Professional Responsibility in an Age of Experts and Large Organizations

By Steven Brint

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I am pleased to share the stage with William Sullivan whose work I have appreciated for some 25 years now, going back to Habits of the Heart and extending through his recent work with the Carnegie Foundation on professional education. The organizers could not have found a person more qualified to address the questions animating this conference.

When we hear the term “professional responsibility,” we naturally think of high-minded forward progress and, if we are a certain kind of skeptic, also of Elmer Gantry-like characters with one hand on the Bible and the other in someone else’s till. So this is tough territory to navigate.

Bill Sullivan has been an exceptionally good guide to this terrain – at least I can say I find much with which to agree in Bill’s analysis. In my view, he is correct to point out that all work – not just professional work -- has inherent elements of responsibility. He defines this as “the stance of intelligent responsiveness on the part of individuals to expectations of their social relationships.” He is right to emphasize that this stance can be supported or threatened by the social and economic contexts in which professionals work. I agree with him that shoring up what he calls the “third apprenticeship” – the apprenticeship into the values and social responsibilities of the profession – can be helpful, at least in limited ways. And, finally, he is right to point out that organizations that are constructed to reinforce trust are a valuable and
important supplement to any improvements in professional education that we may wish to pursue.

Given all of this agreement, you may be thinking this could be a very short commentary.

But – here I will disappoint some of you – my comments won’t be as short as that. Here’s why: My investigations into the sociology of the professions has led me to a rather different view of the problems of professional responsibility. Some context is necessary. The Anglo-American professions originated as occupations that dealt with very sensitive and high-stakes matters: life and death in the case of the medical profession; the circumstances of one’s liberty and fortune in the case of the legal profession; the salvation of the soul in the case of the ministry. In matters of such ontological significance, trust was naturally an important part of the relationship between professional and client. The status professions of medicine and law were based on the economic relationship of fee-for-service. Of course, they required higher education, but, unlike today, higher education was costly and practice in a profession was for the most part limited to the sons of the gentry and merchant classes. The idea of professions grew out of this matrix of social and economic conditions.

The rise of large organizations in the 19th century created demand for cadres of new types of professional experts – engineers, accountants, urban planners, teachers – as well as to the growth of the traditional professions of medicine, law, and theology. Men like R.H. Tawney attempted to generalize the trust relationship to these new salaried professions by emphasizing the role of professionals as what we might call “social trustees.” At the risk of making this event into a “Tawney fest,” let me quote him here:

“[Professionals] may, as in the case of the successful doctor, grow rich; but the meaning of their profession, both for themselves and for the public, is not they they make money,
but that they make health, or safety, or knowledge, or good government, or good law... [Professions uphold] as the criterion of success the end for which the profession, whatever it may be, is carried on, and [subordinate] the inclination, appetites, and ambition of individuals to the rules of an organization which has as its object to promote the performance of function.”

These functions, for Tawney and many others during the Progressive Era, were activities that embodied and expressed the idea of larger social purposes. This elevated the social importance of the new salaried professionals, while providing them with an ideology around which to organize as a distinct stratum in society. Unlike business people, they were not simply interested in selling their services for a profit. They had larger civic and social responsibilities. The non-capitalist, even anti-capitalist, elements in this ideology are noteworthy. The years 1880-1930 were the heyday of what I have called “social trustee professionalism,” and by the 1960s this ideology was in my view quite clearly on the defensive. A big part of the difficulty of sustaining it was that some of the most important of the new professions – for example, engineers, accountants, and investment brokers – saw nothing particularly wrong with the social purposes and practices of business enterprise and did not feel the need for an ideology that helped to differentiate them from business people. A second difficulty is that the era of occupational self-regulation waned. The state and corporations took a larger and larger role in the regulation of the professions, often taking up the cause of consumers and railing against the tendencies of professionals to feather their own nests. I have argued that the ideology of “expert professionalism” – the focus on specialized skills requiring higher education -- filled the ideological space conceded by the declining ideals of social trustee professionalism.

Whether or not one agrees with this argument, it seems clear that about all that remains common today among professionals is that: (1) they are not managers of organizations (though
many managers do come from the professions) and (2) they have high levels of education and therefore higher than average standing in society. The ideology of social trustee professionalism persists in the human services professions, like teaching and perhaps parts of general care medicine, but it is rather uncommon in the professions whose work is conducted primarily in corporations.

Bill Sullivan’s proposals focus on creating a new generation of professionals who embrace a stronger sense of social purpose. They derive this from educational training that includes a strong social and ethical component. The different history I have presented leads me to raise three questions about professional responsibility that do not align very closely with Bill Sullivan’s proposals. I will ask them now.

First, to what extent is the craft aspect of professional work just as “responsible” as the more broadly “social” claims Bill sees in the professional role? I would argue that true craft skill, which is rooted in social relationships such as teacher-student and doctor-patient, incorporates in its very nature an interpersonal and social responsibility. We can subject this idea of the social responsibility implicit in craft to thought experiments that bring the point home. For example, we can imagine a doctor who fully commits, as a normative ideal, to the improvement of the health of the patients she encounters – or even, as Tawney proposes, to the health of the larger society. Let’s say she feels responsible for enacting this normative ideal in all of her encounters with patients and other citizens. But let’s also say that this physician is poorly trained and cannot diagnose or prescribe properly. From the perspective of interpersonal and social responsibility, how unimportant is the craft aspect of professional knowledge as compared to the socially normative elements of Tawney’s and Sullivan’s ideal? The opposite circumstance is also illuminating: the physician who is an exceptional diagnostician and
communicates exceptionally well with patients, but has no sense of professional responsibility beyond the perfection of craft in patient care. In teaching, we have the analogous examples of the high-minded idealist whose students learn little because he has not mastered the techniques of effective instruction and assessment as compared to the master teacher whose sense of social responsibility extends no further than the evidence of learning and motivation that he produces in his students.

Now, of course, you will say “Why aren’t both possible?” Both are possible, and the sense of social responsibility commended by Tawney and Sullivan can certainly elevate professional life. But the combination is rare in an age of experts, and – here the skeptic comes out -- the rhetoric of normative appearances can deceive about the solidity of craft. If forced to choose one, which would you choose, given that the issue of responsibility is addressed by both?

Second, when we talk about professional responsibility, do we need to ask more specifically “responsibility for what?” and “responsibility to whom?” Tawney’s abstractions (health, safety, knowledge, good government, good law) are too vague to be particularly meaningful today. Physicians were once charged with treating diseases and debilitating physical conditions. In addition to treatment physicians are now charged with helping patients maintain a healthy life style through exercise, diet, avoidance of dangerous substances, and listening to their bodies. Our conception of what health signifies has changed due to this struggle of ideals. Similarly, teachers were once charged with providing subject matter knowledge and basic cognitive skills to their students. Today, a growing body of educators have advocated the importance of teaching what used to be called character and have charged teachers to be responsible for helping students to develop resilience, conscientiousness, and other non-cognitive
skills. They have done so because they think these qualities are as important, or more important to success, than cognitive skills.

It is important to note that these ideational struggles are not always led by professionals. In fact, it may be that professional associations are one of the last places to look for changes in the ideals of practice. If we believe the social historian Paul Starr, the shift from disease prevention to health maintenance seems to have been driven in part by insurance companies, as well as physical fitness enthusiasts. The role of the AMA, in the early days, is unclear. The new concern for teaching non-cognitive skills in K-12 education is the result of a coalition of renegade economists like James Heckman, education journalists, and some outlying education reformers. The AFT and NEA have had little to do with it.

If “responsibility for what?” is an important question, so too is “responsibility for whom?” Treatment of some diseases (such as AIDS) were initially resisted or overlooked by the medical community, because they were associated with stigmatized populations. It took activists to reset the agenda. Many other health initiatives have been led by state actors and insurance companies, rather than professionals. My reading of the history of efforts to bring a greater sense of social justice into the educational and medical fields – a theme of this conference - suggests that activists and EEOC lawyers had much more to do with this in the beginning than the professional associations (or the universities). The goal of greater equity in the provision of medical and educational services may be relatively well accepted now, but it took activist responsibility and government responsibility to bring that ideal to the forefront.

Third, and finally, when are organizational solutions preferable to practitioner heroism? When I say “heroism,” I mean it. If we follow the framework that Sullivan has endorsed,
professionals are at once laborers, craftspeople, creative artists, and in addition have special responsibilities to society. Can we count on this heroism? And, more important, is such heroism actually sufficient in a society of large organizations?

We live in a world in which the work of professionals is prescribed by what publics are willing to pay for and by the regulations governments insist on. It almost goes without saying that within this context craft skills are divided by organizations for purposes not just of efficiency, but also adequate treatment. In medicine, most garden-variety ailments are taken up by physician’s assistants or GPs, while serious or specialized maladies are given the attention they deserve from one of the enormous array of secondary and tertiary care specialists. In education, English language learners, learners with disabilities, and honors students receive the attention they need and deserve from practitioners whose skills, we hope, align with the specific needs of these students.

Less obviously, something similar is true of the social responsibilities of professionals. Like craft skills, social responsibility becomes embedded within the organizational context rather than solely within the mind-set of the individual practitioner. A few examples will make the point: Are we concerned that professionals are not treating clients from different backgrounds in an equitable manner? The solution is partly educational, as Sullivan suggests, but also partly organizational. In the typical case management will encourage the education of individual practitioners and, with the advice of specialists, also create an office whose job it is to administer policies to ensure equity and to field complaints about discriminatory treatment. Are universities concerned that researchers may be violating the rights of human subjects? Again, the solution is partly educational and partly organizational. In this case it takes the form of a training program for researchers on the use of human subjects and an institutional review board
to check that guidelines for the use of human subjects are followed. Are HMOs concerned that physicians are too busy treating disease to help patients maintain healthy lifestyles? Same mix. GPs can advise about healthy lifestyles, but it is also necessary for management to create smoking cessation workshops, nutrition workshops, and departments of physical medicine.

In addition to his proposals concerning professional education, Sullivan has emphasized that organizations should create the conditions for trust that allow professionals to do their jobs effectively and in line with the highest ideals of their guild. I think this is just part of the story. Professional responsibility as a matter of daily practice is at least equally the responsibility of offices within organizations. The heroic practitioner is an inspiring role model, but not a fully adequate substitute for responsive and creative organizational design. If we take the term literally rather than figuratively, the fiduciary responsibilities Sullivan associates with professionals properly belong with governing boards and senior managers.

In sum, we may be able to revive social trustee professionalism – and perhaps it would be a good thing if we did – but we won’t be able to do it effectively and honestly without emphasizing the moral potential inherent in craft, the contested terrain of social responsibility, the role of non-professional actors in redefinitions of professional responsibility, and the significance of organizations for the institutionalization of broader social purposes.