

The Knowledge Bases of Professions
Background Paper
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The Professions

The unique characteristic of an occupation that is recognized as a profession is the ability of its members to apply relevant components of systematically developed and organized uncommon knowledge to address issues and problems deemed of importance to civil society.

“Uniquely among modern occupations, a profession has been seen as an activity that requires extensive training based upon a continuously developing knowledge base coupled with the application of such knowledge for the general welfare of society.” (page 2148)

(Samuel W. Bloom (2003). Professional-patient relationship: II. Sociological perspectives. In:

Encyclopedia of Bioethics, Third Edition, Edited by Stephen G. Post, New York: Macmillan Reference USA, pages 2141-2150.)

This “continuously developing knowledge base” of the individual professions includes information from various sources that has been organized in such a way that it can be applied to resolve the characteristic types of problems and issues of importance that the particular profession addresses. The particular issues and problems that a profession addresses are recognized as important for the welfare of individual clients and also for the social institutions that are important for the general welfare of society. The specialized education of a profession consists in becoming familiar with the profession’s knowledge base; and the specialized training of a profession consists in gaining supervised experience in the skilled application of that knowledge to specific cases and problems. The distinguishing mark of a profession is the expertise of its members in productively applying relevant components of its knowledge base for the welfare of individuals and organizations in society. The knowledge bases of professions historically have been stored in documents: books, journal articles, monographs, and technical reports. More recently, components of these knowledge bases have been made available through on-line Internet-accessible data bases.

This common understanding of what a profession is, apart from the theories and opinions of scholars, is to be found in the definitions of dictionaries and the more detailed explanations in encyclopedias:

“Profession: A vocation in which a professed knowledge or science is used in its application to the affairs of others or in the practice of an art founded upon it. Applied specifically to the three learned professions of divinity, law, and medicine; also to the military profession.”

(The Oxford English Dictionary, Second Edition. Oxford: Clarendon Press, 1989.)

“Profession: a calling requiring specialized knowledge and often long and intensive preparation including instruction in skills and methods as well as in scientific, historical, or scholarly principles underlying such skills and methods, maintaining by force of organization or concerted opinion high standards of achievement and conduct, and committing its members to continued study and to a kind of work which has for its prime purpose the rendering of a public service.”

(Websters Third New International Dictionary of the English Language Unabridged. Philip Babcock Gove, Editor in Chief. Springfield, Massachusetts: Merriam Webster Publishers, 1986.)

“Profession: A vocation or occupation requiring special, usually advanced, education and skill; e.g. law or medical professions. Also refers to the whole body of such profession. The labor and skill involved in a profession is predominantly mental or intellectual, rather than physical or manual. The term originally contemplated only theology, law, and medicine, but as applications of science and learning are extended to other departments of affairs, other vocations also receive the name, which implies professed attainments in special knowledge as distinguished from mere skill.”

(Black’s Law Dictionary: Definitions of the Terms and Phrases of American and English Jurisprudence, Ancient and Modern. Fifth Edition. St. Paul, Minnesota: West Publishing Co., 1979.)

“For an occupational group to be a profession, it must provide its clients with something the larger community judges extremely valuable, either because of its intrinsic value or because it is a necessary precondition of any person’s achievement of valued goods, or both. . .

“The expertise of a profession has both cognitive (theoretical and factual) and

practical (the fruits of experiential learning) components that are of sufficient subtlety and complexity that only persons who have been specifically and extensively educated in them, by persons already expert, can be depended upon to bring about the relevant benefits for those whom the occupation serves. In the practical division of a society's labors, this makes possession of such expertise exclusive to a relatively small group.

"Moreover, for the same reason, only persons fully educated in both knowledge and practice of a profession's expertise can be relied on to judge correctly the need for expert intervention in a given situation or to judge the quality of such an intervention as it is being carried out. Such judgments by those not so trained are not dependable. . .

"The expertise of a profession involves not only specialized and complex knowledge, both theoretical and practical, but also the application of this knowledge.

This is the reason that mastery of a profession's expertise requires experiential as well as cognitive education. This is also why the members of a profession are said to 'practice' its expertise. A profession is not made up simply of expertise; it is made up of practitioners of a body of expertise." (pages 2159-60)

(David T. Ozar (2003). Profession and professional ethics, In: *Encyclopedia of Bioethics, Third Edition*, Edited by Stephen G. Post, New York: Macmillan Reference USA, 2158-2169.)

The Central Role of Application-Oriented Knowledge

The central role of an application-oriented knowledge base in the functioning of a profession was articulated in classic statements by eminent sociologists such as Talcott Parsons, Howard Wilensky, and Eliot Freidson. Forty years ago Parsons summarized a half century of scholarly research on the nature of professions for the encyclopedia of the social sciences:

"There are many borderline groups whose professional status is, for one reason or another, equivocal. However, the core criteria within the more general category of occupational role seems to be relatively clear. First among these criteria is the requirement of formal technical training accompanied by some institutionalized mode of validating both the adequacy of the training and the competence of trained individuals. Among other things, the training must lead to some order of mastery of a generalized cultural tradition, and do so in a manner giving prominence to an *intellectual* component – that is, it must give primacy to the valuation of cognitive rationality as applied to a particular field. The second criterion is that not only must

the cultural tradition be mastered, in the sense of being understood, but skills in some form of its use must also be developed. The third and final core criterion is that a full-fledged profession must have some institutional means of making sure that such competence will be put to socially responsible uses. The most obvious uses are in the sphere of practical affairs, such as the application of medical science to the cure of disease.” (page 536)

(Talcott Parsons (1968). Professions, in: *International Encyclopedia of the Social Sciences*, Vol. 12.

Edited by David L. Sills, New York: Macmillan and the Free Press, 536-547)

Wilensky also placed emphasis on the practical application of uncommon knowledge for socially-valued purposes as the primary distinguishing characteristic of professions. The application of knowledge is the technical base of the professional practice that achieves recognition and respect from civil society and the citizenry because of the social value of the expert services provided by the members of a profession:

“In the minds of both the lay public and professional groups themselves the criteria of distinction seem to be two: (1) The job of the professional is *technical* – based on systematic knowledge or doctrine acquired only through long prescribed training.

(2) The professional man adheres to a set of *professional norms*.

“To say ‘technical’ is not to say ‘scientific.’ For the basis of the claim to exclusive competence varies according to the distinctive features of each profession’s functions and background. Contrast, *e.g.*, two of the oldest professions – medicine and the ministry. Medicine, since its “reform” in the United States some sixty years ago, has emphasized its roots in the physical and natural sciences along with high, rigorously defined, and enforced standards of training designed to impart that body of knowledge. Among the dominant denominations in the ministry, rigorous standards of training are also stressed, and doctrines are well codified and systematized, providing a technical base for practice – a base less secure than that of

medicine, but still within the scope of the definition.

“These two cases tell us not only that both scientific and non-scientific systems of thought can serve as a “technical” base for professionalism but that the success of the claim is greatest where the society evidences strong, widespread consensus regarding the knowledge or doctrine to be applied.” (page 138)

(Wilensky, Harold L. (1964). The professionalization of everyone? *American Journal of Sociology*, 70(2): 137-158.)

The sociologist Freidson has emphasized the practical application of complex knowledge as the distinguishing characteristic of the professions; the capability of performing specialized knowledge-application work defines a profession, and is the basis for establishing the boundaries that separate one profession from other professions and occupations:

“The sole generic resource of professions is, like all labor, their capacity to perform particular kinds of work. They distinguish themselves from other occupations by the particular tasks they claim and by the special character of the knowledge and skill required to perform them. The authority of knowledge is central to professionalism and is expressed and conveyed by a variety of agents and institutions; it is not contingent on practitioner-client relationships or on the official activities of associations.” (page 58)

(Freidson, Eliot (1993). How dominant are the professions? In: *The changing Medical profession: an International Perspective*, Edited by: Hafferty, Frederick W. and McKinlay, John B. New York: Oxford University Press, 54-66.)

Friedson has summarized the scholarly consensus on the centrality of specialized knowledge and its practice as the distinguishing characteristic of professions. He has developed this concept of the “authority of knowledge,” and civil society’s recognition of the social value of a profession’s “practice” of this knowledge, in his classic book on professionalism. (Freidson, Eliot (2001). *Professionalism, the Third Logic: on the Practice of Knowledge*. Chicago: University of Chicago Press.)

This “practice” of knowledge, in Freidson’s synthesis, is not simply the formal knowledge learned in the biological, chemical, and psychosocial sciences and the other sources of scientific and humanistic knowledge studied by physicians and health professionals. It is the uniquely modified applied knowledge learned in the application of formal knowledge to concrete cases, and acquired only by practitioners’ experience:

“Short of firsthand study, only documents produced by the rank-and-file practitioners and their clients can show us the ultimate transformation by which a considerably modified, even contrary, version of formal knowledge is finally expressed in living practice.” (p. 229)

(Eliot Freidson (1986). *Professional Powers: A Study of the Institutionalization of Formal*

Knowledge. Chicago: University of Chicago Press.)

Parsons also had emphasized that merely understanding the formal knowledge taught in academic programs was not sufficient for the professions. The formal knowledge must be refocused on its relevance and application for concrete practical uses and services that are highly valued by human society:

“The second criterion is that not only must the cultural tradition be mastered, in the sense of being understood, but skills in some form of its use must also be developed.” (p. 536)

(Parsons, Talcott (1968). Professions. In: *International Encyclopedia of the Social Sciences*, Edited by Sills, David L. New York: Macmillan & Free Press. Vol. 12: 536-547.)

The History of the Recognition of the Professions

This analysis of the characteristics of professions was significantly influenced by the seminal contribution of Doctor Abraham Flexner in his 1915 address before a national conference in Baltimore, which focused on social work. Flexner described the characteristics of professions and of professional activity that distinguished the professions of medicine, law, and the clergy from other occupations that were beginning to label themselves as professions. The organizational efforts of the medical profession in the latter part of the Nineteenth Century had established a basis for the articulation of its characteristics as a profession at the beginning of the Twentieth. Flexner distinguished the strict meaning of the term ‘profession’ in contrast to its looser usage. The distinguishing characteristics that Flexner articulated have stood the test of time and have been mirrored in the large number of articles and books on the professions during the rest of the Twentieth century. Flexner stated his objective:

“The question put to me is a more technical one. The term profession, strictly used, as opposed to business or handicraft, is a title of peculiar distinction, coveted by many activities. Thus far, it has been pretty indiscriminately used. Almost any occupation not obviously a business is apt to classify itself as a profession. . . .

“But to make a profession in the genuine sense something more than a mere claim or an academic degree is needed. There are certain objective standards that can be formulated. . . . In this narrower and eulogistic sense, what are the earmarks of a profession? . . . The nature of a profession has undergone a readily traceable

development; and the number of professions has not remained stationary. . . These changes will continue to go on. The definition that we may formulate to-day will therefore need recasting from time to time. . . My present concern, however is not to consider the evolutionary aspects of the problem, but rather to ask what are atthis moment the criteria of a profession. . . There are a few professions universally admitted to be such – law, medicine and preaching. From these one must by analysis extract the criteria with which, at least, one must begin the characterization of professions.” (p. 901-902)

“Let me now review briefly the six criteria which we have mentioned: professions involve essentially intellectual operations with large individual responsibility; they derive their raw material from science and learning; this material they work up to a practical and definite end; they possess an educationally communicable technique; they tend to self-organization; they are becoming increasingly altruistic in motivation.” (p. 904)

“Without exception these callings involve personally responsible intellectual activity; they derive their material immediately from learning and science; they possess an organized and educationally communicable technique; they have evolved into definite status, social and professional, and they tend to become, more and more clearly, organs for the achievement of large social ends.” (p. 906)

(Flexner, Abraham (1915). Is social work a profession? *School and Society*, 1(26): 901-911.)

In Doctor Flexner’s 1915 address he emphasized that a body of relevant knowledge is the basis for the intellectual activity that characterizes a profession. Each of the established professions has focused on the development of a distinct body of knowledge, derived by systematic means, and verified or accepted by the community of members of the profession. In each profession the body of knowledge is derived by a systematic methodology, and attention is given to verifying that derived knowledge by some objective process, including but not limited to empirical or fact-based scientific methodologies.

The second characteristic mentioned by Flexner is the dependence of a profession on continuous learning and scientific inquiry. The members of a profession, moreover, undertake to develop new knowledge relevant to their work, and to disseminate this knowledge for the benefit of their colleagues:

“The intellectual character of professional activity involves the working up of ideas into practice, involves the derivation of raw material from one realm or another of

the learned world. . . . They need to resort to the laboratory and the seminar for a constantly fresh supply of facts; and it is the steady stream of ideas, emanating from these sources, which keeps professions from degenerating into mere routine, from losing their intellectual and responsible character. The second criterion of the profession is therefore its learned character, and this characteristic is so essential that

the adjective learned really adds nothing to the noun profession.

“Physicians rely mainly on certain definite sciences – anatomy, physiology, pharmacology, etc.” (p. 903)

“A profession must find a dignified and critical means of expressing itself in the form of a periodical which shall describe in careful terms whatever work is in progress; and it must from time to time register its more impressive performances in a literature of growing solidity and variety.” (p. 911)

(Flexner, Abraham (1915). Is social work a profession? *School and Society*, 1(26): 901-911.)

Flexner pointed out that the professions apply the intellectual material from science and learning to achieve practical and definite objectives that are seen as useful and valuable by society as a whole. As a result, the established professions have developed positions in society that provide them with authority to define problems and to decide on the appropriate treatment or remedies for these problems.

“No profession can be merely academic and theoretic; the professional man must have an absolutely definite and practical object. His processes are essentially intellectual; his raw material is derived from the world of learning; thereupon he must do with it a clean-cut, concrete task. . . . The professions . . . operate within definite fields and strive towards objects capable of clear, unambiguous and concrete

formulation. Physicians rely mainly on certain definite sciences – anatomy, physiology, pharmacology, etc. – and apply these to the preservation and restoration of health.” (p. 903)

“I have made the point that all the established and recognized professions have definite and specific ends. . . . We observe that professions need to be limited and definite in scope, in order that practitioners may themselves act. . . .” (p. 908)

(Flexner, Abraham (1915). Is social work a profession? *School and Society*, 1(26): 901-911.)

Finally, even though the authority of a profession is conferred by the civil society as a whole, in the application of this knowledge to the issues and problems of clients the responsibility of the physician or other professional is directly to the person or persons affected by the professional's decisions and actions, and is 'primary' in that it is not derived from supporting the activity and the responsibility of another occupation:

“(T)he activities involved are essentially intellectual in character. . . . The use of tools is not necessarily excluded. . . . But in neither of these instances does the activity derive its essential character from its instruments; the instrument is an incident or an accident; the real character of the activity is the thinking process; a free, resourceful and unhampered intelligence applied to problems and seeking to understand and master them – that is in the first instance characteristic of a profession.” (p. 902)

“Whenever intelligence plays thus freely, the responsibility of the practitioner is at once large and personal. The problems to be dealt with are complicated. . . . the agent – physician, engineer or preacher – exercises a very large discretion as to what he shall do. He is not under orders This quality of responsibility follows from the fact that professions are intellectual in character. . . . If then intellectuality with consequent personal responsibility be regarded as one criterion of a profession, no merely instrumental or mechanical activity can fairly lay claim to professional rank; for the human mind does not, in instrumental or mechanical activities, enjoy the requisite freedom of scope or carry the requisite burden of personal responsibility. The execution or application of a thought-out technique is, after all, routine; some one has done the thinking and therefore bears the responsibility, and he alone deserves to be considered professional.” (pp. 902-903)

(Flexner, Abraham (1915). Is social work a profession? *School and Society*, 1(26): 901-911.)

The Content and Structure of the Knowledge Bases of Professions

The content of the knowledge bases of professions is drawn from many different disciplines and fields of knowledge, but is organized specifically for application in a profession's practices. The knowledge bases of professions historically have been stored in various forms of documents: journal articles, books, monographs, and reports. But the physical form of the publications containing the knowledge is not the significant organizing principle. The taxonomies and terminologies of the professions provide the conceptual frameworks for the organizing of the knowledge. More recently, components of the knowledge base have been made available through on-line Internet-

accessible data bases that are searchable by terms defined in taxonomic logical structures.

The core content of a specific profession's knowledge base is the systematic organization of that knowledge for application in particular cases. This core organizes the knowledge in terms of problems and the specific practices that can be the remedy for or the alleviation of those problems. This organization of knowledge about problems includes a consensus classification and differentiation of problems, with specific criteria for distinguishing among the types of problems. The knowledge bases describe how knowledge from various sources can be applied to resolve or ameliorate these problems. The knowledge base tailors acquired knowledge to address the specific needs and problems of the client. This core includes empirical data on, and operational descriptions of, the varied kinds of specific issues and problems for which remedial actions are needed, along with operational descriptions of the remedial actions and practices of members of the profession in addressing those specific problems, along with the experience and evidence that indicate those remedial practices are useful for addressing those problems.

In the health professions, the practitioners and researchers have accumulated in databases, journal articles and other publications the health-related facts and scientific information that are applied in professional practice to address the health needs of patients. Access to the relevant articles and sources is facilitated through systematic indexing services and consensus-defined terminologies. The knowledge base of medicine correlates the diagnostic and treatment activities that apply specific components of this store of knowledge to health care practices for specific health problems and the differing contexts in which medical care is provided to patients. The multiple health professions have refined the terminologies in which they describe and explain these practices, in order to achieve with minimal ambiguity and to minimize the chance of misunderstanding and resultant harm to patients. The researchers and practitioners have documented progress in all of these efforts in detailed journal articles and other publications.

The Necessary Continuous Development of the Knowledge Base

The members of the professions have developed these discipline-specific knowledge bases over many years of cooperative intellectual and experimental work. These bodies of knowledge have been organized around the assessment and intervention practices of these professions, and then disseminated through these professions' educational programs using consistent and well defined terminologies. The content of these knowledge bases includes empirical operational descriptions of the varied kinds of specific problems for which remedial actions are needed, and operational descriptions of the remedial actions that experience and evidence indicate are useful for addressing those problems. The expertise of the members of a profession is in knowing how to apply the elements of this knowledge base to address the specific needs and problems of the client or persons served.

Among the key traits that the historian Paul Starr identified as a defining characteristic of the professions is the organized way in which the profession accumulates relevant knowledge, organizes that knowledge in theoretical structures, validates this knowledge through systematic processes, and communicates this knowledge to members of the profession for achieving consensus on practice:

“. . . the legitimization of professional authority involves three distinctive claims: first, that the knowledge and competence of the professional have been validatedby a community of his or her peers; second, that this consensually validatedknowledge and competence rest on rational, scientific grounds; and third, that theprofessional's judgment and advice are oriented toward a set of substantive values,such as health. .

A profession, sociologists have suggested, is an occupation . . . that has a base in technical, specialized knowledge. . . ." (p. 15)

(Starr, Paul (1982). *The Social Transformation of American Medicine*. New York: Basic Books.)

Wilensky also emphasized that the systematic knowledge was acquired and organized in the mind of the practitioner in the process of its use in concrete cases during the extensive period of training in its application and use:

“In the minds of both the lay public and professional groups themselves the criteria of distinction seem to be two:

“(1) The job of the professional is *technical* – based on systematic knowledge or doctrine acquired only through long prescribed training.” (p. 138)

(Wilensky, Harold L. (1964). The professionalization of everyone? *American Journal of Sociology*, 70(2): 137-158.)

The Organized Research and Educational Programs of Professions

Each established profession has developed a culture that includes the academic institutions necessary to carry out its systematic knowledge development and education functions. The academic base of educational programs and institutions was needed for the systematic maintenance, refinement, and extension of the body of knowledge of the profession. This base of academic institutions provides the service of educating those persons aspiring to join the profession in the proper application of the body of knowledge of the profession. These academic institutions should have the capacity to conduct systematic research to improve and expand the common body of knowledge of the profession through extending, verifying, correcting, and updating components of this body of knowledge. Flexner briefly outlined the educational and institutional infrastructure required for a profession:

“Each of the unmistakable professions . . . possesses a technique capable of communication through an orderly and highly specialized educational discipline. Despite differences of opinion about details, the members of a given profession are pretty well agreed as to the specific objects that the profession seeks to fulfill, and the specific kinds of skill that the practitioner of the profession must master in order to attain the object in question. . . and to make sure that those potentially capable are so instructed as to get the fullest possible benefit from the training provided.” (pp. 903-904)

“Professions that are able to define their objects precisely can work out educational procedures capable of accomplishing a desired result.” (p. 909)

(Flexner, Abraham (1915). Is social work a profession? *School and Society*, 1(26): 901-911.)

The sociologist Talcott Parsons considered formal education in the knowledge needed for a profession as a core requirement for a field to be recognized as a profession:

“First among these criteria is the requirement of formal technical training accompanied by some institutionalized mode of validating both the adequacy of the training and the competence of trained individuals. Among other things, the training must lead to some order of mastery . . .” (p. 536)

(Parsons, Talcott (1968). *Professions*. In: *International Encyclopedia of the Social Sciences*, Edited by Sills, David L. New York: Macmillan & Free Press. Vol. 12: 536-547.)

Wilensky also noted the educational requirements of professions, and their use in propagating the norms for the application of the body of knowledge:

“(2) The professional man adheres to a set of *professional norms*. To say ‘technical’ is not to say ‘scientific.’ For the basis of the claim to exclusive competence varies according to the distinctive features of each profession’s functions and background. Contrast, e.g., two of the oldest professions – medicine and the ministry. Medicine, since its ‘reform’ in the United States some sixty years ago, has emphasized its roots in the physical and natural sciences along with high, rigorously defined, and enforced standards of training designed to impart that body of knowledge. Among the dominant denominations in the ministry, rigorous standards of training are also stressed, and doctrines are well codified and systematized, providing a technical base for practice – a base less secure than that of medicine, but still within the scope of the definition.” (p. 138)

(Wilensky, Harold L. (1964). The professionalization of everyone? *American Journal of Sociology*, 70(2): 137-158.)

The established professions uniformly use the discipline of university-based academic processes to accomplish their communication of the profession’s body of knowledge to new members. As Professor Jackson of Cambridge University has noted:

“Significantly law schools, especially on the European continent, and medical schools, especially in British universities of the nineteenth century, have formed the core disciplines around which the university grew. With earlier British universities such as Oxford and Cambridge and in many universities in the United States the core discipline was usually theology, reflecting the part played by religious bodies in

founding university establishments. These three core professions found in the universities a means whereby they could perpetuate the characteristics of their professional wisdom as being based on the generalized learning of humane disciplines and in close association with them rather than simply depending on 'craft' factors in the learning of techniques and skills. The setting of the training process within the environment of an academic community with primary concerns in the dispassionate profession of knowledge itself serves to extend the range of legitimation, to add luster and supra-authority to the ideals of detachment, public rather than self-interest, service to an ideal and ethic.

"It is in no sense a criterion of professionalism whether certification is incorporated within a university framework but to the extent that universities have formed the primary legitimating institutions of expertise based on the manipulation of knowledge, as distinct from craft based activities, it has been usual for aspirant professions to find incorporation within the structure of universities for their training courses (e.g. veterinaries, dentists, town-planners, social workers)." (pp. 4-5)

(Jackson, John A. (1970). *Professions and Professionalization* – Editorial Introduction. In: *Professions and Professionalization*, Edited by Jackson, John A. Cambridge: Cambridge University Press, 3 – 15.)

Professor Jackson observed that the established professions chose universities and their discipline-specific research and education processes as the institutional arrangement for their continuing learning and development of knowledge:

"These three core professions found in the universities a means whereby they could perpetuate the characteristics of their professional wisdom as being based on the generalized learning of humane disciplines and in close association with them rather than simply depending on 'craft' factors in the learning of techniques and skills. The setting of the training process within the environment of an academic community with primary concerns in the dispassionate profession of knowledge itself serves to extend the range of legitimation, to add luster and supra-authority to the ideals of detachment, public rather than self-interest, service to an ideal and ethic." (p. 4)

(Jackson, John A. (1970). *Professions and Professionalization* – Editorial Introduction. In: *Professions and Professionalization*, Edited by Jackson, John A. Cambridge: Cambridge University Press, 3 – 15.)

This relationship with universities has been an essential source of each profession's authority according to the social historian Paul Starr:

“(T)he legitimization of professional authority involves three distinctive claims: first, that the knowledge and competence of the professional have been validated by a community of his or her peers; second, that this consensually validated knowledge and competence rest on rational, scientific grounds; and third, that the professional's judgment and advice are oriented toward a set of substantive values, such as health. These aspects of legitimacy correspond to the kinds of attributes – collegial, cognitive, and moral – usually cited in definitions of the term “profession.” A profession, sociologists have suggested, is an occupation that regulates itself through systematic, required training and collegial discipline; that has a base in technical, specialized knowledge; and that has a service rather than profit orientation, enshrined in its code of ethics.” (p. 15)

“The rise of the professions was the outcome of a struggle for cultural authority as well as for social mobility. It needs to be understood not only in terms of the knowledge and ambitions of the medical profession, but also in the context of broader changes in culture and society that explain why Americans became willing to acknowledge and institutionalize their dependence on the professions. The acceptance of professional authority was, in a sense, America's cultural revolution, and like other revolutions, it threw new groups to power – in this case, power over experience as much as power over work and institutions.” (p. 17)

(Starr, Paul (1982). *The Social Transformation of American Medicine*. New York: Basic Books.)

According to Freidson this ‘support the public may provide’ is one of the three critical elements of professionalism:

“(T)he bodies of knowledge and skill claimed by professions, the public, and the institutions that convey to the public the information and ideas that shape its members' conceptions of themselves and their world. These three elements are essential . . . for understanding the demand for different professional services andthe value assigned to them, the support the public may provide to efforts by thestate or capital to enlarge, restrict, or control professional enterprises, and theprestige and authority of professions themselves. . .” (p. 64)

(Freidson, Eliot (1993). How dominant are the professions? In: *The changing Medical profession: an International Perspective*, Edited by: Hafferty, Frederick W. and McKinlay, John B. New York: Oxford University Press, 54-66.)

The Status of a Profession Must be Earned

Paul Starr has cautioned against acceptance of the claims of various occupations that they are in fact professions. Many occupations may attempt to gain the prestige and financial rewards that are expected to follow recognition as a profession:

“Professional claims, of course, should not be taken simply at face value. The rewards of professional status encourage would-be and even established professions to invent or elaborate credentials, sciences, and codes of ethics in bids for recognition. Rather than as indicators of professional status, such features should be seen as the means of legitimating professional authority, achieving solidarity among practitioners, and gaining a grant of monopoly from the state. Occupations may or may not succeed, depending on their means of collective organization and the receptivity of the public and the government. In this sense, professionalism represents a form of occupational control rather than a quality that inheres in some kinds of work. But professionalism is also a kind of solidarity, a source of meaning in work, and a system of regulating belief in modern societies.” (pp. 15-16)

(Starr, Paul (1982). *The Social Transformation of American Medicine*. New York: Basic Books.)

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Notes

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