PROFESSIONAL IDENTITY IN MEDICINE: APPLYING THE COSMOPOLITAN-LOCAL CONSTRUCT

Abstract

Gouldner introduced the cosmopolitan-local construct as latent organisational roles or identities in 1957, in a study of university personnel. Cosmopolitans were hypothesised as persons who are committed to specialised role skills rather than loyal to the employing organisation. Locals were hypothesised as those with an opposite orientation. In health service institutions, the construct may be regarded as relevant to the understanding of professional commitment, recognition, status and ideology. This paper aims to explore this relevance.

In a study of interprofessional patient focused health service projects, participants of different professions were interviewed applying a semi-structured approach. Respondents were asked questions about motivation, professional autonomy and interprofessional co-ordination and cooperation during these projects, and how a patient focus was maintained. Interview data were analysed using critical discourse analysis, for example of the different professions' use of terms like "patient focus", to identify how specifically professional ideologies are maintained in the interprofessional projects.

Preliminary findings from the study show that the health personnel's orientations and identities are important to the success of the interprofessional projects. The development of an identity related to a specific project make possible commitments from several professional groups. The local-cosmopolitan construct provides a possible understanding of physicians' somewhat reluctant participation in interprofessional local projects, compared to nurses' participation. It is in the paper discussed how Gouldner's theory may prove relevant to questions on the mediation between health professions, and the debate on professionalisation and deprofessionalisation within health care.

Key Words: Medicine, Professionalisation, Local-cosmopolitan

Introduction

There is a growing concern in the public sector in Norway on making the services client friendly and whether professionalisation in the sector hinders the development of such client focused services. The professionals themselves tend to argue that it is in their interest to secure the quality of services for their clients. The study, on which this paper is based, is called “Fragmented Professions and Integrated Services” and was initiated to study whether professionalisation is compatible with increased client focus in the health services.

“To put the patient first” has become an important slogan for the Norwegian Ministry of Health, and only projects conforming to these objectives seem to get governmental financial support. In our study...
we have identified several local changes in services to look for the professional objectives in these. We are interested in studying how the health professions may promote integrated services or not, what kind of strategies they use to influence changes and how professional interests are preserved during changed conditions.

In this paper I am especially concerned with the relevance of one theoretical contribution, namely Alvin Gouldner’s concept of localism and cosmopolitanism (1957;1958). I will start by elaborating Gouldner’s concepts and how they have been applied and criticised. Then I will present some of our empirical findings, which is still in a preliminary stage, and discuss these, in terms of Gouldner’s concepts.

Cosmopolitanism and Localism

Two papers in Administrative Science Quarterly in 1957 and 1958 by Alvin Gouldner have been recognised as important in the presentation of the local-cosmopolitan construct. The construct is concerned with the orientation or identification of people with an employing organisation as opposed to a broader referent group. Gouldner presented the construct as a hypothesis for analysing two latent organisational roles or identities, applying three variables, “loyalty to the organisation; commitment to professional skills and values; and reference group orientations (Gouldner 1957:281).

By social identities Gouldner means “the way in which an individual is in fact perceived and classified by others in terms of a system of culturally standardised categories” (1957:284). Latent social identities are identities that group members define as being irrelevant, inappropriate to consider, or illegitimate to take into account. Expectations which are associated with these latent identities is by Gouldner (1957) termed latent social roles. In his study from 1957 he wanted to explore the possibility that, as distinguished from and in addition to their manifest identities, members of formal organisations might have two latent social identities, called “cosmopolitan” and “local”.

Cosmopolitans are employees with little loyalty to the organisation, but much committed to their specialised skills. They have an extremely professional outlook. They think of themselves primarily as engineers or accountants for instance (Pugh et al. 1971). Locals have a higher degree of loyalty to their own organisation and are less committed to specialised role skills (Gouldner 1957).

It is possible to view Gouldner’s construct - localism and cosmopolitanism - as a criticism of Weber's concept of bureaucracy and its functioning to modern industrial organisations. Weber's analysis was based on the assumption that the members of an organisation will in fact comply with the rules and obey orders. Gouldner suggests that there is an inherent contradiction in bureaucracy between a system of authority based on the appointment of experts, and authority based on hierarchy and discipline (Pugh, 1971).

In a later paper, Gouldner (1958) refined the local-cosmopolitan concept, with another factor analysis on the same data. The new analysis resulted in a more complex system consisting not only of locals and cosmopolitans, but of two clusters, one with four types of locals and the other consisting of two types of cosmopolitans. First the locals: “The dedicated” are the true believers that are identified with and affirm the distinctive ideology of their organisation. “The true bureaucrat” has a more particularistic loyalty than the dedicated, that is to the place itself rather than to the organisation’s distinctive values. They are concerned about the security of the organisation. “The Homeguard” is bound and loyal to the organisation by particularistic reasons for example by personal history. “The Elders” are committed to the organisation by their involvement in its informal group structure. Further there are the two types of cosmopolitans: “The Outsiders” have little integration with the formal and informal organisation and identify more with traditional academic conceptions than with the distinctive college ideology. “The Empire Builders” are more integrated in the formal organisation and committed to their specific academic departments, but with a strong pull toward increased departmental autonomy.

I have not elaborated the concept of identity in this paper. Applying an interactionist perspective, I mean by identity a “general, if individualised, framework for understanding oneself that is formed and sustained via social interaction” (Gioia 1998). The question of professional identity is the question “What kind of doctor am I?” or “What kind of nurse am I?” and further “When I am in this situation together with these nurses and patients, what kind of doctor am I, and what kind of doctor do these people see me as?”

The terms cosmopolitan and local are drawn from Merton (1957) but where Merton’s focus is on the conjunction between locals and cosmopolitans and influence in communities, Gouldner’s analysis (1957) applies cosmopolitan and local orientations to role players apart from considerations of their influence.
Hickson and Hinings 1971). In the first case authority is legitimised because of superior knowledge; in
the second it arises from the office field. This represents a particular incompatibility in those
organisations that employ large numbers of professionals who may have more technical knowledge than
their hierarchical superiors. Gouldner has further emphasised the possible loss of stability in
organisations of experts.

“[Weber] tended to assume that the more expert an organisation’s personnel, the more efficient
the organisation, and therefore its stability. But [...] those who are expert are also
“cosmopolitan” in outlook and if, as our own analysis suggests, they are less loyal to their
employing organisation, then organisational survival may be threatened by a recruiting policy
which attends solely to the expertise of the candidate” (Gouldner 1958:466).

Gouldner’s research on the concepts of cosmopolitanism and localism has to some extent been replicated
(Berger and Grimes 1973; Flango and Brumbaugh 1974) and further elaborated. The construct have
been applied in studies of industrial laboratory researchers (Goldberg, Baker and Rubenstein 1965),
military personnel (Stahl, Manly and McNichols 1978) and organisational innovativeness (Kimberly
and Evanisko 1981; Robertson and Wind 1983). The construct in its original form (i.e. Gouldner 1957)
has been criticised for lacking empirical evidence and for rather being a “simplistic bipolar
conceptualisation” providing an “appealing label” to differentiate organisation members (Grimes and
dimensions in the local-cosmopolitan construct, “commitment to specialised role skills” and “loyalty to
organisations”. They (Berger and Grimes 1973) found little support for keeping Gouldner’s third
dimension “reference group orientation” within the local-cosmopolitan construct.

There is also a question whether the local-cosmopolitan construct is unidimensional or
multidimensional. In addition to the pure locals and the pure cosmopolitans there may be two other
types: Those who take into account the relevance of an idea for both their personal gratifications and the
success of the company (both local and cosmopolitan) and those who seem to have an indifferent or
disinterested orientation in the sense of not emphasising consideration of either professional gratification
or organisational responsibility (neither local nor cosmopolitan) (Goldberg et al. 1965). Goldberg et al.
(1965) use the terms “professional orientation” and “organisational orientation” which may serve as a
useful alternative to local and cosmopolitan. Wallace (1995:231) suggests the use of “organisational
and professional commitment” and that these may be viewed as separate and distinct phenomena which
allows for the possibility that commitment to the organisation does not necessarily occur at the expense
of commitment to the profession and vice versa. Thornton (1970) concludes in a study of junior college
teachers that if the professional is allowed to remain an agent of his profession, it is more likely that he
or she may develop high commitment both to the organisation and profession, than if one attempt to
make the professional an agent of the organisation through organisational, that is, non-professional
involvement. Also Friedlander (1971) concludes from a study of laboratory research scientists that it is
not an issue of the cosmopolitan versus the local, nor the individual versus the organisation. Rather, he
finds that there are three distinct types of orientation among the researchers, the research oriented
scientist, the professionally oriented scientist and the local scientist. All of these orientations can be
thought of as serving important functions for the organisation, high quality research performance,
professional recognition and wide dissemination of scientific information, and local wisdom and
continuity (Friedlander 1971:181).

The local-cosmopolitan construct is only to limited extent been applied to studies of health professions.
However, Bennis, Berkowitz, Affinito and Malone (1958) have used the concept in a study of nurses in
an outpatient department. They asked the following questions: To what groups were nurses loyal? How
would nurses rank the various groups of which they were members? Bennis et al. (1957) did find some
interesting inversions from the initial predictions drawn from Gouldner (1957). The cosmopolitans did
not refer to an external group, did maintain high in-group loyalty, and were motivated toward
organisational commitment. The locals on the other hand, were interested in external groups (nursing
associations), showed lower loyalty than the cosmopolitans to the work group, and were less interested
in developing professional skills (Bennis et al. 1957:496). These authors suggest that the local-
cosmopolitan theory may not hold where the main body of membership perceives the profession chiefly
as embodying ultimate values rather than criteria of skills, research and development of a body of
knowledge, where the organisational goals are fuzzy and where the organisation is not substantially indispensable for individual success. They suggest that the medical profession might be more appropriate for applying the local-cosmopolitan construct.

In a study of physicians in Thailand, Smith (1982) identifies doctors as local and cosmopolitan. However, he does not apply Gouldner’s (1957) operationalisation of the terms, even though they have a lot in common. In Smith’s (1982) terms, the local physicians have high civil service ranks, high income, and is generally older than the cosmopolitan doctor. The cosmopolitan doctor reflects an image of medical connections abroad, active involvement in research and other academic pursuits.

The idea to apply the local-cosmopolitan construct in a study of health personnel was conceived in a study of the scarcity of medical doctors in Norway in 1998 (Kjekshus and Tjora 1998; Kjekshus and Tjora 1999; Tjora 1999). During interviews with hospital doctors we discovered that many of these physicians seemed to be more loyal to their medical speciality than to their hospital organisation. For instance, the head of the surgical department said that he would recruit as many physicians to his department as possible, regardless of the excessive demand for nurses that this would create.

Selection of Cases and Method

In the empirical study, on which this paper is based, five interdisciplinary health service projects have been selected as cases. The projects have in common that they are all aiming at developing integrated patient centred services. Data is collected by interviewing the various professional groups who are or have been involved in these projects. Additionally, documents produced during the development of the projects are examined. Both in the interviews and in the document studies we are looking for expressions of professional motivation in the design of the projects and the importance of commitment of different professions, that may also change over time.

By this date, collection of data is not finished in some of the cases. In this paper, only data from on case will be referred to, the Asthma School - the development of standardised education for patients with Asthma in Kristiansand Hospital in Southern Norway.

The findings presented here are therefore preliminary and the references to the case serve only as illustrations to the discussion of the relevance of the local-cosmopolitan construct to professional identities in health and medicine.

The Asthma School

The asthma school was initiated in 1994 when nurses in the department for lung medicine in Kristiansand Hospital were somewhat frustrated by the situation – "there is nothing happening here" – they felt they were not able to really help their patients with their problems. They had heard about education of asthma patients in Sweden, and were able to go there to observe the Swedish model. Since they were enthusiastic about this concept, they asked one of the physicians in the department for advice on how to get started. This doctor felt that he had some of the frustration in common with the nurses and would like to develop a form of patient teaching, and then in a simple form evaluate the model, by testing the patients before and after the teaching. The head physician of the department, however, thought that the idea was great but that one should do a randomised-controlled trial to measure the success of the asthma school.

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6 In short the projects are the following: The Fosen Team – a multi-professional psychiatry team that provide specialist services in one larger rural coastal area, the Fosen peninsula in Mid Norway; the Asthma School – the development of standardised education for patients with Asthma in Kristiansand Hospital in Southern Norway; the Department of Rheumatology in Trondheim, the university city in Mid Norway – the development of the patient focused model of the Planetree philosophy; the collaboration project between specialist and primary care sector in Tromsø in Northern Norway – in which primary care doctors spend 10% of their time within hospital departments to better be able to refer patients in the right way; and finally, the development of an elective surgery line in Ringerike Hospital in Eastern Norway – and the question on whether or how medical prestige is preserved in assembly line surgery.
The more informal idea initiated by the nurses was in this way turned into medical research. The physician and his mentor, the head physician, were able to get financial support from the Norwegian Medical Association for the evaluation of the asthma school as a research project. That the project was turned into a medical study meant that lot of information during the project period was confidential. Only the nurse and the two doctors that conducted the study knew what was going on. There was a new frustration among the nurses, because of all the secrets surrounding the project, like the other nurses said:

“What is it that they tell some of the patients and not others?”

The nurses that initially had the idea was in a way excluded from the project, since they had no experience with medical research. The physician conducting the study said about the nurses:

“You know, they are somewhat older. They haven’t got the education that involves the scientific, at all, I think. The nurse that was chosen to take part in the project is very good, caring, and makes the patients feel safe, but she doesn’t read English. She has problems getting things down on paper….”

The research project was in fact very successful, and it turned out that it was possible to develop the project into a doctoral study. The project physician did not have this in mind in the first place.

“My starting point was really a clinical frustration that I had in common with the nurses, so if I was going to do something I would like to do the best that I could. Then, the level of a PhD is the only thing you can put a double line under. I would like to do that”.

Applying the local-cosmopolitan construct, we may see how the project itself turned from a very local oriented towards a more cosmopolitan oriented project. Although the physician in this project started out with the same local frustration as the nurses, the head physician of the department had a much more cosmopolitan orientation towards academic research. Turning the idea into an academic study also made it possible to collect a research grant from the Norwegian Medical Association. The potential conflict between academic research and work in the local clinic was also relevant for the physician in lead of the project. He said:

“I’ve had much negative thoughts about the way people have earned PhDs earlier, so I have really had a lot dogmatic against it, and it is strange that I might come in the same situation myself. However, I feel that it is no problem as long as it is a good clinical research problem”.

The case of the asthma school illustrates that professional identity has both a local and a cosmopolitan potential, and that which of these potential that dominates may vary over time and situation. The asthma school that is described in this paper has been developed into a national model for such schools in Norway. That might not have happened if there was not a cosmopolitan oriented physician behind the project. However, in the day-to-day activities in the local context, this may still be the doctor that the nurses think of as the locally dedicated patient oriented doctor.

Conclusion

The local-cosmopolitan construct is relevant to the broader discussion of the professional-bureaucratic conflict, the debate on whether professionalism and bureaucracy may be analysed as two opposing institutional forms. As illustrated by Davies (1983) however, we need to see bureaucracy and profession less as immanent structures, and rather view organisations as ever-changing and emergent social forms. The local-cosmopolitan construct proves to be a useful concept to increase analytical sensitivity to various forms of professional identities or orientations. It should however not be applied merely as one more distinction between different professions, but across professions, analysing projects and organisations as emergent social accomplishments.

References


