*Journal of Professions and Organization*, 2021, 8, 34–50
doi: 10.1093/jpo/joaa027
Advance Access Publication Date: 29 March 2021
Scholarly Article

# The governmentality of nursing professionalization in advanced liberal societies

Jan-Luuk Hoff * and Marlot Kuiper

Utrecht University School of Governance, Utrecht University, 3511 ZC Utrecht, the Netherlands
*Corresponding author. Email: j.hoff@uu.nl, m.kuiper@uu.nl
Submitted 14 November 2019; Revised 18 December 2020; revised version accepted 22 December 2020

## ABSTRACT

In Western countries, the occupational discipline of nursing is undergoing processes of professionalization. Although professionalization offers an appealing perspective on occupational advancement, it is an ambiguous process, especially in the context of ongoing reforms of advanced liberal states. More specifically, there is a confusing relationship between the professionalization of nursing and the state. This relation is underexamined in theories of nursing professionalization. Instead of seeing the state and professions as two distinct spheres, this article highlights their interconnectedness. It argues that nursing professionalization can be understood as a strategy of advanced liberal governmentality. Through an empirical analysis of the professionalization of Dutch nursing from a Foucauldian perspective, it shows how the appeal to 'professionalism' functions as a disciplinary mechanism that produces forms of advanced liberal '(bio)power'. This generates academic and practical questions, since nurses—the largest group of healthcare professionals—have distinctive relations with their patients, who regard them as 'independent' and 'caring experts'. Furthermore, it sheds light on the academic debate about the reconfiguration of professionalism by showing how certain 'professional' reconfigurations are not only unavoidable but unavoidably (bio)political as well.

**KEYWORDS** nursing professionalization; reconfiguration of professionalism; Foucault; advanced liberalism; governmentality

## INTRODUCTION

The occupational discipline of nursing, long seen as a 'semi-profession' (e.g., Etzioni 1969; Bourgeault 2015), is becoming increasingly professionalized (e.g., Holmes and Gastaldo 2002; Sena 2017; Willis et al. 2017; Gunn et al. 2019b). Professionalization is 'the process by which an occupation develops the characteristics of a profession' (Hamilton and Keyser 1992: 32). Traditionally, based on taxonomical approaches to the professions (e.g., Parsons 1952; Barber 1963; Wilensky 1964), professions were seen as occupational groups, which are able to protect their occupational domains by convincing the state of the distinctiveness and (public) relevance of their expertise. This resulted in market monopolies and high amounts of social status, income, and autonomy for individual practitioners (e.g., Wilensky 1964; Abbott 1988; Noordegraaf 2007; Larson 2016; Sena 2017).

The professionalization of nursing occurs in many European countries and involves 'investments in expertise': the level of nursing education and research is increasing, supported by the Bologna process that aims to 'modernize' and standardize the education

© The Author(s) 2021. Published by Oxford University Press. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com



Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

and qualification of nursing throughout Europe by introducing nursing 'competencies' (Fejes 2008a; Foth and Holmes 2017; Vermeulen et al. 2019). The concept of competency reflects an (economic) output-oriented approach to nursing expertise which focuses on what nurses need to know to function in clinical practice. The case of Dutch nursing professionalization is exemplary. The Dutch Nursing Association (V&VN) has developed new occupational profiles and educational credentials, commissioned by the Dutch Ministry of Health, Welfare and Sports. These profiles describe the tasks and competences of nurses, function as the judicial base for the protected title of nurses under Dutch law and connect educational credentials to career steps. The development of new occupational profiles has been a long-cherished wish of Dutch nurses with a background in higher education (Wiegman 2010; Grotendorst 2011),[1] since available profiles do not clearly distinguish between nurses with different educational backgrounds. As a consequence, there are no significant differences in the legal competences, tasks, responsibilities, and rewards among nurses with different educational backgrounds in the Netherlands,[2] and many (mainly) higher educated, nurses feel undervalued (Grotendorst 2011). At the same time, policymakers see the development of these profiles as a possibility to make Dutch nursing 'future-proof' in the context of the increasing demand for care and expected labour-market shortages (Lambregts and Grotendorst 2012).

Although scholars and policy makers portray nursing professionalization as an emancipatory development (Allan and Smith 2016; Gunn et al. 2019a), the concept of 'professionalization' remains ambiguous. The romanticized imagery of professions as well-protected bastions of power and social status slowly becomes outdated and multiple scholars contend professions are 'eroding', 'disappearing', or 'hollowing out' as a result of 'advanced liberal'[3] transformations (e.g., Numerato, Salvatore and Fattore 2012; Noordegraaf 2015a). Nevertheless, the discourse of professionalism is a dominant driver of occupational change in contemporary societies, because it attributes ideals such as autonomy, expertise, service ethic, and social recognition to professional practitioners (Evetts 2013). As a result, the concept of professionalism appeals to occupations such as nursing, because it offers the opportunity to move up occupational ladders and increase the social status, financial rewards, and authority that are associated with traditional professions (Fournier 1999).

In the literature on nursing professionalization, the desirability of the current 'appeal to professionalism' (cf. Fournier 1999) of nurses is debated. On the one hand, nursing professionalization is seen as beneficial to patient care, healthcare organizations and individual practitioners (Pool, Poell, and ten Cate 2013; Tanaka et al. 2016; Gunn et al. 2019b). On the other hand, scholars using critical perspectives state that nursing professionalization is a concept which may discipline and rationalize nursing practices when the meaning of professionalism is constructed 'from above' (by dominating forces external to the occupation; Carvalho and Santiago 2009; Foth and Holmes 2017; Malin 2018). The efforts to change the expertise and practices of nurses are seen as 'managerial interventions', 'cloaked in the guise of professionalism' (Porter 1992: 720).

In this article, we argue that most theories of (nursing) professionalization rest on an overly strict dichotomy between 'the state' and 'professions'. Instead, we emphasize the interrelation between states and professions, and analyse nursing professionalization as a potential strategy of 'advanced liberal governmentality' (*cf.* Foucault 1979). Hence, nursing professionalization should not only be understood as a project for legitimacy and autonomy but also as a form of 'government at a distance' (Rose and Miller 2010). In that sense, nurses should be seen as 'the instrument and the subject of government, the governor and the governed' (Fournier 1999: 285).

To elucidate this point, we analysed the transformations of how professionalism is defined through the occupational profiles, from a Foucauldian perspective. The central research question in this article is: "How can we understand ongoing processes of nursing professionalization, by analysing how nursing professionalism is defined through the occupational profiles?" Because of the ambiguities of the professionalization process of Dutch nursing, the development of new occupational profiles is a critical case for the empirical analysis of nursing professionalization. By critically analysing the contents of the new occupational profiles, we show how the construction

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

of the new 'professional' nurse reproduces advanced liberal (policy) rationalities about health and professional practice. Although this construction appears to provide legitimacy to the Dutch nursing profession, it simultaneously contributes to the production of advanced liberal government. Therefore, we argue that Dutch nursing professionalization can be seen as a crucial strategy of advanced liberal governmentality.

With this article, we contribute to the debate about the reconfiguration of professionalism. This debate is mainly conducted by scholars that depart from a neo-Weberian approach to the professions, in which the legal distinction between the state and the professions forms a central component (Freidson 2001; Noordegraaf 2007, 2016; Faulconbridge and Muzio 2012; Numerato, Salvatore and Fattore 2012; Saks 2016). They interpret the changing meaning of professions and professionalism as an unavoidable development in the context of the fast-changing environments in which professionalism emerges. In this article, we argue that such professional reconfigurations are not merely unavoidable, but also politically driven.

The article is set up as follows. We first elaborate on the relationship between the professions and the state. Next, we theorize nursing professionalization as a form of 'government at a distance'. We then analyse the case of Dutch nursing professionalization and the occupational profiles that are developed for nursing professionalization. We argue that Dutch nursing professionalization can be understood as a strategy of advanced liberal governmentality. This leads to academic and practical questions about the nature of professional reconfigurations—also in relation to clients—and how individual nurses can use their 'agency' to actively shape the reconfiguration of their professional domain.

## PERSPECTIVES ON PROFESSIONALIZATION

### Professions and the state

In the sociology of the professions, the relationship between professions and the state was first addressed by scholars using a taxonomical approach to the professions. One of the most notable was sociologist Harold Wilensky (1964) who noted that, after the Second World War, an increasing number of occupational groups strived for professional status. Wilensky (1964) and others tried to outline the characteristics of the professions that distinguished them from other occupational groups (Evetts 2013). The professions differ from other occupations because they combine technical expertise with a service ethic, resulting in the institutional control over their work. The legal protection that the state gives to professions was seen as the crowning achievement of the professionalization process (Wilensky 1964; Etzioni 1969). North-American scholars, using this perspective, have depicted nursing as a 'semi-profession' (e.g., Etzioni 1969; Wuthnow 1986) because the institutional control of nursing over the contents of their work was limited at the time. In addition to outlining the characteristics of professions, scholars have emphasized the functional value of professional expertise (Parsons 1952; Freidson 2001). Professions have been described as functional institutions that produce order and stability in society. Accordingly, the (health) professions, such as nursing and medicine, have been conceptualized as a 'third logic', the mediating order between the logics of the state and the market (Freidson 2001). In sum, the taxonomical approach portrays the professions as an ideal–typical way of protecting expert knowledge, outside the realms of the state. The legal protection of professional expertise by the state is seen as a necessity, in order to maintain the functional value that is produced by the profession (Saks 2012).

However, this position has received strong criticism from a branch of scholars that reject the lauding of professional expertise as the core of professionalism (Larson 1977; Abbott 1988; Saks 2010). By choosing a neo-Weberian power-oriented focus on the concept of professionalism, they have criticized professionalization processes by showing how the powerful position of professions is the result of a struggle over jurisdictions between and within professions. The expertise of the professions is seen as a social construction that arises from an ongoing battle on the market of competing occupations (*cf.* Abbott 1988). The winner of this battle is awarded legal protection by the state. Therefore, Larson (1977) notes that occupational groups align their knowledge base with the socio-political context to gain legitimacy. Moreover, feminist scholars have criticized the

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

relationship between the politics of occupational closure and the gendered division of labour in Western countries (e.g., Witz 1992). According to Witz (1992), the taxonomical understanding of nursing as 'semi-profession' results from the fact that professions reproduce patriarchal structures deeply embedded in Western societies in which values such as familialism and subsidiarity are dominant. Consequently, female-dominated occupations such as nursing experience 'medical dominance' in the workplace (Witz 1992; Dent 2003). Again, the (patriarchal) state is seen as an external arbiter of expertise, since it has the power to 'decide' which occupation to grant legal protection, based on gendered criteria for inclusion and exclusion (e.g., Freidson 1970; Witz 1992; Saks 2010).

Nowadays, professionalization critiques appear to have lost their prominence (Evetts 2013). Instead, we see a return of the discourse of professionalism, which combines functionalist and power-oriented approaches to professionalism (Fournier 1999; Schinkel and Noordegraaf 2011; Evetts 2013). The discourse of professionalism is welcomed by occupational groups such as nursing wishing to improve their professional status. However, many scholars have shown how the present-day meaning of professionalism is radically different from its meaning at the time the professions created their powerful enclosures. Nowadays, ideas about professionalism are increasingly influenced by what Lyotard (1984) calls the 'discourse of performativity': the belief in seemingly objective technologies and systems to (economically) measure performance, such as audits, the nursing process and evidence-based nursing (Foth and Holmes 2017). Consequently, professionalism is increasingly defined 'around notions of efficiency and technical competence' (Fournier 2002: 120). According to multiple neo-Weberian scholars, this development has been caused by the 'withdrawal' or 'hollowing-out' of the welfare state, as protector and legitimator of professional enclosures and the rise of an 'audit society' in which professionals have to meet the demands of the market (Power 1997). Consequently, Faulconbridge and Muzio (2012) argue that the state is not a suitable unit of analysis if we want to understand ongoing professionalization projects. Instead, we should acknowledge the 'increasingly transnational orientation of professional projects and sociologies' (Faulconbridge and Muzio 2012: 112). Moreover, Noordegraaf (2016: 6) argues that 'broader, more substantive forces', such as global economic and societal developments, should be taken into consideration if we want to understand the current changes in professionalism. In sum, the apparent 'withdrawal' of the state in combination with the rise of 'the market' is seen as the main driver behind these new understandings of professionalism and expertise.

Therefore, although neo-Weberian theories about the relationship between professionalism and the state give insight into the process of professionalization and the politics of occupational closure, they remain unclear about the exact relationship between the professions and the state. On the one hand, the state is portrayed as a protector of the professions, while at the same time, the state is depicted as distinct from the professional domains of neutrality and expertise. This rigid dichotomy between 'the state' and 'the professions' is problematic for understanding the intricate processes of contemporary professionalization, such as nursing professionalization, in which states act both as enablers of professionalization, and something 'external' to the professional domains of health promotion and well-being.

## The professions as a form of 'government at a distance'

The work of Michel Foucault (2014) and his lectures at the Collège de France at the end of the 1970s helps to gain a deeper understanding of the relationship between the professions and the state. For Foucault, the rise of the professions, as neutral experts, is linked to the rationalities and problems of liberal government. In *Security, Territory and Population* (1977–8) and *The Birth of Biopolitics* (1978–9), Foucault genealogically analyses the development of liberal and neoliberal rationalities of government. These rationalities of government should be understood within the broader framework of 'biopower', a new form of power that Foucault saw emerge in the 18th century. In *The History of Sexuality*, Foucault notes how the legitimized exercise of political power had gradually changed from the 16th century onwards. In the feudal societies of the Middle Ages, the exercise of power was based on

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

the principle of sovereignty. Since then, he notes a gradual shift to a form of power that is exercised on the principles of the economy (Dean 2010; Rose and Miller 2010; Oksala 2013). The object of state power shifted from the government of the territory to the government of the population. Consequently, a new, productive power form emerged, which Foucault called 'biopower'. Instead of being repressive, biopower is aimed at administering and optimizing the population by 'subjecting it to precise controls and comprehensive regulations' (Foucault 1978: 137). In his work on biopower, Foucault does not limit himself to the analysis of the exercise of state power. Instead, Foucault wants to shift the focus away from the state towards the modern technologies of government which simultaneously constitute and govern 'the social' (Oksala 2013; Lemke 2015; Foth and Holmes 2017).

In *Security, Territory and Population* (1977–8) and *The Birth of Biopolitics* (1978–9), Foucault explains how biopolitics in modern societies takes shape by analysing the development of economic liberal and neoliberal political rationalities. Although Foucault sometimes uses 'biopower' and 'biopolitics' interchangeably, we understand biopolitics as 'all the specific strategies and contestations over problematizations of collective human vitality, morbidity and mortality; over the forms of knowledge, regimes of authority and practices of intervention that are desirable, legitimate and efficacious' (Rabinow and Rose 2006: 197). Foucault notes how under the influence of economists such as Adam Smith and François Quesnay, new liberal rationalities of government became formulated in 18th-century western Europe. These rationalities saw the market as the best way to ensure the 'right disposition of things'. As a result, a new form of governance emerged that Foucault called 'governmentality': 'the ensemble formed by the institutions, procedures, analyses and reflections, the calculations and tactics that allow the exercise of this very specific albeit complex form of power, which has as its target population, as its principal form of knowledge political economy, and as its essential technical means apparatuses of security' (Foucault 1991: 102). Governmentality is thus both a rationality (a way of thinking about government) and a set of practices.

According to the governmental rationality of liberalism, the exercise of power by political authorities had to be limited. Consequently, the development of the political economy as a 'self-regulating' sphere of neutrality and object of scientific knowledge was thus crucial for successful liberal government. This does not imply that society had to be governed less. On the contrary, in order to govern the population, the state should guarantee the effective working of the market and respect what was seen as the 'natural order' of the economy. Consequently, biological features of the population that influenced natural laws of the economy, such as its birth rates, illnesses, and mortality rates, had to be known. Therefore, Foucault (1977) sees the rise of 'neutral' and 'objective' expertise, such as statistics, psychology, economy, and medicine, as a crucial aspect of liberal government. Experts such as doctors and nurses played a crucial role in the government of the social because they enabled forms of liberal government by providing 'truths' about the population. The institutionalization of these kinds of expertise in the form of professions during the 19th century is, thus, directly linked to the rise of the 'governmentalized' state. Rose and Miller (2010: 181), therefore, characterize the professions under regimes of liberal governmentality as a form of 'government at a distance'.

Foucault's position is thus fundamentally different to that of neo-Weberian scholars such as Abbott (1988) Freidson (1970), and Larson (1977), who presume a certain degree of independence between the state and the professions. In their accounts, the state is portrayed as an 'external' actor, which assigns legal protection in the last phase of the professionalization process. Foucault's analysis of governmentality, however, shows how the professions and the modern state are interwoven in apparatuses of modern government. Although it seems that there are strict boundaries between the state and the professions, these boundaries result from a particular governmental rationality with its own problems, objectives, and goals. Because societies and economies are in constant development, the boundaries between the state and the professions are always in a process of redefinition (Starr and Immergut 1987; Johnson et al. 1995; Rose 1999). The process of professionalization should, therefore, be seen as a strategy[4] of governmentality through which the

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

boundaries between the realms of politics and professional expertise are being redefined (Johnson, Larkin and Saks 1995).

## A GOVERNMENTALITY PERSPECTIVE ON NURSING

Although Foucault's work helps to understand the relationship between the professions and the state, it remains unclear why nursing expertise has lacked 'professional' status[5] and why nursing appears to be 'professionalizing', now that traditional professions are under pressure (Rose 2008; Pickard 2009; Carvalho 2014; Ferlie and McGivern 2014). In order to understand the changing professional status of nursing expertise, we look at the role of nursing expertise under different forms of governmentality.

### Nursing and welfarism

The 'semi-professional' (*cf.* Etzioni, 1969) status of nursing can be understood by looking at the role of nursing under the governmental rationality of welfarism. In Western industrialized countries, the governmental rationality of welfarism emerged as a response to the rationality of classical liberalism. Welfarism is characterized by 'the wish to encourage national growth through the promotion of social responsibility and the mutuality of social risk' (Rose and Miller 2010: 192). The functioning of the welfare state relied heavily on relations between programmes of social government of experts, professions, and institutions. These experts provided definitions of health, safety, and progress and were able to shape citizens according to these norms in disciplinary institutions such as the family, the school, the clinic, or the prison. In sum, the expertise provided by independent experts became a crucial resource for rendering 'the social' governable (Johnson, Larkin and Saks 1995; Holmes and Gastaldo 2002; (Thompson, 2008); Foth and Holmes 2017). Although male-dominated professions such as medicine were able to form enclosures, the 'female-dominated' (Witz 1992) occupation of nursing struggled to gain 'professional' status, protection, and recognition (Wiegman and Wachelder 2004; De Veer et al. 2007; Wiegman 2012a).

The particular gendered governmental rationalities of liberalism and welfarism in countries such as the Netherlands provide insight into the differences in the professional development of nursing and medicine. According to Dent (2003), the Dutch welfare state regime has been characterized by the principles of subsidiarity and the Christian ideal of familialism. According to these rationalities, the state should only intervene in the life of citizens when families are not able to take care of themselves. In other words, government was aimed at fostering the productive capabilities of the (patriarchal) family, in which women were primarily seen as mothers, responsible for reproduction and taking care of the family, looking after the physical and mental wellbeing of the community, and promoting health and obedience to the medical profession (McCormick 1997; Gastaldo and Holmes 1999).

As a consequence of these political rationalities, Dutch nursing has lacked a strong collective organization of work. The Dutch nursing occupation did not have a professional association for a long time because of the 'pillarization' of Dutch society. In the 20th century, Dutch society was divided into several ideological segments that each had their institutions, associations and political parties. Nursing was divided among these different governmentalities and this diffusion prevented the constitution of a unified professional association (Wiegman and Wachelder 2004; Oomkens, Hoogenboom, and Knijn 2015). Furthermore, the medical profession strongly opposed the idea of nurses having a professional association (Wiegman 2010). In several historical texts, nurses are being portrayed as 'an extended arm' of the (male) physician (Stumpff 1906). Nowadays, the subject position of the subservient nurse is understood as a form of gender stereotyping and evidence shows that Dutch nursing, as an aspiring occupation, still 'suffers' from this subject position (ten Hoeve et al. 2017). However, from a Foucauldian perspective, this position was essential for the government of the population because their 'unprofessional' status enabled nurses, as mothers in families, to reach communities far deeper than medicine [could?] (Spijker 1981; Wiegman 2012b). Therefore, Holmes and Gastaldo (2002: 563), using a Foucauldian perspective, conceptualize nursing as 'a powerful group of experts upon whom the state and its institutions rely' in the production of normality because of their intimate knowledge of patients and families (Gastaldo and Holmes 1999).

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

### Nursing and advanced liberalism

At the end of the 20th century, the governmental rationality of welfarism was steadily replaced by the rationality of advanced liberalism.[6] This steady replacement was caused by the growing critique of neoliberal economists of the growing costs of the welfare state and the professions on which this state depended. The welfare state was said to have a morally damaging effect on its citizens because it produced a 'culture of dependency, based on expectations that government will do what in reality only individuals can' (Rose and Miller 2010: 296). The advanced liberal rationality of government emphasized that the state should not primarily focus on providing social services, such as health and education. Rather, it should focus on providing the conditions under which the individual can govern itself as a *'homo economicus'*. Consequently, human behaviour became reconceptualized as a rational, competitive economic choice. In order to govern this homo economicus successfully, his environment should be adapted in order to enable rational and economic behaviour (Rose 1999; Dean 2010).

In *The Birth of Biopolitics,* Foucault (2008) traces the rise of the advanced liberal rationalities of government by looking at the rationalities of the German Ordoliberals and the American Chicago School. Both schools of thought emphasize that state government should not aim to regulate the 'free market economy', but instead promote the establishment of markets in all spheres of social life. Under the rationalities of liberalism and welfarism, public services such as healthcare became increasingly privatized and the relationship between professionalized expertise and the state changed profoundly. The professions were seen as crucial aspects of government, but advanced liberal political rationalities saw professional monopolies as barriers to the establishment of markets. Accordingly, the professional enclosures that were formed under the regime of welfarism were expected to behave as market commodities.

Medical professionals such as doctors were faced with external standards, budgets performance targets, quality management, and other forms of regulation, which were introduced to dismantle the professional enclosures (Rose 2008; Numerato, Salvatore and Fattore 2012; Noordegraaf 2016; Foth and Holmes 2017). Traditional professional expertise was supplemented with managerial forms of expertise, leading to 'hybrid' forms of professionalism (Noordegraaf 2007). In this way, professional experts became increasingly governable. Paradoxically, this rationalization of health services also opened up the possibility for the 'professionalization' of nursing. However, the meaning of professionalism had changed drastically. As a result of critique on the fast-rising costs of the welfare state, new forms of nursing expertise arose, such as Evidence-Based Nursing and the nursing process, which enabled the rationalization of health provision and the constitution of the *homo economicus* (Foth and Holmes 2017). Nursing professionalization may thus be considered integral to the formation of advanced liberal governmentality and to enable the rationalized management of healthcare (Bonell 1999; Foth and Holmes 2017; Lange 2020). In order to elucidate this point, we empirically study how the Dutch nursing occupation is professionalizing through an analysis of the new occupational profiles.

## RESEARCH DESIGN

### Critical discourse analysis

In order to understand the process of nursing professionalization in the Netherlands, we use critical discourse analysis to analyse the occupational profiles developed by the Dutch Nursing Association. We focus on these texts, as they form the legal basis for strengthening the nursing occupation in relation to the Dutch state. They also serve to structure career paths and link educational credentials to positions in nursing organizations. Furthermore, the majority of stakeholders regard the development of these profiles as a crucial step in the professionalization of Dutch nursing. Our method is informed by Michel Foucault (1972) and Norman Fairclough (1992). They consider discourse to have three constitutive effects. In the first place, discourse contributes to the formation of subject positions. Secondly, discourse affects the construction of social relationships between people and groups. Lastly, discourse should be understood as 'regimes of truth' and reproduce ways of knowing the world. In our analysis of the new occupational profiles, we aim to uncover these constitutive effects.

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

Although both Foucault and Fairclough are concerned with the analysis of discourse, their approach differs. Foucault opts for a relational understanding of power and wants to understand how power is exercised, and why certain understandings of social reality have become dominant (Liao and Markula 2009). The Foucauldian approach to discourse aligns with our focus on understanding how and why nursing is becoming professionalized in a context in which traditional understandings of professionalism are under pressure. However, the Foucauldian 'archaeological' method requires the examination of a broad sample of historical data. Fairclough's critical discourse analysis is informed by critical theory and aims to understand how hegemonic ideology works through discourse. We do not aim to analyse the constitution of nursing professionalism in the Netherlands historically, but to view the significance and meaning of the new occupational profiles as a crucial event in their professionalization process. We use Fairclough's (1992) methodological guidance, because his methods are most suited to the analysis of a single text within its social context (Liao and Markula 2009). This contributes to an understanding of how the professionalization of Dutch nursing should be understood within the context of advanced liberal biopolitics in the Netherlands.

### Methods

Following Fairclough (1992), we understand the new occupational profiles as a 'communicative event' through which text and social practices are mutually constituted. The communicative event consists of three parts: the text, the discursive practice and the broader socio-cultural practice in which the communicative event emerges. The first part of the analysis of the text is concerned with the linguistic features of the text, such as the choice of words, grammar, the structure of the text, and the use of metaphors. We analysed the structure of the text and its linguistic features. Thematically, we searched for groups of statements which were then axially coded using qualitative data analysis software programme NVIVO 12.

Secondly, we analysed the discursive practices of the new profiles. Here, we analysed the 'intertextuality' of the text by investigating the discourses that enable the descriptions and themes that were identified in the first step. In particular, we looked at both overt and subtle links to other texts and discourses.

Thirdly, we aligned our findings with the broader socio-cultural practice in which the development of the new occupational profiles has taken place, in order to understand the meaning of the new occupational profiles. The results are presented thematically, in line with the effects we discovered in the analysis.

We acknowledge that the meaning of our analysis is always unstable and open to other interpretations. With our analysis, we do not wish to establish a certain truth, but rather to question the 'truths' surrounding the professionalization of nursing. As discourse analysts, we are intimately involved in the research process. The process of analysis is always interpretive and influenced by our theoretical and ethical standpoints. Therefore, it is important to reflect on our position in relation to our research object. The first author of the paper is a male social scientist who has a background in public management and the sociology of the professions. In an earlier position, he worked as a consultant in multiple Dutch hospitals, guiding the implementation of the occupational profiles in the workplace. The second author of this paper is a female social scientist, who spent many years studying the reconfiguration of professionalism, first and foremost ethnographically, with an explicit focus on professions that are traditionally seen as 'strong' professions, such as medical doctors.

## THE PROFESSIONALIZATION OF DUTCH NURSING

Our analysis revealed three dominant constitutive effects of the discourses in the occupational profiles: 1, redrawing boundaries between the political and the professional; 2, construing new competitive 'professional' subject positions; and 3, normalizing advanced liberal conceptualizations of health and illness. In the next paragraphs, we present each of these themes.

### Redrawing boundaries between the political and the professional

Over the last decades, the Dutch nursing profession has developed rapidly. The nursing training curriculum was strongly renewed and nursing is increasingly

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

establishing itself as a scientific discipline at Dutch universities. The preface of the profiles emphasizes that the development of the new profiles is not imposed from above but is driven 'from within' (McClelland 1990):

> The 'Nursing & Care 2020' steering committee issued advice on new occupational profiles to the Minister of Health, Welfare and Sport in 2012. In response, she indicated that she greatly values the fact that the professional group of nurses and carers had themselves mapped out future developments in healthcare and indicated how the professional structure can be adjusted accordingly (Terpstra et al. 2015: 7).

The use of the word 'themselves' in this sentence is interesting for two reasons. First, it suggests that it is 'special' that nurses were intimately involved in the development of the profiles. After all, 'had themselves' could be left out without changing the message. Secondly, the emphasis on the word 'themselves' obscures the internal struggles and fragmentation within the Dutch nursing occupation and redraws the boundary between 'nursing expertise' and the political authority of the state. In 2012, a first version of the new profiles was presented to the Minister of Health, Welfare and Sport. In this earlier version of the report, the Nursing Association suggested narrowing the criteria for admission to the legal register by raising the required educational level for the nursing title, in line with the goals of the Bologna process (Mistiaen et al. 2011). This was met with fierce criticism from lower educated nurses who feared they would lose their registered title (V&VN 2014). In response, the minister decided to reject this recommendation and allow lower educated nurses to retain their professional title, as nursing shortage might increase in the future. Furthermore, the minister decided that a new group of experts, representing different branches of the nursing occupation, should develop new profiles in which the distinction between higher and lower educated nurses is made clear (Ministerie van VWS 2014).

The construction of the new professional nurse is explicitly positioned in relation to a certain notion of 'future'. 'Future developments' in healthcare are constructed as the shared reason for the development of new occupational profiles. This is also emphasized in the title of the report, which is 'Future-proof professions in nursing and care'. The concept 'future-proof' refers to a broader understanding among stakeholders in the Dutch healthcare sector that the accessibility and price of healthcare services are under pressure due to rising care demands and the ageing population. In an influential policy report, titled 'The Right Care at the Right Place', the liberal rationality of government is used to problematize the amount of hospital admissions and the duration of hospital care. The report argues that that healthcare interventions should be more 'cost-effective' and focused on 'prevention and self-management' (Taskforce Juiste Zorg op de Juiste Plek 2018). By using an advanced liberal discourse about the management of the population, Dutch nursing legitimizes its 'professional' status.

## Constructing new 'professional' subject positions

The occupational profiles make a distinction between the desired tasks and competences of nurses with a background in higher education and in vocational education. For each of these groups, they first describe the area of (professional) expertise, followed by the profile-specific competences applying to the area of expertise.

### *Canmeds framework*

In the description of the competences, the profiles follow the CanMEDS framework. This framework consists of a description of seven different roles a nurse should be able to play: 1, healthcare provider; 2, communicator; 3, collaborator; 4, reflective EBP professional; 5, health advocate; 6, organizer; and 7, professional and quality enhancer. In the profiles, the CanMEDS roles are described as 'internationally accepted', which gives the model an extra sense of truth and authority:

> The description of the skills uses an organization in seven areas of competence, based on the system of CanMEDS (Canadian Medical Education Directions for Specialists). It is an internationally accepted model for describing

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

competencies for healthcare professionals (Terpstra et al. 2015: 27).

However, the CanMEDS model is not undisputed among researchers. Although the model is used in many countries, researchers have criticized the theory and application of the idea of competence in healthcare (Huddle and Heudebert 2007). Furthermore, competency models, such as CanMEDS, are criticized for focusing too much on individuals and too little on teams (Lingard 2009). Foth and Holmes (2017) pose more fundamental criticism. They see the emergence of competency-based frameworks in healthcare, based on management literature, as 'a new form of control over knowledge and expertise' (2017: 7), aimed at transforming professionals into marketable commodities, which can be held accountable for their work. In the profiles, the contested nature of the CanMEDS is ignored. Instead, CanMEDS is portrayed as an undisputed objective model for describing nursing expertise.

### *Specialization and rationalization*

The transformation of nursing into a commodity, which can be held economically accountable also becomes visible in the description of nursing competencies, for instance 'the nurse as a reflective EBP professional (4)'. In the text, the notion of professionalism serves two purposes. Firstly, it is used to create a difference between nurses with different levels of education. Higher educated nurses are given the responsibility for the 'professionalization' of the workplace through the development of evidence-based quality guidelines. The [profile?] for instance states:

> Initiating and developing quality care, innovation, analysis and practical research and (evidence-based) professionalization within a work unit or area of expertise, taking into account cost-effectiveness (Terpstra et al. 2015: 11).

However, nurses with a background in vocational education are not assigned this responsibility. Instead, they should be 'carrying out tasks in the field of quality assurance and innovation' (Terpstra et al. 2015: 26). The description of 'the nurse as a professional and quality enhancer' also makes a distinction between higher and lower educated nurses. Here, the higher educated nurse is given the qualification to 'address colleagues and prospective nurses about unprofessional behaviour' (Terpstra et al. 2015: 21), whereas lower educated nurses do not have that qualification. In the description of nursing competencies, the Nursing Association thus appears to choose a 'discard approach' (Kessler, Heron and Dopson 2015) towards professionalization, through the acquisition of high status roles and skills, while at the same time delegating less desirable tasks to subordinate groups (Kirkpatrick, Dent and Jespersen 2011). This discard approach to professionalization should be understood in the context of specialization within the Dutch health professions, whereby the occupational group of physicians leaves the less desirable, routine tasks to other occupational groups such as nursing, who, in turn, leave less desirable tasks to subordinate professional groups (De Veer et al. 2007).

Secondly, the notion of professionalism functions as a 'disciplinary mechanism' (Fournier 1999) to rationalize nursing practice. The use of 'evidence-based' as an adjective to professionalization in combination with the emphasis on reflection and cost–effectiveness aligns with the political rationality of advanced liberalism, which aims to dismantle professional enclosures and transform healthcare into a marketable commodity. The transformation of 'professional' nursing knowledge into a set of decontextualized 'evidence-based' practices which have to be cost-effective can be seen as a crucial aspect of the rationalization of healthcare (Holmes et al. 2006; Foth and Holmes 2017). In the occupational profiles, professionalism is construed as a competence, which has to be performed in relation to externally defined financial and quality norms to which nurses can be held accountable (Kerfoot 2002; Holmes et al. 2006). Nurses are called upon as market subjects to implement evidence-based practice when it is cost-effective. According to Foucault (1984), reflection can be seen as a 'technique of the self' by which someone learns to discipline oneself. Through the technique of self-reflection, nurses are invited to learn about themselves and become active self-governing subjects in relation to external notions of professionalism (Fejes 2008b). Nursing

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

professionalism is thus construed as a set of competences that are required to meet the demands of the healthcare market.

## Normalizing advanced liberal definitions of health and illness

### *The rise of self-managing subjectivities*

An important aspect of the occupational profiles is the conceptualization of health. This conceptualization fulfils an important role in the construction of the text, since the promotion of health is seen as the main task of nursing. In the text, health is defined as: 'the ability to adapt and self-manage, in the face of social, physical and emotional challenges' (Terpstra et al. 2015: 11). This definition was developed by Huber (2011) as an alternative to the World Health Organization's definition, which defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO 2006: 1). The profiles state that: 'The emphasis on self-management is in line with the aim of not requiring patients to provide unnecessarily long and/or intensive care' (Terpstra et al. 2015: 12).

Some scholars view 'self-management' as a fruitful approach to managing health and illness, since they consider the medicalization of bodies paternalistic and a financial burden to the healthcare sector (Devisch and Vanheule 2015). However, the liberation of the individual from the medical gaze does not mean that individuals are less governed. Instead, individuals are 'obliged to be free' (Rose 1999: 87), since they are supposed to manage their health and oversee these choices themselves. Health professionals, such as nurses, have the tasks of promoting and supporting this self-management through the therapeutic regimens they apply to patients. This must lead to lower amounts of provided care by health professionals. Through the discourse of self-management, patients are subtly forced to make the 'right choice', which leads to 'the right disposition of things' (Foucault 2007: 97). From the perspective of governmentality, the conceptualization of health in the occupational profiles is an advanced liberal governmental technique for governing health. Population health is governed through the creation of liberal individual self-managing subjectivities (Lemke 2001; Rose 2004; Devisch and Vanheule 2015).

### *Nursing professionalization as a means of governmentality*

The newly developed occupational profiles show how the concept of nursing professionalization is closely intertwined with the problems of the advanced liberal governmentalized state. According to the advanced liberal rationality of government, individuals are understood as liberal rational decision-makers. As a result, health needs to be governed through freedom. The way nursing professionalism is conceptualized and legitimized is directly linked to these problems. Nevertheless, the politics of advanced liberalism are disguised by emphasizing the distinction between 'the professional' and 'the governmental'. The governmental rationality of advanced liberalism enables a reconceptualization of nursing expertise as a set of technical and decontextualized managerial competencies aimed at rationalizing the management of health. Consequently, the concept of nursing professionalization functions as a disciplinary mechanism. By actively taking on advanced liberal values in their quest to professional status, the Dutch nursing occupation does not realize that this may actually lead to a form of deprofessionalization (*cf.* Foth, O'Byrne and Holmes 2016; Foth, Lange and Smith 2018; Lange 2020). By delegating less desirable 'caring' tasks to lower trained nurses and acquiring new 'managerial' competencies, nursing is not protecting its expertise, but reinventing itself in order to be seen as a profession. However, the professional status and authority connected to the traditional notion of professions are non-existent under the rationale of advanced liberalism, which fundamentally mistrusts professional expert knowledge. The so-called professionalization of Dutch nursing should, therefore, be seen as a form of 'government at a distance'. This mode of government is not a disciplining form of (state) government 'from above' but merely from within the nursing occupation itself. By constructing caring tasks as 'less' professional, the Dutch nursing profession actively contributes to the advanced liberal transformation of healthcare.

## DISCUSSION

Foucault's theory of governmentality has been useful for understanding current professionalization efforts

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

of nurses in the Netherlands. From the perspective of governmentality, the new occupational profiles of Dutch nursing are a governmental technology, aimed at shifting the boundaries between 'the political' and 'the professional'. The idea of the patient as a liberal self-managing individual shifts responsibility for the management of health from the state to the citizen. This citizen is supposed to take control of its health and make the right, healthy decisions. The institutionalization of expertise concerning 'self-management' renders the lifestyle of citizens increasingly governable.

This article makes two main contributions. First, it shows how nursing professionalization is not separated from but intertwined with the advanced liberal regime of the Dutch governmentalized state. In literature about nursing professionalization, the role of the state is acknowledged as an important determinant of nursing professionalization (Foth and Holmes 2017; Gunn et al. 2019b). This article extends this view by showing how the professionalization of nursing is not a phenomenon that is distinct from (bio)politics. Instead, nursing professionalization is a crucial aspect of advanced liberal governmentality. Hence, the concept of professionalization serves as a strategic 'disciplinary mechanism' (Fournier 1999) for the government of nursing practice and the establishment of self-managing subjectivities.

Secondly, and building on this, it shows that the idea of 'hybridization', which has gained prominence in the sociology of professions literature, needs to be reconsidered. Current research shows how a process of 'hybridization' of professionalism can occur when nurses meaningfully combine managerial and professional roles and tasks (Noordegraaf 2007; Carvalho 2014). Forces towards hybridization, such as economic, technological, and societal developments, are usually portrayed as 'substantive' and external to the professions and their professional fields. Hence, some scholars argue that professionals need to find ways to re-organize their work to deal with present-day demands (Noordegraaf 2016). This article shows that pressures towards hybridization are not just 'unavoidable' or 'external' to the professions. They may be 'biopolitical' forces as well, coming 'from within' the professions.

The Foucauldian perspective on the professions enables a critical analysis of professionalization processes by showing how the professionalization of Dutch nursing is a crucial aspect of advanced liberal governmentality. Furthermore, it allows us to understand how substantive technological, economic, and societal developments are political, in the sense that they become selectively connected to the biopolitical problems of government in advanced liberalism. In late capitalist economies, expertise is increasingly defined in terms of service and flexibility (Evetts 2011; Dent and Whitehead 2013; Noordegraaf and Steijn 2013; Carvalho 2014; Noordegraaf 2016; Švarc 2016; Reed 2018). Consequently, traditional professions may experience external pressures on their expertise, such as the rise of algorithmic technologies and calls to 'share' clinical decision-making with their patients. At the same time, aspiring professions such as nursing in various Western countries, aim to increase their status by using advanced liberal discourses about health and professionalism. The professionalization of Dutch nursing may thus be seen as a result of shifting power relations between the health professions and the state. It echoes broader societal discourses about issues in the advanced liberal society.

Our finding that nursing professionalization can be understood as a tactic of advanced liberal governmentality also has implications for future research. We suggest future research to welcome critical perspectives on the changing nature of nursing expertise (e.g. Bruce, Rietze and Lim 2014; Foth and Holmes 2017; Leppo and Perälä 2017). This is might lead to a more balanced approach to nursing professionalism, which reflects on the 'professional' meaning of care in Western advanced liberal societies.

In addition to its academic contributions, this study also has practical implications for nurses who deliver important day-to-day health services to citizens. By being subjected as a market commodity, not only professional domains are targeted but also professional roles and identities (Dent and Whitehead 2013). The desired 'professional' identity that is construed in the occupational profiles might differ from the roles and identities nurses have assigned to themselves (Johnson et al. 2012). Therefore, nurses need to find practical and creative ways to meaningfully legitimize their new identities (Goodrick and Reay 2010). According to Rose (1999: 280), these practical and creative forms should not come from a new

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

'grand narrative' about the organization of healthcare, since this would imply a one-dimensional vision on power and oppression (Vurdubakis and Knights 1994; Weedon 1997; Rose 1999). Nurses should not see themselves as powerless victims of healthcare systems but acknowledge their powerful position as experts in the government of health in contemporary societies, through their intimate caring relationships with patients. Therefore, practical alternatives should emerge from the cramped spaces and complexities of day-to-day nursing practices, which redefine nursing expertise and agency.

These practical alternatives might be informed by a more reflexive approach on the practice of nursing. In the current professionalization process, nursing becomes 'professionalized' through the alignment with advanced liberal values such as efficiency, productivity and individualism. The explicit focus on these values threatens deeply embedded nursing values, such as care, vulnerability, and equality (Bruce, Rietze and Lim 2014). Such values are enacted by nurses 'when they enact their knowledge, ethics, and whole being in the care of others' (Bruce et al. 2014: 69). Helping nurses to become aware of the values enacted through their practices may help them reflect on and respond to their changing occupational domains. This can also enable them to develop alternative forms of nursing expertise in order to challenge dominant discourses on nursing professionalism.

## CONCLUSION

Nursing professionalization is an ongoing process that is commonly interpreted in terms of functionalist and neo-Weberian approaches, which emphasize the benefits of professionalization to the occupation and society. Professionalization is therefore seen as an important goal for nursing (Gunn et al. 2019b). Our analysis moves the focus more explicitly to the role of expertise in professionalization processes. Although professionalized expertise is normally thought of as 'distinct' from the state, we see expertise as a crucial aspect of governmentality. In this article, we have shown that the professionalization of Dutch nursing cannot be understood fully by only focusing on the politics of occupational closure, but that nursing professionalization is a crucial aspect of advanced liberal governmentality. The analysis of the definition of professionalism through the occupational profiles shows that professionalization 'from within' nursing is directly connected to the problems of government in advanced liberalism. This has important implications for ongoing debates about the reconfiguration of professionalism in Western countries. The changing forms of expertise which are mobilized in professionalization processes are not just the residue of inevitable economic, societal, and technological developments. They are political as well. In advanced liberal states, professionalism is increasingly construed as a set of managerial competences. Consequently, the nature of professional work is becoming increasingly contested and interwoven with the governmental rationality of advanced liberalism. Although this may sound like a worrying message to the health professions, it does not imply an inevitable retreat of professionalism. Instead, it opens up the possibility for more reflexive forms of professionalism, in which health professionals reflect on the values enacted in their daily practices, individually as well as collectively. Instead of focusing on 'reconfigured professionals' who are disciplined, we could focus on collective forms of professional action which re-direct how biopolitical strategies affect frontline work.

## ENDNOTES

1. In the Dutch healthcare system, the job title of health professionals is protected by law. Although nurses are trained at two different educational levels (vocational and higher education), there is no clear distinction in tasks and responsibilities between nurses with a background in vocational and higher education.
2. The development of the new occupational profiles is linked to the establishment of new educational profiles. Nurses with a background in vocational education who have qualified as nurses before the introduction of the new curriculum have been able to specialize in certain sub-fields, such as intensive care or cardiology nursing. However, these forms of specialization and postgraduate credentials are considered irrelevant characteristics for making a distinction in the new profiles. The distinction in the new occupational profiles is solely based on the initial educational qualifications of nurses.
3. Nikolas Rose and Peter Miller (2010) used the term 'advanced liberalism' to describe a group of new governmental rationalities that have emerged at the end of the 20th century. They use it as an alternative to 'neoliberalism', which is often used in critical discourse to describe a series of (different) governmental doctrines and political ideologies. However, for Foucault, neoliberalism is a specific governmental rationale (Carvalho 2015).
4. With the notion of 'strategy' Foucault refers to the coordination of local, particular instances of power excercise (tactics). Tactics and strategies should be understood as both immanent to each other and co-conditioning. The effectiveness of governmental

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

strategies, such as nursing professionalization, depends on the local exercises of power (tactics), such as the relationship between a single nurse and a patient. Likewise, tactics can only be effective when they are aligned with other tactics.

5. While in some countries nursing continues to be viewed as lacking professional status, in other countries the professional status is of nursing is recognized.
6. We understand advance liberalism as a coordinated set of governmental practices, instead of a political ideology.

## REFERENCES


Abbott, A. D. (1988) *The System of Professions: An Essay on the Division of Expert Labor*. Chicago: University of Chicago Press Chicago.

Allan, H., and Smith, P. (2016) 'Nursing as Women's Work', in Allan, H., Traynor, M., Kelly, D. et al. (eds) *Understanding Sociology in Nursing*, pp. 71–96.

V&VN (2014) Brief V&VN aan Minister Schippers.Utrecht

Barber, B. (1963) Some Problems in the sociology of the professions., *Daedalus*, 92/4: 669–688

Bonell, C. (1999) 'Evidence-Based Nursing: A Stereotyped View of Quantitative and Experimental Research Could Work against Professional Autonomy and Authority', *Journal of Advanced Nursing*, 30/1: 18–23

Bourgeault, I. L. (2015) 'Magali Sarfatti Larson and Anne Witz: Professional Projects, Class and Gender', in Collyer, F., and Scambler, G. (eds) *The Palgrave Handbook of Social Theory in Health, Illness and Medicine*, pp. 520–34. London: Palgrave Macmillan.

Bruce, A., Rietze, L., and Lim, A. (2014) 'Understanding Philosophy in a Nurse's World: What, Where and Why?', *Nursing and Health*, 2: 65–71

Carvalho, T. (2014) 'Changing Connections between Professionalism and Managerialism: A Case Study of Nursing in Portugal', *Journal of Professions and Organization*, 1/2: 176–90

Carvalho, S. R. (2015) 'Governamentality, 'Liberal Advanced Society' and Health: dialogues with Nikolas Rose (Part 1)', *Interface Health Education and Communication*, 19/54: 647–58.

Carvalho, T., and Santiago, R. (2009) 'Gender as a "Strategic Action', *Equal Opportunities International*, 28/7: 609–22

Dean, M. *Governmentality*. (2010) *Power and Rule in Modern Society*. London: Sage.

Dent, M. (2003) *Remodelling Hospitals and Health Professions in Europe: Medicine, Nursing, and the State*. London: Palgrave Macmillan.

——, and Whitehead, S. (2013) *Managing Professional Identities: Knowledge, Performativities and the "New" Professional*. Abingdon: Routledge.

Devisch, I., and Vanheule, S. (2015) 'Foucault at the Bedside: A Critical Analysis of Empowering a Healthy Lifestyle', *Journal of Evaluation in Clinical Practice*, 21/3: 427–32

Etzioni, A. (ed.) (1969). *The Semi-Professions and Their Organization: Teachers, Nurses, Social Workers*. New York: Free Press.

Evetts, J. (2011) 'A New Professionalism? Challenges and Opportunities. Muzio D, Kirkpatrick I (Eds)', *Current Sociology*, 59/4: 406–22.

—— (2013) 'Professionalism: Value and Ideology', *Current Sociology*, 61/5-6: 778–96

Fairclough, N. (1992) *Discourse and Social Change*. Cambridge UK: Polity Press.

Faulconbridge, J. R., and Muzio, D. (2012) 'The Rescaling of the Professions: Towards a Transnational Sociology of the Professions', *International Sociology*, 27: 109–25

Fejes, A. (2008a) 'European Citizens under Construction: The Bologna Process Analysed from a Governmentality Perspective', *Educational Philosophy and Theory*, 40/4: 515–30

—— (2008b) 'Governing Nursing through Reflection: A Discourse Analysis of Reflective Practices', *Journal of Advanced Nursing*, 64/3: 243–50.

Ferlie, E., and McGivern, G. (2014) 'Bringing Anglo-Governmentality into Public Management Scholarship: The Case of Evidence-Based Medicine in UK Health Care', *Journal of Public Administration Research and Theory*, 24: 59–83.

Foth, T., and Holmes, D. (2017) 'Neoliberalism and the Government of Nursing through Competency-Based Education', *Nursing Inquiry*, 24/2: e12154

——, Lange, J., and Smith, K. (2018) 'Nursing History as Philosophy-towards a Critical History of Nursing', *Nursing Philosophy*, 19/3: e12210

——, O'Byrne, P., and Holmes, D. (2016) 'Health Prevention in the Era of Biosocieties: A Critical Analysis of the 'Seek-and-Treat" Paradigm in HIV/AIDS Prevention', *Nursing Inquiry*, 23/2: 99–108

Foucault, M. (2008) The Birth of Biopolitics: Lectures at the Collège De France, 1978-1979, Basingstoke: Palgrave Macmillan.

—— (1972) *Archaeology of Knowledge*. London: Tavistock,

—— (1977) *Discipline and Punish: The Birth of the Prison*. New York: Pantheon Books.

—— (1978) , *'The History of Sexuality. Vol. 1: An Introduction'*. New York: Pantheon Books.

—— (1979) 'Governmentality', *Ideol Consicousness*, 6: 5–21

—— (1984) 'On the Genealogy of Ethics', in Rabinow, P. (ed.) *The Foucault Reader*. London: Penguin.

—— (1991) 'Governmentality' In Burchell, G., Gordon, C., and Miller, P. (eds) *The Foucault Effect: Studies in Governmentality*, pp. 87-14. Chicago: University of Chicago Press

—— (2007) *Security, Territory, Population: Lectures at the College de France*, 1977–78. New York: Palgrave Macmillan.

—— (2014) *On the Government of the Living: Lectures at the Colleège de France, 1979-1980*. Hampshire: Palgrave Macmillan.


Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

Fournier, V. (1999) 'The Appeal to 'Professionalism' as a Disciplinary Mechanism', *Sociological Review*, 47/2: 280–307

—— (2002) 'Amateurism, Quackery and Professional Conduct'. in Dent, M., and Whitehead, S. (eds) *Managing Professional Identities: Knowledge, Performativities and the "New" Professional*.

Freidson, E. (1970) *Profession of Medicine: A Study of the Sociology of Applied Knowledge*. New York: Harper and Row.

—— (2001) 'Professionalism, the Third Logic: On the Practice of Knowledge'. Cambridge: Polity Press

Gastaldo, D., and Holmes, D. (1999) 'Foucault and Nursing: A History of the Present', *Nurs Inq*, 6/4: 231–40

Goodrick, E., and Reay, T. (2010) 'Florence Nightingale Endures: Legitimizing a New Professional Role Identity', *Journal of Management Studies*, 47/1: 55–84

Grotendorst, A. (2011) 'Op Weg Naar Een Nieuw Beroepsprofiel', *Tijdschrift Voor Verpleegkundigen*, 5: 12–7.

Gunn, V. et al. (2019a) 'Gender Equality Policies, Nursing Professionalization, and the Nursing Workforce: A Cross-Sectional, Time-Series Analysis of 22 Countries, 2000–2015', *International Journal of Nursing Studies*, 99: 103388.

——, Muntaner, C., Villeneuve, M., Chung, H., and Montserrat, G. (2019b) 'Nursing Professionalization and Welfare State Policies: A Critical Review of Structural Factors Influencing the Development of Nursing and the Nursing Workforce', *Nursing Inquiry*, 26/1: e12263.

Hamilton, P. A., and Keyser, P. K. (1992) 'The Relationship of Ideology to Developing Community Health Nursing Theory', *Public Health Nursing*, 9/3: 142–8

ten Hoeve, Y., Castelein, S., Jansen, W.S., Jansen, G.J., and Roodbol, P.F. (.2017) 'Nursing Students' Changing Orientation and Attitudes towards Nursing during Education: A Two Year Longitudinal Study', *Nurse Education Today*, 48: 19–24.

Holmes, D., and Gastaldo, D. (2002) 'Nursing as Means of Governmentality', *Journal of Advanced Nursing*, 38/6: 557–65

——, Murray, S.J., Perron, S., and Rail, G.(.2006) 'Deconstructing the Evidence-Based Discourse in Health Sciences: Truth, Power and Fascism', *International Journal of Evidence-Based Healthcare*, 4/3: 180–6.

Huber, M. et al. (2011) 'How Should We Define Health?', *British Medical Journal* 343: d4163–d4163.

Huddle, T. S., and Heudebert, G. R. (2007) 'Viewpoint: Taking apart the Art: The Risk of Anatomizing Clinical Competence', *Academic Medicine*, 82: 536–41

Johnson, M., Cowin, L.S., Wilson, I., and Young, H. (.2012) 'Professional Identity and Nursing: Contemporary Theoretical Developments and Future Research Challenges', *International Nursing Review*, 59/4: 562–9.

Johnson, T., Larkin, G., and Saks, M. (1995) *Health Professions and the State in Europe*. London: Kobo.

Kerfoot, D. (2002) 'Managing the "Professional" Man', in Dent, M., and Whitehead, S. (eds) *Managing Professional Identities*. London: Routledge, pp. 81–99.

Kessler, I., Heron, P., and Dopson, S. (2015) 'Professionalization and Expertise in Care Work: The Hoarding and Discarding of Tasks in Nursing', *Human Resource Management*, 54/5: 737–52

Kirkpatrick, I., Dent, M., and Jespersen, P. K. (2011) 'The Contested Terrain of Hospital Management: Professional Projects and Healthcare Reforms in Denmark', *Current Sociology*, 59/4: 489–506

Lambregts, J., and Grotendorst, A. (2012) *Leren Van de Toekomst: Verpleegkundigen & Verzorgenden 2020*. Houten: Bohn Stafleu van Loghum.

Lange, J. (2020) *The Nursing Process as a Strategy for a (De-)Professionalization in Nursing A Critical Analysis of the Transformation of Nursing in Germany in the 1970s and 1980s*. (Doctoral dissertation, Université d'Ottawa/University of Ottawa)

Larson, M. S. (1977) *The Rise of Professionalism: A Sociological Analysis*. Berkeley: University of California Press.

—— (2016) 'Professions as Disciplinary Cultures', in Jacobs, M.D., and Hanrahan, N.W. (eds) *The Blackwell Companion to the Sociology of Culture*. Oxford: John Wiley & Sons, pp. 317–31.

Lemke, T. (2001) 'The Birth of Bio-Politics": Michel Foucault's Lecture at the Collège de France on Neo-Liberal Governmentality', *Economics Society*, 30/2: 190–207

Lemke, T. N. M. (2015) 'Foucault and the 'Government of Things.' *Theory, Culture and Society*, 32/4: 3–25.

Leppo, A., and Perälä, R. (2017) 'Remains of Care: Opioid Substitution Treatment in the Post-Welfare State', *Sociology of Health and Illness*, 39/6: 959–78

Liao, J., and Markula, P. (2009) *Reading Media Texts in Women's Sport: Critical Discourse Analysis and Foucauldian Discourse Analysis. Olympic Women and the Media*. London: Palgrave Macmillan UK, pp. 30–49

Lingard, L. (2009) 'What we See and Don't See When we Look at 'Competence": notes on a God Term', *Advances in Health Sciences Education*, 14/5: 625–8

Lyotard, J. F. (1984) *The Postmodern Condition: A Report on Knowledge*. Minneapolis: University of Minnesota Press

Malin, N. (2018) *Austerity and De-Professionalisation. Austerity Policies*. Cham: Springer International Publishing, pp. 91–120.

McClelland, C. E. (1990) 'Escape from Freedom? Reflections on German Professionalization 1870-1933', in Burrage, M., and Torstendahl, R. (eds.). *The Formation of Professions: Knowledge, State and Strategy*. London: Sage, pp. 97–113.

McCormick, J. L. (1997) *The Discourses of Control: Power in Nursing*. Vancouver: University of British Columbia.

Mistiaen, P., Kroezen, M., Triemstra, M., and Francke, A.L. (.2011) *Verpleegkundigen En Verzorgenden in Internationaal*

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

*Perspectief: Een Literatuurstudie Naar Rollen En Posities van Beroepsbeoefenaren in de Verpleging En Verzorging*. Utrecht.

Noordegraaf, M. (2007) 'From "Pure" to "Hybrid" Professionalism', *Administration and Society*, 39/6: 761–85

—— (2015) 'Hybrid Professionalism and beyond: (New) Forms of Public Professionalism in Changing Organizational and Societal Contexts', *Journal of Professions and Organization*, 2/2: 187–206

—— (2016) 'Reconfiguring Professional Work: Changing Forms of Professionalism in Public Services', *Adminstration and Society*, 48/7: 783–810

——, and Steijn, B. (2013) *Professionals under Pressure: The Reconfiguration of Professional Work in Changing Public Services*. Amsterdam: Amsterdam University Press.

Numerato, D., Salvatore, D., and Fattore, G. (2012) 'The Impact of Management on Medical Professionalism: A Review', *Sociology of Health and Illness*, 34/4: 626–44

Oksala, J. (2013) 'From Biopower to Governmentality', In: Falzon C, O'Leary T, Sawicki J (eds.) A Companion to Foucault. 1st ed, pp. 320–36. Wiley-Blackwell.

Oomkens, R., Hoogenboom, M., and Knijn, T. (2015) 'Continuity and Change: Comparative Case Study of Hospital and Home Care Governance in The Netherlands', *Administration and Society*, 47/7: 851–80

Parsons, T. (1952). *The Social System*. London: Tavistock

Pickard, S. (2009) 'The Professionalization of General Practitioners with a Special Interest: Rationalization, Restratification and Governmentality', *Sociology*, 43/2: 250–67.

Pool, I., Poell, R., and ten Cate, O. (2013) 'Ten Cate O. Nurses' and Managers' Perceptions of Continuing Professional Development for Older and Younger Nurses: A Focus Group Study', *International Journal of Nursing Studies*, 50/1: 34–43.

Porter, S. (1992) 'The Poverty of Professionalization: A Critical Analysis of Strategies for the Occupational Advancement of Nursing', *Journal of Advanced Nursing*, 17/6: 720–6.

Power, M. (1997) *The Audit Society: Rituals of Verification*. Oxford: Oxford University Press.

Rabinow, P., and Rose, N. (2006) 'Biopower Today', *Biosocieties*, 1/2: 195–217.

Reed, M. I. (2018) 'Elites, Professions, and the Neoliberal State: Critical Points of Intersection and Contention', *Journal of Professions and Organization*, 5/3: 297–312

Rose, N. (1999) *Powers of Freedom: Reframing Political Thought*. Cambridge: Cambridge University Press.

—— (2004) 'Becoming Neurochemical Selves', in Stehr, N. (ed.) *Biotechnology: Between Commerce and Civil Society*. London: Routledge, 38 p.

—— (2008) *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century. Princeton and* Oxford: Princeton University Press.

——, and Miller, P. (2010) 'Political Power beyond the State: Problematics of Government', *British Journal of Sociology*, 61: 271–303

Saks, M. (2010) 'Analyzing the Professions: The Case for the Neo-Weberian Approach', *Comparative Sociology*, 9/6: 887–915

—— (2012) 'Defining a Profession: The Role of Knowledge and Expertise', *Profession and Professionalism*, 2/1: 1–10.

—— (2016) 'A Review of Theories of Professions, Organizations and Society: The Case for neo-Weberianism, Neo-Institutionalism and Eclecticism', *Journal of Professions and Organization*, 3/2: 170–87

Schinkel, W., and Noordegraaf, M. (2011) 'Professionalism as Symbolic Capital: Materials for a Bourdieusian Theory of Professionalism', *Comparative Sociology*, 10/1: 67–96. DOI: 10.1163/156913310X514083.

Ministerie van VWS, (2014) *Kamerbrief over Beroep En Opleiding Verpleegkundige*. Den Haag

Sena, B. (2017) 'Professionalization without Autonomy: The Italian Case of Building the Nursing Profession', *Profession and Professionalism*, 7/3: 1900

Spijker, G. J. H. (1981) *Mooi En Beschaafd Verplegen: Een Historische Analyse Van Een Vrouwenberoep*. Utrecht: De Tijdstroom.

Starr, P., and Immergut, E. (1987) 'Health Care and the Boundaries of Politics', in Maier, C.S. (ed.) *Changing Boundaries of the Political*. Cambridge: Cambridge University Press, pp. 221–54.

Stumpff, J. E. (1906) *Voorlezingen over Ziekenverpleging*. Haarlem: De Erven

Švarc, J. (2016) 'The Knowledge Worker is Dead: What about Professions?', *Current Sociology*, 64/3: 392–410

Tanaka, M., Taketomi, K., Yonemitsu, Y., and Kawamoto, R. (.2016) 'Professional Behaviours and Factors Contributing to Nursing Professionalism among Nurse Managers', *Journal of Nursing Management*, 24/1: 12–20.

Taskforce Juiste Zorg op de Juiste Plek (2018). *De Juiste Zorg Op de Juiste Plek. Wie Durft?* Den Haag: Rijksoverheid

Terpstra, D., Van den Berg, A., van Mierlo, C., Zijlstra, H., Landman, J., Schuurmans, M. et al. . (2015) *Toekomstbestendige Beroepen in de Verpleging En Verzorging*.

Thompson, L. (2008) 'The Role of Nursing in Governmentality, Biopower and Population Health: Family Health Nursing', *Health and Place*, 14/1: 76–84

De Veer, A.J.E., Francke, A.L., Poortvliet, E.P., and Vogel. P. . (2007) *Taakverschuiving Van Arts Naar Verpleegkundige*. Utrecht.

Vermeulen, J., Luyben, A., O'Connell, R., Gillen, P., Escuriet, R., and Fleming, V. .(2019) 'Failure or Progress?: The Current State of the Professionalisation of Midwifery in Europe', *European Journal of Midwifery*, 3/12: 1–9.

Vurdubakis, T., and Knights, D. (1994) *Resistance and Power in Organizations*. London: Routledge.

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021

Weedon, C. (1997) *Feminist Practice & Poststructuralist Theory*. Hoboken: Blackwell Publisher.
WHO (2006) Constitution of the World Health Organization. Geneva: WHO.
Wiegman, N. (2010) '*Beroepsprofielen: het belang van identiteit'. https://www.nursing.nl/blog/beroepsprofielen-het-belang-van-identiteit/ (8 September 2019, date last accessed) -*
—— (2012a) 'Zusters in Smetteloos Wit: Een Blanco Bladzijde in de Nederlandse Geschiedschrijving?', *Gewina/Tggnwt*, 16: 63–79
—— (2012b) 'Gij Completeert Zijn Arbeid": over de Professionalisering Van Het Verpleegkundig Beroep (1880-1925)', *Gewina/TGGNWT*, 19: 296–312
——, and Wachelder, J. C. M. (2004) 'Zorgen Als Professie', *Gewina*, 27: 57–134
Wilensky, H. L. (1964) 'The Professionalization of Everyone? ', *American Journal of Sociology*, 70/2: 137–58
Willis, E., Carryer, J., Harvey, C., Pearson, M., and Henderson, J. . (2017) 'Austerity, New Public Management and Missed Nursing Care in Australia and New Zealand', *Journal of Advanced Nursing*, 73/12: 3102–10.
Witz, A. (1992) *Professions and Patriarchy*. London: Routledge.
Wuthnow, S. (1986) 'Nurses and the New Class: A Comparative Study of Values and Attitudes among Professionals and Semi-Professional Occupations', *Sociological Inquiry*, 56/1: 125–48

Downloaded from https://academic.oup.com/jpo/article/8/1/34/6199211 by University Library Utrecht user on 18 June 2021