient feel comfortable would seem to be somewhat another, not all

of which falls within the scope of medicine.<sup>1</sup>

It is our sub-thesis here that that expertise which can be thought of as being uniquely "nursing"<sup>2</sup> knowledge and skills as distinct from sheer technical knowledge about physical and emotional illness has over the past forty years shrunk in its proportion and its significance in the eyes of patients, doctors, and nurses.

Figure 7 represents a theoretical paradigm of factors which the investigator submits have contributed to this phenomenon. We shall now attempt to defend this proposition.

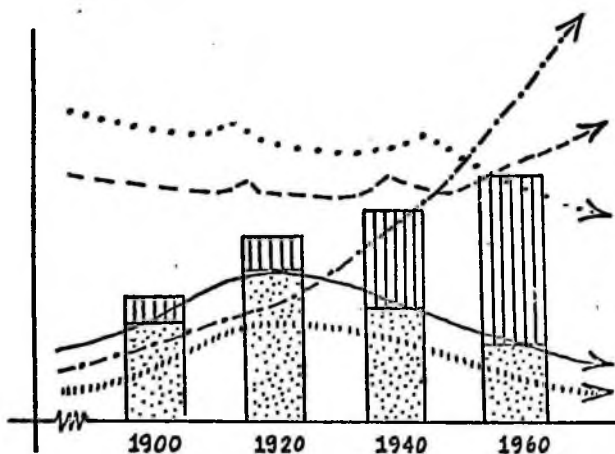
Sir Robert Platt, born in 1900, says, "Almost all that is valuable in medical treatment today has been discovered during my lifetime, and indeed since I graduated."<sup>3</sup> Part

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<sup>1</sup>As John Sundwall, himself an M.D., remarked in 1934, nursing is not just assistance to medicine, it is something separate, unique, see "Nursing and Health," American Journal of Nursing, 34 (February, 1934), 123-124.

<sup>2</sup>With all due respect to those who have attempted to define nursing, we can locate no definition which would seem to be truly meaningful for, by substituting a word or two in most of them, it would be difficult to decide if one were defining nursing or, e.g., social work. Martha E. Rogers' definition of nursing science, Reveille in Nursing (Philadelphia: F. A. Davis Company, 1964), p. 39, seems to constitute one such definition, i.e., "In the unification and organization of knowledges that constitute the theoretical basis of nursing practice lies the uniqueness of nursing science. The nature of this knowledge determines the scope and limitations of nursing practice."

<sup>3</sup>Sir Robert Platt, "The New Medicine and Its Responsibilities," in The Humanist Frame, Sir Julian Huxley, ed. (New York: Harper Brothers, 1961), p. 363.



- ..... Physical discomfort of patients
- Emotional discomfort of patients
- .-.- Organic "Cure-Ability" in medicine
- Social significance of nursing as perceived by patients, doctors, and nurses
- ||||| Direct physical quantitative contact of nurses and student nurses with patients
- ||||| Relative use of technical equipment and drugs in the medical and nursing care of patients
- ..... "Comfort-Ability" of nurses

Fig.7--Selected Factors Related to Variations in the Social Significance of Nursing, 1900-1960, as Perceived by Patients, Doctors, and Nurses.

of our rationale here is that so long as what we shall refer to as the physician's "cure-ability" in relation to organic disease was limited, the nurse's "comfort-ability," i.e., making the patient as emotionally and physically comfortable as possible, was of prime importance. Again, Platt's remarks are instructive.

Until quite recently when all you could do for most medical complaints was to look wise and be sympathetic . . . it really did not matter whether your diagnosis was right or wrong except for your own reputation.

. . . . .

Not only in acute diseases has medical responsibility immeasurably increased; there are now many chronic diseases amenable to treatment either by medicine or surgery, but only if an early and accurate diagnosis is made.<sup>1</sup>

Until the wonder drugs, the comfort, if not oftentimes the very survival of patients with such diseases as pneumonia, typhoid, gastroenteritis, and diphtheria depended upon the kind of care the nurse was able to give.

In 1920, Platt says, there was a great "discrepancy between what a physician knew and what he could do."<sup>2</sup> For example, knowledge of bacteriology was considerably advanced but treatment rarely effective. "Pneumonia in the elderly was nearly always fatal, in young subjects always dangerous . . . and such was still the case until the introduction of

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<sup>1</sup>Sir Robert Platt, "The New Medicine and Its Responsibilities," in *The Humanist Frame*, Sir Julian Huxley, ed. (New York: Harper Brothers, 1961), pp. 363-364.

<sup>2</sup>Ibid., p. 360.

sulphonamides about 1935."<sup>1</sup> The wonder drugs against such diseases as osteomyelitis, acute tonsillitis, cerebrospinal meningitis, and bacterial endocarditis are all a product of the last twenty years or so.<sup>2</sup>

In brief, the themes in Figure 7 are that the import of nursing care to the comfort of patients, as perceived<sup>3</sup> by patients, doctors and nurses, was, we would suggest, at its height in the 1920's. By the 1960's the direct contact

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<sup>1</sup>Sir Robert Platt, "The New Medicine and Its Responsibilities," in The Humanist Frame, Sir Julian Huxley, ed. (New York: Harper Brothers, 1961), p. 360.

<sup>2</sup>Ibid., pp. 361-361.

<sup>3</sup>We underline the word "perceived" here because in our opinion the actual survival of the patient may in many if not most ways depend more upon the nurse's actions today than forty years ago, e.g., in contrast to the 1920's, mistaken judgment on the part of the nurse in administration of intravenous fluids, administering the wrong dose or drug in the much more frequently given and often more potent medications she gives, setting the wrong dial on a positive pressure machine and, indeed, failing to reflect a trust in the patient's physician, could in all but the latter case mean instant death for the patient, and in the latter case her actions could conceivably affect the character if not the rate of the patient's recovery. Of interest here is the finding of Virginia Walker and Eugene D. Selmanoff "That nurses' notes are conceived as being relatively unimportant by the majority of medical and nursing personnel interviewed." While we do not know if doctors ever regarded nurses' notes as important, there is evidence to indicate that nurses did regard them as important in that they were so reluctant, as Walker observes, to give them over to licensed practical nurses. See "A Study of the Nature and Uses of Nurses' Notes," Nursing Research, 13 (Spring, 1964), 113-121, quotation from 121.

of registered and student<sup>1</sup> nurses with patients would seem to have decreased markedly, a factor which could reduce the perceived significance of nursing by all concerned. A greater proportion of the care which was given involved the use of technical equipment (e.g., suction machines, inhalation equipment, cardiac monitor machines, and intravenous feedings) and drugs more than it involved direct physical care. Both were factors which permitted the nurse to be with the patient less, not more, for the most part.

Because of technical advances permitting a high degree of treatment if not prevention of post-surgical discomfort, and technical measures and drugs which reduced discomfort in medical conditions to a considerable extent, we have indicated a decline in the patient's physical discomfort.<sup>2</sup> Further, because illness would seem to be taken less for granted in the sixties, the cost of hospitalization so great,<sup>3</sup>

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<sup>1</sup>We are including student nurses here for two reasons, the first being that particularly in the earlier period, a vast proportion of hospital nursing care was given by students, and, secondly, because it would seem reasonable to expect that patients would associate the student with her chosen occupation, graduate or not.

<sup>2</sup>The two small peaks in Figure 7 occurring about the late nineteen-tens and the forties indicate the increased physical discomfort suffered by American troops in the two World Wars; the peaks on the emotional (dashed) line coincide with these, and the third rise coincides with the peak of the Great Depression.

<sup>3</sup>E.g., see "Medical Costs up 125% Since 1946," New York Times, Section II, October 30, 1968, p. 49.

and because, generally speaking, the patient is less likely to feel personally significant<sup>1</sup> to his doctors and nurses, we have depicted an upward swing in the emotional discomfort suffered by the patient.

In 1948, Brown admonished nursing to "take a positive position concerning itself and the significance of its function."<sup>2</sup> While we cannot submit incontrovertible evidence that nurses in 1920 were convinced of the cruciality of their contribution, the rationale presented here may help to explain why by the late forties Brown sensed this lack of nurses' feeling that their function was significant.

The character of the solid line joining the "comfortability" bars is, then, a reflection of the idea that in the eyes of patients, doctors, and nurses themselves, the significance of the nurse in the care of patients undergoing medical treatment has declined.

But the foregoing proposition is far from saying that nursing today is, in the operational sense, less "socially significant" than it was forty years ago. On the contrary,

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<sup>1</sup>E.g., see Esther Lucile Brown, Newer Dimensions of Patient Care, I: The Use of the Physical and Social Environment of the General Hospital for Therapeutic Purposes (New York: Russell Sage Foundation, 1961), p. 34; Raymond S. Duff and August B. Hollingshead, Sickness and Society (New York: Harper and Row, 1968), e.g., p. 369.

<sup>2</sup>Esther Lucile Brown, Nursing for the Future (New York: Russell Sage Foundation, 1948), p. 198.

it may in many ways be even more significant because, however inelegant the term, nursing may in large part be the "glue"<sup>1</sup> or the reticulum which holds the precariously-knit health system together. In both hospitals and health agencies in general it might be described as the most universal common denominator.

To the degree that the egotistical and institutional rewards for this "reticulum" service as opposed to that of direct nursing care are relatively low, it would seem to stand to reason that nurses would tend to devalue such a role, particularly if they have been socialized into conceiving of themselves as "bedside" nurses.<sup>2</sup> In effect, it would seem that the role of the modal nurse of the 1920's was articulated mainly with that of the doctor, and both were concerned with the care and cure function. Currently, the modal nurse seems also to be a very vital part of that

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<sup>1</sup>We say "glue" rather than cement because we regard it as constituting a rather fluid situation. Hans Mauksch, "The Organizational Context of Nursing Practice," in The Nursing Profession, Fred Davis, ed. (New York: John Wiley and Sons, 1966), p. 124, describes nursing as being the dough that is left after the cookies have been cut. The "cookies" (i.e., other paramedical services) rise and become independent of nursing but nursing provides the network. Further, on weekends and evening and night shifts, nursing must often fill the hole that the cookie has left.

<sup>2</sup>This is not to discount the contribution which nursing in the twenties made to the coordination of patient care. But in that it was an infinitely less complex situation, this was not a dominant characteristic at that time.

"community"<sup>1</sup> concerned primarily with facilitating, not giving, patient care, and at the same time is moving into the technical area of the medical community, the result being that relatively little of that portion uniquely nursing is left.

This need not imply that within the social context of the times she is less important to the over-all functioning of the hospital system (indeed, the health care system), but it is getting at the point that her social role seems to have changed radically from that of a primary giver of care to a secondary (i.e., in terms of authority) facilitator of it. This has important ramifications for the substantive knowledge-skill component, for it may be that these combined circumstances, including changes in locus and role, may have contributed to a deterioration of the substantive component and increased valuation of administrative and "medical" knowledge and skills.

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<sup>1</sup>I.e., here we are assuming that because the hospital administrator does not participate in the care-cure process per se, he belongs to a different "community" than do nurses and doctors. In this sense these two systems constitute a source of role strain for the nurse. This is an analogy based upon Sloan R. Wayland's "Junior or Community College: Strains Associated with Membership in Two Social Systems" (unpublished paper presented at the Greystone Conference on the Urban Community College, New York, November [n.d.], 1964).

### Related Considerations

The limitations of our thesis do not permit a sound comparison of the character of the nursing knowledge and skills in the two periods. But we would draw attention to the point that no substantial theory has as yet evolved so far as nursing knowledge is concerned,<sup>1</sup> and, secondly, although there would seem clear evidence that today's modal nurse has more knowledge of objective "facts" than her earlier counterpart, we know very little about the extent to which this "knowledge-increment," so to speak, has actually been functional toward improved nursing care as compared to conditions in the 1920's.

It would seem reasonable to describe nursing in the twenties as involving considerable application of "subjective" knowledge, personal or "synnoetic" knowledge, the application of which depends heavily upon the use of intuition.<sup>2</sup> And while there is reason to expect that intuition is a vital part of the existential applications of such knowledge as "philosophy, psychology, literature, religion . . ."<sup>3</sup> and nursing, there are reasons why too heavy a

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<sup>1</sup>Rose P. McKay, "The Process of Theory Development in Nursing" (unpublished Ed.D. dissertation, Columbia University, New York, 1965), especially pp. 22, 36.

<sup>2</sup>Philip H. Phenix, Realms of Meaning (New York: McGraw-Hill Book Company, 1964), pp. 7, 193-211. The inference regarding nursing is ours.

<sup>3</sup>Ibid., p. 28.

reliance on intuition is likely to be highly unsound, no matter how well-intentioned, for, as Bloom points out, where practitioners and their clients have differing value systems, the use of intuition may lead the one to make false conclusions about the other.<sup>1</sup> Nevertheless, it would seem to us that intuition has its valuable place in nursing practice,<sup>2</sup> and that intuition is being downplayed in the current nursing literature for the most part.

The private duty nurse had no intermediary between herself and the doctor, nor herself and the patient, and she was in a locus of practice which would seem consonant with the development and application of personal knowledge. Now the modal nurse is in close proximity not with the patient but with the telephone, the desk, laboratory requisitions, innumerable paramedical personnel, and a vast array

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<sup>1</sup>Samuel W. Bloom, The Doctor and His Patient (New York: Russell Sage Foundation, 1963), p. 238. We recognize that very often the private duty nurse may have been taking care of someone with values differing from her own. But she was in the proximity of the patient for such relatively long periods that, if she had the interest, she may have come to "know" the patient's needs even if she might not have been able to explain them verbally or in terms of principles. In most cases, the structure of the modern hospital would seem to operate at odds with nurturing nurses' abilities to gain "direct insights." Where these might be gained by auxiliary personnel, they may not be able to convey the insights in such a way that nurses and doctors accept them as valid.

<sup>2</sup>In relation to the relevance of existential thought in the teaching profession, Maxine Greene underlines that being crucially aware of one's relationships with others depends on the use "of various capacities, including reason and intuition, feeling and (sometimes) 'absurd' faith." See Existential Encounters for Teachers, Maxine Greene, ed. (New York: Random House, 1967), Introduction, p. 8.

of technical equipment. Some theories of the sociology of knowledge<sup>1</sup> would suggest that these are circumstances which could profoundly inhibit the development of the substantive component, if not disintegrate it, because for the most part, the "seed-pearl" of nursing knowledge, direct contact with the patient, is now largely in the hands of non-registered nurses.

We are not here idealizing nursing competence of the twenties. But we are saying that in many respects the structure of the work-setting in those times tended to foster the development not of medical, not of administrative, but of nursing knowledge.

#### Aura of Mystery

We do not know, but would wonder if there has not in effect been a decline in the aura of mystery about nursing knowledge. Firstly, as we pointed out in Chapter III, the imagination of the public in general would seem to be more captivated by technology than by what might be thought of as "superhuman" personal powers. The rituals attached to aseptic techniques (however septic!) used in communicable diseases such as typhoid and diphtheria, and the prolonged changes of dressings, and the applications of turpentine

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<sup>1</sup>I.e., those based on the premise that ideas and knowledge are socially-conditioned, "'bound to location,'" so to speak, see Lewis A. Coser, "Knowledge, Sociology of," IESS 1968, Vol. 8, p. 429.

stupes and poultices in the twenties may have seemed far more "mysterious" to the patient and his family than the administration of intravenous therapy (which he has seen on television regularly) or of antibiotics, the latter which the patient takes at home with perhaps the same nonchalance as he does an aspirin. This is not to deny that technical equipment such as that in intensive care units is wondrous to patients and their families. But the "mysteries" of them are science's--not nursing's.

We have necessarily discussed some of the impacts of bureaucratization upon nursing; we shall now turn to examine the effect of bureaucratization on several selected aspects of professionalization in nursing.

#### Some Effects of Bureaucratization on Nursing

We shall examine some of the ways in which bureaucratization of the work-setting in which nursing care is given might affect autonomy in nursing, standards of practice, prestige, nurses' responses to patient crises, and the work-orientation of nursing practitioners.

#### Autonomy

What is the effect of bureaucratization upon autonomy in nursing at the occupational, nursing departmental, and individual levels of practice? We shall start here with the latter topic.

### The Autonomy of the Individual Nursing Practitioner

There would seem two central ways of looking at the autonomy of the private duty nurse, c. 1920. At first glance she seems a near-paragon of solo practice. She was "completely unsupervised"<sup>1</sup> by other nurses, and the supervision she received from the attending physician was quantitatively little. The other way of looking at it is that, however autonomous, she had no authority over anyone but herself and, in varying degrees, her patient and his family. She was so "autonomous" that she could, for example, practice for virtually a lifetime without learning anything new or seeing nursing care given by her peers or being seen by her peers.

Yet she was, compared to today's modal nurse, an independent practitioner, a not inconsequential feature so far as professionalization is concerned. In many ways today's nurse has far more "responsibility"; but so far as autonomy is concerned, the sixties present quite another picture. Davis' comments get at the heart of the issue.

It is a paradox that despite the considerable responsibility assumed by professional nurses for the treatment and care of patients, their organizational role in hospitals and elsewhere is so lacking in the autonomy and authority characteristically associated with professional

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<sup>1</sup>National League of Nursing Education, Nurses, Patients, and Pocketbooks, p. 539.

status.<sup>1</sup>

This situation is further complicated by there not being just one "master," the doctor, but hospital administration as well.<sup>2</sup> Aynes terms the hospital nurse's position a "weightless" one,<sup>3</sup> an accusation that would scarcely seem appropriate to her predecessor.

Yet very often criticisms made with respect to the dwindling autonomy of nursing practitioners are made in reference to formal organizational authority. Today's nurse would seem to have far more "extant" autonomy than meets the eye. Leonard Stein, in his amusing and perceptive article, "The Doctor-Nurse Game," says that "if one observes closely, nurses make recommendations of more import every hour and physicians willingly and respectfully consider them."<sup>4</sup> Yet, he maintains, this subtle interchange, "though efficient, creates serious obstacles [in communication]

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<sup>1</sup>Fred Davis, ed., The Nursing Profession (New York: John Wiley and Sons, 1966), Preface, vii. *Italics his.*

<sup>2</sup>Edith Aynes, "How Can Nursing Serve Two Masters?" Modern Hospital, 97 (October, 1961), 111-113.

<sup>3</sup>Ibid., p. 111.

<sup>4</sup>American Journal of Nursing, 68 (January, 1968), 101; reprinted from The Archives of General Psychiatry, 16 (June, 1967), 699-703.

and is basically a transactional neurosis."<sup>1</sup> In effect, the nurse wields considerable power. "If the nurse is your ally you've got it made and if she has it in for you, be prepared for misery. . . ."<sup>2</sup>

Whatever secret joy such games may give the participants, this kind of game is contrary to the nurse's developing a feeling of security about independent action.<sup>3</sup> Further, effective patient care depends upon sound dialogue between health workers,<sup>4</sup> and the "games" Stein describes seem inconsistent with such a need. Mauksch maintains that it is technological progress which is the root cause of lack of communication between doctors and nurses, and inadequate dialogue is the price we pay for progress in this area.<sup>5</sup>

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<sup>1</sup> Leonard Stein, "The Doctor-Nurse Game," American Journal of Nursing, 68 (January, 1968), 101; reprinted from The Archives of General Psychiatry, 16 (June, 1967), 699-703, original statement in italics. The cardinal rule of the game, says Stein (p. 102) "is that open disagreement between players must be avoided at all costs. The nurse must communicate her recommendations without appearing to be making a recommendation statement. The physician, in requesting a recommendation from a nurse, must do so without appearing to be asking for it." He adds, "The greater the significance of the recommendation, the more subtly the game must be played."

<sup>2</sup> Ibid., p. 102.

<sup>3</sup> Ibid., p. 104.

<sup>4</sup> Hans Mauksch, "The Organizational Context of Nursing Practice," in The Nursing Profession, Fred Davis, ed. (New York: John Wiley and Sons, 1966), p. 136.

<sup>5</sup> Ibid., p. 137.

Duff and Hollingshead argue that the organizational structure of the hospital is in general antithetical to the kinds of decision-making processes sound patient care requires, and they advocate that each patient care division have a full-time physician.<sup>1</sup> At first glance such a move might seem to constitute a further threat to the autonomy of general duty nurses, head nurses, and area supervisors in particular. But we think possibly not, for it might create more flexibility within divisions. Further, individual attending physicians have no formal authority to change the hospital system, but a full-time medical coordinator might have considerable authority in this direction, and this could "rub off" onto nursing. Doctors cannot "give over" authority which they themselves do not have. It may well be that the outcome of a shift in organizational structure such as Duff and Hollingshead recommend might be increased, not decreased autonomy for nurses.

#### The Nursing Department

Perrow, in his otherwise scholarly analysis of the changing nature of the power structure of the twentieth-century hospital, seems to have failed to take nursing into account, and certainly to have omitted any reference to the extant authority which the lady superintendent of the

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<sup>1</sup>Raymond S. Duff and August B. Hollingshead, Sickness and Society (New York: Harper and Row, 1968), p. 384.

twenties might have had. He talks about official and operative power shifts from board members to doctors to hospital administrators but does not include nurses in his discussion.<sup>1</sup>

No systematic study would seem to have been carried out in this respect but it would seem no exaggeration to state that in many hospitals, whatever the manifest authority structure, "the power behind the throne," so to speak, might conceivably include that of the lady superintendent's.

Although today it is not uncommon to find a director of nursing who is also an assistant administrator of the hospital and is thus part of the policy-making executive conclave, we think it is reasonable to question if her extant power exceeds that of her earlier counterpart, and if, indeed, including her on the "management team" is a manipulative device to commit her to budget cuts instead of budget requests, to get her support--but not her opinion. This is not to say that in progressive hospitals the director of nursing is a power-less person. But it is to say that it would seem tenuous to assume that the nursing department has greater autonomy and a greater share of the "power pie" than it had in the twenties.

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<sup>1</sup>Charles Perrow, "The Analysis of Goals in Complex Organizations," American Sociological Review, 26 (December, 1961), 854-866.

### Nursing Organization

The extensive bureaucratization of nursing may be threatening nursing professional organization even more than it threatens the autonomy of the individual practitioner. Witness the title of a recent article: "The A.H.A. [American Hospital Association] Defines Role of Nurses; A.N.A. Sees 'No Major Objection.'"<sup>1</sup> To our knowledge the A.H.A. has not to date seen fit to define the role of physicians. We can only hope to assume that the "no objection" of the A.N.A. is to the content of the definitions rather than to the principle at stake. Herein may lie a message about the effects of bureaucratization upon professionalization. Perhaps so long as a profession is a heavily-entrenched one (e.g., medicine, law) before it enters a highly-bureaucratized structure,<sup>2</sup> and, too, if it is a "male" profession, the threat to professional autonomy might be much less than would be the case with moderately-professionalized occupations, female occupations, and/or occupations the majority of which are employed by what in essence amounts to a "single" social unit, e.g., hospitals.

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<sup>1</sup>In RN, 32 (April, 1969), 60.

<sup>2</sup>Mary E. W. Goss, "Influence and Authority Among Physicians in an Outpatient Clinic," American Sociological Review, 26 (February, 1961), 50, suggests as much.

### Standards

Brown maintains that bureaucratic, hierarchically-structured working environments have a detrimental effect on the quality and amount of nursing practice.

[T]his system is scarcely conducive to meeting the psychological needs of staff nurses for approval, recognition of the importance of their work, sense of accomplishment, and emotional support in anxiety-evoking situations. Unless strong counteracting forces are instituted, the system tends to decrease initiative and motivation, and hence even the level of nursing competence once attained is likely to be lowered.<sup>1</sup>

She continues, "Most unfortunately, the system is powerful and pervasive enough to 'suck in' many well-prepared young nurses whom nursing educators were counting on to introduce needed changes."<sup>2</sup>

Many of the nurses taking general duty employment in hospitals in the twenties were generally "unenthusiastic about it," complaining that the pressures were so great that they could not give good enough nursing care.<sup>3</sup> The Committee on Grading stated that the swing toward hospital work-settings permitted the admittance of "low grade"<sup>4</sup>

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<sup>1</sup> Esther Lucile Brown, "Nursing and Patient Care," in The Nursing Profession, Fred Davis, ed. (New York: John Wiley and Sons, 1966), p. 195; see also Leonard Pearlman, "Alienation from Work: A Study of Nursing Personnel," American Sociological Review, 27 (June, 1962), 314-326.

<sup>2</sup> Brown, op. cit., p. 195.

<sup>3</sup> Nurses, Patients, and Pocketbooks, p. 532, and many complained that "there is no future in general duty" (p. 534).

<sup>4</sup> Ibid., p. 440.

nursing recruits because in a tightly-structured work situation, comparatively dependent, "weak" nurses who were "not at all safe prospects to go out into the completely unsupervised graduate activity of private duty nursing . . ." might still "get by" in hospitals.<sup>1</sup>

Yet, had the locus of practice remained primarily outside the hospital, it is conceivable that the development of that knowledge which might be thought of as "uniquely" nursing would have eventually become strongly inhibited if the variety of private duty experience was limited, if the demands of patients and their families for doing what the patient wanted rather than what he needed had been too great, and/or if other mechanisms for the cumulation and transmission of nursing knowledge and skills had been weakly developed. In effect, we are saying that as the pace of social change heightened, had immigration into institutional settings not occurred, standards may have become so variable that deprofessionalization would have been assured.<sup>2</sup>

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<sup>1</sup>National League of Nursing Education, Nurses, Patients, and Pocketbooks, p. 539.

<sup>2</sup>For example, the "good old family physician" may in some cases have been primarily the latter, many doctors having had less than the quality of medical education some of their more-informed peers had undergone. The Committee on Grading (Nurses, Patients, and Pocketbooks, p. 27) considered those doctors who had undergone poor training a threat to nursing standards, and underlined (p. 26) that neither medicine nor nursing could succeed without excellence in and the support of the other.

The Committee on Grading emphasized that private duty nurses were increasingly unable to cope with the wide range of expertise being required of them, particularly in the fields of neurology, psychiatry, and pediatrics.<sup>1</sup> The hospital situation afforded a wider potential for a variety of experience and/or for the assignment of patients to specialty wards where nurses could learn new techniques.

#### Prestige and Bureaucratization<sup>2</sup>

According to the Committee on Grading, the nurse who took on hospital general duty employment often ran the risk of loss of prestige. It was not uncommon that in the eyes of head nurses, supervisors, internes, and physicians, the general duty nurse "must have failed in some of the more significant branches [e.g., in private duty or public health nursing]."<sup>3</sup>

#### The "Routinization" of Patients' Crises?

On the one hand, it could be argued that the greater "urgency" of pace in the hospital situation as opposed to that of the home might neutralize any tendency of the

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<sup>1</sup>National League of Nursing Education, Nurses, Patients and Pocketbooks, pp. 451, 532.

<sup>2</sup>Ibid. Specific comments on occupational prestige in nursing, c. 1920 and c. 1960, are made on page 341.

<sup>3</sup>Ibid., p. 534.

graduate nurse to become inured to what constitute crises to patients. On the contrary, we would go along with Hughes on the point that the greater the familiarity with scenes of crises including death, the more likely the professional will tend to become immune to the impact of these situations as perceived by patients, their relatives, and their friends.<sup>1</sup>

The private duty nurse's patient "belonged" to her, not to the hospital, so to speak. Further, while she saw death, she was unlikely to see it every week--or every day. The hospital work-setting may be conducive to handling the technical fact of death (e.g., the famous mortuary kit for preparing the patient for the morgue, availability of the proper legal forms, quick access to physicians to "pronounce" the death), but less so the social fact of death. They are, after all, a place to get well; death destroys this image.<sup>2</sup>

A subtle index of the negative effect of bureaucratization on the nurse's response to patient needs may be the not uncommon plain discourteousness of nurses to patients and their families.<sup>3</sup> In private duty nursing the "contract"

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<sup>1</sup>Everett C. Hughes, Men and Their Work (Glencoe, Ill.: The Free Press, 1958), pp. 46, 52.

<sup>2</sup>Ibid., p. 16.

<sup>3</sup>See Eleanor C. Lambertsen, "More Simple Courtesy Would Quiet Critics of Nursing Care," Modern Hospital, 104 (February, 1965), 138.

can be terminated at any time--by the patient.

The valuation of "efficiency"<sup>1</sup> in hospitals has resulted in literally stripping patients of their identity symbols. Instead of a nurse wondering which of the patient's nightgowns might best suit the patient's mood that day, the nurse may be wondering if there are enough of the proverbial short, white ones to go around. In spite of the ardent and articulate pleas of such social analysts as Esther Lucile Brown,<sup>2</sup> hospitals continue to rob patients of the kinds of circumstances which would "force"<sup>3</sup> hospital personnel not to equate them with all other patients.

Yet it is too simplistic to think that the hospital is the chief factor in what may be lessened response to patients' feelings. Living in a highly-urbanized, dehumanized community, it might be expected that the nurse who, in coming to and going from work, must contend with pushing and shoving on the subways, the threat of being slugged and robbed in the streets, being "trained" not to get involved with the drunk lying prostrate on the sidewalk because it may be a ruse, becomes "desensitized" to

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<sup>1</sup>That hospitals are in fact "inefficient" needs little defense.

<sup>2</sup>Esther Lucile Brown, Newer Dimensions of Patient Care, I: The Use of the Physical and Social Environment of the General Hospital for Therapeutic Purposes (New York: Russell Sage Foundation, 1961).

<sup>3</sup>This may be an important factor in public health nursing, e.g., the nurse sees the patient in his own home, with his own clothes on, and with familiar artifacts about him.

the needs and wants of others. In this sense, bureaucratization of hospitals per se may be a less crucial factor than a reflection of a broader social phenomenon.

#### Professional Versus Organizational Orientations

Habenstein and Christ describe three types of orientations of nurses in bureaucracies. Firstly, they describe the "traditionalizer," the nurse who gets her primary satisfaction from direct contact with patients; the "professionalizer" whose focus is not upon the patient per se "but upon the special things that must be done and the special modes of operations that must be evolved if the problem of healing is to be more adequately and intelligently met."<sup>1</sup> And, thirdly, the "utilizer," the "'another day, another dollar'" type.<sup>2</sup> The "professionalizer" is peer-oriented;<sup>3</sup> the "traditionalizer" "does not ask to be judged in her actions by competent colleagues but by an alignment of her actions against those which have traditional legitimation."<sup>4</sup> The latter nurse values the "folk wisdom" of nursing; the former values rational knowledge. The one is past-oriented, the other future-oriented.<sup>5</sup>

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<sup>1</sup>Robert W. Habenstein and Edwin A. Christ, Professionalizer, Traditionalizer, and Utilizer (Columbia, Mo.: University of Missouri, 1955), p. 41.

<sup>2</sup>Ibid., p. 90.

<sup>3</sup>Ibid., p. 41.

<sup>4</sup>Ibid., p. 42.

<sup>5</sup>Ibid., pp. 41-42.

Habenstein and Christ say that "the traditionalizing nurse is in some ways the 'conscience' of the whole system of hospital care."<sup>1</sup> She hates to see the personal, the "'touch'" elements of nursing turned over to auxiliary personnel.<sup>2</sup>

Corwin and Taves and Kramer all maintain that nurses with "professional" orientations suffer role deprivation in hospital bureaucracies.<sup>3</sup> The findings of Bennis et al., unlike those in studies such as Gouldner's and Leonard Reissman's, suggest that both "locals" and "cosmopolitans" in nursing have a high orientation to the profession and a relatively low orientation to the over-all nursing service department of the employing hospital. Bennis et al. report that the order of rank of loyalty to reference groups was, from the highest down, the nursing profession; the particular department in which the nurse worked, e.g., out-patient department, the hospital, their own particular work group, the medical field, and lastly, the over-all hospital nursing service department. What seems to be an even more

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<sup>1</sup>Robert W. Habenstein and Edwin A. Christ, Professionalizer, Traditionalizer, and Utilizer (Columbia, Mo.: University of Missouri, 1955), pp. 41-42.

<sup>2</sup>Ibid., pp. 79-80.

<sup>3</sup>Ronald G. Corwin and Marvin J. Taves, "Some Concomitants of Bureaucratic and Professional Conceptions of the Nurse Role," Nursing Research, 11 (Fall, 1962), 223-227; and Marlene Kramer, "Role Models, Role Conceptions, and Role Deprivation," Nursing Research, 17 (March-April, 1968) 115-120.

surprising finding is "that cosmopolitans are more loyal to their own work group than are locals, a turn of events just opposite to the prediction."<sup>1</sup> This "superordinate" loyalty, these authors suggest, may provide an important clue to the high turnover, or tourism, in the nursing profession. In contrast, Pape, for example, sees nursing tourism only in a negative light, indicating a low degree of professionalization.<sup>2</sup>

Bennis et al. would seem to make a most profound point in stating that in nursing "the main body of the membership perceives the profession chiefly as embodying ultimate values rather than criteria for skills, research, and the development of a body of knowledge. . . ."<sup>3</sup> It may be that bureaucratization of nursing has actually strengthened this superordinate value-tie--but perhaps the concomitant of this is that it has weakened aspects of the professional "mandate" to delineate concrete aspects of professional practice.

Wilensky, as we have previously mentioned, says that "bureaucracy enfeebles the service ideal more than it

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<sup>1</sup>W. G. Bennis et al., "Reference Groups and Loyalties in the Out-Patient Department," Administrative Science Quarterly, 2 (March, 1958), 481-500, quotation taken from 491.

<sup>2</sup>Ruth H. Pape, "Touristry: A Type of Occupational Mobility," in Organizational Careers, Barney G. Glaser, ed. (Chicago: Aldine, 1968), pp. 388-397, excerpted with permission from Social Problems, 11 (Spring, 1964), 336-344.

<sup>3</sup>Bennis et al., op. cit., p. 499.

threatens professional autonomy."<sup>1</sup> Hall reports that in his study nurses and social workers "emerge as strongly professionalized" in relation to "the belief in service to the public and a sense of calling to the field. . . ."<sup>2</sup> It was in the male-dominated professions, e.g., medicine and law, less bureaucratized professions, so to speak, that this ideal was relatively low.<sup>3</sup> Hall's findings and those of Bennis et al. suggest that bureaucratization may represent less of a threat to the service ideal in the case of women's occupations. The samples in both cases were relatively limited ones, yet it would seem worthwhile to question generalizations in this area until further research is conducted.

These few comments barely scratch the surface of examining the impact of bureaucratization upon professionalization in nursing. But they will perhaps illustrate that the impact is very likely a "mixed" one, having both its positive and negative aspects.

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<sup>1</sup>Harold L. Wilensky, "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964), 148.

<sup>2</sup>Richard H. Hall, "Professionalization and Bureaucratization," American Sociological Review, 33 (February, 1968), 97. In this respect it is interesting to note the comment of Robert W. Habenstein and Edwin A. Christ, Professionalizer, Traditionalizer, and Utilizer (Columbia, Mo.: University of Missouri, 1955), p. 89, to the effect that hospital nurses were rather vague about their feelings of any particular sense of calling. Frequently, the simple statement, "I've always wanted to be a nurse," was given in response to questions concerning their motivation for nursing.

<sup>3</sup>Hall, op. cit., p. 97.

We shall now turn to examine selected aspects of occupational culture in nursing, c. 1920 and c. 1960.

Selected Aspects of the Professional Culture,  
Circa 1920 and Circa 1960

Cultural Heroes, Role Models, and  
Cultural Symbols in Nursing

Whittaker and Olesen maintain that today Florence Nightingale has "two faces" so far as the socialization of new recruits is concerned. In hospital diploma programs she is still revered as the self-sacrificing, compassionate Crimean bedside nurse; university nursing programs, on the other hand, emphasize her intellectual and organizational abilities, her contributions to social reform and to biostatistics, and her powerful political contacts with persons in non-nursing fields.<sup>1</sup> In the latter sense, Nightingale is seen as the facilitator of health care, not the practitioner of nursing in the "traditional" sense. The former is that of an expressive professional role, the latter instrumental in nature.<sup>2</sup>

To our knowledge there has as yet been no study on which of these "two faces" the associate degree nurses are exposed to. But in that hospital diploma programs still

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<sup>1</sup>Elvi W. Whittaker and Virginia L. Olesen, "The Faces of Florence Nightingale: Functions of the Heroine Legend in an Occupational Sub-culture," Human Organization, 23 (Summer, 1964), 123-130, especially 127-129.

<sup>2</sup>Ibid., pp. 128-129.

constitute some 60 per cent of students enrolled in initial training programs,<sup>1</sup> we might expect that it is the traditional image which still pervades the majority of those in the nursing occupation. The 26 per cent of nursing students, those in baccalaureate programs,<sup>2</sup> are likely to be confronted in hospital employment situations with the "reality shock" that although they may have Nighingale's "instrumental" orientation, they lack her political power in the hospital situation. Yet, to a considerable extent, the nurse's role in hospital is "instrumental," and seems to be becoming more so, so that this face is not totally incongruent with the demands of the work situation--but the power structure is.

It would seem probable that the "traditional" image pervaded the 1920 occupational culture, and yet, for example, if one examines the role of the head nurse, she was clearly an important role model, and her role was both expressive and instrumental in nature. She was, in effect, somewhat of a prototype of the professional-administrator model, yet she would seem to have been a strong role-model so far as "bedside" nursing was concerned. Today the student is exposed to three primary role models: practitioner (the staff nurse), administrator (head nurses, supervisors),

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<sup>1</sup>ANA Facts 1968, p. 95.

<sup>2</sup>Ibid.

and educator (instructors). "These three roles are often perceived by the student to be at cross-purposes with one another, and the student is put in a state of conflict."<sup>1</sup> Further, "success" in any one of these three roles is often perceived by the student to be associated with "spinsterhood or a childless marriage . . . ,"<sup>2</sup> a factor which would affect the socialization of women in occupations as opposed to the socialization of men where marriage is not only compatible with the professional role but a positive factor.

Davis et al. report that the collegiate nurses in their study see their future life satisfactions as stemming from

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<sup>1</sup> Carol Lee TenBrink, "The Process of Socialization into a New Role: The Professional Nurse," Nursing Forum, 7 (No. 2, 1968), 153; see also David J. Fox et al., "Correlates of Satisfaction and Stress with Selected Clinical Aspects of Nursing School Experience," Nursing Research, 12 (Summer, 1963), 157-161; Judith Shuval, "Occupational Interests and Sex-Role Congruence," Human Relations, 16 (May, 1963), 171-182; Hildegard Siegel, "Professional Socialization in Two Baccalaureate Nursing Programs," Nursing Research, 17 (September-October, 1968), 403-407; Ida H. Simpson, "Patterns of Socialization into Professions: The Case of Student Nurses," Sociological Inquiry, 37 (Winter, 1967), 47-54; Basil J. Sherlock, "Acquisition of the Nursing Role and the Transmission of Nontherapeutic Orientations," Nursing Research, 12 (Summer, 1963), 182-184; and Michael Argyle and Peter Delin, "Non-universal Laws of Socialization," Human Relations, 18 (February, 1965), 77-86.

<sup>2</sup> Fred Davis, Virginia L. Olesen, and Elvi W. Whittaker, "Problems and Issues in Collegiate Nursing Education," in The Nursing Profession, Fred Davis, ed. (New York: John Wiley and Sons, 1966), p. 153.

home and family, not a career.<sup>1</sup>

The nursing uniform and cap were for years distinctive occupational symbols. In a study done by Siegel, it was reported that "as students progressed through their programs, the white uniform and cap were seen as less essential [to a feeling of professional identity]."<sup>2</sup> The author regards this de-emphasis of the uniform as being positively related to "professional maturity."<sup>3</sup> We would question this on two counts. Firstly, as the student becomes more familiar with the hospital work-setting, seeing laboratory technicians, dietitians, physiotherapists, and many other workers wearing white uniforms, the white uniform becomes less distinctive in her eyes. Secondly, de-emphasis of the uniform may not be an index of professionalization per se, but increased identification with nursing faculty who themselves often are not seen in uniform and who themselves may not have a strong nursing identity.

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<sup>1</sup>Fred Davis, Virginia L. Olesen, and Elvi W. Whittaker, "Problems and Issues in Collegiate Nursing Education," in The Nursing Profession, Fred Davis, ed. (New York: John Wiley and Sons, 1966), p. 153.

<sup>2</sup>Hildegard Siegel, "The Nurse's Uniform: Symbolic or Sacrosanct," Nursing Forum, 7 (No. 3, 1968), 322.

<sup>3</sup>Ibid., p. 321.

### Other Selected Aspects of the Socialization Process

Nursing seems to be drawing not only largely from the middle class, and minimally from minority racial and ethnic groups,<sup>1</sup> but from upper-class segments of society as well, the latter particularly in the case of university programs in nursing.<sup>2</sup>

The socialization process of recruits in the twenties was what might be called an "immersion" process. Not only were students in the hospital for twelve-hour days and six or more days a week but they lived in nurses' residences. Even today this is largely true in the hospital diploma programs. Although at the time the length of the training program of nurses may have been "shorter" than was the case in the "established" professions, when one considers their one-thousand days of intense socialization, their "training" was actually "longer" than any other training program at the time--and "longer" than that of today's baccalaureate graduate.<sup>3</sup> We cannot assume that this

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<sup>1</sup> Everett C. Hughes et al., Twenty Thousand Nurses Tell Their Story, A Report on the Studies of Nursing Sponsored by the American Nurses' Association (Philadelphia: J. B. Lippincott Company, 1958), p. 30.

<sup>2</sup> Ibid., p. 22.

<sup>3</sup> In addition, many nurses lived in hospital residences when they graduated. As Edith Lentz says in "Hospital Administration--One of a Species, Administrative Science Quarterly, 1 (March, 1957), 456, hospital work in those days "was more than just a job: it was a way of life." Many graduates did not wish to live in residences, but oftentimes hospitals would not allow a living-out allowance (see Nurses, Patients, and Pocketbooks, p. 535).

poorly-balanced socialization process was entirely functional to that of professionalization. Yet, clearly, the individual was not permitted to forget she was, first and foremost, a nurse.

There are other reasons why the socialization process may be less intense today. The militaristic tone of hospital nursing service may have been an easier pill for the 1920 nurse to swallow than its remnants are for the nurse of the sixties.<sup>1</sup> Today's nurse may expend more energy "fighting the system" than becoming part of it, or perhaps since nursing has become so bureaucratized, it is attracting persons who value the security which tight organizational structure affords them.<sup>2</sup>

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<sup>1</sup>E.g., V. Peterson, A Matter of Life and Death (New York: Atheneum Press, 1961), p. 183, says, "When I was a daughter, it was a crime to resist authority; when I became a mother, it had become a crime to assert it," quoted by Esther Lucile Brown in Newer Dimensions of Patient Care, II. Improving Staff Motivation and Competence in the General Hospital (New York: Russell Sage Foundation, 1962), p. 85.

<sup>2</sup>See Susan R. Gortner, "Nursing Majors in Twelve Western Universities: A Comparison of Registered Nurse Students and Basic Senior Students," Nursing Research, 17 (March-April, 1968), 124, reports that nursing majors scored higher in authoritarianism than non-nurse college students; see also Doris I. Miller, "Characteristics of Graduate Nurses in Four Clinical Nursing Specialties," Nursing Research, 14 (Spring, 1965), 110, regarding her finding that medical-surgical nurses in her study are submissive and that they accept domination "comfortably." Lois G. Lukens' findings are in accord, see "Personality Patterns and Choice of Clinical Nursing Specialization," Nursing Research, 14 (Summer, 1965), 219. C. Robert Pace's article, "Differences in Campus Atmosphere," in Readings in the Social Psychology of Education, W. W. Charters, Jr. and W. L. Gage, eds. (Boston: Allyn and Bacon, 1963), pp. 73-79, suggests that in general students are drawn to environments consonant with their own psychological and in-

Today the nurse's work life is likely to be "interrupted" in character, and while she is away from nursing and raising her children she may have very little contact with the professional culture in the formal sense. However, we suspect but do not know that she is frequently reminded of her "nurse" self because of illness in her own family and/or "curbside consultations" which her friends and neighbors encourage her to give--and which she may enjoy giving, whatever the risks of giving sometimes out-dated knowledge may be.

There is much apology made for the "apprentice" character of nursing education in the twenties.<sup>1</sup> We would argue that in some ways it was an "ideal" educational technique, for nursing knowledge was at that time even more tacit, and the "nursing point of view"<sup>2</sup> could perhaps be most effectively internalized under an apprenticeship system.<sup>3</sup> When and/or where this approach may have deteriorated most markedly was, we would suggest: (1) when the occupation of

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<sup>1</sup>E.g., see Nancy Lipton, "Nursing Education as a Challenge to the Professionalization of Nursing," Nursing Forum, 7 (No. 2, 1968), 204-205.

<sup>2</sup>E.g., see William Alonso, "Cities and City Planners," Daedalus, 92 (Fall, 1963), 827, in which the author says that as it is debatable whether city planning represents a "valid body of knowledge or expertise," that "perhaps the best answer is that the planner brings a point of view, an area of concern or a set of questions that he must answer as best he can because of the urgent problems of the cities."

<sup>3</sup>This is an insight of Geoffrey Millerson, The Qualifying Associations (London: Routledge and Keegan Paul, 1964), p. 20.

nursing became flooded with recruits after the mid-twenties,<sup>1</sup> and (2) after World War II when the boom in hospital construction<sup>2</sup> occurred at such a pace that buildings grew at a much faster rate than the social systems within them. By this time, too, population had become mobile, as had doctors and nurses, and there was a heavy influx of auxiliary personnel, unsocialized to "professional" values. Further, no longer were nurses employed primarily by their "home hospitals," a factor which could conceivably weaken subscription to professional norms, particularly in cases where the nurse was employed in a non-training school hospital.

It may well be that nurses have been "over-socialized," over-indoctrinated with occupational ideals to the point that, given a conflict-ridden patient care situation, they escape into non-patient areas of practice. Additionally, if the content of the training program is future-centered instead of today-centered, it may "unfit" the graduate for current practice in outmoded hospital systems to the degree she cannot tolerate the dissonance, yet not fit her in such a way that she can alter those factors most frustrating to her.

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<sup>1</sup>See Nurses, Patients, and Pocketbooks, p. 61.

<sup>2</sup>Edith Lentz, "Hospital Administration--One of a Species," Administrative Science Quarterly, 1 (March, 1957), 455.

## Codes

We cannot assume that the establishment of formal codes of ethics is a similar matter for all occupations. Gilb points out that in the case of nursing, their establishment is a delicate matter, for in order to imply professional status they must seem substantial statements [i.e., not just doing what the doctor says], and yet because nursing is so much under the thumb of medical practice, codes must not have too independent a ring about them.<sup>1</sup>

It is ludicrous to assume that there were no extensively-developed operative codes before the formal statement made by the American Nurses' Association in 1950.<sup>2</sup> A suggested

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<sup>1</sup>Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 163.

<sup>2</sup>See the American Nurses' Association's "Code for Nurses with Interpretive Statements" (New York: The Association, 1968), pp. 1-12. The 1950 code was revised in 1960, and again in 1968. The current one is very comprehensive in its scope, and amongst other items it emphasizes the importance of the nurse's responsibility to cooperate and communicate with other professionals and with the lay community, plus the obligation to protect the rights of research subjects (an item which is highly consistent with our bar-bench theory model). Further, it recognizes that medical and nurse practice acts are general in nature and (p. 6) encourages nurses to use "individual competence as a criterion in accepting and delegated responsibilities and assigning nursing activities to others." A letter to the Editor of the American Journal of Nursing in 1921, "Textbook on Ethics of Nursing," by Florence R. Burgess, would suggest that there was a textbook on nursing ethics as early as 1905, see Vol. 21 (July, 1921), 734. Formal courses in nursing ethics were a regular part of the curriculum, e.g., see National League of Nursing Education, Standard Curriculum for Schools of Nursing (Baltimore: Waverly Press, 1917), pp. 129-135; see also Annie W. Goodrich, The Social and Ethical Significance of Nursing (New York: The Macmillan Company, 1932), especially pp. 1-15.

code was outlined by the American Nurses' Association as early as 1926.<sup>1</sup>

What may constitute a major threat to professionalization in this regard is the seemingly differing "operative" codes of the three central role models, the heavy influx of auxiliary personnel, and the great ambiguity as to the nurse's authority in relation to that of the doctor's.<sup>2</sup> For the above kinds of reasons, the now-formalized code would seem to be a fragile index of professionalization in nursing. Further, disciplinary machinery for infractions is inadequately developed.<sup>3</sup>

#### Professional Culture and the Professional Association

As the modal comparisons indicate, membership completeness in the American Nurses' Association is greater now than in 1920, as is the case with most professional organizations. But there are four central reasons why the professional organization may be less significant in terms of occupational

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<sup>1</sup>American Nurses' Association, "Brief Highlights in ANA's 60 Years" (New York: The Association, May, 1968; mimeographed), p. 2.

<sup>2</sup>E.g., see Eugene D. Selmanoff and James L. Hawkins, "The Use of Discretion by Nurses--Doctors' Expectations and Nurses' Perceptions," in Ritualism in Nursing and Its Effect on Patient Care, Virginia H. Walker, Principal Investigator (Indianapolis: Indiana University Medical Center, 1964), Chapter X, pp. 1-17.

<sup>3</sup>An evaluative statement made by Corrine Lathrop Gilb, Hidden Hierarchies (New York: Harper and Row, 1966), p. 155. She maintains this is also the case in engineering and architecture.

autonomy and cultural cohesion than it was forty years ago.

The most obvious change is the emergence of the National League for Nursing as an entity separate from that of the American Nurses' Association.<sup>1</sup> Ostensibly, the American Nurses' Association is the delineator of nursing standards, including educational standards, but in that the National League for Nursing is the body which accredits nursing schools, it would seem to have considerable de facto control. In contrast, in 1920 the National League for Nursing Education was a subcommittee of the American Nurses' Association.<sup>2</sup>

On the one hand, it could be argued that the National League for Nursing symbolizes a forward step in professionalization in the way of a "consumer's association" on nursing, a way of communicating with the broader public. But we view it as an index of deprofessionalization, for not only is the locus of power in many ways outside the official

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<sup>1</sup>Very briefly, the focus of the National League for Nursing is "nursing" and the American Nurses' Association, "nurses." The latter is the "official spokesman"; the League includes lay members and other professionals and health agencies and concerns itself with "the improvement of nursing services and nursing education." See ANA Facts 1968, p. 231.

<sup>2</sup>See ANA Facts 1968, p. 233. In 1952 it became absorbed into the newly formed National League for Nursing along with six other groups, including the National Organization for Public Health Nursing and the National Accrediting Service.

organization,<sup>1</sup> to a considerable extent, it is outside the hands of nurses in the National League for Nursing.<sup>2</sup>

A second index of a divided culture is that of the American Nurses' Association's formal stance on education, the famous "Position Paper" released in 1965, subscribing to the principle of two levels of nursing education and nurse practice: "technical," that of the registered nurse, and "professional," the category reserved for nurses with baccalaureate and higher degrees.<sup>3</sup> This step might be considered an index of professionalization for it involves official disapproval of nursing education outside institutions of higher learning, and it is exclusive in nature,

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<sup>1</sup>E.g., see Eleanor C. Lambertsen, "Separate Structure for Nursing Could Confuse Issues," Modern Hospital, 104 (May, 1965), 146, in which the author asks, "Which of the two organizations has the responsibility for an official statement of standards and criteria?" See also an editorial by Barbara Schutt, "Some Uncomfortable Questions," American Journal of Nursing, 68 (January, 1968), 61.

<sup>2</sup>The 1967 NLN Convention is illustrative. See Eleanor C. Lambertsen, "High Emotions and Frayed Tempers Becloud Issues at NLN Convention," Modern Hospital, 108 (June, 1967), 142. Hospital administrators are beginning to penetrate the policy-making machinery and the central purpose is being altered.

<sup>3</sup>"American Nurses' Association's First Position on Education for Nursing," American Journal of Nursing, 65 (December, 1965), 106-111. The NLN has not in its actions supported this position, nor has the American Medical Association, e.g., an untitled news item in the AMA's Daily News Bulletin, 63 (June 21, 1967), 1, reports that the House of Delegates voted to support "all forms" of nursing education, but agreed to encourage increased enrollment in hospital nursing programs at the same time.

but we question its positive cultural significance, for it automatically downgrades approximately 85 per cent of registered nurses and represents a source of alienation to those who have been instilled with the idea of professionalism in nursing, and degrees or not, would seem to be in large part considered by the public to be "professionals."

The third critical "cultural divider" which bears mention is what would seem a gradual "take-over" of priority-setting and content in university nursing courses<sup>1</sup> and in the direction and nature of nursing research by the ubiquitous federal aid programs. We are not speaking of "good" or "bad" outcomes here, but only of the principle that it is not nursing practitioners qua practitioners who have the say in these matters. Of course it is not a situation unique to nursing, but in that graduate study in nursing and the area of nursing research are so much in their infancies, the effect may be far more pervasive than in the established professions.

Finally, the determination of standards of the accreditation of hospitals is outside the authority of the American Nurses' Association and, therefore, outside the say-so of the spokesman for the values and standards of the professional culture. The Association has played an important role in the improvement of economic welfare, but it is far

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<sup>1</sup>E.g., see Anne Kibrick, Graduate Education in Nursing (New York: National League for Nursing, 1966).

from being the "final arbiter" in substantive matters.<sup>1</sup>

We shall now turn to the last two topics, professionalization in nursing in relation to the functions of supplying and regulating services to society.

Professionalization in Nursing, C. 1920  
and C. 1960: Supplying Valued  
Services to Society

Quantity

Statistics on the ratio of nurses per 100,000 population are somewhat variable for the twenties, but they are highly consistent in one important respect: since 1920, when there were approximately equal numbers or less nurses than physicians, by the 1960's nurses outnumbered doctors in a proportion of approximately two to one.<sup>2</sup>

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<sup>1</sup>E.g., were it otherwise, there would logically have been a nurse appointed to the National Advisory Commission on Health Manpower--there were half a dozen physicians. See Report of the National Advisory Commission on Health Manpower, Vol. I, L. Irwin Miller, Chairman (Washington, D.C.: Government Printing Office, 1967), Membership List, p. ii. Additionally, although all states now have nurse practice acts (see ANA Facts 1968, pp. 66-68), not all of them are mandatory, and, further, even mandatory licensure is little effective if it is not adhered to by employing agencies, a not unknown problem in hospital employment. Also, in the absence of objective evidence that higher qualifications inhere a higher level of practitioner effectivity, it is difficult to persuade hospitals to upgrade their standards by employing "professional" nurses in increasing proportions. Were the ANA to adopt a stance requiring compulsory continuing education for nurses, there would not seem to be the social machinery for making it more than a recommendation.

<sup>2</sup>According to the U.S. Bureau of the Census, Historical Statistics of the United States, Colonial Times to 1957 (Washington, D.C.: Government Printing Office, 1960), p. 34, there were 98 nurses and 137 physicians per 100,000 population; in 1960 (see Continuation to 1962 and Revisions, 1965, p. 61) the figures were 287 and 142, respectively.

By the late 1920's there was an "oversupply," yet an "undersupply" of nurses.<sup>1</sup> Although many nurses were not employed,<sup>2</sup> there were patients who needed care but for one reason or another (e.g., financial reasons) did not get it.<sup>3</sup> One need go no further than the substantial analyses, Toward Quality in Nursing (1963)<sup>4</sup> and Health Manpower Perspective: 1967<sup>5</sup> to realize that there is a "shortage" of nurses. But, as Lambertsen says, perhaps the current situation is more indicative of a shortage of allied health personnel than a nursing shortage.<sup>6</sup>

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<sup>1</sup>Nurses, Patients, and Pocketbooks, pp. 131-152.

<sup>2</sup>ibid.

<sup>3</sup>Chapter X of the final Report of the Committee on the Grading of Nursing Schools, Nursing Schools Today and Tomorrow (New York: The Committee, 1934), pp. 233-249, is entitled, "The Right Nurse for the Right Patient." Financial problems of patients with reference to private duty at that time are rather obvious, but lack of nurses prepared in such fields as obstetrics, psychiatry, neurology, and pediatrics may not be so obvious, see Nurses, Patients, and Pocketbooks, p. 451.

<sup>4</sup>Report of the Surgeon General's Consultant Group on Nursing, Toward Quality in Nursing: Needs and Goals (Washington, D.C.: United States Department of Health, Education, and Welfare, Public Health Service, 1963).

<sup>5</sup>United States Department of Health, Education, and Welfare, Public Health Service, Bureau of Manpower, Health Manpower Perspective: 1967 (Washington, D.C.: Government Printing Office, 1967).

<sup>6</sup>Eleanor C. Lambertsen, "Reorganize Nursing to Re-emphasize Care," Modern Hospital, 108 (January, 1967), 69.

### Quality

Systematic evidence lacking, it is impossible to say unequivocally that within the social context of the times the quality of nursing was better or worse in the twenties<sup>1</sup> than in the sixties. There seems no question that from a strictly technical standpoint, today's nurse has more valid factual knowledge at her disposal than nurses, and in many ways doctors, in the twenties. But her over-all ability to make the patient feel secure and cared about may be another matter. Further, quality potential in nursing care in the sixties is socially meaningless unless it is the norm of practice, the latter a generalization we are not prepared to defend. In view of the tremendous growth in knowledge, it would seem reasonable to suspect that the disparity between what is immediately possible in the way of nursing care and what is extant might be greater now than in the earlier comparative period.

But we are prepared to defend the position that the root causes of many of the discrepancies between what could be and what is in the way of quality nursing care lie outside the scope of nursing influence more than ever before. Duff and Hollingshead hit at one of the central reasons. In the beginning of their longitudinal study,

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<sup>1</sup>One can cite partial evidence of both "good and bad" quality in the twenties, e.g., see Nurses, Patients, and Pocketbooks, pp. 153-164, for comments by physicians.

they thought the problems in nursing service were problems of morale and personnel shortages, and although they found these to exist, they conclude, "We no longer think that these and other issues that involve nurses can be solved within the profession of nursing." They state that they "have no specific recommendations regarding the orientation of hospital-paid nurses unless [the pattern and attitude of] medical leadership changes. . . ."<sup>1</sup>

One of the major recommendations which the above authors make is that the term "nurse" be eliminated, and, instead, there should be created a "medical auxiliary" category of worker, their reasoning being that culturally, the former term is unacceptable to men, and if stronger "leadership, and stability in a vital sector of a growing health industry," is to be created, men must be drawn into the nursing picture in a way acceptable to them.<sup>2</sup> Space does not permit an adequate discussion of the possible significance and ramifications of this recommendation. But it is our considered position that this suggests evidence that nursing is perceived as being less distinct from that of medicine than it was forty years ago.

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<sup>1</sup>Raymond S. Duff and August B. Hollingshead, Sickness and Society (New York: Harper and Row, 1968), pp. 382-383.

<sup>2</sup>Ibid., p. 384.

Developing the Knowledge-Skill Component

Stewart has noted that by the end of the twenties "nurses were producing the bulk of their own literature."<sup>1</sup>

Although there are clinical programs for nurses at the graduate level, a factor which would suggest that "advanced" nursing knowledge has been developed and that the changing locus (i.e., into bureaucracies and away from patients) has not precluded the development of the substantive knowledge-skill component, we question if these programs are not largely adding "more" knowledge (whether it be medical science, administration, sociology, or "nursing"), instead of "more advanced nursing knowledge."<sup>2</sup>

There are differing views about whether empirical fact is a necessary precursor of nursing theory,<sup>3</sup> and there is in any case, as we have said, no defensible theory. There has been considerable research about nurses, but little research about what difference nursing care makes in the

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<sup>1</sup> Isabel Maitland Stewart, The Education of Nurses (New York: The Macmillan Company, 1943), pp. 233-234.

<sup>2</sup> E.g., see Jean Campbell, Masters Education in Nursing (New York: The National League for Nursing, 1964), especially pp. 44, 89.

<sup>3</sup> E.g., compare Jeanette L. Sasmor, "Developing Theory in Nursing," Nursing Forum, 7 (No. 2, 1968), 191, and Marjorie A. Moore, "Nursing: A Scientific Discipline?" Nursing Forum, 7 (No. 4, 1968), 340.

recovery of patients.<sup>1</sup> And while there is evidence of systematic indexing of nursing literature,<sup>2</sup> we find little evidence of a systematic plan to cumulate "hard-won generalizations"<sup>3</sup> pertaining to nursing practice. Instead, the tone is largely "What's wrong with nursing?"

Thus, while there is more "research in nursing" than in the twenties, because we are not convinced that it has improved patient care measurably, this "fact" is of relatively questionable significance. Part of the difficulty, we would suggest, lies in inadequate development of the "marketing phase,"<sup>4</sup> to use Cronback's term.

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<sup>1</sup>Everett C. Hughes et al., Twenty Thousand Nurses Tell Their Story, A Report on the Studies of Nursing Sponsored by the American Nurses' Association (Philadelphia: J. B. Lippincott, 1958), p. 269; see also Eleanor C. Lambertsen, "Nursing Research Should Emphasize Improving the Quality of Care," Modern Hospital, 108 (April, 1967), 158.

<sup>2</sup>E.g., see ANA Facts 1968, p. 235, regarding the Yale University School of Nursing's instigation of the Nursing Studies Index in 1966; see also, e.g., Faye G. Abdallah and Eugene Levine, Better Patient Care Through Nursing Research (New York: The Macmillan Company, 1965).

<sup>3</sup>This phrase is derived from Helen P. Gouldner's Review of Identities and Interactions, by George J. McCall and J. L. Simmons in American Journal of Sociology, 74 (July, 1968), 100.

<sup>4</sup>Two nursing research ideas which stand as exceptions are those of Mildred L. Montag on associate degree programs for nurses, e.g., see Community College Education for Nursing (New York: McGraw-Hill Book Company, 1959), and Eleanor C. Lambertsen's "team nursing" approach, e.g., see Nursing Team Organization and Functioning (New York: Bureau of Publications, Teachers College, Columbia University, 1953). Although we recognize that in some cases there has been some tendency to adopt the "tactics" without comprehending the underlying philosophy of these ideas, they do, nevertheless, stand as exceptions to the generalization that the marketing phase in nursing research is appallingly inadequate.

In sum, to the extent that research findings in nursing are applied blindly or not applied, nursing research as it exists today may be a status symbol for nursing but it would not seem substantially, integrally-related to the process of professionalization in nursing.

Professionalization in Nursing, C. 1920  
and C. 1960: Regulating Valued  
Services to Society

Articulation and Nursing,  
C. 1920 and C. 1960

Although professional organization started out at the "local" level, American nursing was from its very early beginnings international in character. Even before the twenties, there was considerable articulation amongst American, British, and Canadian national nursing groups.<sup>1</sup>

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<sup>1</sup>Indeed, the first "national" organization was really an international one, the Nurses' Associated Alumnae of the United States and Canada, founded in 1896. The president was a Canadian teacher who had trained in the United States, Isabel Hampton Robb. Because of "state's rights" factors in the United States, there became two entities in 1900, but cooperation and interchange have remained high. See Gerald J. Griffin and H. Joanne King Griffin, Jensen's History and Trends of Professional Nursing (5th ed.; St. Louis: C. V. Mosby Company, 1965), p. 183, and the Canadian Nurses' Association, The Leaf and the Lamp (Ottawa: The Association, 1968), especially p. 35, and Helen K. Mussallem, Nursing Education in Canada (Ottawa: The Queen's Printer, 1965), especially pp. 5-12; and the Report of the Proceedings of the Jubilee Congress of District Nursing, Liverpool, May 12, 13, 14, 1909 (Liverpool: D. Marples and Company, 1909), pp. 50-76, and Transactions of [the] Third International Congress of Nurses, held during the Pan-American Exposition in Buffalo, September 18, 19, 20, 21, 1901, Isabel Hampton Robb et al., eds. (Cleveland: J. B. Savage, 1901).

Further, in the twenties there was articulation with other professional and lay groups.<sup>1</sup>

While it is misleading to characterize nursing organization c. 1920 as highly articulated, there would seem little reason to suspect that it was less functional than it is today. More importantly, the role of the nurse would seem to have been much better articulated, particularly with that of the doctor, than is true today.<sup>2</sup>

In some ways, it might be argued that the nurse's role is over-articulated with those of the doctor and the hospital administrator to the point of role-blurring; further, the meshing of the registered nurse's role with that of, e.g., the licensed practical nurse's role would seem to be characterized by both gaps and overlaps. And lately, there are moves afoot to create a new medical role, that of the

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<sup>1</sup>E.g., Isabel Maitland Stewart, The Education of Nurses (New York: The Macmillan Company, 1943), pp. 232-233, makes reference to the evolution at that time of the "Hospital Council," an interprofessional group.

<sup>2</sup>Inadequate articulation of the elements of the health system is one of the central social problems of today, e.g., see the Report of the National Commission on Community Health Services, Health is a Community Affair (Cambridge: Harvard University Press, 1966), pp. 4-16.

physician's assistant,<sup>1</sup> one which promises to create even greater articulation problems. On these several counts, nursing would seem to have been largely absorbed into rather than articulated with other social systems in the health field.

Our analysis of social organization in nursing c. 1920 and c. 1960 leads us to posit that the essence of nursing has and does lie in being the patient's advocate.<sup>2</sup> This, we think, is more clearly evident in the earlier period. Since then, however, organizational pressures have been such that she seems to have become so submerged in and absorbed into two other social systems, medicine and hospital administration, that she has in effect become largely the physician's advocate and/or the hospital administrator's advocate.

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<sup>1</sup>E.g., see Joseph Stokes et al., "Physicians' Assistants: More Physicians, More Highly Trained Nurses, or a New Health Worker?" American Journal of Nursing, 67 (July, 1967), 1441-1442, and the interpretations of K. G. Andreoli and E. G. Stead, Jr., "Training Physicians' Assistants at Duke" (1442-1443), and H. Silver and L. Ford, "The Pediatric Nurse Practitioner at Colorado" (1443-1444), in the same article. The latter worker performs medical screening examinations, especially on those with chronic conditions and on well children, the former acts more as a technical assistant, e.g., doing cardiographs, skin-tests, and taking blood samples.

<sup>2</sup>The term "patient's advocate" has been used also by Eleanor C. Lambertsen, "Knowing Roles Aids Doctor-Nurse Accord," Modern Hospital, 112 (January, 1969), 77.

What seems to be the tacit if not explicit model on which leading nurse educators are basing their thinking with regard to the articulation of roles is the "Happy Family Health Professional Team Concept." The investigator would suggest that one of the reasons why this "team" approach has failed to solve articulation problems is that its social dynamics are basically unsound. What seemed to be the model in 1920 was what we would term the bar-bench mode of organization, our point being that as the patient's advocate,<sup>1</sup> the nurse could appeal to the "bar," medicine, but not override it. As in the legal system, neither the bar nor the bench can fulfill its social function if there is weakness in either area. Nursing c. 1960 would seem to be trying to solve its articulation problems by becoming more like the bench; further, because nurses are in general so far removed from patients, they are unable to be valid advocates on their behalfs and rewards are attached largely to advocacy roles other than those representing the patient's interests.<sup>2</sup>

The bar-bench model, we would suggest, is still the extant form of articulation, e.g., witness nurses' behaviors

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<sup>1</sup>As such, knowledge of "precedent" and the tacit formal "codes" of the health system are a vital part of nursing knowledge.

<sup>2</sup>The impetus for the development of this analogy came about from reading Martin P. Meyer's The Lawyers (New York: Dell Publishing Company, 1966), especially pp. 426-516.

described by Stein<sup>1</sup>--they are not unlike the legal advocates' in their reliance on the bench, and in that their persuasive character can, in effect, alter the "judge's" decisions. In the case of nurses and doctors this process is not yet formally institutionalized. But in that it is so pervasive an informal mode, articulation might be enhanced by building upon it, rather than turning a blind eye toward it.<sup>2</sup>

#### Distribution

It is a truism to say that health care is unevenly distributed in the United States today--and nursing is no exception.<sup>3</sup> But in that it was unevenly distributed also in the twenties (e.g., private duty nursing being restricted to a considerable degree to upper economic levels),<sup>4</sup> we find little basis for stating that within the social context of both of these periods, nursing services were better distributed in one period than in the other.

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<sup>1</sup>Leonard Stein's analysis of doctor-nurse interactions is discussed on page 334 above.

<sup>2</sup>On this basis, we are inclined to view Stein's interpretation less "pathologically," more functionally than he does.

<sup>3</sup>E.g., see ANA Facts 1962, p. 13.

<sup>4</sup>See Esther Lucile Brown, Nursing as a Profession (New York: Russell Sage Foundation, 1936), pp. 76-77, 80-83.

### Rewards

We shall focus here upon occupational rewards from the standpoints of honorific rewards (including prestige), differential reward structures, and monetary rewards.

#### Honorific Rewards

It is uncommon for nursing graduation exercises not to include the giving of prizes and medals, even for "The Best Bedside Nurse."<sup>1</sup> But recognition through honorific rewards in nursing at later periods in the nurse's life would seem to be limited largely to job titles and to office-holding in nursing organizations. To our knowledge there has been no systematic study of honorific rewards in nursing at state and local levels, past or present, so that generalizations are tenuous. But at the national level, rewards would appear to reflect valuation of professional association contributions rather than substantive nursing knowledge and skills per se.<sup>2</sup>

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<sup>1</sup>Other prizes may reflect the fractionalization of the curriculum, e.g., the best surgical, obstetrical nurse, awards for "theory" versus "practice."

<sup>2</sup>E.g., see "ANA Convention A Week of 'Firsts,'" American Journal of Nursing, 68 (June, 1968), 1263, 1270. One of the two "highest honors" went to a Congressman who had sponsored federal aid to nursing programs, the other to the AJN editor; there was an award given for contribution to integration in nursing, the Mahoney Award, the McIver Award to a public health nursing executive, and three honorary pins to persons making outstanding contributions to professional organization. No criticism is intended here; we are simply pointing out the character of awards at the national level. A similar situation would seem to prevail at the international level,

While we are unaware of any specific prizes or medals given at the national level in the twenties, from the stature of such office-holders as Robb, we suspect that such nominations, in addition to the tremendous work, carried considerable prestige.

The American Nurses' Association is currently instigating "an Academy of Nursing for the advancement of knowledge, education, and nursing practice," the members of which will be called "Fellows."<sup>1</sup> But whether this should realistically be considered a positive step in the direction of professionalization would, it seems to us, depend upon the criteria for the awards. If perchance there is a minimum criterion of a baccalaureate degree stipulated in the case of Fellows, such would automatically exclude a vast proportion of skilled bedside nurses and might, therefore, act as a disintegrating social force, rather than an integrating one.<sup>2</sup>

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where, e.g., a winner of a Nightingale award was Alice Girard, a president of the International Congress of Nurses, see "The Florence Nightingale Awards," International Nursing Review, 14 (May-June, 1967), 32.

<sup>1</sup>American Nurses' Association, "Bylaws" (New York: The Association, May, 1968), Article XV, Sections I and II, p. 7.

<sup>2</sup>A concern voiced by "R.N., Ohio," in a Letter to the Editor, entitled "'Certified' R.N.'s," RN, 32 (April, 1969), 11.

In that the social status of men seems to be even more dependent upon occupational status than is true for women,<sup>1</sup> and in that prestige is so fundamentally important to the male ego, we might expect that honorific reward systems would be more extensively developed in "male" occupations than in women's. The question arises, is the absence of extensively developed honorific systems in nursing to be taken as an index of a low degree of professionalization--or might this be normative for female occupations? There are as yet few objective criteria for measuring contributions to nursing practice. To the extent that gains in occupational prestige are contingent upon demonstrable substantive achievements, and these in turn dependent upon occupational members' having high valuation of prestige attached to making new discoveries, objective measurement of nursing practice and the devising of honorific rewards attached to such gains may be a long time coming.

Occupational prestige ratings are slow to change,<sup>2</sup> thus comparisons of the prestige of nursing c. 1920 and c. 1960 might be relatively unfruitful indexes of the degree of professionalization, quite apart from the above discussion and apart from there being few

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<sup>1</sup>Talcott Parsons, "Age and Sex in the Social Structure of the United States," American Sociological Review, 7 (October, 1942), 608. See also Ralph H. Turner, "Some Aspects of Women's Ambition," American Journal of Sociology, 70 (November, 1964), 271-285.

<sup>2</sup>Robert W. Hodge et al., "Occupational Prestige in the United States, 1925-1963," American Journal of Sociology, 70 (November, 1964), 286-302.

reliable<sup>1</sup> studies which included nursing,<sup>2</sup> particularly in the earlier period.

The most representative study would seem to be that of Mapheus Smith's (1943), in which nurses place twenty-sixth in rank amongst one hundred occupations--above no occupation which we consider could be termed a profession, but the highest of all women's occupations listed.<sup>3</sup> There are other studies which suggest some interesting variables, such as the finding that low socioeconomic strata rate nurses highly and upper ones do not; and that while elderly (over sixty years) physicians rate nurses in line with those of the former strata, physicians under sixty years of age rate nurses poorly, like upper-class strata do.<sup>4</sup> The discrepancy between old and young physicians' ratings would seem to us indicative of more than fond recollections of days gone by, for it may well be an index that nurses of

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<sup>1</sup>As an example, we cite that including nurses and reported by George W. Hartmann, "The Prestige of Occupations," Personnel Journal, 13 (October, 1934), 144-152.

<sup>2</sup>See Albert J. Reiss, Jr., with the Assistance of Paul K. Hatt and Otis D. Duncan, Occupations and Social Status (New York: The Free Press, 1961), p. 5.

<sup>3</sup>"An Empirical Scale of Prestige Status of Occupations," American Sociological Review, 8 (April, 1943), 185-192.

<sup>4</sup>Everett C. Hughes et al., Twenty Thousand Nurses Tell Their Story, A Report on the Studies of Nursing Sponsored by the American Nurses' Association (Philadelphia: J. B. Lippincott, 1958), pp. 194-202.

the twenties and thirties were even then perceived as being highly, functionally, important.<sup>1</sup>

#### Differential Reward Structures

"If women become committed to nursing by becoming 'professionalizers,' their commitment makes them prone to forsake the work for which they were recruited in the first place."<sup>2</sup> As Mary Morris puts it, occupational mobility in nursing is largely associated with what in essence is "leaving the field."<sup>3</sup>

Whatever her level of promotion, the higher the nurse goes on the nursing occupational ladder, there is a more than good chance that she is not or in a short time she will not be a first-rate practitioner of nursing. This would by far not seem so true in the twenties as, generally speaking, the lady superintendent was the "last word" on nursing practice, and the knowledge explosion had not yet occurred.

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<sup>1</sup>Not only to society but to "the professional career of every medical man." See Edward B. Angell, "The Modern Hospital: Its Value to the Patient and to the Physician," American Journal of Nursing, 1 (July, 1901), 711.

<sup>2</sup>Eliot Friedson, "Medical Personnel, II: Paramedical Personnel," IESS 1968, Vol. 10, p. 119.

<sup>3</sup>Mary L. Morris, "Elements of Nursing as a Basis for Teaching the Fundamental Course" (unpublished Ed.D. dissertation, Columbia University, New York, 1964).

### Monetary Rewards

Clearly, nurses' incomes are lower than those of other professionals. What we are not able to document is systematic, valid evidence that nursing incomes, c. 1920 and c. 1960, were higher or lower than women in "comparable" occupations with "comparable" education and responsibilities. Lacking such dimensions, it is relatively meaningless to attempt inferences on the basis of gross data.

While we might question if it is economically feasible to expect that 600,000 women could possibly have incomes similar to those of the established professions, that would seem to be missing the point, for it would be feasible if in the minds of all concerned it represented a sound and necessary social investment. Quite apart from the important fact that women's incomes are in general lower than men's, there is the additional "fact" that society would seem largely unconvinced, as nurses themselves may be, that quality nursing service is positively related to the dollar.

### Conclusions<sup>1</sup>

It is our conclusion that within the social context of the times, the configuration of characteristics in nursing c. 1920 constitutes evidence that nursing was undergoing a

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<sup>1</sup>On the basis of the conclusions here, we have developed some recommendations. See Appendix.

process of professionalization at that time, the central reasons being: (1) the relative substance and integrity of the knowledge-skill component, (2) the existence of a well-integrated professional culture, (3) the substantial articulation of nursing roles with those of related health personnel, (4) the nurse practitioner had a relatively high degree of functional autonomy, and (5) advancement in nursing was largely co-terminal with advancement in technical expertise in nursing.

Within the social context of the sixties, we conclude that the configuration of characteristics in nursing at this time is not such as to stand as evidence of professionalization. Instead, the predominant pattern would seem to be one of deprofessionalization, one of occupational disintegration. Firstly, there has been a deterioration of the substantive knowledge-skill component, a decline in the aura of mystery, lack of theoretical development and inadequate development of methodology suitable to research in nursing, and adaptations to technological innovations have, by and large, taken the nurse away from the patient, her chief locus of nursing knowledge, as have adaptive responses to the organizational context within which nursing care is given.

Secondly, increased responsibility has not been accompanied by a concomitant increase in authority in relation to substantive decisions and there would seem to be

evidence of powerlessness in the occupational association and feelings of powerlessness and alienation amongst a substantial proportion of nursing practitioners.

Thirdly, the socialization of recruits would seem inadequately articulated with the realities of what are highly bureaucratized work-settings. At the same time it is not such as to constitute the ability to change those realities appreciably. Health manpower shortages are such that there is, in effect, a quantitative nursing shortage while at the same time there is a serious qualitative shortage. There has been an influx of low occupational status "recruits"<sup>1</sup> into nursing. There exists what could be regarded as pathological tourism within nursing and a pathological exit rate. Although there is evidence to suggest that the occupation of nursing is the chief reference group, this would not appear to hold in the case of the occupational association as such.<sup>2</sup> Adaptive responses to technological developments have in general weakened the

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<sup>1</sup>I.e., although licensed practical nurses are not considered "nurses" in the sense in which we have been using the term here, they have penetrated the nursing role, and we therefore regard this as tantamount to an influx of relatively low status recruits "into" nursing. This is, of course, only a categorical statement and no offense to the substantial contribution LPN's have made to quality nursing care is intended.

<sup>2</sup>I.e., there has not, then, been an appreciable decline in valuation of the occupational ideology.

integrity of the central occupational role. Two of the chief occupational symbols in nursing, the cap and the uniform, seem to have lost their distinctive significance. Lastly, advancement in the field is not generally co-terminal with advanced technical expertise in nursing practice.

Applying the typology developed in Chapter V,<sup>1</sup> we would classify nursing c. 1960 as constituting a state of deprofessionalization, the dysfunctional type,<sup>2</sup> encompassing national socio-political boundaries, and related to work-settings of the over-bureaucratized type.

Whether it is of the temporary or the irreversible type we do not know.

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<sup>1</sup>Because we have dealt here only with the occupation of nursing in the United States and only with nursing in the broad occupational sense, we are not in a position to consider intra-occupational or international dimensions.

<sup>2</sup>I.e., in terms of Figure 6, Type B·A, page 250 above.

## CHAPTER VII

## SUMMARY

The thesis of this study is that the occupation of nursing is undergoing a process of deprofessionalization, not a process of professionalization as most of the major works in the nursing literature would seem to assume.

The central purposes underlying this study were to re-examine and expand the concepts "profession" and "professionalization," develop the concept "deprofessionalization," and test the thesis in question.

The approach used was that of a comparative social analysis, using current and historical data; the technique employed was that of a scholarly analysis of the literature.

Because the concept "deprofessionalization" is a poorly developed one and because the thesis required that the concepts "profession" and "professionalization" be developed, including an assessment of the impact of bureaucratization upon professionalization, four chapters were devoted to these areas. Two major definitions of deprofessionalization were evolved: functional deprofessionalization was described as a process of "diseased professionalization," and dysfunctional deprofessionalization as a process of moving from a state of excessive professionalization to a state of

functional professionalization.

On the basis of the literature on professionalization, a documented case of deprofessionalization in law occurring in the nineteenth century, and upon examination of what would seem to constitute a case of deprofessionalization in diplomacy in the current century, a beginning typology was developed, the chief categories being: (1) direction (dysfunctional, functional), (2) duration (temporary, irreversible), (3) socio-political boundaries (international, continental, national, regional, state, local), (4) intra-occupational boundaries (intended to permit classification of deprofessionalization in "segments" of an occupation, e.g., criminal as opposed to corporate law, the bench as opposed to the bar), and (5) work-setting (under-bureaucratized, bureaucratized, over-bureaucratized).

Comparisons were made between professionalization in nursing c. 1920 and c. 1960, the former period being chosen because it both coincided with the heyday of solo practice in nursing, a characteristic frequently associated with the process of professionalization, and preceded the bulk of the immigration of nurses into bureaucratized work-settings, a factor which the literature would suggest might contribute toward deprofessionalization.

It was concluded that within the social context of the times, the occupation of nursing c. 1920 exemplified to a greater degree the characteristics of professionaliza-

tion than is true of nursing today, some of the primary reasons being: (1) the relative integrity of the substantive knowledge-skill component, (2) the existence of a well-integrated professional culture, (3) the substantial articulation of nursing roles with roles of related health personnel, (4) the relatively high degree of functional autonomy of the nursing practitioner, and (5) advancement in nursing was largely co-terminal with advanced technical expertise in nursing.

Relevant categories of deprofessionalization were then applied to nursing c. 1960 and it was concluded that nursing is undergoing a process of dysfunctional deprofessionalization of the national and over-bureaucratization types. Whether it is of a temporary or irreversible nature, only history will reveal.

**BIBLIOGRAPHY**

## BIBLIOGRAPHY

Books

- Abdellah, Faye G. and Levine, Eugene. Better Patient Care Through Nursing Research. New York: The Macmillan Company, 1965.
- American Nurses' Association. Facts About Nursing: A Statistical Summary, 1966 Edition. New York: The Association, 1966.
- \_\_\_\_\_. Facts About Nursing: A Statistical Summary, 1968 Edition. New York: The Association, 1968.
- \_\_\_\_\_. Some Facts About Nursing. Prepared by the Nursing Information Bureau Of the A.N.A. New York: The Association, 1935.
- Anderson, Odin W. Toward an Unambiguous Profession. Health Administration Perspectives, Number A6. Chicago: Center for Health Administration Studies, University of Chicago Press, 1968.
- Arber, Agnes. The Mind and the Eye. Cambridge, England: Cambridge University Press, 1964.
- Arendt, Hannah. The Human Condition. Chicago: University of Chicago Press, 1958.
- Argyris, Chris. Integrating the Individual and the Organization. New York: John Wiley and Sons, 1964.
- Ashby, Sir Eric. Technology and the Academics. London: The Macmillan Company, 1959.
- Bachmyer, A. D. and Hartman, G., eds. The Hospital and Modern Society. New York: The Commonwealth Fund, 1943.
- Bacon, Sir Francis. The Complete Essays of Francis Bacon including The New Atlantis and Novum Organum. With an Introduction by Henry LeRoy Finch. New York: Washington Square Press, 1963.
- Belth, Marc. Education as a Discipline. Boston: Allyn and Bacon, 1965.

- Bendix, Reinhard and Lipset, Seymour M., eds. Class, Status, and Power. 2nd ed. New York: The Free Press, 1966.
- Berelson, Bernard. Content Analysis in Communication Research. Glencoe, Ill.: The Free Press, 1952.
- Berger, Peter, ed. The human Shape of Work. New York: The Macmillan Company, 1964.
- Bernard, Jessie. Academic Women. University Park: Pennsylvania State University Press, 1964.
- Blau, Peter M. Bureaucracy in Modern Society. New York: Random House, 1956.
- \_\_\_\_\_ and Duncan, Otis D. The American Occupational Structure. New York: John Wiley and Sons, 1967.
- Bloom, Samuel W. The Doctor and His Patient. New York: Russell Sage Foundation, 1963.
- Bredemeir, Harry C. and Stephenson, Richard M. The Analysis of Social Systems. New York: Holt, Rinehart, and Winston, 1962.
- Brinton, C. Crane. Ideas and Men: The Story of Western Thought. New York: Prentice-Hall, 1950.
- Brown, Esther Lucile. Newer Dimensions of Patient Care. I: The Use of the Physical and Social Environment of the General Hospital for Therapeutic Purposes. New York: Russell Sage Foundation, 1961.
- \_\_\_\_\_. Newer Dimensions of Patient Care. II: Improving Staff Motivation and Competence in the General Hospital. New York: Russell Sage Foundation, 1962.
- \_\_\_\_\_. Nursing as a Profession. New York: Russell Sage Foundation, 1936.
- \_\_\_\_\_. Nursing for the Future. New York: Russell Sage Foundation, 1948.
- Brown, Wilfred. Explorations in Management. London: Heinemann, 1960.
- Bullough, Bonnie and Bullough, Vern, eds. Issues in Nursing. New York: Springer Publishing Company, 1966.
- ~ Campbell, Jean. Masters Education in Nursing. New York: The National League for Nursing, 1964.

- Canadian Nurses' Association. Countdown 1967. Ottawa: The Association, 1968.
- \_\_\_\_\_. The Leaf and the Lamp. Ottawa: The Association, 1968.
- Caplow, Theodore. The Sociology of Work. Minneapolis: University of Minnesota Press, 1954.
- \_\_\_\_\_ and McGee, Reece J. The Academic Marketplace. New York: John Wiley and Sons, 1958.
- Carlin, Jerome H. Lawyers on Their Own: A Study of Individual Practitioners in Chicago. New Brunswick, N.J.: Rutgers University Press, 1962.
- Carr-Saunders, A. M. and Wilson, P. The Professions. London: Frank Cass Company, 1933.
- Cassara, Beverly B., ed. American Woman: The Changing Image. Boston: Beacon Press, 1962.
- Charters, W. W., Jr. and Gage, N. L., eds. Readings in the Social Psychology of Education. Boston: Allyn and Bacon, 1963.
- Clark, Colin. The Conditions of Economic Progress. 2nd ed. rev. London: The Macmillan Company, 1951.
- Cremin, Lawrence. The Transformation of the School. New York: Alfred A. Knopf, 1961.
- Davis, Fred, ed. The Nursing Profession. New York: John Wiley and Sons, 1966.
- Deitrick, John E. and Berson, Robert C. Medical Schools in the United States at Mid-century. New York: McGraw-Hill Book Company, 1953.
- Duff, Raymond S. and Hollingshead, August B. Sickness and Society. New York: Harper and Row, 1968.
- Erikson, Erik H. Identity: Youth and Crisis. New York: W. W. Norton and Company, 1968.
- Etzioni, Amitai. Modern Organizations. Foundations of Modern Sociology Series. Alex Ineles, ed. Englewood Cliffs, N.J.: Prentice-Hall, 1964.
- Feilding, Charles R. with the assistance of Klink, Thomas W. Education for Ministry. Dayton, Ohio: The American Association of Theological Schools, 1966.

- Fichte, Johann G. The Vocation of the Scholar. Translated by William Smith. London: John Chapman, 1847.
- Flexner, Abraham. Medical Education. New York: The Macmillan Company, 1925.
- Frankel, Joseph. International Relations. New York: Oxford University Press, 1964.
- Frankena, William K. Ethics. Foundations of Philosophy Series. Elizabeth and Monroe Beardsley, eds. Englewood Cliffs, N.J.: Prentice-Hall, 1963.
- Freeman, H. E.; Levine, S.; and Reader, L. G., eds. Handbook of Medical Sociology. Englewood Cliffs, N.J.: Prentice-Hall, 1963.
- Fromm, Erich. The Sane Society. New York: Rinehart and Company, 1955.
- Galbraith, John K. The New Industrial State. Boston: Houghton Mifflin Company, 1967.
- Garceau, Oliver. The Political Life of the AMA [sic]. Cambridge: Harvard University Press, 1941.
- Gilb, Corrine Lathrop. Hidden Hierarchies. New York: Harper and Row, 1966.
- Ginzberg, Eli, ed. Technology and Social Change. New York: Columbia University Press, 1964.
- Glaser, Barney G., ed. Organizational Careers. Chicago: Aldine, 1968.
- Goldberg, Marion and Hottenlocher, Janellen, eds. Readings in the Psychology of Education. New York: Selected Academic Readings, n.d.
- Goldwin, Robert A. and Nelson, Charles A., eds. Toward the Liberally Educated Executive. New York: A Mentor Book, Published by The New American Library, 1960.
- Goode, William J. The Family. Foundations of Modern Sociology Series. Alex Inkeles, ed. Englewood Cliffs, N.J.: Prentice-Hall, 1964.
- Goodrich, Annie W. The Social and Ethical Significance of Nursing. New York: The Macmillan Company, 1932.
- Greene, Maxine, ed. Existential Encounters for Teachers. New York: Random House, 1967.

- Griffin, Gerald J. and Griffin, H. Joanne King. Jensen's History and Trends of Professional Nursing. 5th ed. St. Louis: C. V. Mosby Company, 1965.
- Gross, Martin L. The Doctors. New York: Random House, 1966.
- Habenstein, Robert W. and Christ, Edwin A. Professionalizer, Traditionalizer, and Utilizer. Columbia, Mo.: University of Missouri, 1955.
- Hanlon, John. Principles of Public Health Administration. 4th ed. St. Louis: C. V. Mosby Company, 1964.
- Hearn, Gordon. Theory Building in Social Work. Toronto: University of Toronto Press, 1958.
- Henderson, Virginia. The Nature of Nursing: Definition, and Its Implications for Practice, Research, and Education. New York: The Macmillan Company, 1967.
- Hofstadter, Richard. Academic Freedom in the Age of the College. New York: Columbia University Press, 1955.
- \_\_\_\_\_. Anti-Intellectualism in American Life. New York: Vintage Books, a Division of Random House, 1962.
- Hughes, Everett C. Men and Their Work. Glencoe, Ill.: The Free Press, 1958.
- Hutchins, Robert M. The Learning Society. New York: Frederick A. Praeger, 1968.
- Huxley, Sir Julian, ed. The Humanist Frame. New York: Harper Brothers, 1961.
- Hyman, Ray. The Nature of Psychological Inquiry. Foundations of Modern Psychology Series. Richard S. Lazarus, ed. Englewood Cliffs, N.J.: Prentice-Hall, 1964.
- Ianni, Francis A. J. Culture, Systems, and Behavior. Chicago: Science Research Associates, 1967.
- Jaffe, A. J. and Carlton, R. O. Occupational Mobility in the United States 1930-1960. New York: King's Crown Press, 1954.
- Janowitz, Morris. The Professional Soldier. New York: The Free Press, 1960.
- Jencks, Christopher and Riesman, David. The Academic Revolution. Garden City, N.Y.: Doubleday and Company, 1968.

- Kaback, Goldie Ruth. Vocational Personalities. New York: Bureau of Publications, Teachers College, Columbia University, 1946.
- Kerlinger, Fred N. Foundations of Behavioral Research. New York: Holt, Rinehart, and Winston, 1966.
- Kibre, Pearl. Scholarly Privileges in the Middle Ages. Cambridge: Medieval Academy of America, 1962.
- Knapp, Robert H. and Goodrich, H. B. The Origins of American Scientists. Chicago: University of Chicago Press, 1952.
- Kornhauser, William, with the assistance of Warren O. Hagstrom. Scientists in Industry. Berkeley: University of California Press, 1963.
- Kraser, Leonard and Ullmann, Leonard P. Research in Behavior Modification. New York: Holt, Rinehart, and Winston, 1965.
- Lambertsen, Eleanor C. Nursing Team Organization and Functioning. New York: Bureau of Publications, Teachers College, Columbia University, 1953.
- Landis, Benson Y. Professional Codes: A Sociological Analysis to Determine Applications to the Educational Profession. New York: Bureau of Publications, Teachers College, Columbia University, 1927.
- Lieberman, Myron. Education as a Profession. Englewood Cliffs, N.J.: Prentice-Hall, 1956.
- Lifton, Robert J., ed. The Woman in America. Boston: Beacon Press, 1967.
- Lubove, Raymond. The Professional Altruist. London: Oxford University Press, 1965.
- MacDonald, Gwendoline. Development of Standards of Accreditation in Collegiate Nursing Education. New York: Teachers College Press, Columbia University, 1965.
- Magraw, Richard M. Ferment in Medicine. Philadelphia: W. B. Saunders Company, 1966.
- Mannheim, Karl. Ideology and Utopia. Translated from the German by Louis Wirth and Edward Shils. New York: Harcourt, Brace and World, n.d.

- McGlothlin, William J. The Professional Schools. New York: The Center for Applied Research in Education, 1964.
- Mead, Margaret. Male and Female. New York: Dell Publishing Company, 1949.
- Merton, Robert K. Social Theory and Social Structure. Rev. enlarged ed. Glencoe, Ill.: The Free Press, 1957.
- \_\_\_\_\_; Broom L.; and Cottrell, L. S., eds. Sociology Today. New York: Basic Books, 1959.
- \_\_\_\_\_; Reader, George; and Kendall, Patricia L., eds. The Student Physician. Cambridge: Harvard University Press, 1957.
- Meyer, Martin P. The Lawyers. New York: Dell Publishing Company, 1966.
- \_\_\_\_\_. The Schools. New York: Harper and Brothers, 1961.
- Miel, Alice. Changing the Curriculum: A Social Process. New York: Appleton-Century-Crofts, 1946.
- Miles, Matthew B., ed. Innovation in Education. New York: Bureau of Publications, Teachers College, Columbia University, 1964.
- Millerson, Geoffrey. The Qualifying Associations. London: Routledge and Keegan Paul, 1964.
- Mills, C. Wright. White Collar. New York: Oxford University Press, 1951.
- Montag, Mildred L. Community College Education for Nursing. New York: McGraw-Hill, 1959.
- Mozans, H. J. Woman in Science. New York: Appleton and Company, 1913.
- Mumford, Lewis. Technics and Civilization. New York: Harcourt, Brace and World, 1963.
- Mussallem, Helen K. Nursing Education in Canada. Ottawa: The Queen's Printer, 1965.
- Myrdal, Alva and Klein, Viola. Women's Two Roles. London: Routledge and Keegan Paul, 1956.
- National Commission on Teacher Education and Professional Standards. New Horizons for the Teaching Profession. Margaret Lindsey, ed. Washington, D.C.: National Education Association, 1961.

- National League of Nursing Education. Standard Curriculum for Schools of Nursing. Baltimore: Waverly Press, 1917.
- National Manpower Council. Womanpower. New York: Columbia University Press, 1957.
- Nebraska Symposium on Motivation, 1962. Marshall R. Jones, ed. Lincoln: University of Nebraska Press, 1962.
- Niebuhr, H. R.; Williams, D. D.; and Gustafson, J. M. The Advancement of Theological Education. New York: Harper, 1957.
- Nosow, Sigmund and Form, William H., eds. Man, Work, and Society. New York: Basic Books, 1962.
- Olesen, Virginia L. and Whittaker, Elvi W. The Silent Dialogue. San Francisco: Jossey-Bass, 1968.
- Parsons, Talcott. Essays in Sociological Theory. Rev. ed. Glencoe, Ill.: The Free Press, 1954.
- \_\_\_\_\_. The Social System. New York: The Free Press, 1951.
- \_\_\_\_\_. Structure and Process in Modern Society. Glencoe, Ill.: The Free Press, 1960.
- Peterson, William, ed. American Social Patterns. New York: Doubleday and Anchor, 1956.
- Phenix, Philip H. Philosophy of Education. New York: Holt, Rinehart, and Winston, 1958.
- \_\_\_\_\_. Realms of Meaning. New York: McGraw Hill, 1964.
- Polanyi, Karl. The Great Transformation. Boston: Beacon Press, 1957.
- Pound, Roscoe. The Lawyer from Antiquity to Modern Times, with Particular Reference to the Development of Bar Associations in the United States. St. Paul, Minn.: West Publishing Company, 1953.
- Reiss, Albert J., Jr. with the assistance of Paul K. Hatt and Otis D. Duncan. Occupations and Social Status. New York: The Free Press, 1961.
- Roe, Anne. The Making of a Scientist. New York: Dodd Mead and Company, 1952.

- Rogers, Martha E. Reveille in Nursing. Philadelphia: F. A. Davis Company, 1964.
- Ross, Edward A. Principles of Sociology. 1st rev. New York: The Century Company, 1930.
- Rudolph, Frederick. The American College and University. New York: Vintage Books, a Division of Random House, 1962.
- Ryle, Gilbert. The Concept of Mind. New York: Barnes and Noble, 1949.
- Schaefer, Robert J. The School as a Center of Inquiry. New York: Harper and Row, 1967.
- Schultz, Theodore. The Economic Value of Education. New York: Columbia University Press, 1963.
- Sizer, Theodore, ed. The Age of the Academies. Classics in Education Series No. 22. Lawrence Cremin, ed. New York: Bureau of Publications, Teachers College, Columbia University, 1964.
- Smuts, Robert W. Woman and Work in America. New York: Columbia University Press, 1959.
- Stern, George; Stein, Morris J.; and Bloom, Benjamin S. Methods in Personality Assessment. Glencoe, Ill.: The Free Press, 1956.
- Stewart, Isabel Maitland. The Education of Nurses. New York: The Macmillan Company, 1943.
- Stroup, Herbert. Bureaucracy in Higher Education. New York: The Free Press, 1966.
- Super, Donald and Bachrach, Paul B. Scientific Careers and Vocational Development Theory. New York: Teachers College, Columbia University, 1957.
- Sutherland, Edwin H. The Professional Thief. Chicago: University of Chicago Press, 1937.
- Taylor, Lee. Occupational Sociology. New York: Oxford University Press, 1968.
- Toulmin, Stephen. The Philosophy of Science. New York: A Harper Torchbook, Harper and Row, 1960.
- Tunley, Roul. The American Health Scandal. New York: Harper and Row, 1966.

- Ulich, Robert. Crisis and Hope in American Education. Boston: Beacon Press, 1951.
- United States Bureau of the Census. Historical Statistics of the United States, Colonial Times to 1957. Washington, D.C.: Government Printing Office, 1960.
- \_\_\_\_\_. Continuation to 1962 and Revisions. Washington, D.C.: Government Printing Office, 1965.
- United States Department of Health, Education, and Welfare, Public Health Service, Bureau of Manpower. Health Manpower Perspective: 1967. Washington, D.C.: Government Printing Office, 1967.
- Veblen, Thorstein. The Place of Science in Modern Civilization. New York: The Viking Press, 1919.
- Vollmer, Howard M. and Mills, Donald L., eds. Professionalization. Englewood Cliffs, N.J.: Prentice-Hall, 1966.
- Walsh, W. H. Philosophy of History. Rev. ed. New York: A Harper Torchbook, Harper and Row, 1960.
- Warkov, Seymour with Zelan, Joseph. Lawyers in the Making. National Opinion Research Center Monograph Series in Social Research. Chicago: Aldine, 1965.
- Warner, W. Lloyd. American Life: Dream and Reality. Rev. ed. Phoenix Books. Chicago: University of Chicago Press, 1962.
- Watson, Goodwin. Social Psychology: Issues and Insights. Philadelphia: J. B. Lippincott, 1966.
- Weber, Max. The Theory of Social and Economic Organization. Translated by A. M. Henderson and T. Parsons, T. Parsons, ed. New York: Oxford University Press, 1947.
- Whitehead, Alfred North. Adventures of Ideas. New York: The Macmillan Company, 1933.
- \_\_\_\_\_. The Aims of Education. New York: The Macmillan Company, 1929.
- Wilensky, Harold L. Intellectuals in Labor Unions: Organizational Pressures on Professional Roles. Glencoe, Ill.: The Free Press, 1956.
- \_\_\_\_\_. and Lebeaux, Charles N. Industrial Society and Social Welfare. New York: Russell Sage Foundation, 1958.

Wolfbein, Seymour L. Employment and Unemployment in the United States, 1900 to 1950. Chicago: Science Research Associates, 1964.

#### Articles

"The A.H.A. Defines Role of Nurses: A.N.A. Sees 'No Major Objection.'" RN [sic], 32 (April, 1969), 60.

Akers, Ronald L. and Quinney, Richard. "Differential Organization of Health Professions: A Comparative Study." American Sociological Review, 33 (February, 1968), 104-121.

Alonso, William. "Cities and City Planners." Daedalus, 92 (Fall, 1963), 824-839.

"The American Medical Association: Power, Purpose, and Politics in Organized Medicine." (The Editors of the Yale Law Journal.) Yale Law Journal, 63 (May, 1954), 938-947.

"American Nurses' Association's First Position on Education for Nursing." American Journal of Nursing, 65 (December, 1965), 106-111.

"The 1960 ANA [sic] Convention." American Journal of Nursing, 60 (June, 1960), 831-846.

"ANA [sic] Convention a Week of 'Firsts.'" American Journal of Nursing, 68 (June, 1968), 1258-1278.

Anderson, Theodore R. and Warkov, Seymour. "Organizational Size and Functional Complexity: A Study of Administration in Hospitals." American Sociological Review, 26 (February, 1961), 23-28.

Angell, Edward B. "The Modern Hospital: Its Value to the Patient and to the Physician." American Journal of Nursing, 1 (July, 1901), 703-712.

Argyle, Michael and Delin, Peter. "Non-universal Laws of Socialization." Human Relations, 18 (February, 1965), 77-86.

Armer, Michael J. "Intersociety and Intrasociety Correlations of Occupational Prestige." American Journal of Sociology, 74 (July, 1964), 28-36.

- "Astrology: Fad and Phenomenon." Time [magazine], March 21, 1969, pp. 47-48, 53-56.
- Aynes, Edith. "How Can Nursing Serve Two Masters?" Modern Hospital, 97 (October, 1961), 111-113.
- Barber, Bernard. "Some Problems in the Sociology of the Professions." Daedalus, 92 (Fall, 1963), 669-688.
- Becker, Howard S. and Carper, James W. "The Development of Identification with an Occupation." American Journal of Sociology, 61 (January, 1956), 289-298.
- Beer, John J. and Lewis, W. David. "Aspects of the Professionalization of Science." Daedalus, 92 (Fall, 1963), 764-784.
- Ben-David, Joseph. "The Professional Role of the Physician in Bureaucratized Medicine: A Study in Role Conflict." Human Relations, 11 (August, 1958), 255-274.
- \_\_\_\_\_ and Collins, Randall. "Social Factors in the Origins of a New Science: The Case of Psychology." American Sociological Review, 31 (August, 1966), 451-466.
- Bennis, W. G.; Berkowitz, N.; Affinito, M.; and Malone, M. "Reference Groups and Loyalties in the Out-Patient Department." Administrative Science Quarterly, 2 (March, 1958), 481-500.
- Bernard, Jessie. "The Status of Women in Modern Patterns of Culture." The Annals of the American Academy of Political and Social Science, 375 (January, 1968), 3-14.
- Blau, Peter. "The Flow of Occupational Supply and Recruitment." American Sociological Review, 30 (August, 1965), 475-490.
- Bock, E. Wilbur. "The Female Clergy: A Case of Professional Marginality." American Journal of Sociology, 72 (March, 1967), 531-539.
- Boocock, Sarane S. "Toward a Sociology of Learning." Sociology of Education, 39 (Winter, 1966), 1-45.
- Bordura, David J. and Reiss, Albert J., Jr. "Command, Control, and Charisma: Reflections on Police Bureaucracy." American Journal of Sociology, 72 (July, 1966), 68-76.

- Boulding, Kenneth E. "Where Are We Going If Anywhere? A Look at Post-Civilization." Human Organization, 21 (Summer, 1962), 162-167.
- Brand, George E. "Bar Organization and Judicial Administration." Journal of the American Judicature Society, 34 (June, 1950), 38-45.
- Brecht, Arnold. "How Bureaucracies Develop and Function." The Annals of the American Academy of Political and Social Science, 292 (March, 1954), 1-11.
- Burgess, Florence R. "Textbook on Ethics of Nursing." (Letter to the Editor.) American Journal of Nursing, 21 (July, 1921) 734.
- "Call for Restructuring [Legal Education and Legal Tasks]." Time [magazine, Canada], March 29, 1968, pp. 40-41.
- Clark, Wesley C. "The Impact of Mass Communications in America." The Annals of the American Academy of Political and Social Science, 378 (July, 1968), 68-74.
- Cogan, Morris L. "Toward a Definition of Profession." Harvard Educational Review, 23 (January, 1953), 33-50.
- Conway, John. "Politics as a Profession in the United States." Daedalus, 92 (Fall, 1963), 840-856.
- Cooke, Morris L. "Professional Ethics and Social Change." American Scholar, 15 (Autumn, 1946), 487-497.
- Corwin, Ronald G. and Taves, Marvin J. "Some Concomitants of Bureaucratic and Professional Conceptions of the Nurse Role." Nursing Research, 11 (Fall, 1962), 223-227.
- Coser, Rose Laub. "Insulation from Observability and Types of Social Conformity." American Sociological Review, 26 (February, 1961), 28-39.
- Cottrell, Donald P. "A Philosophy of Education." American Journal of Nursing, 40 (August, 1940), 914-922.
- Cronback, Lee. "The Role of the University in Improving Education." Phi Delta Kappan, 42 (June, 1966), 539-545.
- Crotty, Homer D. "The Accreditation of Law Schools." Journal of Higher Education, 31 (June, 1960), 322-327.
- Daily News Bulletin [of the American Medical Association], June 21, 1967, p. 1.

- Dalton, Melville. "Informal Factors in Career Achievement." American Journal of Sociology, 56 (March, 1951), 407-415.
- Davis, A. F. "Prestige of Occupations." British Journal of Sociology, 3 (June, 1952), 134-147.
- Davis, Fred and Olesen, Virginia L. "Initiation into a Woman's Profession." Sociometry, 26 (March, 1963), 89-101.
- Davis, Kingsley. "Reply to Tumin." American Sociological Review, 18 (August, 1953), 394-397.
- \_\_\_\_\_ and Moore, Wilbert E. "Some Principles of Stratification." American Sociological Review, 10 (April, 1945), 242-249.
- De Fleur, Lois B. "Assessing Occupational Knowledge in Young Children." Sociological Inquiry, 36 (Winter, 1966), 98-115.
- Devereux, George and Weiner, Florence. "The Occupational Status of Nurses." American Sociological Review, 15 (October, 1950), 628-634.
- Dewey, John. "Culture and Professionalism in Education." School and Society, 18 (October 13, 1923), 421-424.
- Dibden, Arthur J. "The Academician as Scholar." Liberal Education, 48 (March, 1962), 7-20.
- DiRenzo, Gordon J. "Professional Politicians and Personality Structure." American Journal of Sociology, 73 (September, 1967), 217-225.
- Emerson, Richard M. "Power-Dependence Relations." American Sociological Review, 27 (February, 1962), 31-41.
- Erikson, Erik H. "Memorandum on Youth." Daedalus, 96 (Summer, 1967), 860-870.
- "Ethical Aspects of Experimentation with Human Subjects." Daedalus, 98 (Spring, 1969), 219-594.
- "Ex-military Men Gain in Industry." New York Times, Section 1, March 23, 1969, p. 32.
- "Family Medicine Is Made a Specialty." New York Times, Section 1, February 11, 1969, pp. 1, 28.

- Faunce, William A. and Clelland, Donald A. "Professionalization and Stratification Patterns in an Industrial Community." American Journal of Sociology, 72 (January, 1967), 341-350.
- Flexner, Abraham. "Is Social Work a Profession?" School and Society, 1 (June 26, 1915), 901-911.
- "The Florence Nightingale Awards." International Nursing Review, 14 (May-June, 1967), 31-33.
- Folger, John K. and Nam, Charles B. "Trends in Education in Relation to Occupational Structure." Sociology of Education, 38 (Fall, 1964), 19-33.
- Foote, Nelson and Hatt, Paul K. "Social Mobility and Economic Advancement." American Economic Review, 43 (May, 1953), 364-379.
- Fox, David J.; Diamond, Lorraine K.; Walsh, Ruth C.; Knopf, Lucille; and Hodgins, Jean. "Correlates of Satisfaction and Stress with Selected Clinical Aspects of Nursing School Experience." Nursing Research, 12 (Summer, 1963), 157-161.
- Freehill, Maurice. "Authoritarian Bias and Evaluation of College Experiences." Improving College and University Teaching, 15 (Winter, 1967), 18-19.
- Ginzberg, Eli. "What Nurses Need Is a Chance to Grow." Modern Hospital, 98 (April, 1962), 103-106, 186, 188.
- Goldner, Fred and Ritti, R. R. "Professionalization as Career Immobility." American Journal of Sociology, 72 (March, 1964), 489-502.
- Goode, William J. "Community Within a Community: The Professions." American Sociological Review, 22 (April, 1957), 194-200.
- \_\_\_\_\_. "Encroachment, Charlatanism, and the Emerging Profession: Psychology, Medicine, and Sociology." Sociological Review, 25 (December, 1960), 902-914.
- \_\_\_\_\_. "The Librarian: From Occupation to Profession?" Library Quarterly, 31 (October, 1961), 306-320.
- Gordon, Gerald and Marquis, Sue. "Freedom, Visibility of Consequences, and Scientific Innovation." American Journal of Sociology, 72 (September, 1966), 195-202.

- Gortner, Susan R. "Nursing Majors in Twelve Western Universities: A Comparison of Registered Nurse Students and Basic Senior Students." Nursing Research, 17 (March-April, 1968), 121-129.
- Goss, Mary E. W. "Influence and Authority Among Physicians in an Outpatient Clinic." American Sociological Review, 26 (February, 1961), 39-50.
- Gottlieb, Manuel. "The Theory of an Economic System." American Economic Review, 43 (May, 1953), 350-365.
- Gouldner, Alvin W. "Cosmopolitans and Locals: Toward an Analysis of Latent Social Roles--I." Administrative Science Quarterly, 2 (December, 1957), 281-306.
- \_\_\_\_\_. "The Sociologist as Partisan: Sociology and the Welfare State." American Sociologist, 3 (May, 1968), 103-116.
- Gouldner, Helen P. Review of Identities and Interactions, by George J. McCall and J. L. Simmons. American Journal of Sociology, 74 (July, 1968), 99-100.
- Greenwood, Ernest. "Attributes of a Profession." Social Forces, 2 (July, 1957), 44-55.
- Hall, Oswald. "The Stages of a Medical Career." American Journal of Sociology, 53 (March, 1948), 327-336.
- Hall, Richard H. "Professionalization and Bureaucratization." American Sociological Review, 33 (February, 1968), 92-104.
- \_\_\_\_\_. and Tittle, Charles R. "A Note on Bureaucracy and Its 'Correlates.'" American Journal of Sociology, 72 (November, 1966), 267-272.
- \_\_\_\_\_.; Haas, J. Eugene; and Johnson, Norman J. "Organizational Size, Complexity, and Formalization." American Sociological Review, 32 (December, 1967), 903-912.
- Harary, Frank. "Merton Revisited: A New Classification for Deviant Behavior." American Sociological Review, 31 (October, 1966), 693-697.
- Hardy, Barbara. "The Personality of Criticism." Southern Review, 3 (Autumn, 1967), 1001-1010.

- Hartmann, George W. "The Prestige of Occupations." Personnel Journal, 13 (October, 1934), 144-152.
- Hodge, Robert W. and Trieman, Donald J. "Class Identification in the United States." American Journal of Sociology, 73 (March, 1968), 535-547.
- \_\_\_\_\_; Siegel, Paul M.; and Rossi, Peter H. "Occupational Prestige in the United States, 1925-1963." American Journal of Sociology, 70 (November, 1964), 286-302.
- Hughes, Everett C. "Mistakes at Work." Canadian Journal of Economics and Political Science, 17 (August, 1951), 320-327.
- \_\_\_\_\_. "Professions." Daedalus, 92 (Fall, 1963), 655-668.
- \_\_\_\_\_. "The Professions in Society." Canadian Journal of Economics and Political Science, 26 (February, 1960), 54-61.
- Hutchins, Robert M. "The University, an Intellectual Community." Vital Speeches, 33 (May 15, 1967), 475-478.
- Inkles, Alex and Rossi, Peter H. "National Comparisons of Occupational Prestige." American Journal of Sociology, 61 (January, 1956), 329-339.
- Janowitz, Morris. "Changing Patterns of Organizational Authority: The Military Establishment." Administrative Science Quarterly, 3 (March, 1959), 473-493.
- \_\_\_\_\_. "International Perspectives on Militarism." American Sociologist, 3 (February, 1968), 12-16.
- \_\_\_\_\_ and Delany, William. "The Bureaucrat and the Public: A Study of Informational Perspectives." Administrative Science Quarterly, 2 (September, 1957), 141-162.
- Katz, Elihu and Eisenstadt, S. N. "Some Sociological Observations on the Response of Israeli Organizations to New Immigrants." Administrative Science Quarterly, 5 (June, 1960), 113-133.
- Kibrick, Anne. "Graduate Education in Nursing." New York: National League for Nursing, 1966.
- Kimberly, James C. "Status Inconsistency: A Reformulation of a Theoretical Problem." Human Relations, 20 (May, 1967), 171-179.

- Kramer, Marlene. "Role Models, Role Conceptions, and Role Deprivation." Nursing Research, 17 (March-April, 1968), 115-120.
- Lambertsen, Eleanor C. "The Emerging Health Professions." Nursing Forum, 7 (Winter, 1968), 87-97.
- \_\_\_\_\_. "High Emotions and Frayed Tempers Becloud Issues at NLN Convention." Modern Hospital, 108 (June, 1967), 142.
- \_\_\_\_\_. "Knowing Roles Aids Doctor-Nurse Accord." Modern Hospital, 112 (January, 1969), 75-77.
- \_\_\_\_\_. "More Simple Courtesy Would Quiet Critics of Nursing Care." Modern Hospital, 104 (February, 1965), 138.
- \_\_\_\_\_. "Nursing Research Should Emphasize Improving the Quality of Care." Modern Hospital, 108 (April, 1967), 158.
- \_\_\_\_\_. "Poor [Medical] Supervision [of Patients] Has Obstetric Nurse Doing the Specialist's Job." Modern Hospital, 102 (January, 1964), 126.
- \_\_\_\_\_. "Reorganize Nursing to Re-emphasize Care." Modern Hospital, 108 (January, 1967), 69.
- \_\_\_\_\_. "Separate Structure for Nursing Could Confuse Issues." Modern Hospital, 104 (May, 1965), 146.
- Langerock, Hubert. "Professionalism: A Study in Professional Deformation." American Journal of Sociology, 21 (July, 1915), 30-44.
- Laski, Harold J. "The Decline of the Professions." Harper's Monthly Magazine, November, 1935, pp. 676-685.
- Lentz, Edith. "Hospital Administration--One of a Species." Administrative Science Quarterly, 1 (March, 1957), 444-463.
- Lipset, Seymour M. "Students and Politics in Comparative Perspective." Daedalus, 97 (Winter, 1968), 1-20.
- Lipton, Nancy. "Nursing Education as a Challenge to the Professionalization of Nursing." Nursing Forum, 7 (No. 2, 1968), 201-214.

- Lukens, Lois G. "Personality Patterns and Choice of Clinical Nursing Specialization." Nursing Research, 14 (Summer, 1965), 210-221.
- Lynn, Kenneth S. "Introduction to the Issue, 'The Profession.'" Daedalus, 92 (Fall, 1963), 649-653.
- MacIver, Robert. "The Social Significance of Professional Ethics." The Annals of the American Academy of Political and Social Science, 297 (January, 1955), 118-124.
- "Mafia Chiefs Face Longer Jail Terms Unless They Testify." New York Times, Sections 1 and 2, April 6, 1969, pp. 1, 51.
- "Mayor Asks Code for Teachers to Curb Slurs Causing Tension." New York Times, Section 1, January 24, 1969, pp. 1, 20.
- McCamy, James L. "Responsiveness Versus Efficiency in Public Service." The Annals of the American Academy of Political and Social Science, 292 (March, 1954), 30-38.
- McCully, C. Harold. "Conceptions of Man and the Helping Professions." Personnel and Guidance Journal, 44 (May, 1966), 911-917.
- \_\_\_\_\_. "The School Counselor: Strategy for Professionalization." Personnel and Guidance Journal, 40 (April, 1962), 681-689.
- McElrath, Dennis C. "Perspective and Participation of Physicians in Prepaid Group Practice." American Sociological Review, 26 (August, 1961), 596-607.
- Mead, Margaret. "The Life Cycle and Its Variations: The Division of Roles." Daedalus, 96 (Summer, 1967), 871-875.
- Means, James Howard. "Homo Medicus Americanus." Daedalus, 92 (Fall, 1963), 701-723.
- "Medical Costs Up 125% Since 1946." New York Times, Section 2, October 30, 1968, p. 49.
- Merton, Robert K. "Priorities in Scientific Discovery: A Chapter in the Sociology of Science." American Sociological Review, 22 (December, 1957), 635-659.

- Miller, Doris I. "Characteristics of Graduate Nurses in Four Clinical Nursing Specialties." Nursing Research, 14 (Spring, 1965), 106-113.
- Miller, Walter B. "Two Concepts of Authority." American Anthropologist, 57 (April, 1955), 271-289.
- Moeller, Gerald H. and Charters, W. W. "Relation of Bureaucratization to Sense of Power Among Teachers." Administrative Science Quarterly, 10 (March, 1966), 444-465.
- Mooney, Ross L. "The Problem of Leadership in the University." Harvard Educational Review, 33 (Winter, 1963), 42-57.
- Moore, Marjorie A. "Nursing: A Scientific Discipline?" Nursing Forum, 7 (No. 4, 1968), 340-348.
- More, D. M. and Kohn, Nathan, Jr. "Some Motives for Entering Dentistry." American Journal of Sociology, 66 (July, 1960), 48-53.
- Myerhoff, Barbara and Larson, William R. "The Doctor as Cultural Hero: The Routinization of Charisma." Human Organization, 24 (February, 1965), 188-191.
- Parsons, Talcott. "Age and Sex in the Social Structure of the United States." American Sociological Review, 7 (October, 1942), 604-616.
- Pearlman, Leonard. "Alienation from Work: A Study of Nursing Personnel." American Sociological Review, 27 (June, 1962), 314-326.
- Pelz, Donald C. and Andrews, Frank. "Autonomy, Coordination, and Stimulation in Relation to Scientific Achievement." Behavioral Science, 11 (March, 1966), 89-97.
- Perkins, James A. "The University and the Arts." T.C. Record, 66 (May, 1965), 671-678.
- Perrow, Charles. "The Analysis of Goals in Complex Organizations." American Sociological Review, 26 (December, 1961), 854-866.
- Peterson, Osler L.; Anderson, O. P.; Spain, R. S.; Greenberg, B. G.; and Andrews, L. P. "An Analytic Study of North Carolina General Practice." Journal of Medical Education, 31 (December, 1956), 1-165.

- Phenix, Philip H. "The Moral Imperative in Contemporary American Education." Perspectives in Education, 2 (Winter, 1969), 6-13.
- Plant, Walter T. and Telford, Charles W. "Changes in Personality for Groups Completing Different Amounts of College Over Two Years." Genetic Psychology Monographs, 74 (August, 1966), 3-36.
- Podgorecki, Adam. "Law and Social Engineering." Human Organization, 21 (Fall, 1962), 177-181.
- Porter, John. "The Future of Upward Mobility." American Sociological Review, 33 (February, 1968), 5-19.
- Powledge, Fred. "What Will the Doctors Do for Jean Paul Getty That They Won't Do for You?" Esquire, October, 1968, pp. 200-203, 271-278.
- "Presbyterian Cleric Proposes Radical Changes in Church." New York Times, Section 2, April 18, 1968, p. 44.
- Price, James L. "Use of New Knowledge in Organizations." Human Organization, 23 (Fall, 1964), 224-234.
- Quarton, Gardner C. "Deliberate Efforts to Control Human Behavior and Modify Personality." Daedalus, 96 (Summer, 1967), 837-853.
- Railsback, O. L. "Research and Teaching." School Science and Math, 63 (January, 1963), 140-144.
- "Red China Youths Serve as Doctors." New York Times, Section 1, November 10, 1968, p. 22.
- Reissman, Leonard. "A Study in Role Conceptions in Bureaucracy." Social Forces, 27 (March, 1949), 305-310.
- "R.N., Ohio." Letter to the Editor, entitled "'Certified' R.N.'s." RN, 32 (April, 1969), 11.
- Roberts, Mary M. "Private Duty Nursing." Editorial. American Journal of Nursing, 21 (January, 1921), 209-211.
- Rodgers, David A. "In Favor of Separation of Academic and Professional Training." American Psychologist, 19 (August, 1964), 675-680.
- Rodman, Hyman and Kolodny, Ralph. "Organizational Strains in the Researcher-Practitioner Relationship." Human Organization, 23 (Summer, 1964), 171-182. G.A.

- Rokeach, Milton. "The Effect of Perception of Time Upon the Rigidity and Concreteness of Thinking." Journal of Experimental Psychology, 40 (April, 1950), 206-216.
- Rose, Arnold. "'Official' vs. 'Administrative' Criteria for Classification of Combat Breakdown Cases." Administrative Science Quarterly, 3 (September, 1958), 185-194.
- Rossi, Peter H. "Researchers, Scholars, and Policy Makers: The Politics of Large Scale Research." Daedalus, 93 (Fall, 1964), 1142-1161.
- Sasmor, Jeanette L. "Developing Theory in Nursing." Nursing Forum, 7 (No. 2, 1968), 190-200.
- Schein, Edgar H. "Attitude Change During Management Education: A Study of Organizational Influences of Student Attitudes." Administrative Science Quarterly, 11 (March, 1967), 601-628.
- Schilling, Harold K. "Independent Study and Research in the Undergraduate Physics Curriculum." Journal of General Education, 14 (April, 1962), 22-37.
- Schutt, Barbara. "Some Uncomfortable Questions." Editorial. American Journal of Nursing, 68 (January, 1968), 61.
- Seeman, Melvin and Evans, John W. "Stratification and Hospital Care: I. The Performance of the Medical Intern." American Sociological Review, 26 (February, 1961), 67-80.
- Shepherd, Clovis and Brown, Paula. "Status, Prestige, and Esteem in a Research Organization." Administrative Science Quarterly, 1 (December, 1956), 340-360.
- Sherlock, Basil J. "Acquisition of the Nursing Role and the Transmission of Nontherapeutic Orientations." Nursing Research, 12 (Summer, 1963), 182-184.
- Shuval, Judith. "Occupational Interests and Sex-Role Congruence." Human Relations, 16 (May, 1963), 182-184.
- Siegel, Albert E. and Siegel, Sidney. "Reference Groups, Membership Groups, and Attitude Change." Journal of Abnormal and Social Psychology, 55 (November, 1957), 360-364.
- Siegel, Hildegard. "The Nurse's Uniform: Symbolic or Sacrosanct." Nursing Forum, 7 (No. 3, 1968), 314-323.
- \_\_\_\_\_. "Professional Socialization in Two Baccalaureate Nursing Programs." Nursing Research, 17 (September-October, 1968), 403-407.

- Simpson, Ida H. "Patterns of Socialization into Professions: The Case of Student Nurses." Sociological Inquiry, 37 (Winter, 1967), 47-54.
- Sloane, Homer W. "Relationship of Law and Social Work." Social Work, 12 (January, 1967), 86-93.
- Smith, Mapheus. "An Empirical Scale of Prestige Status of Occupations." American Sociological Review, 8 (April, 1943), 185-192.
- Staupers, Mabel K. "Story of the National Association of Colored Graduate Nurses." American Journal of Nursing, 51 (April, 1951), 222-223.
- Stein, Leonard. "The Doctor-Nurse Game." American Journal of Nursing, 68 (January, 1968), 101-105, reprinted from The Archives of General Psychiatry, 16 (June, 1967), 699-703.
- Stinchcombe, Arthur L. "Bureaucratic and Craft Administration of Production: A Comparative Study." Administrative Science Quarterly, 4 (September, 1959), 168-187.
- Stinson, Shirley M. "The Future Begins Now for Nursing in the Year 2000." Hospital Administration in Canada, 10 (September, 1968), 86, 88-90, 94-95.
- Stokes, Joseph [Andreoli, K.G.; Stead, E.G., Jr.; Silver, H.; and Ford, L.]. "Physicians' Assistants: More Physicians, More Highly Trained Nurses, or a New Health Worker?" American Journal of Nursing, 67 (July, 1967), 1441-1444.
- Sundwall, John. "Nursing and Health." American Journal of Nursing, 34 (February, 1934), 119-127.
- "A Symposium on Morality." Daniel Bell, Chairman. American Scholar, 34 (Summer, 1965), 347-369.
- Taylor, Calvin W.; Ghiselin, Brewster; and Wolfer, John A. "Bridging the Gap Between Basic Research and Educational Practice." NEA Journal, 23 (January, 1962), 23-25.
- TenBrink, Carol Lee. "The Process of Socialization into a New Role: The Professional Nurse." Nursing Forum, 7 (No. 2, 1968), 147-160.
- Theobald, Robert. "The Implications of American Physical Abundance." The Annals of the American Academy of Political and Social Science, 378 (July, 1968), 11-21.

- Thompson, John W. "The Importance of Opposites in Human Relationships." Human Relations, 16 (May, 1963), 161-169.
- Tumin, Melvin M. "Some Principles of Stratification: A Critical Analysis." American Sociological Review, 18 (August, 1953), 387-393.
- Turner, Ralph H. "Some Aspects of Women's Ambition." American Journal of Sociology, 70 (November, 1964), 271-285.
- Wade, L. L. "Professionals in Organizations: A Neoteric Model." Human Organization, 26 (Spring-Summer, 1967), 40-46.
- Walker, Virginia and Selmanoff, Eugene D. "A Study of the Nature and Uses of Nurses' Notes." Nursing Research, 13 (Spring, 1964), 113-121.
- Wallis, William A. "Centripetal and Centrifugal Forces in University Organization." Daedalus, 93 (Fall, 1964), 1071-1082.
- Wardwell, Walter I. and Wood, Arthur L. "The Extra-Professional Role of the Lawyer." American Journal of Sociology, 61 (January, 1956), 304-307.
- Whaley, W. Gordon. "Sponsored Research and Scholarship." Educational Record, 42 (July, 1961), 221-225.
- White, Lynn, Jr. "The Social Responsibility of Scholarship: History." Journal of Higher Education, 32 (October, 1961), 357-361.
- Whittaker, Elvi W. and Olesen, Virginia L. "The Faces of Florence Nightingale: Functions of the Heroine Legend in an Occupational Sub-culture." Human Organization, 23 (Summer, 1964), 123-130.
- Wilensky, Harold L. "The Professionalization of Everyone?" American Journal of Sociology, 70 (September, 1964), 137-158.
- Willis, Richard H. "Conformity, Independence, and Anti-Conformity." Human Relations, 18 (November, 1965), 373-388.
- Winick, Charles. "The Beige Period: Depolarization of Sex Roles in America." The Annals of the American Academy of Political and Social Science, 376 (March, 1968), 18-24.

Zinberg, Norman E. "Psychiatry: A Professional Dilemma." Daedalus, 92 (Fall, 1963), 808-823.

Dictionaries and Encyclopedias

Cohen, J. M. and Cohen, M. J., eds. The Penguin Dictionary of Quotations. Hammondsworth, Middlesex: Penguin Books, 1960.

International Encyclopedia of the Social Sciences. David L. Sills, ed. New York: The Macmillan Company and The Free Press, 1968.

Argyris, Chris. "Organizations: III. Effectiveness of Planning and Change." Vol. 11.

Bendix, Reinhard. "Bureaucracy." Vol. 2.

\_\_\_\_\_. "Weber, Max." Vol. 16.

Blau, Peter M. "Organizations: I. Theories of Organizations." Vol. 11.

Coser, Lewis A. "Knowledge, Sociology of." Vol. 8.

Form, William H. "Occupations and Careers." Vol. 11.

Friedson, Eliot. "Medical Personnel: I. Physicians; II. Paramedical Personnel." Vol. 10.

Glaser, William A. "Medical Care: II. Social Aspects." Vol. 10.

Parsons, Talcott. "Professions." Vol. 12.

Wilensky, Harold L. "Organizations: IV. Organizational Intelligence." Vol. 11.

Mimeographed Materials, Personal Interviews and Communications, Unpublished Addresses, Lectures, and Dissertations

American Nurses' Association. "Brief Highlights in ANA's 60 Years." New York: The Association, May, 1968. Mimeographed.

Donnelly, T. J. Correspondence with T. J. Donnelly, Public Relations and Education Department of the Audit Bureau of Circulations, Chicago, March 26, 1969.

- Goldner, Fred. "Professionals in Organizations." Guest Lecturer in TF 4202, "Sociology of Work." Teachers College, Columbia University, New York, Fall Semester, October 15, 1968.
- Goode, William J. "The Theoretical Limits to Professionalization." Unpublished address presented at the All-College Lecture Series on "The Professional as Educator." Teachers College, Columbia University, New York, April 15, 1968.
- Lambertsen, Eleanor C. Lectures in TN 5010, "Advanced Study of Professional Nursing Problems." Teachers College, Columbia University, New York, Spring Semester, 1967.
- McKay, Rose P. "The Process of Theory Development in Nursing." Unpublished Ed.D. dissertation. Teachers College, Columbia University, New York, 1965.
- Morris, Mary L. "Elements of Nursing as a Basis for Teaching the Fundamental Course." Unpublished Ed.D. dissertation. Teachers College, Columbia University, New York, 1964.
- Nelson, Katherine R. "The Administrative Implications of Curriculum Change in the Teaching and Practice of Nursing." Unpublished Ed.D. dissertation. Teachers College, Columbia University, New York, 1960.
- Parsons, Talcott. "The Professional as Academic." Unpublished address presented at the All-College Lecture Series on "The Professional as Educator." Teachers College, Columbia University, New York, March 4, 1968.
- Phenix, Philip H. Interview with Dr. Philip H. Phenix, Professor of Philosophy and Education, Teachers College, Columbia University, New York, December 1, 1967.
- Phillips, Bernard. Correspondence with Dr. Bernard Phillips, Professor of Religion, Temple University, Philadelphia, March 10, 1969.
- Simonton, Willetta. Personal written communication from Willetta Simonton, March 19, 1969.
- Wayland, Sloan R. Lectures in TF 3203, "Sociology of Education." Teachers College, Columbia University, New York, Fall Semester, 1966.
- \_\_\_\_\_. "Junior or Community College: Strains Associated with Membership in Two Social Systems." Unpublished paper presented at the Greystone Conference on the Urban Community College, New York, November (n.d.), 1964.

Official Brochures, Proceedings, Reports  
and Transactions of Meetings

- American Nurses' Association. "Bylaws." New York: The Association, May, 1968.
- \_\_\_\_\_. "Code for Nurses with Interpretive Statements." New York: The Association, 1968.
- American Sociological Association. Proceedings of the 55th Annual Meeting of the American Sociological Association. Reported in American Sociological Review, 25 (December, 1960), 926-965.
- Audit Bureau of Circulations. Audit Report [on the] American Journal of Nursing for 12 Months Ending June 30, 1968. Chicago: The Bureau, 1968.
- Hughes, Everett C.; Hughes, Helen M.; and Deutscher, Irwin. Twenty Thousand Nurses Tell Their Story. A Report on the Studies of Nursing Sponsored by the American Nurses' Association, 1958. Philadelphia: J. B. Lippincott, 1958.
- National League of Nursing Education. Nurses, Patients, and Pocketbooks. May Ayres Burgess, Director. Report of a Study of the Economics of Nursing Conducted by the Committee on the Grading of Nursing Schools, 1928. New York: The Committee, 1928.
- \_\_\_\_\_. Nursing and Nursing Education in the United States. Josephine Goldmark, Secretary. Report of the Committee for the Study of Nursing Education, 1923. New York: The Macmillan Company, 1923.
- \_\_\_\_\_. Nursing Schools Today and Tomorrow. Final Report of the Committee on the Grading of Nursing Schools, 1934. New York: The Committee, 1934.
- Report of the Citizens' Committee on Graduate Medical Education. The Graduate Education of Physicians. John Millis, Chairman. Chicago: The American Medical Association, 1966.
- Report of the Commission on the Survey of Dentistry in the United States. Survey of Dentistry. Byron S. Hollinshead, Director. Washington, D.C.: The American College of Education, 1961.
- Report of the Harvard Committee. The Graduate Study of Education. Cambridge: Harvard University Press, 1966.

Report of the National Advisory Commission on Health Manpower. Vol. I. L. Irwin Miller, Chairman. Washington, D.C.: Government Printing Office, 1967.

Report of the National Commission on Community Health Services. Health Is a Community Affair. Cambridge: Harvard University Press, 1966.

Report of the President's Commission on the Status of Women. American Women. Washington, D.C.: Government Printing Office, 1963.

Report and Proceedings of the Jubilee Congress of District Nursing. Liverpool, May 12, 13, 14, 1909. Liverpool: D. Marples and Company, 1909.

Report of the Surgeon General's Consultant Group on Nursing. Toward Quality in Nursing: Needs and Goals. Washington, D.C.: United States Department of Health, Education, and Welfare, Public Health Service, 1963.

Transactions of [the] Third International Congress of Nurses. Held during the Pan-American Exposition in Buffalo, September 18, 19, 20, 21, 1901. Edited by the Committee on Publication: Isabel Hampton Robb, Lavinia L. Dock, and Maud Banskfield. Cleveland: J. B. Savage, 1901.

United States Department of Labor and Department of Health, Education, and Welfare. Proceedings of the Conference on Job Development and Training for Workers in Health Services. Training Health Service Workers: The Critical Challenge. Held in Washington, D.C., February 14, 15, 16, 17, 1966. Washington, D.C.: Government Printing Office, 1966.

Walker, Virginia, Principal Investigator; Selmanoff, Eugene D., Project Director; with the assistance of Hawkins, James L., Research Associate. Ritualism in Nursing and Its Effects on Patient Care. A Final Report to the Public Health Service Grant No. GM 08544, United States Public Health Service, 1961-1964. Indianapolis, Indiana: Indiana University Medical Center, 1964.

**APPENDIX**

APPENDIX  
RECOMMENDATIONS

Recommendations for Further Study

Because we cannot assume deprofessionalization in all segments of nursing, given that our conclusions are valid ones, we would suggest study of such segments as public health, military, and psychiatric nursing, and nursing in the religious orders be considered as areas for future study along these lines. Similar kinds of analyses of nursing in other countries would also seem worthwhile areas of study, for they would permit international comparisons through which the essence of nursing might be better understood.

More narrowly-defined studies might include, e.g., an historical-social analysis of honorific rewards in nursing at local, state, and/or national and international levels.

Lastly, in that insufficient theory would seem to be a major block in the process of professionalization in nursing, and because the "bar-bench" model presented here would seem to raise some interesting questions if not suggest some answers about the nature of nursing, we would recommend that its potential for generating nursing theory be given consideration.

Recommendations Pertaining to Policy at  
the National Organizational Level

Our conclusion that nursing is deprofessionalizing is, of course, open to debate. For that reason, we ask that the following recommendations be considered as products of an analysis which included the examination of factors inhibiting professionalization.

We respectfully recommend that the ANA reconsider its Position with respect to the category "technical" nurse. It is our considered position that, however "underprofessionalized" the status of the registered nurse is at the present time, the role of the registered nurse is "professional" in its character.

There is no criticism of the intent of the recent Position Paper but, from a broad social standpoint, the timing would seem premature. Due to complex social-cultural factors, stages in the process of professionalization in female occupations might be expected to take longer than in male-dominated occupations. Far from being an escape from the reality of the need for higher standards in nursing, our proposal represents an attempt to face the current social realities and rationaly mesh the process of professionalization in nursing with the "natural" laws operating at this time.

We would recommend that a "grandfather clause" be inserted in the Position Paper and that until roughly 1985

to 1990, all registered nurses be categorized as "professional" nurses; this would not preclude categorizing baccalaureate graduates as "Specialists in the General Practice of Nursing" in order to permit distinctions related to formal educational preparation.

In addition to the above, we would recommend that minimum preparation for a baccalaureate degree in nursing not be one of the basic requirements for Fellowship in the Academy of Nursing, for such would automatically exclude many of the most skilled nursing practitioners. It is our understanding that one of the functions of honorific awards is, paradoxically, uniting a social unit by making distinctions between members of the unit. Rather than strengthening professional unity, Fellowship which automatically excludes a vast majority of skilled bedside nurses would risk schisms which already seem near the breaking point.

The third and last recommendation in relation to the Position Paper is that opposition to the existence of hospital schools of nursing be shelved for at least a decade. Self-selection on the parts of those who aspire to be nurses may, in light of the general trend toward increased enrollment in institutions of higher learning, achieve what the occupation of nursing itself has been unable to achieve over the past ninety years--improve nursing service by moving the preparation of nurses into institutions of higher learning. Given that it took the occupations of law and

medicine, for example, two to three hundred years to become firmly entrenched professions, one hundred or more years for nursing would seem quite respectable!