Danish University Colleges

Professional claims to authority: a comparative study of Danish doctors and teachers (1950-2010)

Harrits, Gitte Sommer; Larsen, Lars Thorup

Published in:
Journal of Professions and Organization

DOI:
10.1093/jpo/jov011

Publication date:
2016

Document Version
Post-print: The final version of the article, which has been accepted, amended and reviewed by the publisher, but without the publisher's layout.

Link to publication

Citation for published version (APA):

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

Download policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Download date: 22. apr., 2020
INTRODUCTION

It is sometimes argued that professions have fallen off the pedestal, for instance as a result of state ‘assaults’ on professionalism (Freidson 2001: 179). Likewise, individualization of citizens, easy access to information as well as the significant cultural critiques of professions such as anti-medicine or the critique of organized education (e.g. Illich 1971; 1975; Illich et al. 1977) may also contribute to more contestations and challenges of professional judgment and authority. Finally, traditional professional occupations are often in danger of losing their authority vis-à-vis new and more specialized professions, new managerial systems or new regimes of inter-professional collaborations (e.g. Reeves and Lewin 2004).

While these narratives of eroded professional authority may contain elements of truth, they may easily overestimate the loss of professional authority. The sociology of knowledge thus points to a new reflexive modernization that increases rather than decreases our dependence on professional expertise (Beck, Giddens and Lash 1994). Furthermore, narratives of authority erosion tend to overlook the strategies taken up by professional groups to maintain or develop professional power, status and legitimacy. In other words, they may overlook the continuous existence of professional projects (Larson 2013).

The literature offers different understandings of how occupational groups develop and legitimate privileged positions in society (Abbott 1988; Evetts 2003), focusing sometimes on specialized expertise and knowledge (Brante 2011), professional values (Evetts 2003), or the monopolization of work tasks in the marketplace (Saks 2010; Freidson 2001). We will refrain from choosing one of these traditions, since professional authority as a study object requires
an appreciation of knowledge and power and also of how knowledge may enable professionals to speak with greater authority.

Also, while it is perhaps unsurprising that professions attempt to constitute themselves as authorities, we know relatively little about how authority is continuously constructed, how it changes and how it varies between professions. Even if some professions may have established a strong position of authority vis-à-vis citizens or the state, it is essential to understand professional authority as a dynamic force that professionals need to work to maintain. The study of professional authority over time is thus connected with an interest in professional ‘projects’ (Larson 2013). It has recently been shown how new professional projects emerge as ‘pre-professions’ (Brante 2013), but there has been relatively little interest in how established professions may also have to struggle to maintain their project and authority in the face of external change. This article contributes to our understanding of such struggles in substantial detail.

We conceptualize the study of the professional project and struggles for authority as a study of professional claims to authority. Since we cannot assess empirically whether or not a profession actually has a strong position of authority vis-à-vis other actors or how this position may have changed, we study how professional groups present themselves with regard to their professional authority and their perceptions of external threats to their authority. This focus enables us to explore how different professions at different points in time try to constitute themselves as authorities. Authority claims studied from ‘inside’ the professions are thus not definitive evidence of their authority seen from the ‘outside’, but the claims should nonetheless provide some suggestions for how to analyze external authority relations in future studies.

Methodologically, the paper employs a comparative, cross-professional and longitudinal design with data consisting of manifest self-descriptions and public declarations made by two
professional organizations in professional journal editorials. Such a design gives us a unique opportunity to assess long-term developments and possibly different cycles of authority claims in two professional groups with different, although comparable, contexts. We return to the methodological choices and limitations of our study after explaining our theoretical point of departure in more detail. We then analyze the development of authority claims within each profession and conclude with a comparison and discussion.

THEORETICAL FRAMEWORK: STUDYING CLAIMS TO AUTHORITY

The literature on professional authority is still fairly limited. However, we believe the concept of authority has great potential to explore how professions combine strategies of power/closure and strategies of knowledge/expertise rather than opening only one of these as avenues of empirical analysis. The generic term ‘authority’ was originally defined by Weber as ‘the probability that certain specific commands (...) will be obeyed by a given group of persons’ (1978: 212). He further explored different (i.e. rational-legal, charismatic or traditional) bases on which groups of persons might accept authority as legitimate, but none of these bases really contribute to our understanding of why professionals need authority or how they make claims for it.

Following Weber, Starr (1982) connected the concept of authority with the study of professions. In a classic study of American doctors, Starr argued that authority goes beyond issues of power and ‘extends to the meaning of things’ (Starr 1982: 13). As an extension of Weber’s generic understanding of social authority, Starr developed the term ‘cultural authority’ to analyze this aspect of professional work: ‘Social authority involves the control of action through the giving of commands, while cultural authority entails the construction of reality through definitions of fact and value’ (Starr 1982: 13). This is obviously a very broad
definition, but the intention is to describe interactions where a professional applies general knowledge to individual cases and thereby interprets a piece of reality for the client.

A profession’s cultural authority is thus a measure of the degree to which citizens believe that the given form of professional expertise is necessary to perform a given work task. This is not only a measure of the profession’s knowledge, but also of the perceived need for specialized expertise. An important threshold for a profession’s cultural authority is how much ‘legitimate complexity’ the public ascribes to the tasks performed by the profession (Starr 1982: 59), for instance whether citizens understand doctors as necessary to achieve health. In comparison, social authority is a measure of the degree to which professions are established in a position of power vis-à-vis citizens in which they are able to give ‘commands’ without citizens necessarily believing professional expertise to be vital. Social authority may thus be founded in legal monopolies guaranteed by the state (e.g. Saks 2010), but they may also be founded upon e.g. status position or interpersonal trust established in interactions between professionals and citizens. Social and cultural authority can be organized independently of each other, and some professions may aspire more to one than the other. In most cases, however, professional authority consists of both (Starr 1982: 15).

Grasping the basic mechanism behind professional authority would require a larger study of citizens’ perceptions of professional power and legitimacy and of their willingness to follow professional commands. This is clearly beyond the scope of this article, and we will, as mentioned above, instead explore professional groups’ claims to social and cultural authority. We understand such claims to authority as a part of what Larson has termed ‘professional projects’ (Larson 2013). However, Larson’s original contribution focused on professional projects as seeking social authority in the form of market control and social status (Larson 2013: 104), whereas we try to identify professional projects that seek both social and cultural authority. This is in line with Larson’s recent claim that in addition to protecting work tasks
against competition from outsiders, professions are also ‘special communities of discourse endowed with the authority of speaking about and for their field and, in so doing, constructing its meaning for the lay public’ (Larson 2013: xx; emphasis in original).

Professional projects are basically collective projects (Larson 2013: 67). Professional authority, on the other hand, concerns both macro-relations of the professional group, in particular with the state, and micro-relations in which a professional may struggle for jurisdiction in the workplace or citizens’ acceptance of professional judgment. A basic assumption in both Starr’s work and our approach is that the two levels interact, because contestations of authority on one level may impact upon the other. Although our interest in professions concerns both levels, this study analyzes the professional group on a collective level and thus only includes issues like the professional’s micro-relations with citizens as these appear as topics of discussion for the professional organization as a whole. It is at the collective, societal or systemic level (cf. Abbott 1988), we argue, that professional authority claims with a broader impact and validity are made. It is also here we can benefit from studying developments over long periods and find comparable empirical sources over time. More precisely, our approach is to study professional authority claims made by representatives of the professional groups in the form of professional organizations.

Before turning to the methodological choices, we should clarify some of the theoretical underpinnings of our interest in social and cultural authority. Besides Starr’s definition, our interest in cultural authority draws also on Foucault’s seminal work on the intimate connection between knowledge and power (Foucault 1975; 1976) as well as earlier uses of Foucault in professional studies (Fournier 1999; Johnson 1995). When we observe a profession’s claims to cultural authority, for instance in arguments defending the reputation of the medical profession in the public domain, we are led to inquire how these knowledge-centered claims may also serve as a platform for speaking truth to power (Foucault 2009).
This is the case when doctors’ associations give policy recommendations for health policy on the basis of their medical expertise.

All professions could potentially inhabit such positions as expert authority in their respective fields, but some professions are likely to command a greater cultural authority around their professional knowledge and accordingly have their policy recommendations perceived by the public as knowledge-based rather than collective self-interest (even if the policy also serves these interests). The variation in cultural authority may stem from differences in the scientific basis of professional educations, but also from varying degrees to which political actors and the lay public are willing to accept different knowledge forms as legitimate or necessary to listen to.

Our exploration of social authority also draws on the work of Bourdieu and Lamont, who have both contributed to a revised understanding of how social positions and resources translate into legitimate boundaries and hierarchies, here understood as dimensions of social authority (Bourdieu 1984, 1987, 1989, 1991, 1996; Lamont 1992, 2000, 2012; Lamont and Molnar 2002). Besides knowledge-based claims to authority, professions may also struggle for a higher position in the social distribution of resources (e.g. a monopolization of a professional market, or even a stable salary and specific work conditions). They may also aim to translate such positions into a legitimate status, what Lamont calls symbolic boundaries and what Bourdieu calls symbolic capital (e.g. Bourdieu 2000: 242). This is the case, for example, when teachers address their role as civil servants and try to protect themselves from the institutional dismantling of legally guaranteed rights, or when teachers take on the role as representatives of ‘the school system’ as a whole and argue for more resources from the political system.

To sum up our argument, we seek to understand the continuous struggle of established professions to maintain and develop their professional project by making claims to authority.
We focus on the construction of professional authority from the ‘inside’, leaving aside the question of how authority claims may be received. Further, we understand authority claims as both claims to social authority in the form of ‘positional’ claims regarding the possession and monopolization of resources and status, and as claims to cultural authority, i.e. legitimacy founded on expertise and knowledge.

We have no prior expectations concerning which type of external relations or arenas are the main targets of professional authority claims and we therefore explore different arenas for authority claims in the analysis. Focusing on different arenas may indirectly indicate where the professions see their external surroundings as either threats or supports to authority, which may in turn point towards future studies of how professional authority interacts with external developments. We return to this point in the conclusion.

**DESIGN, DATA AND METHODS**

We analyze professional claims to authority in two professions: Danish medical doctors and Danish school teachers. As argued above, the purpose is not to establish causal inference or to test a specific hypothesis regarding the development of professional authority. The purpose is rather to produce a within-case longitudinal analysis of the two professions in order to describe the development of social and cultural authority claims oriented towards different arenas. This is followed by a comparison of this development across the two professions. The choice of professions should thus enable an interesting comparison between professions that differ on key characteristics but share enough qualities to make comparison reasonable.

School teachers and medical doctors are both old and well established professions in Denmark and each has been deeply intertwined with the Danish state throughout a long historical development, essentially predating the establishment of democracy (Den Store Danske 2015; Petersen and Blomquist, 1996). Today, both professions are highly integrated
in the Danish welfare state. Teachers are almost synonymous with the Danish public school (in Danish literally referred to as the ‘People’s School’),\(^1\) which is decentralized in a municipal governance structure, but centrally regulated via common, national learning goals. Almost all teachers are thus public employees. Medical doctors are similarly perceived as being synonymous with the Danish universal health care system. Doctors employed at hospitals are public employees, and similar to the schools, hospitals are founded in a decentralized (regional) governance structure, albeit with a strong central regulation on maximum waiting times, performance measures and remuneration. Most GPs are self-employed in small medical practices, but since they function as gatekeepers to the entire health care system, they are closely integrated with public governance structures in both legal and economic terms.

Furthermore, both professions have a well-established monopoly. Since 1937, permanently employed schoolteachers have been legally required to have a Danish Teacher’s Education or otherwise seek special approval from the Danish Ministry of Education (Danmarkshistorien.dk). The teachers do not have complete exclusionary social closure in the form of a mandatory state authorization as the doctors do, but there is nevertheless a de facto monopoly for educated teachers. The monopoly of doctors dates even further back to different regulations codified into law in 1935 (Den Store Danske). Both professions have a large member base: 113,687 are registered as having a teacher education and 23,766 as having a medical education in 2009 (Anonymized 2012). Finally, both professions have a strong professional association, the Danish Union of Teachers and the Danish Medical Association,

\(^1\) The distinction between primary and secondary school as well as primary and secondary school teachers is not used in the Danish public school, which covers both primary and lower-secondary education (children aged roughly 6-16).
which function as unions, represent the profession and engage in public discussions on health and education policy.

The two professions also differ on a few key characteristics, which makes a comparison of their respective authority claims interesting. First, medical schools have continuously been an integral part of universities with close connection to research, whereas the education of teachers has been relegated to special schools (‘seminarier’, merged into University Colleges in since 1996) with little or no research affiliation. The medical education now takes six years followed by mandatory residency and post-graduate specialist training, which makes it the longest academic education in Denmark. A teacher’s education takes four years and qualifies you to work independently as teacher from day one. The student composition also varies substantially between the two professional educations. Medical schools have some of the highest entry GPA requirements, and students typically come from stronger socioeconomic backgrounds than teachers (Anonymized 2012; Anonymized 2014).

Finally, the two professions differ in terms of socioeconomic status. Medical doctors (today) are among the highest paid public employees, and GPs in private practice also have very high and stable incomes. Teachers receive a considerably lower salary, but still higher than other public occupations such as nurses, social workers and daycare workers (Anonymized 2012). The difference in resources and social status could thus influence the two professions’ authority claims.

As mentioned, we use data from editorials in the journals issued by the two professional associations: Folkeskolen (Fls, the Journal of the Danish Union of Teachers), published since 1882, and Ugeskrift for Læger (UfL, the Journal of the Danish Medical Association), published since 1839. Both journals are published weekly in the period covered by this article. We have collected editorials every second week, every five years from 1950 to 2010. This gives us a time span of sixty years, thirteen volumes and a total number of 650 editorials.
Using editorials over sixty years facilitates an explorative analysis of the development of authority claims in different arenas without prior knowledge and hypotheses regarding this development. Sampling editorials throughout a year every five years is, we would argue, sufficiently concentrated to capture significant developments in an explorative analysis. The ability to compare authority claims over long stretches of time and across two professions comes at a price, however. Sampling editorials in five-year intervals obviously involve the risk of overlooking claims related to important events in between, but since this study focuses on broad, comparative patterns rather than critical junctures, we consider this risk to be acceptable.

Furthermore, editorials give access to a valid image of strategic discourses, i.e. how the professional organizations (via the editors) choose to engage in public discussions, which debates they choose to engage in, what topics they choose to emphasize, and (most importantly) how they portray their own profession in relation to their social context, including different claims to authority. In short, the material gives a reasonable account of what Larson calls the professional project as it continues after the establishment of the two professions (Larson 2013; Macdonald 1995). Finally, editorials are written in a comparable form and with comparable purposes and audiences and are therefore easy to compare across time and professions. It is worth adding that although an editorial in a professional organization’s main journal is of course primarily addressed to members, both journals are well known and receive some attention in the public. The authority claims are still the professions’ self-image and not evidence of authority as perceived by others, but nevertheless addressed to a somewhat larger audience.

Editorials are obviously not the only possible venue for professional authority claims. Such claims can be made in many different ways, such as political negotiations or in the public media, and analyses of such data could have supplemented our analysis. We
nevertheless stick to editorials here as a privileged access point to professional authority claims, since any major attempts to claim and construct professional authority should be reflected in the editorials of the profession’s main journal, because this type of source has the direct purpose of communicating the official positions of the professional organizations.

The 650 collected editorials have been content coded in order to identify their embedded authority claims and broader discourses of professional self-understanding. The coding frame has been developed on the basis of an initial trial coding of a sample of the material in which we used the broad theoretical distinction between social and cultural authority, but also allowed for open codes to more precisely operationalize the sub-dimensions and the different arenas (e.g. the legal system, citizens, the state, other occupations, policy makers and public opinion). Further, it became evident in the initial coding how references to cultural authority may be subtle or indirect, for instance in references to the development of scientific knowledge in the profession. The editorials that simply report new scientific findings are often too specific in their scientific detail to demonstrate a clear authority claim, but the very presence of this scientific content – and how it varies across time and professions – is still relevant to assess the cultural authority of the profession. We therefore include a code for discussions of new scientific developments within the profession’s field. Table 1 shows that the editorials from the two professional journals differ substantially on this last code. After the initial coding, all sources have been systematically recoded using the coding frame in table 1.

<table>
<thead>
<tr>
<th>Table 1: Coding frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of authority claim</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
DOCTORS’ CLAIMS TO AUTHORITY

We begin this first part of the analysis with a short overview of what characterizes the content of the editorials in UfL and then go into more detail on the most important theoretical findings. As indicated above, a large proportion of editorials in UfL simply report on
scientific developments in medicine, typically with reference to new scientific studies published in the same issue. In the first few decades studied here, a significant proportion of the editorials on science also serve to document the specialization of new subfields in medicine, both in terms of new types of specialized medical knowledge and how this may create the need for new sub-specialties in medical education.

It is not surprising that new medical knowledge is reported and commented in a medical journal, but these findings still tell us something about the position of science within the medical profession and the possible basis for claims to cultural authority. First, it is noteworthy that the integration between the scientific and the more opinionated content is seamless. A doctor who picks up the latest issue might read about new discoveries about cancer diagnosis or a potential conflict with the state. Second, the scientific content marks a clear contrast to the teachers’ journal. Not only does the medical profession communicate much more frequently about scientific developments; it is self-contained in the sense that the scientific content springs from the medical profession itself and only rarely from neighboring disciplines. Finally, the ‘pure’ scientific content accounts for around two thirds of all editorials until 1990 and then disappears almost completely. The reason is probably that the continued specialization of medical journals pushes the reporting of new scientific results into other journals. However, it also indicates a shift in the medical profession’s integration with a shared scientific core when its house journal no longer focuses on scientific development. The content of the editorials on scientific development is not analyzed in further detail here.

**Social authority claims toward state and citizens**

If we look at the arenas for medical doctors’ claims to social authority, some dimensions receive surprisingly little attention in the material. Only very few editorials (1%) claim authority toward the legal system, i.e. concerning legal authorization and social closure in the
legal sense. Similar to how Starr describes the development of the American medical profession, medical licensing and entry barriers cease to be topics of discussion once state-sanctioned authorization has been set up. There is also surprisingly little focus on the positioning of doctors in relation to other professional groups, so if doctors have been waging a turf war against nurses or alternative medicine during this period, it is not reflected in these sources. Only a few editorials concern the relationship and cooperation between doctors and engineers (UfL 1965, S23; 1975, S13²), dentists (1970, S19), veterinarians (1965, S43), midwives (1990, S11, 2005, S17), pharmacists (1995, S03) and nurses (1995, S37, 2005, S47). Finally, only a limited number of editorials – 24 in total and most of them in recent decades – concern the position of doctors in relation to the labor market, such as this example concerning doctors’ working conditions: ‘Danish doctors are generally hard-working people. On average, they spend almost 50 hours a week on their job. Almost everyone pursues further training, and despite an everyday working life that is often plagued by threats, violence, work accidents and complaints, Danish doctors are generally satisfied and proud of their profession’ (UfL 2000, S25).

Instead of arguing for improved working conditions, the profession mainly defends its existing privileges. This content is nevertheless relatively rare, as the Danish Medical Association clearly does not present itself as a labor union defined by the struggle for better working conditions. The profession thereby comes off as being preoccupied with something outside of itself and as ‘dis-interested’ rather than self-interested. This does not mean that doctors do not have privileged working conditions compared with most other occupations or that these working conditions have not improved over the 60 years. It simply indicates that

² References to the editorials are made with the following notation: reference to journal, either UfL or Fls, year of publication, and specific journal issue, e.g. S13, meaning source number 13. All quotes are translated by us.
the medical profession does not use journal editorials to make social authority claims for these types of privileges, perhaps because their position has been less contested here than on other dimensions of authority.

Two dimensions of medical doctors’ claims to social authority stand out in the material with a large number of editorials devoted to them. One is doctors’ position of authority in relation to citizens, i.e. patients. 39 editorials were coded under this category, which has grown since the 1990s when the scientific content began to shrink. Most of these editorials concern the role doctors – both GPs and specialists – can and should play in relation to the patient, and several discuss whether they should role models in terms of smoking, alcohol, etc. (UfL 1980, S45; 1990, S45). Another aspect of the doctor-patient relationship concerns situations that may compromise what is normally thought of as an almost sacred relationship with no third parties allowed (UfL 1995: S37; see also Starr 1982: 217). For example, the confidential and intimate relationship should be protected against the government’s requests that GPs evaluate their patients’ suitability as parents in connection with assisted reproduction (UfL 2010: S45). Also, the doctors seem to see themselves as guardians of patients against the market, co-payments for treatment (UfL 1995: S51) or employers or insurers who seek access to confidential health information (UfL 1995: S15).

There is a significant rise in editorials about issues like patient rights (UfL 1995: S17; S13; 2000: S45; 2005: S43) and legal protection for doctors in medical malpractice suits or complaints (UfL 2000: S05; S15; S23; S37). It reflects a development where doctors are no longer the only guardians of the patient, since there is now legal protection against malpractice and significant public attention that questions the authority of the doctor. The journal’s opinions do not radically oppose patient rights, but clearly aim to moderate the effect of a development that could render the medical profession vulnerable to public scrutiny. For example, several editorials characterize both patients and the health care sector as being
'fixated on guilt’ in relation to malpractice (UfL 2000: S19) while others criticize the media for ‘scare campaigns’ on the topic of overmedication (UfL: 2005: S43).

The medical profession clearly fears that formalized patient rights and protection against malpractice may erode its traditional authority over patients. The reaction against a changing doctor-patient relationship also reaches into cultural authority (see below). First and foremost, however, the area of patient rights indicates a shift in social authority because the fate of the patient is no longer commanded exclusively by the actions prescribed by the professional. Even when the journal still speaks about doctor-patient confidentiality as almost sacred, the profession’s social authority over patients is no longer taken for granted as much as before. As a final note on this, recent volumes even discuss how doctor-patient confidentiality should perhaps no longer be as sacrosanct (UfL 1995: S15; S27), but may be compromised to improve information sharing between doctors (UfL 2005: S33).

The other major dimension of social authority concerns the relationship with the state. This theme attracts broad attention throughout the period, and the attention increases in recent decades as the content on scientific developments decreases. It covers a broad variety of themes, which is no surprise considering the many functions the state has for medicine and health policy. A crosscutting thematic is the position and authority of doctors in the Danish health care system. As mentioned above, it is a universal single-payer system in which most doctors are either employed at public hospitals or work as general practitioners, who typically own their practice but are paid by reimbursements from the public health insurance.

Up until 1965, the documents show how the medical profession originally asserted its authority in more direct opposition to the welfare state and the public health care system in particular. Some of these critiques clearly echo American discourses about ‘socialized medicine’ in the same period. For instance, a health insurance proposal is criticized for being ‘camouflaged socialization’ and a ‘near dictatorship’, while another editorial talks in
derogative terms about the ‘welfare state mentality’ (UfL 1960: S15; S32). Similarly, another editorial warns against the development, which will turn the majority of doctors into salaried public employees (UfL 1965: S1). After these reforms passed in the mid-1960s, the doctors appear to shift completely and no longer perceive welfare state institutions and the public health care system as threats to their social authority, and in some situations even emphatically defend the public system.

We cannot pinpoint the exact shift with this material – only that it appears to take place between 1965 and 1980 – but the difference between early and later discussions of doctors’ inclusion in the public health care system is nevertheless significant. A 1980 editorial describes how visitors from the American Medical Association saw Danish doctors as being oddly faithful to the public system, a loyalty shared by the editorial (UfL 1980: S19). Also, the Danish Medical Association clarifies in 1995 that it is ‘fundamentally against [patient] co-payments’ (UfL 1995: S51), and that the dramatic rise in the private health insurance market may ‘erode this cornerstone of the welfare state’ [i.e. the health care sector] (UfL 2000: S35; 2005: S25-31; 2010: S34). So, while doctors previously used ‘welfare state mentality’ in a derogative sense, they now articulate their social authority in defense of the welfare state and against marketization reforms.

Support for the public health care system rarely makes doctors friendly towards politicians, however. The self-asserted position of authority as guardian of the public system also functions as a platform to criticize politicians from all parties for insufficient health care funding (UfL 1995: S21; 2000: S35; 2005: S03, S07, S25-31; 2010: S13-14, S21, S35); and when political conflicts emerge between the central government and the regions (both politically elected) in the health sector, the medical association stays loyal to the latter, its immediate employer (UfL 2010: S13-14, S25). In the many editorials arguing for more resources to this or that part of the health care sector, the medical association frames its
arguments as ‘disinterested’ concerns about the state of health in Denmark and not about more resources for doctors. Most of the proposals do of course involve more resources for doctors, but it is interesting that doctors do not assert their social authority by distancing themselves from the state. They identify with it, or at least with the health care sector, and feel they can speak on its behalf.

The stability of doctors’ cultural authority claims

If we turn to cultural authority, the editorials tell a significant story of stability, albeit with some concerns about the erosion of medical authority. Perhaps contrary to popular opinion, the editorials do not portray a profession worried about the erosion of cultural authority on the micro level if, for example, patients increasingly ‘google’ their diagnoses instead of seeking medical attention. Doctors mostly appear to be on the defensive in the public domain and in the media, which is coded here under ‘public perception’.

Again, most concern issues related to patient rights, complaints, medical malpractice, and especially negative media exposure. The early period saw some attempts to explain away the phenomenon of malpractice as what Starr termed ‘legitimate complexity’, for instance in arguments that iatrogenesis (health effects caused by medical treatment itself) is really caused by ‘complex states of disease’ rather than a lack of professional expertise (UfL 1965: S05). Later discussions question whether doctors’ mistakes are really mistakes and favor an independent medical board to evaluate the cases (UfL 1990: S33).

Closer to the present, the existence of medical malpractice can no longer be denied. The medical association now seems to recognize the problem, but consistently favor solutions that are both very moderate and subject to the medical authority of doctors who alone can evaluate the cases. Among these moderate or symbolic solutions are proposals like an ‘open culture’
(UfL 2005: S15), a ‘culture shift’ (UfL 2010: S07), self-regulation (UfL 2000: S49) or an indirect appeal for protection by the European Court of Human Rights (UfL 2000: S05).

Doctors also work hard in editorials over the past 15 years to defend the profession’s reputation and cultural authority against any form of publicly available records on individual doctors or hospitals. The transparent records that doctors are concerned about relate to complaints (UfL 2005: S05, S23, S35) or to the economic independence of doctors from the medical, pharmaceutical and tobacco industries (UfL 2000: S43, 2005, 2010: S07, S15, S37). All these forms of public transparency or media exposure are warded off as witch-hunts, public ‘pillory’ or ‘public hangings based on village gossip’ (UfL 2005: S35; 2010: S15). Besides showing a cultural authority under pressure, these recent discussions also put the medical association in an ambivalent position towards the state. While they continue to be critical of interference from third parties (e.g. the state) in the doctor-patient relationship, they still want the state to protect doctors against public exposure and critical scrutiny (UfL 1990: S33; 2005: S05, S35).

Finally, we look at another aspect of cultural authority, which is when the medical profession presents itself as an authority on policy issues relevant to medicine and health. These are coded and interpreted here as cultural rather than social or legal authority, because they do not concern institutional contexts where doctors are formally delegated to make decisions nor for that matter given a formal role as ‘advisory jurisdiction’ (Abbott 1988: 75). It is simply current policy issues where the medical association offers its opinion based on medical expertise. It is rarely clarified precisely what part of medical knowledge or ethics supports the policy advocated or protested against. This is, however, precisely the essential part of cultural authority, i.e. the acceptance of certain arguments simply because they are formulated by a profession whose knowledge is generally attributed authority. Of course,
what we see here are simply claims to authority, not whether society grants the profession this cultural authority in practice.

Another way to assess this large sample of editorials is to examine the language that typically accompanies these medical opinions on current health policy issues. It is difficult to document without a detailed linguistic analysis, but two characteristics stand out. First and similar to above, the opinions on policy are generally presented in a ‘disinterested’ style, for example in a discussion about how the construction of new hospitals should be structured by the specialties in medicine (UfL 2010: S41). It is never presented as if the medical profession itself has a stake in the underlying conflict, even though it is obvious that most of these proposals do have economic or autonomy-related consequences for doctors working in the Danish health care system.

Second, the linguistic style often appears relatively condescending towards bureaucrats or politicians involved in the particular decision, for instance when traffic planners without medical expertise are urged to visit a neurosurgical ward before expounding on road safety (UfL 1970: 15). Another example is to argue that only a doctor would have the proper qualifications to be the new director of the National Health Board (UfL 2010: S33). These examples may simply exhibit sarcastic editorial writers, but they also function as claims to cultural authority because medical expertise is presented as a necessary, yet often quite diffuse, condition for seeing things right. Not only is the policy advocacy in these editorials based on relatively vague references to ‘medical expertise’, it is often remarked at the same time how the actual decision-makers completely lack this knowledge and authority.

It is difficult to describe the specific content of these ninety editorials, because they concern all sorts of very detailed policy questions. Of course, health policy headlines vary over time. Nevertheless, if we look beyond the changing agenda of health policy over sixty years, the use of the professional journal as a vehicle for this type of policy authority based on
medical expertise appears surprisingly stable. There might be a slight softening of the condescending language and a slight increase of policy authority relative to the decline of scientific content, but the claim to cultural authority remains stable.

**TEACHERS’ CLAIMS TO AUTHORITY**

Teachers also make claims to both social and cultural authority, but predominantly to social authority, partly due to the lack of scientific content in editorials of the teacher’s journal.

**Labor market conflicts, state and citizens**

Among the teachers’ claims for social authority, we first identify two areas as not being very salient. First, claims to legal authority in the traditional sense only occur on a few occasions when the legally guaranteed monopoly of teachers in the Danish public schools is threatened. One example is an editorial about the Liberal Party’s (Venstre) proposal to break the teachers’ monopoly in 1990, which finds that it will be destructive to hire university graduates ‘who don’t know a thing about pedagogy’ (Fls, 1990, S21). Second, claims towards other occupations are somewhat rare. The few existing claims of this nature demonstrate a stable willingness (and ability) in the profession to protect their ‘closure’, arguing for example in 2000 that pedagogues (nursery school teachers, who in Denmark have a solely pedagogical education) should not be allowed to teach in the Danish public school (Fls 2000, S17). Similar to the doctors, teachers only engage in authority claims within traditional arenas of social closure when they see a possible threat to their position.

The teachers make a significant amount of social authority claims toward three other arenas: the labor market, the state and citizens. Throughout the period, claims made in a labor market context are most widespread, but fade slightly from 2000-2010. Some codes here actually cover discussions about internal organization, presenting claims of representation vis-
à-vis the members. However, most editorials put forward demands about salaries, working hours and working conditions, many of them in connection with general negotiations on working conditions.

These claims actually tell a significant story about the development of the teacher profession. In the 1950s, teachers were employed as civil servants, an employment category regulated by law, covering most state employees and including benefits such as high pension and high job security. However, a civil servant also had several duties, most importantly to ‘show himself worthy of the esteem and trust demanded by his position’, at work and outside (Law on Civil Servants, 2010), and they did not have the right to strike. The position as civil servant thus mirrors a traditional understanding of professional closure, i.e. benefits, status and commitment to public values.

However, from the beginning of the period covered here, this employment status is challenged, not least since teacher salaries are devaluated by general inflation and not adequately compensated by salary raises. This makes the teachers question whether the benefits are still high enough to compensate for the ‘public spirit’ required by civil servants (Fls 1960, S23, S19; 1965 S04). Claims for better working conditions and in particular better salaries in light of the continuing devaluation continue until 1990, for instance with arguments that ‘A teacher cannot be too cheap, since this will compromise the respect for teachers’ (Fls 1985, S23).

The conflict level between the state and the Danish Union of Teachers is high at several points during the 1980s, and in 1990 it becomes evident that the employment status as civil servant is under attack. Teachers portray this as an attack by employers who want to transfer teachers from state to municipal employment, and in light of a political consensus supporting this, the Danish Union of Teachers argues for a ‘realistic’ approach (Fls 1990, S17). From 1993, new teachers were no longer employed as civil servants.
The level of conflict continues in the 1990s, and the negotiations in 1995 become highly conflictual with compromises twice rejected by the members of the Danish Union of Teachers (Fls 1995, S12, S14). However, the key issue at stake here, as well as onwards, was regulation of working hours, and salaries are not discussed much in editorials after 1990.

In sum, the development of claims directed at the labor market tells a story about a change in economic position and status from protection to fragility. Also, the self-confidence as civil servants, who in 1985 should not be ‘sold too cheap’, changes into a weaker position. This is seen most clearly in 1995 after an internal members’ vote in the organization turned down several proposals from the Employers Organization (the municipalities) for a collective bargaining agreement on working hours, salaries etc.: ‘Many are tired and stressed, and it feels as if neither employers nor the public understand what the problem is. Because of this, school managers and teachers voted no, both in March and last week. And because of this, many teachers have not even voted’ (Fls 1995, S14). In other words, looking solely at the social authority claims made within labor market relations, it seems as if the profession is losing ground throughout the period both in terms of their position within a hierarchy of economic resources and in terms of their symbolic capital and status.

In other arenas of social authority we see a somewhat different story. Most evident and consistent are claims put forward vis-à-vis the state, peaking in 1975 and 2010. Two themes dominate these claims: insufficient resources for the Danish public school and centralization vs. decentralization. In the 1950s and 1960s, the profession complains about a lack of educated teachers and insufficient school buildings, and in the 1970s this transforms into a more direct critique of insufficient financial resources and a direct confrontation with the state in 1975. At a public meeting, the Social Democratic Minister of Education voices her dissatisfaction with teachers, stating that it is their duty to implement whatever politicians decide. An editorial replies that in return ‘we must demand that politicians do not escape their
responsibility for supplying the necessary resources for the desired development’ (Fls 1975, S16). From 1980 onwards, critiques about a lack of resources continue with varying levels of conflict, but consistently.

The other theme on centralization and decentralization shows a different development. In the early years, teachers side strongly with the state against curricula being made at each individual school (e.g. Fls 1975, S22, S18). However, from 2000 the teacher profession makes strong authority claims against state regulation of curricula, and in defense of teacher autonomy, in particular in discussions about standardized tests, evaluations and common goals for learning. These claims show how teachers’ authority is challenged by state regulation, and how teachers try to fight back and claim that professional autonomy is necessary, also referring to research-based evidence to back their claims: ‘One thing that can destroy the good spirit in the Danish Schools: the new test regime. Research, examples from foreign countries, and historical examples show this’ (Fls 2010, S23). In sum, the profession seems to lose authority in labor market relations, but not in relation to the state when it claims authority not on behalf of teachers as employees, but on behalf of the public school.

Finally, authority claims vis-à-vis citizens also demonstrate that the teacher profession does not experience an overall loss of authority. Throughout the period, the relationship with citizens is dominated by some skepticism towards parent involvement in and influence on school decisions, and the teachers consistently claim authority with regard to nurturing children and teaching them about values and life. In 2000 and 2005, comments are made about the school’s ‘loss of authority’ to parents, who are increasingly seen as consumers, and to the pupils who are no longer willing to listen to the teacher (Fls, 2000, S12). In 2010, there are small signs of a new alliance with the pupils, for example the argument that ‘schools should be made together with the children’ to build strong motivation (Fls 2010, S02).
Dynamics of cultural authority claims

Turning to cultural authority claims, there is a consistent pattern with many cultural authority claims both in the early and in the later years, but none between the early 1970s and late 1990s. This general pattern is not valid for claims concerning teachers’ education, which are consistent in almost all decades. The teachers show a remarkably stable commitment to protecting their influence on the education of teachers as well as on continuing professional development. Also, the few claims concerning public perceptions are made consistently in the years 1965-1990, most of them arguing against what is considered a false portrayal of teachers in the media.

Most interesting is the development of claims about knowledge authority, policy authority and recognition of other knowledge authorities. In the early years, claims about being the highest knowledge authority and (especially) claims about policy authority are strong. A key message in both types of claims is that teachers are the protectors of pedagogical knowledge, and that the Danish public school should base its development on this knowledge (and research). For instance, when the Danish Pedagogical Institute is established with an obligation to do research in the field, teachers position themselves as ‘contributors’, ‘clients’ and consumers of this research, for example conducting ‘experimental teaching’ in close cooperation with research (Fls 1995, S01).

Teachers also position themselves as natural partners in discussions on school reforms (e.g. Fls 1995, S19) based on an implicit reference to their exclusive insight into teaching and school practices, and often pointing out politicians’ misunderstandings on these matters (e.g. Fls 1955 S25, S03). Teachers have a strong tendency to legitimize their claims against the state (e.g. about lack of resources, see above) with arguments concerning pedagogical knowledge and teaching quality (e.g. Fls 1960, S04, 1965 S16). Finally, claims to policy
authority also extend beyond pedagogical knowledge to, for example, reforming the official Danish spelling regulations as well as updated Danish public education about the UN.

From 1970 to the 1990s, such claims to knowledge and policy authority fade, and the few policy authority claims that are made all seem to have a somewhat ambivalent relation to knowledge. On the one hand, claims are put forward about a ‘professional’ relationship to e.g. children with special pedagogical needs (Fls 1980, S12), on the other hand there is a strong discourse about the need for a more practical and less ‘academic’ (the Danish term literally translates as ‘bookish’) school (Fls 1975, S01, 1980, S01). The value of experimental work in schools is still emphasized, but now without a connection to research (Fls 1985, S05).

From 2000, claims to being the highest knowledge authority and claims to policy authority increase again, for example that teachers are holders of exclusive didactical knowledge that is the key (as opposed to centralized tests, etc.) to learning success (e.g. Fls 2000, S17, 2005 S04, 2010 S09, S10). Again there is a willingness to point out political misunderstandings (e.g. Fls 2005, S18, S21) with reference to politicians’ lack of pedagogical knowledge or lack of evidence for the effect of political proposals:

Despite his knowledge, the Minister of Education stood next to the Prime Minister last week, arguing for making tests results public […] When asked about experiences from England where competition between schools based on the publication of test results has worsened pupil results, the Minister of Education just pretended to be ignorant. […] Even though he knows better (Fls 2010, S03).

In addition to the growth in claims to knowledge and policy authority, we see an increase in the recognition of other knowledge authorities from 1990 and onwards, which is not present in the earlier years. This recognition is given to researchers within pedagogical and school
research, thereby supporting the professional authority of teachers (e.g. Fls 2005, S08, S10 S25; 2010 S04). Economists, conversely, are the subject of critique (e.g. Fls 2000, S01).

**COMPARISON: AUTHORIT Y CLAIMS AMONG DOCTORS AND TEACHERS**

A comparison of authority claims from the two professions produces several interesting findings and hypotheses for further research. First, it is noteworthy how the two professions differ in terms of stability versus fluctuation and the composition of social and cultural authority. As we have shown, the Danish medical profession makes relatively stable claims to authority, although with some interesting developments. One major change is the almost complete disappearance of scientific content after 1990, which is followed by increasing attention to the public perception of medicine and implications thereof. Also, the editorials cover more political ground in recent decades with more content dedicated to doctors’ position in relation to the state. The authority claims do not become more overtly ‘political’ over time. The editorials maintain a distanced and exclusive view on current health issues rather than seeking direct confrontation on political values. Offhand, the finding of relative stability may seem uninteresting. However, if we consider how much health policy and the public view of medicine have changed since 1950, the stability indicates a strong and theoretically interesting aspect of professionalism.

The development of the teachers’ authority claims fluctuates much more. Cultural authority claims were strong in the early and the later years, but declined from the 1970s to the 1990s (except claims on teacher education). As far as claims for social authority, the strategy seems to shift from cultural authority claims to a more union-oriented strategy with social authority claims regarding labor market issues in the 1980s and 1990s. After 2000, the teachers return to a strategy centered on cultural authority.
We cannot exactly conclude from this material that cultural and social authority claims are mutually exclusive for the teachers, but it is interesting to ponder also for future studies why the teachers seem to shift between the two forms while the doctors combine them seamlessly. Whether or not it is a general pattern, we suggest that the differences are related to variations in the knowledge base and socioeconomic status of the professions in general and of their members. One obvious hypothesis is that the scientific knowledge base of the medical profession makes it easier to make uncontested claims concerning cultural authority, something that would account for the stability as well as the implicitness these claims. Accordingly, the teachers’ weaker knowledge base and lower socioeconomic status may account for their strategy of making social authority claims toward the labor market arena.

Another way to interpret this difference between doctors and teachers is through Parkin's concept of ‘dual closure’, i.e. the combination of exclusionary strategies of closure drawing mainly (although not entirely) on legalistic forms and closure by usurpation drawing mainly on resources of solidarity (1979: 99-101). Following Parkin, one interpretation could thus be that teachers more that medical doctors combine these two strategies as a reaction to a greater pressure towards proletarianization (ibid. 107). Teachers’ oscillation between different strategies could thus be seen as a classic example of the combination of long-term ambition to secure professional status through knowledge and on the other hand the urge to fight as a labor union for working conditions in the short run (Parkin 1979: 107).

Our findings also nuance the common assumptions of ‘strong’ vs. ‘weak’ professions. First, despite the strong cultural authority of doctors, the medical profession also appears to be more defensive against the public sphere or other forms of transparency. The consequences of transparency may be different from those of teachers, of course, but on the whole publicity appears to challenge doctors more, even if neither profession likes to have their quality
measured by the state. Second, we find that although teachers do appear weaker in cultural authority than doctors, they continue to struggle for cultural authority and make similar types of claims to policy authority as the doctors. Third, in the relationship to citizens, doctors appear more concerned with upholding social and cultural authority, whereas teachers (at least late in the period studied here) seem to perceive the relationship as a source of rather than a threat to social authority. This also suggest some hesitation towards adapting uncritically the somewhat rigid distinction between exclusionary closure strategies and strategies of closure by usurpation, and thus Parkin’s conception of dual closure. At least when studying claims for authority (and not closure), it should be considered, how this distinction can be combined with the distinction between social and cultural authority. Also, as is evident from our analysis, it should be considered how claims in different arenas (e.g. towards the state) can combine different types of claims.

We also find interesting similarities across the two professions, which may substantiate new hypotheses to explore in future studies. First, we find that even in light of apparent stability, both professions continue to put forward different claims for authority, which displays the ongoing struggles and collective agencies of each profession. However, both professions also seem surprisingly silent when it comes to two arenas traditionally considered crucial for establishing professional authority. It is interesting and somewhat surprising that neither medical doctors nor teachers make many claims of legal authority or social authority vis-à-vis other professions. This supports our claim that professional projects should be seen as broader endeavors than the establishment of legally sanctioned social closure, because it is necessary to establish and protect the position, status and legitimacy of professions in different arenas. Struggles for authority are clearly fought in political arenas concerned primarily with the establishment of positions and closure, and thus with social authority, but also in discursive arenas where professions try to establish the legitimacy and necessity of
their specialized expertise. Finally, professional projects are of course also pursued in the relationship to other occupations as well as to the state and citizens.

Finally, our findings point toward an interesting hypothesis regarding the relationship between the state and publicly employed professions. As we have shown, after doctors’ initial resistance to the welfare state, both doctors and teachers now make strong normative appeals to the institutional systems in which they work, here the Danish public health care sector and the Danish public school. Over time, both professions appear to latch their authority claims more onto the very strong legitimacy that these two core welfare institutions have in the Danish population. By appealing less to the authority of the occupations of doctors and teachers in themselves, and more to the institutional legitimacy, both professions can present themselves as guardians of two cornerstones of the Danish welfare state, even to the extent of protecting them against politicians’ desires for marketization.

This could explain why professional authority on the one hand appears to be relatively stable and on the other hand is often characterized as being under siege by the state, by the media or by individualization. It also suggests that the typical understanding in professional studies of managerialism as a threat to professions may have to be nuanced. At least, it underscores the need for further studies to understand the intricate relationship between state and professions.

CONCLUSION
Our study of patterns in professional authority claims over sixty years among Danish doctors and teachers demonstrates that professional authority is composed of both social and cultural elements, and that professions struggle for their authority continuously over time in different arenas.
Our analysis was explorative and aimed to describe and compare the development of authority claims within two different professions. The picture we present here is therefore based on the professions’ own perceptions, or more precisely of the editors who speak on behalf of the professional organizations. This is, by all means, a biased perspective if one takes it as evidence of professions having authority. We believe, however, that it paints a valid picture of the self-perceptions and self-presentations of professions, as well as an indirect and implicit indication about the different arenas and external relations with importance for the development of professional authority. On the basis of our analysis, we therefore suggest further studies of the relationship between professional authority and a profession’s scientific knowledge base, socioeconomic status, its relationship to citizens and to the state.

Furthermore, our analysis is confined to the context of Denmark and two professions with strong historical ties to the Danish welfare state. This obviously makes it difficult to generalize or even suggest hypotheses for other national contexts such as an Anglo-Saxon tradition of professional autonomy (Svensson and Evetts 2010: 12). However, some studies suggest similar, if not identical, developments of authority claims outside the Danish context (Lewis 2002; Marjoribanks and Lewis 2003). Comparative studies across national contexts thus appear to be a promising avenue for future studies.

Despite these limitations, we believe the analysis contributes to our theoretical understanding of professions. The contribution is achieved through the concepts of the professional project, professional authority and authority claims, a combination that appears to be a fruitful anchor of analysis. We would also argue that authority (in contrast to concepts such as closure, status, jurisdiction, knowledge, function or power in the simple sense) holds the potential to connect both sides of the dualisms that have previously troubled the literature on professions: First, the dualism of either seeing professions as constituted by power, social
positions and professions’ struggle for closure and monopoly (on material and cultural resources) or by knowledge, legitimacy and the symbolic construction of meaning. The second dualism is whether professional power is granted once and for all through exclusionary social closure, or whether autonomy follows from agency. Our study suggests that even if professional authority is structurally conditioned upon knowledge, social status and resources, even the strongest professions need to work continuously to assert themselves as authorities, both socially and culturally. In any case, further theoretical developments as well as more nuanced empirical studies are needed to advance the scholarly understanding of professional authority. This development may be well placed in close relation to further comparative analyses, both across professions, across countries, and when empirical data allows for it also across time.

REFERENCES
Anonymized 2012
Anonymized 2014


Saxon Traditions. Gothenburg: Daidalos.


University of California Press.