



Hybrid professionalism and beyond: (New) Forms of public professionalism in changing organizational and societal contexts

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ABSTRACT

It is tempting to stick to traditional, ‘pure’ images of professionalism—as the protected treatment of complex cases—and to resist ‘alien’ intrusions, especially managerial ‘encroachments’. However, it has become rather normal to link professionalism to well-managed organizational surroundings and to focus on emerging *hybrid* professional practices in which professional work is (re)organized in one way or the other. Contradictory professional and managerial principles such as autonomy and control, or quality and efficiency, are combined in order to establish contemporary professional actions. This article analyses the hybridization of professional work in public domains, in order to accomplish three things. First, we show what hybridization is about and which types of hybridization are identified. Second, we show the importance of hybridization, against the background of (changing) organizational and societal contexts. Third, we move beyond hybridization and discuss ‘organizing professionalism’ as a new model of professionalism. Organizing becomes a normal part of professional work—instead of an hybrid, ‘uneasy’ combination of professional and managerial principles.

KEYWORDS: professionalism; managerialism; hybridity; organizing professionalism.

INTRODUCTION

The contemporary study of professionalism is lively, because much is at stake. Professional services such as health care, (higher) education, law and accountancy experience transitions, including the rise and spread of budgetary control, managerial supervision, and organizational reform. These transitions shake the very foundations of what it means to render ‘professional’ services and act as ‘professionals’. Traditional images of professionalism generally stress the importance of the protected treatment of cases—think of patients, students, pupils, clients—by autonomous yet committed professionals

(Freidson 1994, 2001). When a professional loses the ability to treat these individual cases, the very professional essence of services appears to be endangered. The weakening of autonomous spaces and professional protection appears to attack professional work and harm professional values (e.g. Evetts 2003; Farrell and Morris 2003; Pfadenhauer 2006; Timmermans and Oh 2010; Noordegraaf and Steijn 2013).

This, at first sight, leaves both scholars and practitioners with two options. They either defend professional principles, in order to keep managerial influences—as ‘intrusions’—away. Management

itself might at the most become ‘custodial’ (Ackroyd, Hughes, and Soothill 1989), protecting professional spaces. Or they resist and subvert managerial intrusions in such a way that intrusions are neutralized or the influence of professionals vis-a-vis management is strengthened. Medical doctors for example, might use safety management systems to strengthen their position vis-à-vis health care managers (Waring and Currie 2009).

Despite both scholarly and practical worries, debates on professionalism have moved on. Several debates have moved beyond dualistic and oppositional understandings of professionalism *versus* managerialism and have stressed new professional/managerial combinations in organized work settings (e.g. Exworthy and Halford 1999; Farrell and Morris 2003; Adler *et al.* 2008; Kippist and Fitzgerald 2009; Fulop 2012; Waring 2014; Besharov and Smith 2014; Carvalho 2014; in *JPO*: Loewenstein 2014; Postma *et al.* 2014; Skelcher and Smith 2014; Waring 2014; Blomgren and Waks 2015). These authors focus on the ambiguities of both professionalism and managerialism, stress the fact that managerialism might also be a matter of meaningful management, and show how professionalism and managerialism might be intertwined in daily practices. Nowadays, we tend to speak of *hybrid* professionalism (for an overview, see e.g. Noordegraaf 2007; also e.g. Faulconbridge and Muzio 2008; Byrkjeflot and Kragh Jespersen 2014; Kirkpatrick and Noordegraaf 2015). Services, for example, might still meet classic quality standards, including professional attention, time and humanity, but also meet quality standards like timeliness, speed and efficiency (e.g. Adler and Kwon 2013). In that sense, quality is no longer seen as professional property, which has to be protected from organizational forces. Quality becomes multi-faceted and incorporates organizational aspects and principles that relate case treatment to changing contexts. Not merely *offering* quality when cases are treated, but *organizing for* quality becomes a central ingredient of professional work.

This article provides a broad overview of the hybridization of professional work, primarily in public domains like health care, safety and education, against the background of (changing) professional services, and wider contexts. We explore what hybridization means and discuss the types of

hybridization that are occurring. Definitions and conceptualizations are important as different views of hybridization deal with different manifestations of professional/managerial hybridity. Second, we discuss the importance of understanding hybridization processes, especially in the light of changing contexts—especially societal contexts. Third, we explore routes forward, moving *beyond* hybrid professionalism. We discuss what we call ‘organizing professionalism’—as a new form of professionalism. We highlight not so much organizational dimensions *around* professional work, but organizational dimensions *of* and *in* professional work. We show how professionals like medical doctors no longer merely treat patients within health care organizations. Instead, they are forced to organize sound patient treatment—to arrange inter-professional and cross-disciplinary collaboration, to set-up and implement innovation projects, to deal with (scarce) capacity, to align decision processes against the background of financial constraints, and to work with multiple stakeholders.

BINARY PERSPECTIVES ON PROFESSIONALISM

Although hybrids are quite natural phenomena, also literally—think of amphibian animals that live on land as well as in the water (e.g. Powell and Sandholz 2012)—they have some ‘unnaturalness’ as far as their being and identity are concerned. Hybrids are constituted by the coming together of different and potentially contradictory sets of features and values (Harrison 1993), like living on land *and* in the water. The stable maintenance of such ‘uneasy’ and therefore unstable combinations is what make hybrids hybrid. This not only holds for natural phenomena in the literal sense. It also holds for technical and material phenomena like hybrid cars, which are electric and run on gasoline at the same time, calling for parallel systems and double identities. Finally, it might concern more social phenomena, including hybrid professional action, which is about the coming together of multiple sets of principles.

Contradictory principles

Hybrid professionalism arises when professional and managerial principles come together – principles

that concern (1) how work is *coordinated*, (2) how *authority* is established, and (3) what *values* are at stake. These categories relate to the various core dimensions of ordering and structuring of work in organizational circumstances, based upon fundamental approaches in organization and management sciences (e.g. Mintzberg 1983; Hood 1991; Freidson 1994; Adler *et al.* 2008). Professionalism is generally seen as something that has much to do with coordination of skills of autonomous workers, authority on the basis of trust, and quality as a core professional value. Managerialism is seen as something that has much to do with coordination through various forms of control, authority on the basis of (tangible) results, and efficiency as a core value. These strict distinctions are informed by various academic discourses that set professional principles against managerial principles, at various levels of analysis.

First, professionalism and managerialism can be studied from *socio-political* perspectives, based upon political, social and cultural analysis and critiques of social orders. Different ideological and cultural ‘configurations’ and ‘value syndromes’ might clash or come together, including professionalism and craftsmanship on the one hand, and managerialism, commercialism, and entrepreneurialism on the other. These ‘-isms’ represent different views upon social order and are hard if not impossible to align (e.g. Hood 1991; Enteman 1993; Dzur 2010; O’Reilly and Reed 2011). In fact, commercialism and entrepreneurialism are generally said to undermine the ideological base of professional fields and action. Hood (1991) for example, distinguishes between various value syndromes; a performance-based Sigma syndrome (efficiency), which undermines more political-professional Theta (fairness) and Lambda syndromes (resilience). Raelin (1986), more fundamentally, highlights a ‘clash of cultures’, between corporate and professional cultures, set against a wider ‘social culture’. He wrote, ‘[...] many professionals were deeply influenced by the social revolution of the 1960s, which pressed for quality of working life based upon independence of judgment and a healthy suspicion of authority’ (p. 2). Many years later, Freidson (2001) set a professional logic apart from managerial and consumer logics, each representing a system of control. Freidson defended professionalism, defined as

professional (self-)control, against managerial and consumer control.

Second, professionalism and managerialism are analysed from *institutional* perspectives, based upon insights that are grounded in institutional theory. Multiple ‘institutional logics’ are at stake, i.e. ‘overarching sets of principles that [...] provide guidelines on how to interpret and function in social situations’ (Greenwood *et al.* 2011:318). Authors have especially focused on professional logics, including collegiate and trustee logics, which are set against competing managerial logics, including corporate, entrepreneurial, and commercial logics (e.g. Thornton and Ocasio 1999; Reay and Hinings 2009; Murray 2010; Pache and Santos 2013a; Pache and Santos 2013b; Besharov and Smith 2014). Some authors explicitly stress the ‘rivalry of logics’ (e.g. Reay and Hinings 2009). On the one hand, they see a new logic of ‘businesslike health care’: ‘[...] governance structures were put in place to increase efficiency and “do more with less”’ (p. 630). On the other hand, they highlight the ‘previously dominant logic of medical professionalism’, in which ‘[...] the physician–patient relationship guided all service provision’ (p. 630). Increasingly, these and other authors stress, such logics need to be combined in one way or the other. Reay and Hinings for example, analyse ‘[...] the actions of micro-level actors as they managed competing logics [...]’ (p. 630). Other authors who use institutional theory focus on how logics are combined—especially over time—also in organizational and professional practices, with a particular focus on ‘micro-practices’. In addition they study the mechanisms for institutional change by which ‘hybrid practices’, that is, combinations and ‘couplings’ of logics, are consolidated (e.g. Smets *et al.* 2012; Pache and Santos 2013a; Pache and Santos 2013b).

Third, professionalism and managerialism are studied from *organizational* perspectives, based upon governance insights that stress multiple forms of coordination. When services are governed, different sets of coordination principles are relevant, especially hierarchical, market and network principles. Hierarchy and market represent managerial and consumer control (in Freidson’s terms), whereas networks and communities represent professional (self)control. The latter is especially stressed when

new governance perspectives are applied, including for example, collaborative communities in professional services (Adler *et al.* 2008). Adler *et al.* distinguish various forms of professional community, which they see as crucial for organizing non-routine tasks that require expertise, individual autonomy (within regulated occupational fields) and legal and ethical responsibility (p. 361). Traditionally, organizations and services are governed by one dominant set of coordination mechanisms. For example, universities were governed by networks, constituting ‘loosely coupled systems’ (cf. Weick 1976). Nowadays, multiple sets of principles are combined, such as hierarchies as well as market incentives. This makes universities hybrid (for a more general overview, e.g. Skelcher and Smith 2014). This is relevant in many public and non-profit domains, including care and welfare (e.g. Evers 2005; Brandsen, Van de Donk, and Putters 2005; Ferlie *et al.* 2011; Pache and Santos 2013a; Pache and Santos 2013b; Lander, Koene, and Linsen 2013; Pestoff 2014).

Fourth, professionalism and managerialism are analysed from *psychological* perspectives, based upon insights that come from occupational psychology. These highlight the effects of multiple work values, identities, and traits on professional action—or lack of action, when ‘alien’ or uncomfortable values and identities penetrate professional life. On the one hand, the importance of professional work values and identities is stressed, summarized by terms like ‘physician identity’ (Spyridonidis *et al.* 2014:3). This includes vocational calling and professional pride (e.g. Jansen, Brink, and Kole 2009). On the other hand, commercial and entrepreneurial work values and dispositions are stressed, which affect or harm professional ethics, ties and loyalties (e.g. Sachs 2001; Doolin 2002; Winter 2009; De Wit 2013). As Spyridonidis *et al.* (2014:3) argue, ‘[...] as a physician’s career progresses, task-based work roles evolve and this facilitates changes in nested identities within their organizational setting [...]’.

Professionalism and managerialism

These various bodies of knowledge indicate which principles are at stake when both professionalism and managerialism are studied. In case of *professionalism*, these principles are used to make sure that committed professionals render good services to

Table 1. Professionalism and managerialism

| | Professionalism | Managerialism |
|---------------------|-------------------------------------|---|
| | Protected professionals treat cases | Well-run organizations deliver products for customers |
| <i>Coordination</i> | - Skills - Norms | - Hierarchy - Markets |
| <i>Authority</i> | - Expertise - Service ethic | - Results - Accountability |
| <i>Values</i> | - Quality - Humanity | - Efficiency - Profitability |

clients (e.g. Raelin 1986; Freidson 1994, 2001). Professional case treatment is secured by establishing (1) professional *coordination* through skills and norms that enable us to create autonomous professional action; (2) professional *authority* on the basis of expertise and ethical commitment, generated by professional schooling and socialization; (3) professional *values* that boil down to offering quality and guarding humanity when cases are treated. In case of *managerialism*, principles are applied to produce well-organized and transparent services for groups of clients or customers (e.g. Enteman 1993; Pollitt 1993). This is secured by establishing: (1) strict *coordination* through hierarchical and market-based control aimed at generating output; (2) organizational *authority* backed by tangible results and clear monitoring of return on investment; (3) organizational *values* that primarily encompass efficiency and profitability. They are briefly discussed beneath and summarized in Table 1, also listing these main principles for *coordination*, *authority* and *values*.

Professionalism

Professionalism is a matter of professionals treating complex cases in relative isolation, that is, *protected treatment of complex cases by professionals*. This is especially at stake in case of free or liberal professions such as medical professionalism, law and engineering (e.g. Wilensky 1964; Larson 1977; Krause 1996) but also in case of professional fields that are tied to welfare states and organizations, such as policing, education and social work. The latter professional groups automatically embody more ‘hybridity’ that the

former groups, but still, in terms of principles for structuring and empowering work, all of these fields show much similarity.

As far as coordination is concerned, professional work is coordinated through skills, and professional commitment and norms, as has been convincingly shown by authors like Mintzberg. In his *Structure in Fives*, Mintzberg (1973) discussed ‘professional bureaucracy’, in which professionals are crucial for rendering services. They form large ‘operating cores’, for example, large groups of medical doctors who treat patients. Their work is coordinated through standardization of skills. Professionals are educated and socialized, they acquire knowledge, skills and experiences, they develop a professional ‘habitus’ (Witman *et al.* 2011) and they know what to do when they perform their work. They do this within organizational environments, with strategic leadership, support staff, middle management and techno structure. However, these organizational components are limited in size and reach, and leadership is bottom-up instead of top-down. Medical doctors allow certain colleagues to occupy leadership positions.

This enables societies to grant autonomies to professional fields and groups of professionals, something that is backed by the state. It also grounds professional *authority*. Autonomies of professionals are legitimated by the fact that they are highly trained, preferably by universities, highly knowledgeable, highly motivated and highly experienced. As well as by the fact that occupational practices are regulated and supervised by professional bodies. This enables groups of professionals to treat complex cases, that is, clients, patients, pupils, and the like, who find themselves in situations (e.g. they want to learn things) or have problems (e.g. health problems) that are specific, difficult to define, measure and deal with, and that are full of dependencies. Pupils and patients, for example, depend upon others for educating them of treating medical problems.

Strong links between professional associations, states and universities (see Burrage and Thorstendahl 1990) generate occupational development and institutional legitimacy. Professional fields reproduce themselves by selection, training, knowledge transfer and supervision, as well as (strong) socialization. (Public) service professionalism is expert based (e.g. Brint 1994; Reed 1996; O’Reilly and

Reed 2011) and professionals know how to use knowledge and expertise, in order to treat clients well. Furthermore, regulatory mechanisms, including oaths, rules, routines, codes of conduct and exclusion, create occupational grip, and trust. Professionals are not only socialized into case treatment but also into serving society through case treatment. Professionals have a ‘service ethic’ (Wilensky 1964); their professionalism is ‘social trustee’ professionalism (Brint 1994).

This in turn, has a lot to do with the *values* that are served. Professionals are trained and socialized into securing *quality* as far as case treatment is concerned, which means they have to deal with cases as effectively as possible. This calls for time and attention, and forms of professional distance in which technical interventions are applied with an eye on the situation at stake, including its human aspects (Gastelaars 2009).

Managerialism

Managerialism is a matter of *organizations delivering products for customers*. Ideally, such organizational principles and values can be found in private and commercial surroundings, in both large and small companies. It is also quite common to find them in public and non-profit spheres as well. This has increased in the 1980s and 90s, when *new public management* and *businesslike management* spread throughout Western countries (e.g. Hood 1991; Osborne and Gaebler 1992; Enteman 1993; Pollitt 1993; Pollitt and Bouckaert 2004; Noordegraaf 2015).

Instead of focusing on cases and professionals, we focus on organized and managed action aimed at producing goods and services that satisfy customers’ preferences, needs, and wants. Instead of autonomous professionals we focus on employees with clear roles and responsibilities in turning organizational inputs—money, materials—into tangible results for identifiable customers. This is done in order to add value and maximize returns. When inputs are minimized and used systematically, and when results are maximized, organizational performance can be enhanced. Both hierarchical and market principles make this possible. Input/output conversions are facilitated by executives, managers, and their staff who make strategic plans, keep oversight, and take

decisions and actions, as well as by organizational structures, models and techniques that fit the nature of production processes (e.g. Mintzberg 1973). Instruments and models are partly used to optimize going concern processes, as well as to identify customer preferences, and partly to secure innovations. They are also used to optimize task execution and to motivate employees (e.g. Quinn 1988).

These ambitions enable organizations to establish *authority*. On the basis of results, which match customer wants and desires, and by showing tangible results to critical audiences such as shareholders, organizations can gain—or lose—support and legitimacy. Well-run organizations account for their actions and they are held to account by regulators and inspectorates. They stick to PDCA cycles (plan-do-check-act) and monitor organizational action in order to establish continuous improvement (Noordegraaf 2015).

This fits the *values* that are considered to be crucial. Tasks and people are managed in order to optimize results effectively and efficiently—to get things done as cheaply as possible. In addition, return on investments must be enhanced and profitability must be increased. In short, production processes and outputs are *controlled*, satisfying consumer preferences and optimizing organizational returns (see Merchant 1982, also O'Reilly and Reed 2011:1083–1089; on control).

Professionalism or/and managerialism

Both professionalism and managerialism as ideal types have a rather literal longing for 'ideal' solutions. Freidson's already mentioned 'third logic' (2001), for example, is often used to 'purify' professional services, to get rid of managerial and consumer grip on service delivery. When professionalism is applied purely, there will be *pure professionalism* (cf. Noordegraaf 2007) without managerialism. When organizations start to control professional work, there will be *controlled professionalism*. When professional and managerial boundaries get blurred (e.g. Waring 2014), when professional logics 'are combined and reconfigured' (Greenwood *et al.* 2011:332), and professionalism and managerialism are combined or 'mixed' or 'blended' or 'coupled' (Pache and Santos 2013a; Pache and Santos 2013b;

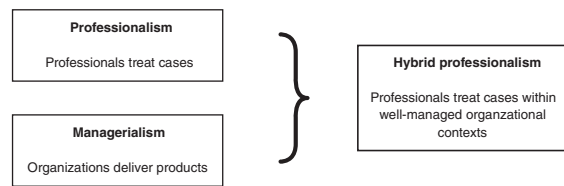


Figure 1. Hybrid professionalism.

Skelcher and Smith 2014), there will be *hybrid professionalism*, as is shown in Figure 1.

Many authors have developed arguments and presented (case) studies that are representations of these combinations and mixes, with a particular emphasis on the *hybridization* of professionalism and professional work (see earlier references like Kippist and Fitzgerald 2009; Fulop 2012; Pache and Santos 2013a; Pache and Santos 2013b; Besharov and Smith 2014; Skelcher and Smith 2014; Waring 2014; also e.g. Kuhlmann *et al.* 2013; Dent and Bode 2014). Professional work becomes a matter of combining professional and managerial principles, which do not so much create 'controlled professionalism' but more ambivalent, balanced, and subtle forms of 'managed professionalism'—professional action is positioned within managed and organized surroundings that both respect and restrain professional spaces. Before we go one step further, and identify 'organizing professionalism'—which is not so much managed by others but organized from within—as part of professional work, we will first elaborate on managed professionalism as hybrid professionalism.

HYBRID (OR MANAGED) PROFESSIONALISM

It is difficult to stick to pure models of professionalism and managerialism, not only because of changing contexts but also because the models themselves must be handled with care. As indicated, proponents assume that both logics are objectively applicable and they assume that their ideals are really visible in daily practices. These are questionably assumptions. Moreover, classic elaborations of professionalism have already pointed at mixed models, in which pure professionalism and managerialism are intertwined. The meanings of professionalism and managerialism are opened up. Images of pure professionalism are avoided and professionalism is

tied to organizational contexts and managed *service* provision.

Management, then, acquires multiple meanings. Well-managed organizational surroundings might be a matter of *meaningful* management instead of mere organizational control. It might be geared towards organizing the handling of *cases* and *clients* instead of producing products for customers. This affects the principles that are applied. We give a few examples of hybrid professionalism and its various forms, and elaborate these principles that establish coordination, authority and values.

Mixed models

Mixed or hybrid models of professionalism show two important things. First of all, we need to distinguish between strict businesslike or performance-based management and control on the one hand, and organizations and organizational approaches that respect professional and political dynamics on the other. Professional work might be strictly organizationally controlled, but professional work might also be tied to organizational contexts in more meaningful ways. Secondly, multiple combinations between professional and managerial or organizational logics are possible. They might remain rather ‘unnatural’ and ‘uneasy’, but still, they *are* combinations. This might vary from ‘pragmatic cooperation’ (e.g. Reay and Hinings 2009), via ‘professional performance management’ (e.g. De Bruijn 2007) and ‘cross-cutting’ and ‘nested identities’ (Spyridonidis *et al.* 2014), to ‘selective coupling’ (Pache and Santos 2013a; Pache and Santos 2013b) and a more far-reaching potential ‘blending of logics’ (e.g. Besharov and Smith 2012; Skelcher and Smith 2014). Some of these authors like Skelcher and Smith (2014) and others have presented typologies of responses to hybridization and forms of hybridity. Lander *et al.* (2013) have identified various types of strategic responses to institutional pressures: acquiescence, compromise, avoidance, defiance, and manipulation. Numerato *et al.* (2012) distinguish between various types of managerial/professional hybridization, in-between managerial hegemony (managerialism) and professional opposition (professionalism): co-optation, negotiating hybrid identities, strategic adaptation. Besharov and Smith (2014) have emphasized the centrality of both businesslike or professional

logics (high/low) as well as their compatibility (high/low), resulting in four types of organizational hybridity (also Greenwood *et al.* 2011:334).

These emphases on hybrid models have gotten stronger since the 1990s, due to the pervasiveness of organizational contexts, organized work, and organizational challenges in professional service sectors (e.g. Kirkpatrick and Muzio 2011). To begin with, professional work might be hybridizing when organizational contexts become more dominant and when *mixed structures* both respect and restrain professional autonomies. This especially happens in managed professional businesses (MPBs) (e.g. Hinings, Greenwood, and Cooper 1999; Brock 2006) and professional service firms (PSFs) (e.g. Von Nordenflycht 2010; Empson *et al.* 2015). These hybrid organizational contexts combine both collegiate and corporate models. MPBs might be visible in for instance health care. Health care provisions might become ‘managed care’ (e.g. Scott *et al.* 2000). PSFs are professional service providers, with ‘real’ professional action, but modernized organizational structures and coordination. There is a close affiliation between studies on PSFs and institutional theory, stressing combinations of different institutional logics (e.g. Reay and Hinings 2009). There might be hybrid logics and the ‘rivalry between competing logics’ (cf. Faulconbridge and Muzio 2007; Reay and Hinings 2009) might be managed by ‘pragmatic collaboration’ (Reay and Hinings 2009) as well as ‘selective coupling’, instead of ‘decoupling or compromising’ (Pache and Santos 2013a; Pache and Santos 2013b). Over time, ‘constellations of logics’ might arise (Goodrick and Reay 2011).

In addition, mixed models might be visible when *mixed coordination* arises, that is, arise when professional work is coordinated by multiple governance mechanisms. This especially happens in and around professional services that are organized between state, market and civil society. In order to coordinate professional action, these services rely upon hierarchical, market, and network mechanisms for coordinating service delivery (e.g. Pestoff 2014). As indicated, Adler *et al.* (2008) make a comparable distinction between hierarchy and market and they highlight the importance of mixed, community models. They speak of *collaborative professionalism*. Alternatively, O’Reilly and Reed (2011) distinguish

managerialism and professionalism from leaderism, which they portray as a hybrid mix of ‘unitarist’ managerial top-down action and ‘quasi-pluralist’ stakeholder-based, bottom-up action.

Furthermore, there might be *mixed management* of professional work, that is, the management of professionals by managers who are able to manage in meaningful ways. Professional performances might for example, be improved by performance systems and measurement that connect to professional practices. De Bruijn (2007, 2010) explored how performance management in the public sector can deal with the pros and cons of performance measurement. He identified several ‘design principles’ that can be used by public managers. Performance systems should be interactive, dynamic, and varied in order to incorporate the complexities and ‘multi-value’ nature of public service delivery. Waring (2014) stresses the rise of ‘professional-organizational intersections’, which alter the roles of (medial) professionals. Comparable mixed model for managing can be found elsewhere (e.g. Exworthy and Halford 1999; Farrell and Morris 2003; Numerato, Salvatore, and Fattore 2012; Noordegraaf and Steijn 2013).

In addition, management itself might be or become *mixed management*. Both management and managers themselves might be or become increasingly professional. Management itself might be professionalized and ‘professional managers’ might be created, especially by investing in MBA and MPA programs, management associations and professional managerial development (e.g. Noordegraaf 2006). In addition, managers might be mixes of professionals and managers. Managerial loyalties, for example, might be professional and organizational at the same time (e.g. De Wit 2013). Managers in fields like health care might become ‘medical managers’ (e.g. Lega and De Pietro 2005; Lega and Sartirana 2011). Spyridonidis *et al.* (2014) show how physicians who take up managerial responsibilities acquire ‘multiple identities’ in one way or the other. They speak of ‘hybrid physicians’. Which identity or identities become particularly salient affects the kind of hybridity that comes into existence. Related to the health care field and based upon a systematic literature review, Byrkjeflot and Kragh Jespersen (2014:444) have identified various types of hybrid managers who have different repertoires for dealing with challenges in

and around professional services: (1) the clinical manager who combines professional self-governance with a general management logic; (2) the commercialized manager who combines professional self-governance with the enterprise logic; (3) the neo-bureaucratic manager who combines professional self-governance with a neo-bureaucratic logic. This comes close to other (new) types of *mixed professionals* that mainly work *in* organizational surroundings (e.g. Evetts 2011; Egner *et al.* 2012; Muzio and Faulconbridge 2013; also Muzio, Brock, and Suddaby 2013) and that might take up hybrid roles. Blomgren and Waks (2015) for example, highlight hybrid professionals as ‘a new type of institutionally embedded actor who is likely to be influential in organizations characterized by institutional co complexity. Characteristic of hybrid professionals is that they have developed a certain competence outside their main area of expertise and therefore are likely to have the capacity to bridge divergent logics’.

Hybrid professionals might also concern professionals who work *for* organizations. Next to managers (e.g. Noordegraaf 2006) and project managers (Hodgson 2002), who have specific organizational responsibilities, there are other organizational professionals such as controllers, auditors and HR experts (e.g. Wright 2008; Muzio *et al.* 2011) and strategists (Noordegraaf *et al.* 2013). The ubiquity of organizational professionals has been stressed before, for instance by Larson (1977). She argued that the rise of professionalism depends upon professionalization projects (later elaborated by Hodgson 2005; Hodgson and Muzio 2011) in which professional spaces or jurisdictions are built (later, see Abbott 1988) that have legitimacy for external actors. More importantly, she identified various forms of professionalism, including forms of *mixed professionalism* such as ‘organizational professionalism’, which occur when professional projects succeed in building occupational fields—like accountancy and consultancy—aimed at improving organizational performance. This can be linked to the increase in expert-based control of organizational action (e.g. Reed 1996) in Western knowledge societies. In addition to classic independent professionals, many groups of experts and knowledge workers contribute to the organization of professional services.

These various forms of hybridizing professional work are summarized in Table 2.

Table 2. Forms of hybrid professionalism

| Form | Features | Examples |
|---|---|---|
| <i>Mixed structures</i> | Structures and systems that embed professionalism within organizational contexts | MPBs, managed care, PSFs, multi-divisional structures |
| <i>Mixed coordination</i> | Combinations of market, hierarchical and community mechanisms aimed at governing services | Third-sector services that operate in-between state, market and civil society |
| <i>Mixed managers</i> | Managers who try to become more professional and/or have strong professional loyalties | Managing professionals, managers who have been or are still professionals, medical managers, loyal managers |
| <i>Mixed management of professionals</i> | Management approaches and models that meaningfully manage professional work | Interactive, dynamic and varied performance management, dialogical management |
| <i>Mixed professionals</i> | 'Normal' professionals work in-between competing logics and combine identities | Medical doctors or judges who are involved in managing safety or quality |
| <i>Mixed organizational professionalism</i> | Professionals who work in/for organizations and who are responsible for organizing | Professional controllers, auditors, financial experts, Information and Communication Technology (ICT) experts |

Perspectives and (new) principles

Table 3 summarizes the three forms of professionalism identified so far, including their main principles for establishing coordination, authority and values. In addition to pure professionalism and controlled professionalism (Table 1), we highlight managed professionalism. As far as this latter form of (hybrid) professionalism is concerned, these principles can be summarized as follows, in line with the previous examples:

1. *Coordination*: in case of mixed professional/managerial work settings and forms, work is coordinated through cooperation and interaction. Professional and managerial actions can be linked through pragmatic collaboration (Reay and Hinings 2009). Principles for improving professional/managerial interactions can be formulated (e.g. De Bruijn 2007).
2. *Authority* is established by enabling professionals to provide reliable services, with an eye on service situations, as well as by securing flexible action. Sometimes, actions are speeded up and made more efficient, at other times, professional actions are slowed down.
3. In terms of *values*, hybrid professional work offers the best of both worlds: it provides quality, but it also secures organizational

criteria such as efficiency. 'Professional performance' is delivered by making organizational systems meaningful (e.g. Moynihan 2008).

BEYOND HYBRIDITY

It is tempting to relate the hybridization of professionalism to the burgeoning of organizations in and around professional services, and particularly the increasing managerialization of professional work. In public domains, the so-called *new public management* is most often seen as the cause of changing professionalism—and it is often blamed for negating, ignoring, or destroying essential professional values (e.g. Diefenbach 2009). New public management has fueled the businesslike remodeling of public organizations, including public professional services (e.g. Hood 1991; Pollitt 1993; Noordegraaf 2015) and has 'disciplined' professional work. These disciplining processes might be seen as problematic and their 'dark sides' (Diefenbach 2009) might be stressed. These disciplining processes however might also be seen as unavoidable and potentially fruitful, as a result of which hybridity might be stressed and seen as a favorable development. Authors then call for a move beyond the image of 'persecuted professionals' (cf. Farrell and Morris 2003) and beyond the dichotomy of 'managerialism versus professionalism' (e.g. Exworthy and Halford 1999; De Bruijn 2010;

Table 3. Three types of professionalism

| | 1. Pure professionalism | 2. Controlled professionalism | 3. Managed professionalism |
|---------------------|-------------------------------------|---|--|
| | Protected professionals treat cases | Well-run organizations deliver products | Professionals render services within organizations |
| <i>Coordination</i> | - Skills - Norms | - Hierarchy - Markets | - Cooperation - Interaction |
| <i>Authority</i> | - Expertise - Service ethic | - Results - Accountability | - Flexibility - Reliability |
| <i>Values</i> | - Quality - Humanity | - Efficiency - Profitability | - Meaningfulness - Efficient quality |

Noordegraaf 2013). This explains the rise of hybridity, but might also legitimate moves beyond hybridity.

Changing contexts

In private domains, the increasing *globalization* and *corporatization* is most often linked to the rise of organizational/professional hybridity (Muzio *et al.* 2011) and especially to the rise of such phenomena as PSFs (see earlier, e.g. Maister 2007; Von Nordenflycht 2010). In globalizing markets, professional services are financed and structured differently, with new competitive dynamics, venture capitalists, private equity funds, as well as transnational governance regimes and standards that make state regulation and protected professional labor markets relative phenomena (also Faulconbridge and Muzio 2012; Ramirez 2010). Like the new public management, this might be criticized; we might also see this as unavoidable, including its hybridization. Transnational organizational forms and approaches might both deploy and discipline professional action, at the same time.

In order to both explain *and* judge hybridity and potential moves beyond hybridity, analyses will have to be opened-up and widened. In addition to organizational and institutional factors, ‘real’ factors, that is, external and societal factors will have to be taken into account. This is emphasized in recent analyses of the *reconfiguration* of professional work (e.g. Noordegraaf 2013; Kirkpatrick and Noordegraaf 2015) echoing earlier signals on the so-called ‘mutation’ of professionalism (Adler and Kwon 2013; also

Adler *et al.* 2008). And much earlier, authors like Wilensky and Larson positioned professionalization projects within *societal* contexts. Wilensky for instance related them to the rise of post-industrial societies and knowledge work (also Reed 1996). Later on, Clarke and Newman (1997) who focused on the rise of the so-called ‘managerial state’ argued that new societal configurations intensified the need for bureaucratic/professional regimes. There are new economic and social ‘settlements’, as Clarke and Newman called it, embodying fiscal stress and austerity, as well as changing social relations, work, households, and citizen preferences. In times with limited (financial) means and growing and varied (citizen) expectations, professional services will have to become better *and* better organized.

In short, reconfigurations of professional work must be tied to both economic and social, as well as cultural, technological, and demographic shifts (for oversight e.g. Noordegraaf 2011; 2013; also, Adler and Kwon 2013; Brint 2015). These shifts, we argue beneath, influence (1) the nature of cases treated by professionals, (2) the number of cases that are treated, and (3) the climate in which cases are treated.

Economically, there is much fiscal stress and austerity. The financial and economic crisis that hit many countries since 2008 made it increasingly difficult to maintain levels of spending on professional services. In addition, it blamed certain professional services, especially financial and accounting services, for co-creating financial and economic problems. *Socially*, strong and varied citizen preferences and citizen mobility and volatility have increased. Facilitated by technological means, such as websites

ranking medical doctors and teachers, citizens consciously opt for services, they give feedback and they take steps when service provision is beneath expectation. *Culturally*, societal changes have created new moods and climates, including increasing longing for safety and security and declining toleration for risks and failure. This has impacted professional services, for example, by way of increasing emphases on quality and safety in medical and veterinarian services and increasing testing and measurement in educational services. *Technologically*, the rise of internet and social media has contributed to transparency of services and service experiences. More broadly, new technologies have altered landscapes of service provision. They have changed ways to diagnose and treat patients, altered classroom interaction and study methods, changed ways to collect evidence in law courts. They have also enabled clients to take care of themselves, especially in medical domains. *Demographically*, professional labor forces change, in multiple respects. In many professional fields, the number of female professionals is growing and there is more emphasis on part-time professionalism. The classic 24/7 mentality of professionals is waning and working hours become more important, and more regulated. Professional careers change as well, also in the light of increasing stratification within professional fields. Routine professionals perform other work than elite professionals.

This means that service provision faces new realities which call for new principles. It is important to manage professional work (*managed professionalism*, Table 3), but it is all the more important to organize professional work *from within* professional practices themselves. When the nature and number of cases treated as well as service climates change, professionalism increasingly becomes *organizing work*. Organizing becomes crucial for ‘professional’ professional action—organizing becomes an intricate part of professional work. This means we have to go *beyond hybridity*, as hybridity reflects ‘unnatural’ and ‘uneasy’ combinations of different features and values, whereas organizing professional work might become normal and natural.

Changes in professional work

First and foremost, organizing work is a matter of changing *ways to treat cases*. Instead of treating cases

in traditional ways, professionals are forced to organize case treatment, for example, in order to meet new expectations, or to apply new technologies, or to collaborate with other professionals in order to improve service provision. This might also incorporate new values, such as speed. Instead of taking time, diagnosis and treatment, or making verdicts, case treatment has to be streamlined in order to act smoothly and quickly. This not only affects service provisions as such; it also affects how professionals act. These new values are not coming merely from organizational and managerial surroundings—they are becoming part of professional work. Are ‘new’ professionals able to treat clients with time and attention, *and* timely and quickly, for example?

Second, organizing work is a matter of changing *ways to treat case treatment*. The fact that service providers must deal with many cases, whilst the (financial) means for dealing with many cases have declined, implies that traditional case-based approaches are under pressure. The need for quality, for example, has to be combined with the demand for efficiency. Can service providers find new ways to combine the treatment of individual cases with the treatment of multiple cases? Are professionals able to select and prioritize cases? Are they able to go from one case to the other? Are they able to manage caseloads?

Third, organizing work becomes a second order matter of changing the ways to treat the *ways in which the treatment of case treatment is treated*. Dealing with individual and multiple cases takes place in dynamic, assertive and rather hostile environments, which do not easily accept the ways in which services are provided. Regulators and inspectorates are closely watching service provision; stakeholders are projecting their wishes upon service providers. This does not only affect service providers as such and their strategic profiles and good names or reputations. It also affects individual professional workers and how they deal with risks, errors and consequences of ‘bad’ professional action. Are professionals able to meet stakeholders’ wishes? Are professionals able to detect risks before they lead to errors or failure? Are they able to take appropriate action? If errors are made, are professionals able to deal with the consequences?

Table 4. Changes in professional work (due to shifting contexts)

| Aspects of professional work | Shifts in contexts | Changes in professional work | Examples |
|--|--|--|--|
| 1. <i>Treating cases</i> | Case treatment becomes more demanding | Professionals must collaborate, client preferences count, time and attention must be combined with speed | Speedy diagnostics, timely verdicts |
| 2. <i>Treating case treatment</i> | Service providers deal with multiple cases, instead of individual cases | Professionals must select and prioritize, they must organize case-loads efficiently | Ending treatment, reducing waiting lists |
| 3. <i>Treating the treatment of case treatment</i> | Multiple cases are treated in demanding and potentially hostile environments | Risk and errors are exposed, professionals must be sensitive to risks | Quality and safety measures, reducing medical and judicial risks |

The various changes in professional work are summarized in Table 4. Set against shifting societal backgrounds, they make hybridity increasingly problematic, as it sticks to traditional categories such as ‘professional’ and ‘organizational’. It suggests that professionals have little or nothing to do with organizational aspects; it also suggests that—ideally—professional work should be free from organizational influences. But the societal shifts we described earlier make clear that organizing is increasingly necessary to reshape professional work in order to cope with new service situations in contemporary public domains. Changing cases, multiple cases, more wicked cases, with more stakeholder pressure, call for new professional repertoires. Instead of setting professional and organizational logics apart in order to link them (*hybridity*), we can redefine the meaning of ‘professional’ and ‘organizational’ and trace new service logics in which organizing becomes part of professional work (*beyond hybridity*). Whereas hybrid professionalism is ‘meaningfully managed professional work’, the move beyond hybridity implies new forms of professionalism in which organizing becomes part of professional work and repertoires.

Organizing at different levels

According to the latter organizing perspective, professionals themselves can and must take organizing seriously (cf. Noordegraaf 2011). New connections between professional and organizational principles

might arise *within* professional fields and work. Organizing work might become part of professional action. In order to become a modern professional, who deals with new service realities, professionals like medical doctors, or judges and teachers, are able to organize their work at the various levels discussed earlier:

- At the level of *case treatment*, professionals know how to organize the updating of expertise, usage of new technologies, implementation of innovations, working in teams and cooperating with others. Instead of managers who try to initiate collaboration and innovation, professionals take an active share in organizing better case treatment.
- At the level of *multiple case treatment*, professionals know how to select cases, prioritize case treatment, make treatment efficient and establish collaborative cultures. Instead of organizational (decision) systems that formalize how organizations deal with client flows, professionals are (co-)responsible for selecting and prioritizing patients or judicial cases, related to professional/organizational considerations, including strategic and budgetary decisions.
- At the level of *case treatment in context*, they know how to detect and prevent risks, deal with errors and failure, and account for action. Instead of merely implementing organizational safety systems and formal

procedures around professional work, active coping with stakeholders, risks, and outside pressures becomes embedded within professional practices.

In this way, professionals go beyond hybridity and take responsibility for co-organizing sound processes. Instead of focusing on professional decisions or products or results, they focus on viable and legitimate *processes*, such as medical or judicial or educational processes. They establish sound procedures and routines, for example, to work across disciplines when they treat cases with multiple dimensions, such as a patient with multiple health problems. This is more than the mere ‘mutation’ of professionalism and the rise of ‘collaborative communities’ (cf. Adler *et al.* 2008). It is about various organizing roles of professionals, which relate to the various sides of treating multiple cases in demanding environments. It is ‘beyond’ hybridity, not so much because tensions between logics are eliminated, but because organizing and dealing with tensions is seen as rather normal and natural. Treating patients in a careful and cost-conscious way, for instance, is and will be contradictory; but modern professionals see this as a normal part of their work. It also goes beyond ‘hybrid professionals’ who mediate between conflicting logics (cf. Blomgren and Waks 2015) as it concerns regular professionals—like medical doctors—who are able to deal with the various aspects of delivering health care, also in the light of stakeholder demands. They are able to take time, make thorough diagnoses and show commitment, but they are also able to speed up processes and deal with family preferences. They are able to deal with complex cases, together with colleagues, but they are also able to standardize processes and treatment. They are able to develop their own views and exert strong opinions, but they are also able to work closely with colleagues. To illustrate this, at the levels discussed earlier, let us take a modern medical doctor.

At the level of *case treatment*, a modern medical doctor who organizes knows how to treat complex patients, with multiple diseases, which are linked to socio-economic status and lifestyles. He or she knows how to cooperate with other doctors and nurses, and work in multidisciplinary teams. He or she knows how to learn about and apply new

techniques and medical technologies. He or she knows how to speed up diagnosis and treatment. He or she knows how to use information technologies for improving decision-making, including decision-making under stress and uncertainty.

At the level of *multiple cases*, a medical doctor knows how to organize patient flows, including complicated considerations concerning who to select first, when to delay treatment, who and when to withhold treatment, when to stop treatment. He or she knows how to speed up medical treatment, without producing unnecessary by-effects. He or she has a feel for budgetary limits and restrictions, especially as there are many (too many) cases (patients) who desire or need care and as treating patients in hospitals, for example, by prescribing expensive drugs, might quickly exceed drug prescription budgets.

At the level of *cases in context*, he or she knows how to deal with safety issues and minimize safety risks. He or she is aware of the (political and/or public) importance of inspectorates and regulators. He or she is able to cope with new demands, including for example, the demand for more preventive (instead of curative) care. He or she knows how to account for risky action and how to involve relevant others in order to minimize risks. He or she knows how to regain trust when pressures are put on medical service delivery, not solely individually, but also collectively, together with professional peers and associations.

ORGANIZING PROFESSIONALISM

Such *organizing of* and *in* professional practices (instead of ‘organization’, cf. e.g. Weick 2001; Tsoukas and Chia 2002) and the emphasis on securing professional *processes* cannot suddenly occur within organizational settings. It will have to become part of professional selection, schooling and socialization, also outside formal organizations. The various regulatory mechanisms used to establish and maintain professionalism can be used for this. This is difficult as older professionals educate and train younger professionals and will stick to existing curricula and ‘hidden curricula’ (cf. Hafferty 1998), but there are many signs that changes are underway (e.g. Hafferty 2009; Ploch, Klazinga, and Starfield 2009; Borgstrom, Cohn, and Barclay 2010). Some of these changes are carried by older forefront professionals.

Some changes are supported by financial opportunities for leveraging modernization, for example, by supporting projects, good practices and innovations.

As far as our earlier example of medical action is concerned; instead of direct patient treatment as the starting point and yardstick for good professional action, new professional models acknowledge that medical action also calls for communication, collaboration, advocacy, and even ‘management’. This is most visibly done in certain competency models for present-day medical doctors, such as the CanMEDS competency model (Frank 2005), which explicitly defines and codifies such organizational capabilities. It is also visible in certain innovation models, such as the Virginia Mason model, in which professional/organizational ‘contracts’ have been turned into ‘compacts’, with a focus on professional collaboration, ownership and change (e.g. Kenney 2010). Professional groups, such as medical doctors, might see and acknowledge the importance of organizational action, because they are socialized into organizing, also early, during their initial education, and because they are forced/stimulated to enlarge their professional/organizational capabilities. Professionals might develop organizational affinity and organizational capacity (also e.g. Kuhlmann *et al.* 2013); they might acknowledge the fact that they are part of organizational surroundings and, more importantly, of organizational environments that call for organized care—or organized legal decision making or education.

From a more academic angle, there is an increasing number of studies of organizing within professional fields, with particular emphasis on changing professional practices (including articles in *JPO*, like Carvalho 2014; Loewenstein 2014; Postma *et al.* 2014; Blomgren and Waks 2015; also Kurunmäki 2004; Noordegraaf 2011). These authors focus on the means and mechanisms for making organizational action an intricate part of professional action. Postma *et al.* (2014), for example, show how taking up organizational roles is part of delivering health care. They focus on ‘articulation work’ in order to understand how professionals deal with coordination and integration when they perform their work. They studied this in (Dutch) home care and presented three types of articulation work: intra-professional, inter-professional, and lay articulation work. Kurunmäki (2004), to take another example, focused

on the ‘willing adoption of management accounting techniques by medical professionals’ (p. 327), with a particular emphasis on Finland. She compared this with the UK, in which this transition proved to be more difficult, especially due to the strength of the UK accounting field and inter-jurisdictional struggles. The same holds for for example, judges, who deal with many cases and increasingly have to combine judicial quality, with timeliness and speed, and justifiable verdicts (e.g. Noordegraaf 2015).

Organizing professionalism as fourth perspective

The previous paragraphs have shown shifts in our understandings of and perspectives on professionalism, or more specifically on (public) professional work in shifting contexts, both organizationally as well as societally. Table 5 extends Table 3 and summarizes four perspectives on professional work (within organizational and societal contexts) that flow from the previous paragraphs:

1. *Pure professionalism*, aimed at restoring a traditional professional logic, free from and protected against managerial logics. The *professional* is privileged, in order to optimize case treatment.
2. *Controlled professionalism*, aimed at disciplining professional work within organizational settings and structures. *Products* are privileged, instead of professionals, in order to get results.
3. *Managed professionalism*, aimed at hybridizing professional/organizational logics, in terms of structures, systems and roles. Meaningful professional *performance* is privileged, in order to link case treatment to organizational challenges.
4. *Organizing professionalism*, aimed at going beyond hybridity, especially by embedding organizing and organizing roles and capacities within professional action. Professional *processes* are privileged, in order to deal with multiple cases in demanding environments.

As far as the latter and newest forms of professionalism is concerned: organizing—as an active verb—can very well be part of professional action, within or

Table 5. Four perspectives in professionalism

| | 1. Pure professionalism (Pure) | 2. Controlled professionalism (Pure) | 3. Managed professionalism (Hybrid) | 4. Organizing professionalism (Beyond hybridity) |
|---------------------|-------------------------------------|---|--|--|
| | Protected professionals treat cases | Well-run organizations deliver products | Professionals render services within organizations | Professionals take organizing seriously |
| <i>Coordination</i> | - Skills - Norms | - Hierarchy - Markets | - Cooperation - Interaction | - Connections - Standards |
| <i>Authority</i> | - Expertise - Service ethic | - Results - Accountability | - Flexibility - Reliability | - Responsibility - Stakeholders |
| <i>Values</i> | - Quality - Humanity | - Efficiency - Profitability | - Meaningfulness - Efficient quality | - Multiplicity - Legitimacy |

without organizational contexts. This perspective privileges *processes*, such as educational or health care processes, as it stresses the importance of strong interactions between professionals, participants and (outside) stakeholders. Organizing professionals work together in order to deliver appropriate care, judicial decisions or education. Instead of isolating professional practices from outside worlds, professionalism becomes *connective* (cf. Noordegraaf 2013; Noordegraaf *et al.* 2013). Professionals are still experts, but they are able to link their expertise to (1) other professionals and their expertise, (2) other actors in organizational settings, including managers and staff, (3) clients and citizens, (4) external actors that have direct stakes in the services rendered, and (5) outside actors that have indirect stakes, such as journalists, inspectorates and policy makers. Medical doctors, for example, are able to connect their medical expertise to (1) other medical doctors and nurses, (2) support staff, including for example, controllers, auditors and safety experts, (3) patients, groups of patients, and their families, (4) representatives from for example, inspectorates, (5) journalists who might be interested in specific incidents or more general concerns about service quality.

In terms of principles for establishing coordination, authority and values in and around work, this has consequences, as is summarized in Table 5.

1. *Coordination* occurs when connections are made between professionals, colleagues, clients, and others, and when there are

standards and procedures for structuring work processes. Instead of interactions and collaborations between managerial and professional domains (hybrid professionalism), organizing professionalism is a matter of establishing connections within professional domains, aimed at jointly tackling tasks and challenges.

2. *Authority* is exerted when professionals not so much account for their actions (as in case of controlled and managed professionalism) but take more active responsibility. In addition, professional action is connected to stakeholders, in, around and outside professional services. In that sense, professional authority becomes less a matter of professional closure, and more of securing connections with stakeholders; professionalism become stakeholder based.
3. *Values* are not singular, but multiple. Professionals know how to serve multiple values at the same time, forcing them to make trade-offs which are not a matter of quality inside professional work and efficiency outside work. Quality and efficiency *both* belong to professional work. In addition, organizing professionals are aware of the fact that their work must be seen as legitimate in order to be valued. This explains the strong emphasis on responsibility, connections and stakeholders.

Together, responsibility, connections and stakeholders constitute jointly organized *processes*—instead of solo-professional action, controlled production or professional performance. This is not important because it is nice to organize. It is important because societal conditions generate new needs and demands, which can only be met by more organized, that is, interrelated, responsible and stakeholder-based professional action that is not seen as ‘alien’ by professionals, but as ‘normal’. This is not ‘mutated’ but ‘reconfigured’ professionalism.

DISCUSSION

The movement beyond hybridity does *not* mean that all tensions and contradictions are resolved; on the contrary. When individual patients ‘suffer’ from better organized health care or education, for example, when treatment is stopped or when students have to stop their studies, decisions are and remain complicated and dilemmatic. In that sense, there is no necessary ‘coupling’ and natural ‘blending’ of logics, as it is called in the literature (e.g. Greenwood *et al.* 2011; Pache and Santos 2013a; Pache and Santos 2013b; Skelcher and Smith 2014). However, in organizing high-quality processes, professionals feel and see contradictions and are able to deal with them, in relation to these other professionals, clients, managers, staff, and other stakeholders.

In other words, as opposed to hybridity, the coming together of professional and organizational elements is no longer ‘unnatural’—*organizing is part of the job*. Dealing with the dilemmas of organizing effective case treatment in changing circumstances—such as careful versus efficient treatment—is part of the job as well. Organizing and taking responsibility for co-organizing sound processes contributes to more natural ways of resolving the tensions and dilemmas of professional life. In fact, tensions and contradictions will be all the more present in case of contemporary professional action, but they can be made ‘productive’ (cf. e.g. Murray 2010:346). Connective professionalism is no smooth professionalism. However, *jointly* tackling medical, judicial, or educational tasks and seeking links between professionals and other participants and stakeholders can be used to alleviate the burdens of professionalism. When tough decisions must be made with regard to

particular cases, related to moral considerations or financial complications, second opinions coming from colleagues and managerial back-up might help making *and* legitimizing the ‘right’ decisions, even if optimal decisions are absent.

Instead of establishing ‘pragmatic collaboration’ (cf. Reay and Hinings 2009), aimed at working together but keeping professional and managerial identities separate, acting professionally in an organized way becomes normal work and generates new identities (e.g. Schott *et al.* 2015). Apart from tough decisions, this enables professionals and others to deliver quality. Different quality aspects come together *in* professional practices. Dealing with this, whilst treating multiple cases, *is* the new professionalism. In order to guard the multiplicity of service quality (good treatment, timeliness, efficiency, satisfaction, costs), professional leeway *and* internal coordination *and* external accountability have to be combined; also by professionals themselves. In that sense, ‘organizing professionalism’ is a new conceptual and practical form of professionalism. It has principles and values which acknowledge the importance of innovative, collaborative and accountability processes, including tensions, dilemmas, and contradictions.

CONCLUSION

Analyses of organizational/professional hybridity are themselves unavoidably hybrid, as is proven by the arguments presented in the previous paragraphs. They are based upon factual and empirical indications (‘is’), but at the same time state how things could and should be (‘ought’). They focus on individual professionals and their work (micro) but against the background of professional fields and societal shifts (macro). They are about organizational aspects (management) but also on real societal phenomena such as health, safety, and intelligence (society). Organizational aspects, moreover, are about ‘the’ organization, especially organizations that provide services, as well as ‘organizing’, that is, processes established to create better service provision.

However, these different and perhaps ‘uneasy’ elements contain the contours of new professionalism. Because as real phenomena—clients, situations, problems, experiences, needs—change, so services change as well. Because real phenomena can no

longer be tackled by individual professionals who merely treat cases, teams of professionals and professional groups have to respond. Theoretically, they might restore pure professionalism, which privileges *professionals*, who are protected in order to protect case treatment. They might also opt for controlled professionalism, which privileges *products*, produced by businesslike systems and instruments. Or they opt for managed professionalism, which privileges the realization of meaningful *performances* that call for both professional action and organizational structures, strategies and cultures. But more interestingly, they might focus on organizing professionalism, which privileges *processes*, in which professionals, support staff, clients and stakeholders are interconnected and secure viable services.

The latter perspective shows us that professional work is changing. Organizing collaboration, capacity, responsibility and innovation becomes part of treating cases. Professional repertoires, of medical doctors, judges and teachers, change accordingly. Modern, organizing professionals are able to work together, set-up procedures and standards, work across disciplines and learn from people and practices elsewhere. They adjust their ways of viewing the world—more dynamic and assertive—and they adjust how they prepare new professionals for working in changing worlds—less isolated, more connected. In this way, new fits are established between service challenges, organizational capacities, and professional coping mechanisms. This does not imply easy answers and smooth professional action. Professionals might still perceive and feel contradictory roles and actions. However, they should be empowered to see this as a normal and natural part of their work. Professionalism is enriched, instead of hollowed out.

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