

# Chapter 1

## A Brief Introduction to the Problem of Professional Responsibility

Douglas E. Mitchell and Robert K. Ream

When agricultural extension agents began introducing hybrid seeds and other farming innovations, they reportedly ran all too frequently into farmers who said, in effect, “I don’t farm half as good as I could now – what do I need with your new-fangled seeds?” While few may be willing to say so, a similar attitude is found today in America’s schools and health clinics. Professionals in both these fields feel hemmed in by regulations, complex technologies, political pressures, perverse incentives, budgetary restrictions, and emotional exhaustion. These constraints translate into knowing that current practice is much less effective and less equitable than our current knowledge and fiscal investments should reasonably be expected to produce.

What exactly is the problem here, and how might it be addressed? America’s schools have been the target of an avalanche of reform efforts for more than half a century, yet disappointment with their performance with regard to both education quality and equality of educational opportunity has grown more, not less, widely recognized. For decades, health services reform in the United States also has been the focus of highly charged political debates; large disparities in health care access, poor community outcomes, and exorbitant costs have been broadly acknowledged.

This book is based on the premise that we need to change the way we characterize and think about problems of professional service delivery in education, medicine, and other social welfare services. For most of the last half-century, the problems

---

D.E. Mitchell (✉)

Graduate School of Education, University of California Riverside, Riverside, CA, USA  
e-mail: douglas.mitchell@ucr.edu

R.K. Ream

Associate Professor, Graduate School of Education, University of California Riverside,  
Riverside, CA, USA

Associate Program Officer, Spencer Foundation, Chicago, IL, USA  
e-mail: robert.ream@ucr.edu; rream@spencer.org

in education have been addressed by increasingly demanding efforts to: improve the knowledge base regarding how children learn, train teachers to use that knowledge, and develop an accountability system that enforces the use of research-based knowledge about learning and the management of educational processes. The problems in medicine and public health have been seen as less about knowledge development or application, and more about how to provide universal access to health care, improve the delivery of quality care, and lower the cost of care by reorienting the health care delivery system so that it takes greater account of the social, cultural, and community factors adversely affecting health outcomes.

Although reforms in education and medicine are typically considered separately, there are good reasons to consider them simultaneously. Education and medicine are unique among the professions in the degree to which they touch our entire citizenry; they are also naturally supportive of common goals. Healthy citizens are academically advantaged learners and educated citizens can better utilize today's sophisticated health services (Cutler and Lleras-Muney 2006). The nation's energetic and expensive efforts to improve health and education are much more likely to be successful if they are tackled together so as to generate integrated policies, structures, and practices.

The chapters in this book share in common a recognition of the need to focus on the development and maintenance of *professionalism* in education, medicine, and other social welfare services. That is, these authors see the nexus of the reform problem as establishing a more robust and effective working relationship between teachers and their students, between health care professionals and their patients, and between educators and health professionals. We take professionalism to mean acceptance of professional responsibility for student and patient outcomes—not just acceptance of responsibility for technical expertise, but commitment to the social norms of the profession, including trustworthiness and responsibility for client well-being. In the past, it may have been sufficient to assume that adequate knowledge can be shaped into standards of professional practice. Today, it is clear that we must take careful account of the ways in which practicing professionals develop, internalize, and sustain professionalism during their training, along with the ways in which this commitment to socially responsible professionalism may be undermined by the regulatory, fiscal, technological, political, and emotional incentive systems that impinge on professional workplaces and professional employment systems. Thus, at the center of this book is the complex and perplexing question of how to design professional preparation programs, organizational management practices, public policy systems, and robust professional associations committed to, and capable of, maintaining confidence, trust, and the other hallmarks of socially responsible professionalism. To do this, we need to rebuild our understanding of professional responsibility from the ground up. Then we will describe how individuals might be prepared to engage in responsible professional service delivery, examine promising options for the reform of professional service systems, and finally, outline a reform strategy for advancing the practice of human improvement in primary care medicine, public health, social welfare, and education.

The ideas articulated in this work were developed for, and honed during, an invitational conference sponsored jointly by three of the University of California,

Riverside's (UCR) academic units: the Graduate School of Education, the newly accredited UCR School of Medicine, and the UC One Health Initiative. The central theme of that conference, *Evolving Professional Responsibility for Diverse Communities*, emerged from a series of interdisciplinary discussions between faculty in the UCR Graduate School of Education and the UCR School of Medicine. These faculties were joined by the dean of the newly created University of California, Riverside Public Policy School, along with representatives from campus departments of sociology, economics, and management in order to generate a broad multidisciplinary look at responsible professional work and the training, support, and policy frameworks needed to support it.

As a result of this developmental process, the chapters in this volume emphasize the community and mission oriented commitments characteristic of America's land grant universities and of this university campus. UCR is situated at the population center of the nation's twelfth most populous metropolitan region (Riverside and San Bernardino counties in California). This metro region presents, in clear and challenging ways, all of the central issues of education and health care service delivery. The region provides a sobering cross section of national social, cultural, economic, and political characteristics, displaying the troubling inequalities in health and educational attainment that have stimulated national reform debates.

In both education and medicine, we find a rich history of deliberations over professional responsibility and professionalism, more broadly. In education, a series of largely unsuccessful efforts to declare teaching a professionalized occupation took place during the first half of the twentieth century. By 1960, however, classroom teachers largely abandoned the claim to professional status and shifted attention toward unionization. This move was quite successful, and teaching became one of the nation's most highly organized occupations. The professionalism debate was rekindled by two documents published in 1986: the Carnegie Forum on Education and the Economy report, *A nation prepared: Teachers for the twenty-first century* and the Holmes Group report, *Tomorrow's teachers: A report of the Holmes Group*. Both reports call for substantially raising the skill, autonomy, and prestige of teaching—in essence, finally realizing the century-long aim of recognizing teaching to be a fully professional occupation, rather than its more frequent characterization as a “semi-profession” (Burbules and Densmore 1991; Case 1986). In both these documents, professionalism is set in tension with democratic political control over teaching by civic governments, including local school boards. Democratic control is seen as preventing acquisition of the autonomy and compensation needed to secure a professionalized workforce. The call in the Carnegie Forum report was to create a more rigorous system for credentialing teachers managed by professional educators. For the Holmes Group, the reform of schools of education was seen as the preferable route to full professionalization.

The emergence of professionalism in medicine arose in conjunction with Comtean positivism, which became medicine's dominant philosophy by the late nineteenth century (Hilton and Southgate 2007). This philosophy underscored medicine's scientific base and framed its conception of professional responsibility. By the late twentieth century, however, the medical profession began to lose its patina of unchallengeable professionalism. As Le Fanu (1999) notes, the profession began

to encounter: (a) disillusioned doctors; (b) dissatisfied, though healthy, patients; (c) highly popular, but not highly reliable, "alternative" medical practices; and (d) soaring costs, foreclosing access to health care for many people. This last point is highlighted in a recent RAND (2012) study reporting that 32 % of the nearly \$23,000 gain in annual household income generated between 1999 and 2009 was redirected to increases in health care insurance premiums (not including the increases in deductibles and co-payments). As a result of these recent challenges to medical practice, Hilton and Southgate (2007) argue, there has been an erosion of the trust essential to the professional practice of medicine.

Although the literature on professionalism in both education and medicine is voluminous and complex, several points of convergence, and a few fundamental points of divergence can be seen. Thus, for example, nearly all observers agree that professional work is skilled, complex, requires extensive preparation, and is grounded in the establishment of a trusting relationship between the professionals and their clients. Nearly all also agree that professional work has a moral or ethical imperative at its core, calling on professional workers to commit themselves to a "Hippocratic Oath" that requires sacrificing self-interest and accepting responsibility for protecting and supporting the interests of their clients (Gardner 2007; Sullivan 2005).

Most observers also agree that professional work was born in the occupations of medicine, law, and the clergy—occupations that serve as the archetypes of professionalism and from which many of the presumptive characteristics of professional work are derived. Importantly, these occupations emphasize the trust and interpersonal relationship dimensions of the professional-client contract. It has been observed by Steven Brint (1994), however, that most professional work is now embedded in and managed by large complex organizations with very different social relationship norms—norms emphasizing worker technical responsibilities and managerial control while undermining professional responsibility for client well-being.

There are also important points of divergence in the literature on professionalism. First, observers often do not agree as to whether the label "professional" characterizes the occupation as a whole or is a characteristic of individual workers within the occupational group. In most discussions of professionalism, specific occupations (like medicine, architecture, law, etc.) are considered professions—meaning that one is, or at least needs to be, a professional worker in order to participate in that occupation. By contrast, analysts like those writing the aforementioned Carnegie report propose that professionals in an occupation like teaching constitute a subgroup of the workforce whose superior skill and more serious commitment to their work would justify their being considered professionals working within an occupation that simultaneously has opportunities for employment of a substantial number of nonprofessional workers.

A second point of divergence in the literature concerns whether professionals can be organizational employees or whether they must be autonomous providers who may be *in* but not fully *of* the organizational structures within which they work. That is, the norms of practice and expected forms of responsibility for the professional workers may be drawn from their training in universities and their membership in professional associations, or their work may be defined and

operationally controlled by organizations that pay their salaries (like school districts or health maintenance organizations), or a complex hybrid of both.

A third point of divergence is found in differing conceptions of whether organizational and public policy regulations are necessarily enemies of a needed trusting relationship between professionals and their clients or whether such regulations can be important mechanisms for protecting and supporting professional work.

One important line of scholarship has hinted at a framework for analyzing work structures in a way that could serve to resolve elements in this divergence and disagreement. Three authors illustrating this line of scholarship are Mitchell and Kerchner (1983), Huberman (1993), and Rowan (1994). These scholars all begin by differentiating types of work tasks rather than types of workers. They generally agree that there are four fundamentally different types of work: (1) labor which relies on unskilled effort; (2) craft which relies on technical skill; (3) art which embodies sensitivity; and (4) creativity and professional work which involve acceptance of client trust and taking responsibility for client outcomes. The advantage of this approach is that it allows us to see that occupational jobs can be, and generally are, composed of a mixture of these task types. Some occupations are predominantly composed of laboring tasks (classically illustrated by the pig iron hauler "Schmidt" described in Frederick Taylor's 1911 volume *Scientific Management*). Other occupations are dominated by craft type tasks (computer programming is a good example of such an occupation). Others may be primarily artistic (e.g., plastic and performing artists) and finally some may be predominantly professional in task structure. Presentation of the task types in this order is not accidental as it conveys the fact that the task structures are layered in the sense that craft workers have to have laboring diligence in order to get their work done, artistic workers require performance craft skills and laboring commitments as well as utilizing their artistic sensitivities. Professional work cannot be undertaken without also discharging the labor, craft, and artistic components that are the prerequisites to high performance. Professional work, in short, adds interpersonal, social, and fiduciary responsibility to the diligence, skill, and sensitivity required of the other types of work.

As the unique, but limited, domain of professional responsibility, and professionalism more broadly, is brought into focus, authors in this volume address in fresh and productive ways how educators and physicians maintain appropriate levels of sensitivity, skill, and diligence to support their professional responsibilities. Taken together, the chapters in this work provide fresh perspectives on how organizational structures and public policies used to organize, authorize, and finance these occupations facilitate or interfere with each type of task performance—where, for example, diligence is being eroded by the imposition of anxiety or distracting tasks. Where supervision and accountability are arbitrary, diligent effort in the execution of laboring tasks will be undermined. Where training is inadequate, skill will be lacking; where political orthodoxies are required, artistic sensitivity will be weakened. Where regulations are intrusive, the trust needed for professional work will be undermined.

## The Plan of This Book

The body of the work presented in this volume is divided into five parts. Following this brief introductory chapter, which serves as an overview of the conceptual dilemmas needing clarification in analyzing professional work, Part I delineates the challenges facing education (Chap. 2 by Mitchell and Romero) and medicine (Chap. 3 by Allen et al.). Part II frames the conceptual foundations of professional responsibility and examines what it means to assert that educators and physicians can and should exercise professional responsibility in the conduct of their work. The three chapters in this part dissect professional work to clarify key concepts and core issues. Chapters 4, 5, and 6 examine professional responsibility historically, contextually, and organizationally. Chapter 4 (Sullivan) unpacks key concepts undergirding the professional responsibility needed to secure equity and quality in the fields of education and medicine. Chapter 5 (Montgomery) explores the institutional structures and social forces impinging on professional workers. From this institutional perspective, it clarifies the ways which professional responsibility is shaped by stakeholder groups that impose moral and fiduciary responsibilities on practicing professionals. Chapter 6 lays out the argument that over the last five decades professional work has been transformed from an individualized fee-for-service contract system to become embedded in large-scale complex organizations that have taken over responsibility for defining the purposes and parameters of the work.

Part III examines issues related to the recruitment, selection, training, induction, supervision, and incentivizing of professional work. Chapter 7 looks at recruitment, selection, and training from a medical perspective. Chapter 8 looks at the training context for education scholars, emphasizing the importance of hands on engagement in the work of practicing educators. Chapter 9 looks at the complicated processes of workplace induction for novice professionals, revealing the stresses young physicians confront as they move from medical instruction into hospital patient services. Chapter 10 provides an in-depth look at the incentive systems influencing workplace professionals—distinguishing supportive incentives from those dysfunctional incentive systems that deflect effort and undermine responsible professionalism. Chapter 11 elaborates a conception of professional work and highlights the role of robust professional associations in negotiating the regulatory demands of political regimes and the professional service expectations of the civic culture in order to promote and preserve responsible professionalism.

Part IV presents a series of seven chapters identifying four distinct options for developing and sustaining professionalism in educational and medical contexts. Building on the analyses of recruitment, selection, training, induction, and incentivizing processes supporting the development of professional workers these chapters probe alternative ways of organizing professional work to help overcome workplace challenges. The organizational alternatives identified by these authors include the following: (a) creating “institutional niches” where professionals are protected from bureaucratic and political pressures, (b) using the university as a “base of

operations” to guide and support professional work, (c) preparing “inter-occupational agents of change” to provide links and integrate services, and/or (d) facilitating professional worker community efforts to develop “collaborative routines” that assure professional standards are adhered to within complex organizations.

Part V draws together cross-cutting insights from the first three parts to develop a blueprint for building and sustaining responsible professionalism in education and health care organizations.

## References

- Brint, S. (1994). *In an age of experts: The changing roles of professionals in politics and public life*. Princeton: Princeton University Press.
- Burbules, N. C., & Densmore, K. (1991). The limits of making teaching a profession. *Educational Policy*, 5(1), 44–63.
- Case, C. W. (1986). The Holmes Group Report: Impetus for gaining professional status for teachers. *Journal of Teacher Education*, 37(4), 36–43.
- Cutler, D. M., & Lleras-Muney, A. (2006). *Education and health: evaluating theories and evidence*. Cambridge, MA: National Bureau of Economic Research.
- Gardner, H. (Ed.). (2007). *Responsibility at work: How leading professionals act (or don't act) responsibly*. San Francisco: Jossey-Bass.
- Hilton, S., & Southgate, L. (2007). Professionalism in medical education. *Teaching and Teacher Education*, 23(3), 265–279.
- Huberman, M. (1993). The model of the independent artisan in teachers' professional relations. In J. W. Little & M. W. McLaughlin (Eds.), *Teachers' work: Individuals, colleagues, and contexts* (pp. 11–50). New York: Teachers College Press.
- Le Fanu, J. (1999). *The rise and fall of modern medicine*. London: Little, Brown and Company (UK).
- Mitchell, D. E., & Kerchner, C. T. (1983). Labor relations and teacher policy. In L. Shulman & G. Sykes (Eds.), *Handbook of teaching and policy* (pp. 214–238). New York: Longman.
- RAND. (2012). A bitter pill soaring health care spending and the American family. *RAND Review*, 35(3), 16–17. 7.
- Rowan, B. (1994). Comparing teachers work with work in other occupations: Notes on the professional status of teaching. *Educational Researcher*, 23(6), 4-17.
- Sullivan, W. (2005). *Work and integrity* (2nd ed.). San Francisco: Jossey-Bass.

ving  
tual  
ates  
cine  
onal  
ians  
ork.  
epts  
ori-  
on-  
and  
res  
ers.  
on-  
nsi-  
the  
zed  
lex  
and

on,  
nt,  
ing  
ent  
of  
si-  
es.  
rk-  
nal  
m.  
of  
cal  
to

for  
ts.  
nd  
se  
ne  
rs  
o-  
of