Protective or connective professionalism? How connected professionals can (still) act as autonomous and authoritative experts

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Submitted 8 February 2020; revised version accepted 9 October 2020

ABSTRACT
Traditionally, professionals such as medical doctors, lawyers, and academics are protected. They work within well-defined jurisdictions, belong to specialized segments, have been granted autonomy, and have discretionary spaces. In this way, they can be socialized, trained, and supervised, case-related considerations and decisions can be substantive (instead of commercial), and decisions can be taken independently. Ideally, these decisions are authoritative and accepted, both by clients as well as society (stakeholders) who trust professional services. This ideal-typical but also ‘ideal’ imagery always had its flaws; nowadays, shortcomings are increasingly clear. ‘Protective professionalism’ is becoming outdated. Due to heterogeneity and fragmentation within professional fields, the intertwining of professional fields, and dependencies of professional actions on outside worlds, professionals can no longer isolate themselves from others and outsiders. At first sight, this leads to a ‘decline’, ‘withering away’, or ‘hollowing out’ of professionalism. Or it leads to attempts to ‘reinstall’, ‘reinvent’, or ‘return to’ professional values and spaces. In this article, we avoid such ‘all or nothing’ perspectives on changing professionalism and explore the ‘reconfiguration’ of professionalism. Professional identities and actions can be adapted and might become ‘hybrid’, ‘organized’, and ‘connected’. Professional and organizational logics might be interrelated; professionals might see organizational (or organizing) duties as belonging to their work; and professional fields might open up to outside worlds. We particularly explore connective professionalism, arguing that we need more fundamental reflections and redefinitions of what professionalism means and what professionals are. We focus on the question of how professional action can be related to others and outsiders and remain ‘knowledgeable’, ‘autonomous’, and ‘authoritative’ at the same time. This can no longer be a matter of expertise, autonomy, and authority as fixed and closed entities. These crucial dimensions of professional action become relational and processual. They have to be enacted on a continuous basis, backed by mechanisms that make professionalism knowledgeable, independent, and authoritative in the eyes of others.

KEYWORDS professionals; professional spaces; connective professionalism; expertise; autonomy; authority

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INTRODUCTION

Traditionally, professionals such as medical doctors, lawyers, accountants, and academics as well as their professionalism are protected (Wilensky 1964; Larsson 1977; Freidson 1994, 2001; Noordegraaf 2007; Evetts 2013; Kirkpatrick, Ackroyd and Walker 2015). Institutionally, professionals belong to well-organized professions, and they work within well-defined jurisdictions. Occupationally, their work is regulated by occupational (instead of organizational) standards. They also belong to specialized segments within their respective professional fields. Judicially, they have been granted autonomy to treat cases independently. Practically, they have discretionary spaces to make case-specific trade-offs.

These protective ‘devices’ imply that professionals can be trained, socialized, and supervised by peers; that case-related considerations and decisions are substantive (instead of, e.g. financial or commercial); and that professionals can take decisions in ways that are profitable for clients. Ideally, these decisions are convincing and accepted, both by the clients served directly as well as stakeholders and society at large. Ideally, professionals and their professionalism are trusted.

These protective mechanisms and their profitable effects have always raised questions (Illich 1975), but they have come under increasing pressures. The protective ‘shields’ are increasingly weakened and/or taken away. This is not merely a matter of ‘managerial hegemony’, backed by the rise of business-like management, output control, management systems, and market logics (Freidson 2001). It is a matter of broader societal changes that also affect organizations, managers, and systems (Noordegraaf 2011, 2015a, 2019; Faulconbridge and Muzio 2012; Kirkpatrick and Noordegraaf 2015).

Academically, this has led to contrasting, ‘black or white’ responses. On the one hand, experts highlight the ‘fall of professionalism’; on the other hand, experts stress a ‘return to professionalism’. In this article, we take another route: we stress the ‘reconfiguration of professionalism’. We focus on the rise of new forms of professionalism, especially connective professionalism (cf. Noordegraaf, Van der Steen and Van Twist 2014; Noordegraaf 2015a). This implies that professional work remains ‘professional’, but in new ways and forms, related to societal conditions, demands, and expectations. Instead of ‘detaching’ professional work from outside environments and societal circumstances, it is ‘connected’ to clients, stakeholders, influences, in such a way that professional identities can be upheld, professional decisions can be taken, and legitimacy can be (re)gained. How this is and can be done, has to be analysed and calls for research outlooks.

We start by discussing the ideal type (and ideal) of protective professionalism. We then discuss pressures on professionalism, professional work, and professionals. Next, we explore academic responses, and we highlight the importance of the ‘reconfiguration’ of professionalism, leading to notions such as ‘hybrid’, ‘organizing’, and ‘connective’ professionalism. We focus on the latter, which we portray as a relational view upon professional action. We analyse three crucial dimensions of connective professionalism: how can professionals be connected and remain experts, autonomous, and authoritative? We elaborate this in terms of ‘relational expertise’, ‘relational autonomy’ and ‘relational authority’. We provide illustrations and present key components of a research perspective that fit our explorations. Finally, we draw conclusions.

PROTECTIVE SHIELDS IN AND AROUND PROFESSIONALISM

Traditionally, professionalism is seen as a special way of regulating work (Wilensky 1964; Abbott 1988; Freidson 1994, 2001; Timmermans 2005a). When a group of workers within an occupational field manages to define and develop its own field, backed by the state and linked to universities, they can form a profession. The occupational field goes beyond territory and association, but already generates images and feelings of occupational belonging. People who work within the medical field, for example, will develop medical identities and loyalties. When a group of workers within an occupational field manages to define and develop its own field, backed by the state and linked to universities, they can form a profession. The occupational field goes beyond territory and association, but already generates images and feelings of occupational belonging. People who work within the medical field, for example, will develop medical identities and loyalties. Within an occupational field, there will be more formalized professions, which are identifiable associations with members, operating within a certain jurisdiction. In the medical field, to continue the example, there will be multiple medical professions, first and foremost tied to territory, that is, countries. Nation states acknowledge professional associations and legitimate their exertion of jurisdictional control.
The profession, in turn, consists of specialized segments (Bucher and Strauss 1961), with distinctive professional standards, both technical and ethical. These segments, in turn, consist of professionals who do the real work. They are granted autonomy to act, both as members of a collective association, as well as individually. A medical doctor, for instance, is entitled to make decisions independently of political, organizational, or financial considerations. His/her professional work relates to treating cases and clients, and for this, the professional has discretionary space. This means he/she can translate standards to the specific situation (case, client) at hand, in order to deliver high-quality services.

All of these features act as ‘protective shields’, which detach professionals and professional work from the world, whilst at the same time serving the world. Taken together, these shields determine what is protected (professions, work, autonomous action), how this is done (by way of legal, cultural, and symbolic technologies), who is protecting (the state, universities, and associations), and why this is done (to guard social utility). Professionals can then determine which ways of working are effective, they can treat clients and cases optimally, and they are accepted by clients, stakeholders, and society at large, which means they have legitimacy. This constitutes the key dimensions of professionalism: expertise, autonomy, and authority. Professionals treat clients well, and therefore society, by relying on state-of-the-art knowledge, standards, and skills (expertise); by translating knowledge and standards to the needs and features of the case at hand (autonomy); and by complying with and updating standards and codes (authority). This protective logic is summarized in Fig. 1.

PRESSURES ON (PROTECTED) PROFESSIONALISM

This idealized (but often also ‘ideal’) imagery always had its flaws. The fact that professionals come together to determine what professionalism means, does not mean that all professionals act ‘professionally’. On the contrary, professionals can make mistakes, show misconduct, mistreat clients, go against client preferences, and serve their own interests (Sutcliffe 2004; Rowley and Waring 2011; Currie et al. 2009). Moreover, there might be issues or problems related to determining what is ‘effective’ and professional acts might not be seen as legitimate by outsiders (Martin 2008). In fact, professional autonomy can also be seen as ‘a form of professionally immunized accountability’ (cf. Timmermans 2005a: 498). In addition, even legitimate professional action might harm instead of help society (Illich 1975). In short, the protective shields that were discussed above appear to be fragile. Professionalism is not immune to outside pressures.

Societal pressures

Nowadays, the shortcomings of protective professionalism are increasingly clear. In fact, protective professionalism and protected professionals are becoming outdated. Due to heterogeneity and fragmentation within professional fields, interdependencies between professional fields, and dependencies of professional actions on outside worlds, professionals can no longer detach or isolate themselves from others and outsiders (Noordegraaf, Van der Steen and Van Twist 2014). The protective shields are breaking down, against the background of changing interactions between professions, states, markets, and social life.

First, the breaking down of protective shields is related to financial–economic pressures. In many service sectors, including healthcare and education, rising costs have to be controlled. Irrespective of how this is done—by way of budget cuts, rationing, efficiency gains, marketization, competition, and the like—it will have effects on professional work. In one way or the other, an organizational logic will come to the fore, quality has to be combined with efficiency, acts and decisions will have to be registered and traced, and decisions might be turned into cost–benefit trade-offs, at least partly (Kirkpatrick, Ackroyd and Walker 2015; Noordegraaf 2015b). This generates the ‘anti-manager’ and ‘anti-system’ sentiments, visible in many sectors, in many countries. These sentiments are understandable and useful, although they might underestimate the importance of managers and systems in order to cope with wider economic circumstances. When economies are vulnerable, when societies face fiscal stress, and when public means are limited, acts and decisions—with financial implications—will have to
be restrained (Noordegraaf 2015a). The relevant question is not whether this needs to be done, but how.

Secondly, there are socio-cultural pressures. In case of many cases and clients that/who are in need of professional services, there are changing social and cultural circumstances that call for changing professional action. Cases might be increasingly complex, such as in case of the so-called multiproblems, which means that one professional cannot solve the problem. Both ‘component complexity’ and ‘coordinative complexity’ might be strong (cf. Bohle Carbonell et al. 2014). Moreover, even when multiple professionals start to act, the nature of the problem might be seen to be framed differently. Instead of treating a case of client (e.g. a patient), professionals might be expected to prevent problems (e.g. diseases) from happening. In a wider sense, service interactions might be affected by declining trust, against the background of transitions from ‘high trust’ to ‘low trust’ societies (Troman 2000; Gleeson and Knights 2006).

Thirdly, there are pressures linked to public and political turmoil. Driven by incidents and insecurities, all kinds of public worries are tied to professional services. There might be worries over social integration, or radicalization, or polarization, and this cannot be isolated from professional services such as education, social work, policing, public persecution, and law courts. There might also be worries over more mundane problems and failures, such as medical errors, including complications and unnecessary deaths, for example, during and after medical operations (Sutcliffe 2004). This means that services have to be transparent and accountable (Timmermans 2005a), and that professionals have to optimize work processes, reduce risks, and enhance (collective) learning.

Finally, there are technological pressures. On the one hand, this is a matter of social media and its effects on exposing incidents and anxieties (see above), as well as the rise of boundaryless social networks, fuelled by Google and Facebook. On the other hand, it is a matter of profound technological
changes, most specifically the rise of the Internet, digitalization, AI, big data, and algorithms (Susskind and Susskind 2015). This is not only exploiting or guiding social behaviour, for example, when Google or Facebook traces and uses its member data. It is also a matter of digital influences on professional work, for example, when medical decisions are supported by algorithms or when medical doctors are replaced by computers and robots (Darcy, Louie and Roberts 2016).

Responses
These pressures have consequences, not only practically but also academically. In fact, various debates on the future of professionalism can be identified. First and foremost, there is a debate in which the ‘fall of professionalism’ is highlighted (Southon and Braithwaite 1998; Broadbent, Dietrich and Roberts 2005). According to experts, there will be a ‘decline’, ‘withering away’, ‘hollowing out’, and so on, of professionalism. This implies that the end of the professional era is predicted or announced, and that formerly professional services are ‘normalized’.

On the other hand, there is a debate on the ‘return to professionalism’. According to other experts, there might be a ‘return to’ professional identities, values, and spaces (Freidson 2001). This might mean that professional changes are resisted, that professionalism is ‘restored’ or ‘reinstalled’, and that professionalism is ‘rescued’. This is important, it is argued, because professionalism represents certain societal ideals—independence, quality, (service) ideology—that enhance societal strength.

In addition to these ‘all of nothing’ or ‘black or white’ debates and routes or responses to changes, there is a third type of debate which is less dichotomous, going beyond binary approaches on ‘professionalism versus managerialism’. This is the debate on the ‘reconfiguration of professionalism’, in which professional identities and actions are neither withering away nor reinstalled. Professionalism changes in terms of form, shape, and meaning, in the light of societal changes. Professionalism might then become ‘hybrid’ (instead of ‘pure’) or ‘organizing’ (instead of set apart from organizational aspects), and even ‘connected’ (instead of ‘detached’). Before we focus on connective professionalism, we briefly summarize the other, less far-reaching forms of reconfiguration.

Hybrid and organizing professionalism
In many papers (such as Byrkjeflot and Kragh Jespersen 2014; McGivern et al. 2015; Spyridonidis, Hendy and Barlow 2015) as well as special issues and journals, such as this Journal of Professions and Organization (JPO) (Carvalho 2014; Blomgren and Waks 2015; Breit, Fossestøl and Andreasen 2018), there is an increasing stress upon the hybridization of professionalism. This means that organizational and managerial logics are combined with professional logics, also in professional work, although ‘combined’ sounds too easy—it implies difficult combinations. Bringing together different logics might feel unnatural, which is why it is often called ‘hybrid’ or ‘hybridity’, that is, the unnatural coming together of contrasting values and logics (cf. Noordegraaf 2015a).

Subsequently, there might be a move beyond hybridity. Combining organizational or managerial and professional aspects, dimensions or logics might be seen as quite normal—as something that is natural in case of contemporary professional work, despite the fact that there will be many tensions, dilemmas, and trade-offs. Dealing with collaborative, accountability, cost-related, and leadership considerations in professional work, among medical doctors, for instance, might traditionally not be common, and might raise challenges, but it might be something that belongs to professional work. In fact, it is seen as contemporary professional work, as is illustrated in the medical profession and the redesign of medical education along the lines of new competency models. This is not so much the development of organizational aspects in professional work, but of organizing aspects. Medical doctors cannot ignore the fact that they are co-responsible for organizing professional services processes (cf. Noordegraaf 2015a). By working together, by coordinating, by speaking about results, by taking the wider context into account, and by reworking professional duties (such as also focusing on prevention instead of merely curing diseases), the quality of services might be enhanced instead of reduced.

The effects are far-reaching, not only practically but also analytically. Professionalism is no longer solely linked to ‘the professional’. It is linked to professional work processes (cf. Noordegraaf 2015a).
Instead of emphasizing the professional as ‘solo practitioner’, professionalism becomes more collective and processual. This can be taken one step further—we can go beyond organizing professionalism. In addition to combining organizational and professional aspects as well as interweaving organizing into professional practices, professionalism can become contextual in a wider sense. Apart from ‘organizing’ aspects, within organizational settings, professional acts can be related to the outside world, including external influences and pressures. This has rather fundamental effects on the nature and meaning of professionalism. Professionalism becomes meaningful in relation to clients, stakeholders, and actors, in wider service systems and societal settings.

Towards connective professionalism?
These rather fundamental effects ‘turn around’ the primacy of professionalism. Instead of letting professionals determine what is effective, societal actors (might) have strong ideas on ‘effective’ services; instead of having professionals make decisions, clients and stakeholders want to be co-deciders and even co-producers; instead of letting professionals ‘own’ client information, information is shared or owned by clients, also digitally; instead of using information on ‘a’ client for ‘a’ client, the information gathered says a lot about client populations and might be used to make decisions; instead of trusting professionals per se, professionals have to earn trust on the basis of appearance and acts, instead of their association.

More analytically, this means that the nature of professionalism is affected, even more so than in case of hybrid and organizing professionalism. The key dimensions of professionalism that were discussed before are heavily affected. Professional expertise is affected, that is, the ‘technical base’ of professionalism (cf. Wilensky 1964). Professional autonomy is affected, that is, the shelter against unwanted outside interference and guarantee for independent acts. Professional authority is affected, that is, the way in which professionals contribute to legitimate and legitimated societal interventions.

In the remainder of this article, we contribute to this broader understanding of connective professionalism, given its potential far-reaching and wide-ranging changes. We argue that a move towards connectivity calls for more fundamental reflections and redefinitions of what professionalism means and what professionals are. We especially focus on the question of how professional action can be related to others and outsiders and remain ‘knowledgeable’, ‘autonomous’, and ‘authoritative’ at the same time. Before we focus on expertise, autonomy, and authority, we elaborate our relational understanding of professionalism. Next, we provide some illustrations and develop an appropriate research perspective.

CONNECTIVE PROFESSIONALISM AS RELATIONAL
In an earlier paper, Antebay, Chan and DiBenigno (2016) identified three ‘lenses’ for studying and understanding professionalism: professionalism as ‘becoming’, ‘doing’, and ‘relating’. The first lens, becoming, refers to ‘processes by which new members are inducted into established occupational communities as well as the individual transformations that occur among newly inducted members’ (Antebay, Chan and DiBenigno 2016: 190). The second lens, doing, ‘focuses on how occupational members perform activities—like work tasks or practices—that have consequences for individual, occupational and organizational outcomes’ (Antebay, Chan and DiBenigno 2016: 200). The third lens, relating, ‘focuses understanding when and how occupational groups collaborate with other groups to perform interdependent work or collectively expand their social influence’ (Antebay, Chan and DiBenigno 2016: 213). According to Antebay, Chan and DiBenigno, this third lens leads to three emphases in the literature: ‘collaborating’, that is, ‘collaboration across and within occupations’ (Antebay, Chan and DiBenigno 2016: 213); ‘co-producing’, that is, situating occupations in relation to a complex web of other entities (Antebay, Chan and DiBenigno 2016: 213); and ‘brokering’, that is, ‘the rise of intermediary occupational groups that play an essential role in maintaining the functioning of these complex webs of relations . . . ’ (Antebay, Chan and DiBenigno 2016: 213).

In order to improve our understandings of professionalism and professionals, in relation to external/societal changes, we rely upon a relating perspective, which is even more relational than Antebay, Chan and DiBenigno show (as ‘collaborating, co-producing, brokering’ are rather traditional
The rise of ‘connective’ professionalism is not so much a matter of who professionals are, nor how they act, nor how they collaborate, but how the surroundings and processes that make up their work are producing professional powers—or the lack thereof.

Justin Waring who invokes ‘relational sociology’ (Waring 2014: 696) to understand shifting roles of ‘hybrid’ elite professionals argues that such a sociology ‘draws attention to the relational connections and dependencies between elites and the workplace, market and society, including both those in more managerial domains and also the wider rank and file’ (Waring 2014: 697). This enables us to trace ‘changing forms of status, power and inequality’ (Waring 2014: 697). ‘Through analysis of . . . relational contingencies, it becomes possible to trace the influence of different discourses and the corresponding forms of governmentality’ (Waring 2014: 697).

Despite the emphasis on professionals’ self-images, identities, standards, coping, and service orientations, it is these relations to cases, clients, and stakeholders as well as the services processes that they enact, that constitute connective professionalism. Both in terms of whether their acts are ‘effective’ and ‘optimal’ as well as ‘legitimate’. Effectiveness and legitimacy are no longer ‘owned’ by professionals themselves and or ‘granted to’ them. They have to be generated, reproduced, coproduced, redesigned, and deserved—as active processes.

This implies that professionalism is neither a static phenomenon nor a dynamic but manageable process. On the contrary, it is an interactive, living phenomenon, taking shape in real-life processes, situated in complex service ecologies, with multiple relations to stakeholders. This implies that the key dimensions of professionalism—expertise, autonomy, and authority—can no longer be seen as fixed entities. These crucial dimensions of professional practice also become relational. They have to be enacted on a continuous basis, backed by certain mechanisms that accentuate—instead of ‘protect’—key aspects of professional acts. The key question is, How can connected professionals remain experts, autonomous, and authoritative in complex webs of relations? Beneath we explore partial answers to this question, first and foremost by exploring the three dimensions separately. We reconceptualize each of these by turning from static to dynamic to relational interpretations, backed by literature. Backed by notions that were developed before, we speak of ‘relational expertise’, ‘relational autonomy’, and ‘relational authority’. We combine these notions to develop a fuller (research) perspective on connective professionalism.

**RELATIONAL EXPERTISE, AUTONOMY, AND AUTHORITY**

Expertise, autonomy, and authority are required to perform tasks well, especially when professionals act. Although they are interrelated, they also represent different dimensions of professional service delivery. First and foremost, it is important that services are rendered in knowledgeable ways, that is, that up-to-date knowledge is applied, that cases are treated on the basis of appropriate expertise, and that professionals (and clients) learn from treating cases. Secondly, it is important that services are rendered in autonomous and independent ways, that is, that there is leeway to deviate from standards in case-specific situations and that ‘inappropriate’ factors do not affect the decisions taken. Thirdly, it is important to secure authoritative services, which are seen as legitimate, rendered in trustworthy ways, and which are accepted, even if they go against clients’ interests.

These dimensions, however, cannot be secured in traditional, rather static ways, as was argued above. Cases might have become too complex, (stakeholder) connections to cases have shifted, and case contexts have become complicated and risky. Instead of professionals who ‘have’ or ‘own’ expertise, autonomy, and authority, we should focus on relational processes in which professional expertise, autonomy, and authority are ‘enacted’ and maintained. Professional workers are not only part of professional fields and groups (Fig. 1) but also part of broader service processes, which include other professionals and support staff, as well as wider service ecologies in which many other actors are active too, varying from organizational actors via clients and their families to wider service surroundings and stakeholders, in an even wider context of public worries and political debates. Beneath we discuss and summarize each dimension (Table 1), and we combine and illustrate them, in order to develop a more
comprehensive research perspective on connective professionalism.

**Expertise**

Boon, Flood and Webb (2005) argue: ‘The power and legitimacy of professions is acquired in part from their status as organizations defined by their control over knowledge. If control over knowledge is lost, what happens to power?’ (Boon, Flood and Webb 2005: 474). Instead of stressing the ‘decline’ of (legal) professions, they stress the ‘reconfiguration of professionalism and professions’ (Boon, Flood and Webb 2005: 487), against the background of ‘the changing political economy of higher education and its role in the new capitalism’ (Boon, Flood and Webb 2005: 473). They show how training frameworks and programmes are adapted, with more flexibility as well as ‘diversity, differentiation and mobility’ (Boon, Flood and Webb 2005: 475). Likewise, Hilferty, who studied teacher professionalism, highlights ‘countervailing forces that constrain the efforts of professionals to exercise authority on the basis of their knowledge monopolies’ (Hilferty 2008: 165). In an even broader sense, others also highlight the increasing importance of ‘expert labour’, as well as the increasing difficulty in ‘acknowledging expert labour in the traditional professional model’ (Bellini and Maestripieri 2018: 6). The increasing differentiation and heterogeneity within and between professional groups/fields should be taken into account in developing more thorough understandings of contemporary professionalism.

Because cases might be complex, partly because they consist of new components such as unpredictability and/or novelty, and partly because they comprise coordinative complexity, it is insufficient to merely strengthen the ‘technical base’ of professional work (cf. Wilensky 1964) and to extend the number of hours professionals spend on specific tasks. The ‘claim of possessing specialized knowledge, competence and skill’, in short ‘expertise’ (cf. Lidskog and Löfmarck 2015) has always been a ‘negotiated’ claim but has to be linked to increasingly ‘uncertain contexts’ that all the more challenge such claims.

In fact, cases are treated in ‘systems of distributed expertise’ (cf. Edwards 2011, emphasis added). ‘Professionals work in and between work settings and engage with other specialist practitioners and with clients to negotiate interpretations of tasks and ways of accomplishing them’ (Edwards 2011: 33). This

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Table 1. Ideal-typical differences between protective and connective professionalism

| I. Protective professionalism | II. Connective professionalism |
|-----------------------------|--------------------------------|
| **1. Expertise** | **Complex cases** |
| • Case-oriented | • Interpersonal relations |
| • Technical base, knowledge and skills | • Distributed expertise |
| • Clear standards | • Adaptive expertise, meta-cognitive skills |
| • Training, codes, service ethic | • Learning environments |
| **2. Autonomy** | **Decision processes** |
| • Decisions taken by ‘the’ professional | • Interdependent |
| • Independent | • Shared decision-making |
| • Leeway, discretion | • Supportive conditions |
| • No interference | • (Social) experiences |
| **3. Authority** | **Professionals in relation to clients and stakeholders** |
| • Professional group | • Critical attention |
| • Status and trust, legitimacy | • (Media) exposure |
| • Stable positions | • Navigating risks, uncertainties, dilemmas |
implies that the ‘core expertise’ of professionals is supplemented by ‘relational expertise’, which ‘makes it possible to work with others to expand understandings of the work problem . . .’, and ‘also involves the ability to attune one’s responses to the enhanced interpretation with those being made by other professionals’ (Edwards 2011: 33). This is also shown by Sandefur (2015), who studied the effects of both ‘substantive and relational expertise’ of lawyers on litigation outcomes. Relational expertise ‘involves the understanding of how to navigate the relationships involved in getting work done . . .’, which is ‘situational and contextual’ (Sandefur 2015: 911, emphasis added). The ‘skill at negotiating the interpersonal environments in which professional work takes place’ (Sandefur 2015: 924) has multiple effects on cases: presence, personal reputations, confidence, they all influence how others—in this case law courts and judges—act. This resembles our own earlier emphasis on the importance of ‘how to be wired in’ when professional expertise is not automatically decisive, like in case of professional strategists (Noordegraaf, Van der Steen and Van Twist 2014, emphasis added).

In addition, although professionals will have to acquire knowledge, they will have to relate their knowledge and insights to changing case features (‘component complexity’, cf. Bohle Carbonell et al. 2014: 17), as well as changing coordination challenges (‘coordinative complexity’, Carbonell et al. 2014: 17). This calls for adaptive expertise, the ‘ability to quickly get accustomed to change’ (cf. Bohle Carbonell et al. 2014: 15), which is situated in relational contexts. Such expertise calls for ‘meta-cognitive skills’ (Bohle Carbonell et al. 2014: 15) developed in viable learning environments, the ‘social environment as a place where learning happens’ (Bohle Carbonell et al. 2014: 16). It is ‘set apart through abilities such as flexibility, ability to innovate, continuous learning, seeking out challenges, and creativity’ (Bohle Carbonell et al. 2014: 15).

**Autonomy**

Because connections to cases (clients and surroundings) are shifting, it is insufficient to merely guard or strengthen the autonomy of professionals. Although there needs to be leeway when decisions are made, this leeway does not necessarily reside ‘in’ a professional, as ‘the’ decision-maker, but ‘in-between’ professionals, clients, and others, as the decision process. This can be linked to ongoing debates on the shortcomings of privileging professionals as autonomous, ‘atomistic’ agents (Verkerk 2001), of seeing professional action as ‘separate’ action, set against ‘non-professional’ action (Thomas and Hewitt 2011; Wald and Pierce 2016), and professional schooling as a way of optimizing ‘individual professional achievement’.

‘Both the individual and collective aspects of professional autonomy are rooted in (a) the socially legislated powers of professional societies, and (b) the social status bestowed on professional by our culture and social institutions’ (Verkerk 2001: 285). Professionals rely upon memberships, shared standards, education and skills, and licences; medical school provides transformative experiences; we, the public, (re)produce stereotypes. As Pololi et al. (2009: 112) argue, when they discuss the culture of academic medicine, ‘A structure that rewards individual achievement, self-promotion, and being lead author on publications, rather than collaborative efforts, may seriously impede interdisciplinary and collaborative work in the biomedical sciences.’

Dove et al. (2017) criticize the ‘dominant, individualistic understanding of autonomy that features in clinical practice and research’, ‘underpinned by the idea that people are, in their ideal form, independent, self-interested and rational gain-maximising decision-makers’ (Dove et al. 2017: 150). They replace this by stressing the importance of ‘relational autonomy’, linked to a so-called ‘relational turn’, arguing that ‘people’s identities, needs, interests—and indeed autonomy—are always also shaped by their relations to others’ (Dove et al. 2017: 150). Interdependence instead of independence is privileged (see also Verkerk 2001: 291); ‘interpersonal relations and social conditions’ (Dove et al. 2017: 154) constitute autonomy; professionals are ‘socially situated’ (Dove et al. 2017: 161). In the medical field, this stimulates practical mechanisms such as ‘informed consent’, ‘shared decision-making’, routes for dealing with ‘socio-clinical dilemma’s’, and ‘shared medical information’ (Dove et al. 2017: 160).

According to MacDonald (2002), ‘an understanding of relational autonomy . . . requires a focus on the importance of supportive social conditions for fostering autonomous actions. On such a view,
individual autonomy is socially dependent, that is, the capacity and opportunity for autonomous action is dependent on our particular social relationships and the power structures in which we are embedded’ (MacDonald 2002: 283, emphasis added). It requires ‘material security’ and ‘supportive structures, both personal and political’ (MacDonald 2002: 283). ‘Autonomy is affected by both “transformative experiences” and “socially constructed stereotypes”’ (MacDonald 2002: 283).

This implies that maintaining autonomy calls for connecting professional actions to social experiences, in addition to navigating relations and being wired in, in order to perform expert roles (see the previous paragraph).

**Authority**

Because case contexts are complicated and risky, the authority of professionals is far from secure. Although many professional fields have societal standing and status, and although we still trust many professional groups, status and trust figures might be dropping, depending on country context, and ‘attacks’ on professional fields/groups might be growing. The latter phenomenon is fuelled by incidents that are publicly exposed, by critiques that are spread by (social) media and by political curbing of professional powers, especially in the Trumpian ‘post-truth’ era. In some countries, many professional groups experience difficult times, varying from lawyers via academic to journalists. Instead of being ‘given’ and ‘having’ authority, they have to re-enact authority on a continuous basis, in relation to clients and other stakeholders.

Lidskog and Löfmarck (2015) argue that ‘in contemporary society, authority is to a large extent contested and negotiated . . . Authority is not given but has to be earned, and therefore, professional experts must take the client’s understanding of a problem more seriously, both to be able to provide relevant guidance and to be trusted by those whose action it seeks to influence . . .’ (Lidskog and Löfmarck 2015: 150). They use the empirical example of professional forest counselling, who have to deal with climate change, and show how multiple uncertainties increase these challenges: cognitive, strategic, institutional, and normative uncertainties. This implies, they show, that professional consultants ‘assume the role of professional navigators in a landscape populated by risks and uncertainties’ (Lidskog and Löfmarck 2015: 157). In that way, they can accept their changing ‘epistemic authority’ without ‘compromising their professional claim’ (Lidskog and Löfmarck 2015: 160). They must be ‘context-sensitive and receptive to others’ ‘experience and interest’.

According to Timmermans (2005b) who studied the ways in which death investigators to determine suicide ‘forensic investigations do not only constitute the raw material of suicide statistics but also reflect a profession’s authority to classify and explain suspicious deaths’ (Timmermans 2005b: 313). This is a tricky affair, especially when there are charges of inaccuracy. Their authority not only depends upon ‘professional standards to classify deaths’ (Timmermans 2005b: 314), but also on ‘who constitute the audiences of their determination’ and ‘what impact these audiences—particularly relatives and public health audiences—have on the detection of suicide’ (Timmermans 2005b: 314).

In another paper on ‘clinical practice guidelines’, Timmermans (2005a) shows the wider implications. Professionals have to seek new ways of remaining authoritative amidst other ‘powers, such as corporations, competitors, payers, consumers and the state’ (Timmermans 2005a: 492). They do this by adopting new guidelines and standards, backed by ‘evidence-based medicine’, so that the requirements of ‘other audiences’—external recognition, performance evaluation, financial accountability—are met (Timmermans 2005a: 496–497). This turns new guidelines that regulate professional behaviour into the ‘profession’s heart and its Achilles heel’. ‘The establishment and expansion of a profession’s jurisdiction [by way of clinical guidelines] might change clinical and professional autonomy and open a profession to third-party accountability’ (Timmermans 2005a: 496). Especially when cases or issues are uncertain, it is challenging to cope with uncertainty internally, within a professional field, and to make professional acts trustworthy for outside worlds.

In addition to navigating relations and being wired in, in the fabric of organizational decision-making (expertise), and making connections to social experiences, in webs of social relations (autonomy), connective professionalism implies navigating risks and
uncertainties and perform trust in order to being taken seriously (authority).

**CONNECTIVE PROFESSIONALISM**

In Table 1, the move towards connective professionalism is summarized, by listing the ideal-typical differences between protective and connective professionalism in terms of the three key dimensions: ‘expertise’, ‘autonomy’, and ‘authority’. This is done to define and conceptualize this move, but also to make it more operational. The listed dimensions not only highlight the differences, but they also enable us to recognize connective professionalism in more operational ways. This is especially important when we trace the rise of connective professional practices, to which we turn now. After we have discussed various practical examples, we discuss how a connective professionalism perspective can be used as a research perspective.

**Practical examples**

The summary of connective professionalism, as opposed to protective professionalism, is ideal-typical, as well as—to some extent—‘ideal’. It represents a preferable image of professionalism, linked to broader, societal conditions. This means that actual professionalism might be at odds with this image, both because real-life situations will not automatically resemble an ideal-typical representation, and because the ‘ideal’ might be contested. In this respect we need to be modest and downplay any attempt to propose paradigmatic changes.

At the same time, there are reasons to stress the rise of connective professionalism, not only because it is academically underscored (Noordegraaf, Van der Steen and Van Twist 2014; Waring 2014) but also because it is visible in day-to-day professional practices. Beneath we provide a few clear examples of connective professionalism: we focus on judges, medical doctors, and academics, who work in prominent professional fields in which professionalism is slowly reconfigured.

**Community judges**

 Judges are a ‘critical case’ as far as the reconfiguration of professionalism is concerned: they are highly trained, they know the law, they apply legal expertise. Moreover, they are highly ‘autonomous’, both collectively—as the judiciary—and individually—as judges. At the same time, the effectiveness and legitimacy of the judiciary and judges are not guaranteed. In fact, in many countries there are debates on growing pressures on law courts and judges (Contini and Mohr 2008), including inefficiencies, waste, and legitimacy problems.

This means, first of all, that we see redefinitions of the values that law courts and judges might take into account. In addition to traditional legal values, there is a growing emphasis on organizational and societal values. When a legal case is treated and judges work towards a verdict, they are not only supposed to offer legal quality, but also timely treatment and societal effects. Do judges treat cases without too much delay? Do they help solving conflicts? (e.g. see also Eicher and Schedler 2012; De Boeck 2014; NSOB 2014; Noordegraaf 2015b). When multiple legal cases are treated, the same logic applies: do judges offer legal quality, but also ‘efficiency’ and ‘results’, that is, do they reduce the number of delayed, untreated, and backlog cases, and are law courts seen as legitimate problem solvers?

Secondly, we see contemporary attempts to organize in new ways, aimed at making judges co-responsible for serving the law, serving the organization, and serving society at the same time. This can be done by introducing self-managing teams of judges, making judges co-responsible for planning, making judges co-responsible for quality improvement, and by joint learning.

Thirdly, we see more far-reaching attempts to link judges and legal procedures to societal surroundings, for example, by introducing community judges who act as judicial problem solvers, by interacting with clients, agencies, and neighbourhoods. One prime example is the so-called community court, which originated in Red Hook, NYC (Berman 2004) and spread throughout the USA and other countries. In community courts, autonomy is restricted and related to the outside world, in order to (1) treat every defendant, victim, and member of the public ‘with dignity and respect’; (2) ‘to be more thoughtful about case outcomes’ and to increase ‘the use of community restitution and social services’, in addition to fines and incarceration; and (3) ‘engage the public and to speak more plainly with the public’,
especially among disadvantaged and poor populations, as one of the founders, Greg Berman explains (Berman 2019: 17).

First and foremost, they do this by distinguishing between the courthouse and the courtroom. As Berman explains (Berman 2019: 22), ‘The business of the courthouse is more than just holding trials. We wanted to leverage the symbolic power of the courts in the community and go beyond just what happens in the courtroom. We have argued that the judiciary should not take judicial independence for granted, that they have to earn it at some level, and they earn it by showing their work to the public.’ Although what happens inside the courtroom is more ‘sacrosanct’, ‘impartial’, and ‘independent’ (Berman 2019: 22), judges also change. They are more approachable, there is more horizontal interaction with defendants, victims, and agencies, and socio-economic contexts of cases are much more taken into account, backed by less judicial and more societal attitudes.

More fundamentally, this implies that judges know how to link themselves to societal processes, agencies, and parties in and around the courtroom. In other innovative manifestations, this might even imply that judges move towards urban areas and neighbourhoods, instead of defendants and/or victims moving towards them. (This can be compared to ‘The patient will see you now’, Topol 2016, which stresses reversed relations between professionals and clients.). Furthermore, it implies that judges deal with dilemmas in new ways, such as the dilemma between being neutral, at a distance, and objective on the one hand versus being involved and committed on the other hand. Or the dilemma between making decisive verdicts, which are legally sound, versus making societal interventions which ‘lead to something’, such as the reduction of conflict.

Finally, it implies that judges do not presuppose that they are trusted and seen as legitimate problem solvers—they have to earn respect and trust, not in the least by how they perform, inside and outside the courtroom, together with their colleagues. This might concern particular complex cases: how they act, whether they realize ‘procedural justice’ (Berman and Gold 2012; Grootelaar 2018), whether they are able to account for judicial decisions towards non-legal audiences, this affects the legitimacy of court decisions. It might also concern the way in which they deal with multiple cases, whether they deal with them on time, whether they are able to innovate; this might call for public or political justification. And when judicial organizations or institutions are at stake, judges and colleagues will have to find ways to be transparent about court developments, without losing trust (Grimmelikhuijsen and Klijn 2015).

**Leading medical doctors**

Medical doctors are also interesting examples of changing professionalism, as they represent one of the classic image of professionalism: ‘the doctor’ as ‘the professional’, who treats the ‘disease’ of ‘his/her patients’ as optimally as possible, backed by state-of-the-art knowledge, skills, and techniques. These are applied with much medical autonomy, in order to protect medical decision-making against unwanted ‘intrusions’ and secure ‘medical’ case treatment.

As in the case of judges, one of the first transitions relates to the terms ‘medical’ and ‘medical quality’. Definitions are shifting. In case of medical professionalism, there has been a wide-ranging reconceptualization of medical quality, which now comprises multiple dimensions, including what is often seen as managerial dimensions (Richardson 2001): high-quality care is ‘safe, effective, patient-centred, timely, efficient, equitable’ healthcare.

Secondly, as in the case of law courts, there are transitions in organizational forms and methods. On the one hand, hospitals are turned into multi-divisional forms (cf. Mintzberg 1983), with clear steering, results, and accountability. On the other hand, all kinds of more professional forms and methods are installed to secure leeway for medical professionals and to bring them ‘in the lead’. Think of dual management, medical managers, self-managing teams, and the like (Llewelyn 2001). This implies that medical professionalism increasingly becomes ‘hybrid’ (cf. Noordegraaf 2007), as has been shown before.

Thirdly, going beyond hybridity, medical doctors—as well as nurses—are increasingly connected to complex case contexts, including multiple professionals, multidisciplinary collaboration, organizational requirements, accountability, multi-morbidity, stakeholder preferences, and public debates. This is done, among other things, by formalizing new
medical competencies, changing medical curriculums, and stimulating ‘medical leadership’ (Voogt 2019). In many Western countries, new competency models such as CanMEDS (Frank and Danoff 2007) have been adopted and implemented in order to enact broader repertoires of contemporary medical doctors. This is related to broader, systems-related views upon medical interventions (Frenk et al. 2010), in which medical professionals and others collaborate, and in which medical professionals connect their evidence to patient experiences. This might be facilitated by technological processes, which change the nature of professional acts in relation to cases and contexts. Electronic patient files, for example, enable medical professionals to share information; digital information processing facilitates (multidisciplinary) diagnostic support; algorithms direct medical decisions in relation to context; online systems facilitate professional–client interactions.

More fundamentally, this implies that medical professionals have to attend the right meetings, in addition to patient interactions: multidisciplinary meetings, meetings to learn from mistakes, staff meetings, and public meetings in case of new or ‘tricky’ circumstances. In addition, it implies that they have to deal with dilemmas, such as the dilemma between extending treatment on medical grounds and patient (or family) preferences, which might go against extending treatment. Or dilemmas concerning how to prioritize treatment, and whether demographic conditions or lifestyles should be taken into account.

Finally, it implies that medical professionals cannot start from ‘secure’ positions of authority but have to earn a legitimate share or stake in health interventions. When patients ‘know it better’ or do not trust medical doctors or turn to alternative medical circuits, medical doctors have to earn trust by being honest—for example, on the ‘trial and error’ nature of many medical processes; by being convincing, backed by arguments; by explaining how things work or did not work; by being transparent.

Impactful academics

Finally, our own work as academics is changing as well. Instead of focusing on individual research projects and outputs—and primarily on publications—academics have to work together, not in the least to establish multidisciplinary programmes and consortia, and they have to be relevant for society. The latter aspect means that academics take societal responsibility, focus on societal issues, and try to have an impact. This is happening on a broad, transnational scale, for example, within the European Union which has embraced the so-called ‘Open Science’ movement (Benedictus, Miedema and Ferguson 2016). It is happening nationally, for example, when policy-makers redirect science strategies, aimed at optimizing ‘impact’ and the so-called ‘impact pathways’ (cf. KNAW 2018). In addition, it happens at universities, especially when university boards formalize their social or societal roles and responsibilities.

If this happens, academics are stimulated to link education and research to society, that is, to societal partners, practices, and problems. This has organizational consequences and it changes professional orientations. Organizationally, it means that interactions between science and society have to be developed and supported. This implies clear organizational positioning and profiling, in a strategic sense, as well as modern governance, with faculties linked to themes linked to support staff and organizational structuring aimed at linking education, research, and impact. In addition, this implies adequate support, with adequate back offices, and organizational teams that are able to combine substance, finance, HR, and facilities.

Professionally, it means that ‘the academic’ becomes a relative phenomenon, and that teams of academics, who are well supported and well connected to partners and practices, become more relevant. This has consequences for expertise, skills, and competencies. Academic fields and bodies of knowledge become interrelated. Academics need to be able to work on the basis of their expertise, which cannot be isolated from the expertise of others, both inside and outside academia. They need to be able to relate knowledge (development) to publics, sometimes literally (through the media). They, moreover, need to be able to do this in the light of politicized public issues, such as sustainability (plastics, energy transition, climate adaptation, urban innovation, circular economy), public health (prevention, vaccination, behaviour, cost control), security (terrorism, radicalization, violence, right-wing extremism), and the like.
In addition, academics need to be able to deal with consortiums, attracting money, and applications; they need to be able to ‘make deals’ and control projects.

In a more fundamental sense, this implies that academics are present at the right tables, both inside and outside academia, and that they find new routes for working with other academics and people outside universities. Merely working on ‘your own work’ does not generate valuable and/or valued science. Especially as ‘outsiders’, publics, financers, and decision-makers expect something else. Next, it implies that academics deal with new matters and questions, such as matters of what it means to be ‘independent’. When we work together with outside partners, including public, private and non-profit organizations, organizational agendas, interests, and/or reputations might be at stake. Academics will have to be able to deal with the dilemmas that flow from this, professionally, supported by organizational infrastructures. Finally, it implies that they need to maintain and/or develop trust and legitimacy, especially as the outside world does not automatically rely upon scientific facts and scientific ‘truth’. In case of politicized social/societal issues, the scientific voice is only one of the many voices heard, instead of a privileged one.

Connective professionalism as a research perspective

These examples show how professionalism might be reconfigured and how professional identities and acts become part of wider environments in which other professionals, organizational actors, clients, stakeholders, organizations, politicians, and publics are part of realizing ‘professional’ services. Professionals themselves still have special significance and added value because they have distinctive expertise, are able to withstand pressures, and can be trusted, but these key dimensions—expertise, autonomy, and authority—are not ‘controlled’, that is, not created, maintained, and applied by professionals themselves.

In many ways, this is a traditional fact of professional life: professional fields have always been dependent upon other actors—as ‘powers’—to become an actor or power themselves. They have always needed back-up by the state, support from universities, and public consent. Setting standards, moreover, always had something to do with case/client-related features and ethical or societal values. But nowadays, professional fields and professional acts have become all the more dependent upon the ‘outside world’. Traditional protective shields are weakened.

This means that connectivity has acquired special, contemporary meaning: in order to maintain expertise, autonomy, and authority, professionals need to acknowledge interdependency, instead of independence and mere dependency. They need to be aware of the fact that expertise is distributed, that autonomy is contested, and that there are multiple forms of authority. And, vice versa, they need to make sure that they are experts in relating themselves to others, in using social mechanisms to make ‘their own’ decisions, and in acting trustfully so that they respected. As far as professional agency is concerned, this implies that professional agents need to be aware of the fact that professionalism is not residing ‘in’ professionals but happens in-between professional action (in occupational domains) and the outside world (and social domains). Connective professionals need to be able to navigate relations and to be wired in, to be at the right tables, in order to perform expert roles; to understand social experiences in order to maintain a sense of autonomy; and to navigate risks, including trade-offs and dilemmas, and to perform trust and gain respect, also on a day-to-day basis, in order to remain authoritative.

‘Relational agency’, Edwards (2011) argues, ‘involves a capacity for working with others to strengthen purposeful responses to complex problems’ (Edwards 2011: 34), to ‘expand the object of activity or task worked on’, especially by ‘recognising the motives and the resources that others bring to bear . . .’ and ‘aligning one’s own responses to the newly enhanced interpretations’ (Edwards 2011: 34). In other words, professionals engage in ‘generative boundary work’ (Edwards 2011: 39) in ‘boundary’ or ‘inter spaces’ (Edwards 2011: 35). This strengthens the fact that professional action happens ‘in-between’ (Dove et al. 2017: 162). According to Hilferty (2008: 163), focusing on teacher professionalism, ‘professionalism is a phenomenon that articulates the quality and character of teacher’s work’, whereas ‘enacted professionalism is a process that relates to the ways in which teachers attempt to...
Influence the quality and character of this work’ (emphasis added). In addition, he argues that ‘for association executives this process comprises the dynamic ways in which they support members, advocate subject interests, and respond to a changing educational environment’ (Hilferty 2008: 163).

In terms of a broader research perspective, this means that both contexts and agency count. Professional acts are not performed by ‘professionals’, but they are part of service processes, in wider service ecologies, in which many actors and factors play a role. ‘The professional’ who ‘treats a case’ with full attention, care, and consideration—something which belongs to the more traditional ideal image of professional work—has always been an ideal-typical image and is increasingly unrealistic. Professionals not only act, but they also have to interact with many others and take performative action: how they do things, how they relate to client experiences, how they learn, how they deviate from standards, and how they appear trustworthy, that determines whether they are seen as ‘professionals’.

Professionalism, in other words, is not so much made or produced by professionals themselves and then secured; it is largely ‘made’ by others/outsiders when they interact with professionals. When professionals—in terms of agency—are able to relate (navigating relations) and let in (wiring in), when they are able to connect to lived experiences (understanding social experiences), and when they make trade-offs and deal with dilemmas (navigating risks) and generate respect (performing trust), they practice connective professionalism. This calls for day-to-day ‘acts, texts and objects’ (cf. Yanow 2000), by way of which actions are opened-up, such as being visible; entering into a wide array of (horizontal) interactions; explaining things; taking client experiences seriously; being sensitive; showing societal understanding; taking moral stances; and accounting for actions and decisions. How this works exactly, when, where, and why, has to be studied. All of the notions mentioned might act as areas for future theoretical and empirical elaboration, in order to further understand the orientations, contexts, and agency that drive connective professionalism. Table 2 summarizes a connective professionalism perspective in terms of ‘key concepts’ that can be accentuated in subsequent research.

**DISCUSSION AND CONCLUSION**

Instead of either announcing the ‘withering away’, ‘end’ and ‘death’ of professionalism or returning to traditional ideas and classic images of ‘stable’ professionalism and ‘strong’ professionalization, this article chooses a different perspective. It argues that professionalism is not ‘made’ by professionals themselves, but dependent upon many actors and factors in broader service processes and wider service ecologies. Professionalism happens ‘in-between’ professional action and cases in context, is ‘enacted’ by professionals in relation to the wider environment, and ‘performed’ by day-to-day performances. Connective professionalism rests upon the ability to navigate relations, get wired in, understand social experiences, navigate risks, and gain respect.

This goes beyond ‘hybrid’ and ‘organizing professionalism’, as it highlights a reconfigured image of professionalism in which risks, dilemmas, and ambiguities are part of professional working lives, and as it relates professional acts to webs of relations and the wider, outside world. This has implications, both for research and practice. In terms of research, we need more empirically grounded analyses of how and why professional fields are changing and connecting to outside worlds, in one way or the other. We also need a more empirically grounded analysis of how expertise and authority become more relational, and which mechanisms and conditions help or hinder this.

In terms of practices, the reconfigured idea of connective professionalism can be linked to practical regulatory mechanisms like schooling, socialization, and supervision, which affect how professionalism evolves. In addition to occupational dynamics, we also need to reflect upon the organizational dimensions of professional work: which organizational and managerial settings affect whether and how professionalism becomes more connective. In addition, we need to reflect upon the contextual dimensions of professional work in organized settings: how conditions that surround services affect service delivery; whether and how they affect expertise, autonomy, and authority; how specific acts and performances affect whether professionals are seen as authoritative experts.

When we take a relational perspective upon professional work, there are far-reaching consequences
that go beyond ‘brokerage’, ‘boundary crossing’, and the like. Instead of focusing on ‘the professional’, we focus on professional processes; instead of focusing on expert-based decisions, we focus on expert-based interactions that change the nature and substance of expertise; instead of privileging knowledge, we take experiences and preferences into account; instead of isolating treatment from society, we relate treatment to societal concerns and conditions; instead of assuming that professionals ‘are’ professional(s), we

Table 2. Connective professionalism as a research perspective: key concepts

| ORIENTATION                              | CONTEXT                                          | AGENCY                                      |
|------------------------------------------|--------------------------------------------------|---------------------------------------------|
| • Interdependency                        | • Processes                                      | • Navigating relations                      |
|   • Professionals are neither independent nor dependent. They are interdependent, which means they are part of extensive webs of relations, in which people need each other to perform and reach results. |   • Professionalism is not a matter of ‘applying knowledge and skills’, but of securing relational processes in which joint action is generated. In this way, professional action can be tied to outside experiences, dilemmas, and stakeholder suspicion. |   • Professionals interact with multiple others, in webs of relations, and they know how to connect to the right colleagues, cases, clients, and stakeholders. They know how and when to be visible, how to prioritize relations, and how to build relations. |
| • In-between                             | • Ecologies                                      | • Wiring-in                                 |
|   • Professionalism does not reside ‘in’ professionals, neither in professional acts, within regulated occupational domains. It occurs in-between professionals, clients/cases, and stakeholders, in wider social domains. |   • Professional acts and interactions happen in wider environments in which many actors and factors play a role. Stakeholders such as Inspectorates affect professional work, and so do incidents and publicly exposed cases. |   • Professionals know how to relate to circumstances and contexts, figuratively and literally. They know crucial participants, partners, and stakeholders. They know with whom to interact, when, and how. They are present at the right ‘tables’, in the right meetings. |
|                                          | • Understanding social experiences                | • Understanding social experiences           |
|                                          |   • Professionals know how to make judgements, in relation to lived experiences, of both clients and wider stakeholders. They know how to connect evidence to experiences and emotions. |   • Professionals know how to make judgements, in relation to lived experiences, of both clients and wider stakeholders. They know how to connect evidence to experiences and emotions. |
|                                          | • Navigating risks                               | • Navigating risks                          |
|                                          |   • Professionals do not ‘make decisions’ related to cases, backed by knowledge, skills, and discretionary spaces. They navigate the complexities, ambiguities, and risks related to treating cases in context. They are aware of and deal with dilemmas. |   • Professionals navigate the complexities, ambiguities, and risks related to treating cases in context. They are aware of and deal with dilemmas. |
|                                          | • Gaining respect                                | • Gaining respect                           |
|                                          |   • Professionals are taken seriously, and they are seen as trustworthy. This is related to micro-practices, that is, how professionals generate day-to-day respect, as well as to macro-practices, that is, how they prevent and manage incidents and how they create public images. |   • Professionals are taken seriously, and they are seen as trustworthy. This is related to micro-practices, that is, how professionals generate day-to-day respect, as well as to macro-practices, that is, how they prevent and manage incidents and how they create public images. |
study professionalism as performative; instead of seeing professionalism tied to professional work and actions, we situate ‘real’ professionalism in landscapes that surround professional workers. Professionalism is not only produced by professionals.

ACKNOWLEDGEMENTS

The author thanks anonymous reviewers from JPO for their valuable comments upon an earlier version of this article. He also thanks many colleagues who commented upon the article, during conference panels when earlier versions of this article were presented. No conflicts of interest are reported.

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