PROFESSIONAL KNOWLEDGE IN EDUCATION AND HEALTH:
Restructuring work and life between the State and the citizens in Europe

Workpackage 2

Welfare State Restructuring in Education and Health Care:
Implications for the Teaching and Nursing Professions and their Professional Knowledge

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Executive Summary

The objectives of work package 2 are described in the partner contract as follows:

1. To provide descriptions of structural changes in the organisation of teaching and nursing since the 1960’s in each partner country, including restructuring measures (particularly from the 1980ies onwards), with special attention paid to the recruitment, competence, authority and positions of the professional groups of teachers and nurses respectively.

2. To provide descriptions of the characteristic structures of professional education and training for teachers and nurses and of concepts of professional competence expressed within education discourses. Official versions of professional knowledge will be afforded particular attention, as will any visibility of transitions to a knowledge society.

3. To identify and describe possible relations between the restructuring of education and health and the practices of professional education and training for these professions.

The work for the package was done in two phases. The first involved identifications and descriptions of transitions in the organisation of teaching and nursing. This included descriptions of changes in the education and training of teachers and nurses and the development of summaries of relevant national statistics. The second involved the production of periodic, categorised and contextualised national case studies based on these materials. These case studies are presented in the following seven chapters. They are followed by a final chapter that attempts to sum up and discuss some common suggestions and some divergences. Some tentative conclusions are drawn at the end of this chapter.

Like the international research review of professions, professional knowledge and welfare restructuring from work package 1 the present work package shows evidence of a varied development of the teaching and nursing professions over time with different trajectories for the North, South and offshore States, highlighting thus once again how professional knowledge is deeply dependent on national contexts. However, variety seems to be greatest in the periods 1945 – 1995 and there is strong evidence that a Neo-liberal convergence has occurred since 1995, particularly at the level of government discourse in national policy rhetoric, perhaps as a reflection of pan-European and global trends (Dovemark, 2004), which also seems to be leading toward a change in the nature of teaching and nursing and changes in the knowledge base of these professions from a (partially) autonomous professionalism toward a neo-liberal standards driven practice. The English case study quoted Mahony and Hextall (2000, p. 91) in this context and as in the Greek case study references are made to the economist Schumpeter and the formation of a Schumpeterian State, based on a notion of the strength of entrepreneurialism for economic (national) development (i.e. the entrepreneur as the main cause of economic development). Schumpeter’s suggestions were that arrangements that enable the entrepreneur to purchase the resources needed to realize his or her vision was in line with the best foundations for a well-developed capital system, which should therefore restructure in ways that encourage and support entrepreneurialism. Markets were expressed as the best means. The EU innovation program, and its main development plan, the Lisbon Strategy, are based extensively on ideas traceable to Schumpeter’s works.

These outcomes and descriptions from the case studies are very important indicators that suggest that we cannot understand the historical moments of the professions in question properly without considering the concept of the socialisation of labour in its cultural and sociological form. This concept of socialisation is importantly different from common
social psychological interpretations and representations of the term, where socialisation is a
descriptive term for processes of the formation of individual identity (the self and the psyche)
through the internalisation of social values and beliefs through interaction and education, and
represents instead the processes by which specific domestic activities and relationships of
production and labour move out of private domains into the broader social spheres of public
activity. Examples include the two professions researched in the present investigation:
teaching and nursing and their movement from on the one hand the domestic spheres of the
home, regarding above all the education and care of the young, elderly and infirmed of the
poorer social classes (i.e. the commonly referred to masses of society) and the small scale
independent private spheres of production for the wealthier and elite categories who have
historically always had private access to education and care, from small-scale private and
independent organisations.

For the poor and the mass of the populations the socialisation of teaching and
nursing was accomplished in two stages according to the case studies, first through the
development of church and/or charitable/voluntary organisations and then by the ‘absorption’
of these activities into the public domain as State enterprises (services) through the expansion
of the service sector, by which means the kinds of labour originally carried out by women
within a system of kinship relationships and small family groups have successively been
moved into the general economy. This expansion is described as occurring in the last seventy
years in each of the countries in question, earlier for some and later for others.

For the wealthier sectors of society the socialisation of education and care is a
different kind of process and involves what is often termed as a ‘de-commodification’ of
services through the absorption into the public sector of private activities. This process has
been incompletely carried through in the case study countries however, giving rise to a
continuation of previously existing parallel systems of education and care in new forms.
These are a public system of health and education for the mass of the population (mainly the
poorer social groups) and a private system for the wealthier elite. This is an important point.
The professions we are looking at have never actually been of ‘one kind’ in ‘one system’ for
all members equally of ‘one classless State’. They always have been divided and distributed
on class lines. This applies even in the most egalitarian periods of history for the most social
democratic welfare States in the project. The socialisation of education and care has not been
a completed project in any country as the wealthier sections of society have always been able
to buy out of the system of social services established by the State.

Teaching and caring/nursing are principally described as historically and
contemporaneously female professions/occupations by all the case studies. This means that
the socialisation processes in question are principally referring to the socialisation of
women’s labour and its initial movement from the home to church/voluntary arrangements
and then (subsequently) to the public service domain with the establishment of the Welfare
state and the growth of the service sector. Through the welfare State the system of needs and
forms of (free) labour that were formerly confined to the domestic sphere were shifted into
the broader social arena and public view such that the socialisation of women’s labour is
equally then also a feminisation of the economy. This is very visible and repeatedly
discussed in the case study descriptions and has resulted in, on the one hand, the often spoken
of job opportunities for women in paid employment outside the home and on the other, a less
openly discussed general ‘dampening’ effect on real income levels, by means of which it has
now become impossible for any family from the working class sections (or, as in the present
case, lower salariate) of society to survive economically on a single income. This is also an
important point which suggests that the often spoken on liberation of women implied by
feminists through the explosion of women’s labour has not resulted in the liberation and
independence but in a more effective extraction of surplus value from production.
The transformation of education and care (basically teaching and nursing) labour has not stopped at the socialisation of these practices in the countries in the project: i.e. has not stopped at the provision of ‘de-commoditised’ production (from the private sector for the rich/upper classes) and/or ‘absorbed domestic and voluntary work’ (for the poor/lower classes) as public services for the mass of the population through the expansion of the welfare-State. (Re-)privatisation, at times referred to also as (re-)commodification, has been the next step. For education and care in the wealthier sections of the national populations this means really very little, in the senses that to greater or lesser extents these sections of the populace have constantly exploited private facilities anyway. However, with respect to education and care as mass projects within a service economy it means a great deal, as it is the final step in a process of conversion of the initially domestic (but also socially useful) labour of women to an objectified form of labour. Also significant is that this has taken place via (for a relatively short period of time in all countries – more so in some than others) State intervention and mediation in the form of welfare State supply. Teaching and nursing, from being useful labour in the home has been transformed into economically productive labour in society and is now a direct large-scale factor of economic production carried out in private economic interests and arrangements.  

The terms productive and unproductive labour, as discussed for instance in Marxist literature, become important concepts in this light. In Marxist use these concepts differ from the understanding generally employed in bourgeois economic theory, as in Marxism productive labour is a concept very distinct from the concept of useful labour. Useful labour is a purposive activity which meets a human need, productive labour is labour that is productive principally in the economic sense of labour; i.e. labour that directly creates new economic value. Productive labour is labour which makes a profit for someone. It is the unpaid part of labour as measured in proportion to the total capital invested in production and is expropriated from workers and distributed by various means among the capitalist class.  

The case studies, both individually and collectively, single out developments of firstly socialisation (of domestic, voluntary and also to a degree previously private labour) and then (re-)privatisation and (re-)commodification of (social/public) labour as the key developmental junctures within the education and care that bear on the research interest in the project on the changing relationships between the State, professions and individuals in the countries in question (and therefore also ‘western’, southern and northern Europe more generally). And grasping the importance and characteristics of these moments is fully salient, according to the case studies to our being able to understand and describe the past, present and possibly future developments of care and education labour (including specifically teaching and nursing). In the countries in question at the present time the case studies are also extremely conclusive about what these developments are most easily and clearly characterised by, with this being primarily commercialisation through the out-sourcing of functions that were formerly carried out within State structures (and in some cases charities and the church) to capitalist enterprises (usually mediated by State bureaucracy) on the one hand.  

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1 There is an interesting suggestion about the welfare State here, which instead of being seen as ‘the opposite’ of private production and as an example of the redistribution of surplus value through the taxation of income and profits, as is often stated in social democratic welfare State policy declarations and self-descriptions, now becomes an intermediary in the capitalist processes of the creation of labour power and instrumental in the capitalist processes of conversion of ‘other’ values forms into an objectively economic form. This means that welfare State expansion becomes part of the transitions of capitalism and an integral and important intermediary in the expansion of capitalism rather than something opposing capital and resistant to capital.  

2 Which doesn’t mean that useful labour cannot be productive nor that productive labour cannot have other use values. As spelled out clearly in relation to the concept of the double hieroglyph in Grundreisse and Capital (Volume I) all cultural commodities in capitalist societies have these double inscriptions of value and neither outcome is directly determinable simply from current economic conditions of production (also Willis, 1999).
hand and the (in some cases) full-scale privatisation of public services for capitalisation processes on the other, with negative consequences for teacher and nurse job satisfaction.

The activities of conversion denoted by the case studies entail the completion of what could be described as a full cycle of (private to public to private) conversion of the production relations of the education and care sectors and involve a massive movement of labour from domestic work, to the service sector, to private industries (and corporations). In this sense the processes of professional conversion imply the overwhelming historical presence of commodification via State intermediary involvement and the transformation of relationships formerly untainted by direct commerce, into commercial relationships of buying and selling. This has been the pathway of service professional activities of teaching and nursing in the past 150 years in the countries in question according to the case studies. In some of them (e.g. Greece, Spain, Portugal, and regarding education and care for the poor) most of the transformations of labour involved have been compressed into the most recent fifty years of national history. In some other countries (Sweden, UK) developments have been spread over a longer time period. The case studies also suggest that State and State education, including professional education and training, are both culpable in the processes of the objectification and exploitation of female work described and that the rate of conversion may now be expanding at an alarming rate.
Introduction

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The case studies in the present work package aim both collectively and individually to provide descriptions of structural changes in the organisation of teaching and nursing in Europe since the 1960ies. In these descriptions special attention is paid to the way the recruitment, competence, authority and positions of the professional groups of teachers and nurses respectively are represented as well as to descriptions of the characteristic structures of professional education and training for teachers and nurses. Concepts of professional competence expressed within education discourses and possible relations between the restructuring of education and health and the practices of professional education and training for these professions are also given serious attention.

The individual case studies make some quite clearly pronounced statements – again both individually and collectively - about firstly predominant temporal and national differences across the period from the 1960ies to the present day and then, secondly and very importantly, about a recent convergence through what is identified as a common influx of neo-liberalism in a way that is tending to (and is already sensed as having begun to) oppose humanism and democracy in (welfare) services and professions in everyday interaction, personal experience and the concrete outcomes of care- and education quality for individuals of different class backgrounds. This is a very important statement about current developments in the organisation and delivery of services in the partner countries, which is becoming increasingly oriented toward the exploitation of infrastructure and purchasing capacities.

Each country testifies clearly to the restructuring of services in the above senses. Sometimes this has occurred from national contexts with low levels of decommoditised general service provision. In others this restructuring has occurred in the context of a mature welfare State with fairly high preceeding levels of decommoditisation in services. However, in both extremes outcomes have tended to be somewhat similar according to the case studies. Rather than contributing to the development of a comprehensive system of service supply and professional development in relation to this supply, neo-liberal restructuring seems to be leading to the creation of apparatuses of conversion through which public wealth is first objectified and then converted into private economic forms that are possible to accumulate by corporations and corporate stock holders at the expense of others. For instance, according to the UK case study (mainly but this is also suggested by the Greek and to a degree Spanish studies as well, and has also been reported recently in an article in a Swedish journal as being equally apparent there) neo-liberal restructuring in services has resulted in the creation of economically exploitable and objectified service practices, professions and professional knowledge and an alienated service society (Mentor, et al, 2004; Mahony & Hextall, 2000; Lawn, 1996) that may have contributed significantly to crises in recruitment and retention in the professions researched (Woods et al., 1997; Woods & Jeffrey, 1997). This is a very different set of outcomes to the often formally spoken on aims of extended professionalism, increased autonomy and responsibility and greater professional freedom for nurses and teachers through restructuring. In this sense extended professionalism and related concepts seem to have worked as bait in the form of plastic boundary objects that are used in public discourses in ways that are intended to help accrue general support from (key) specific groups in and for restructuring processes and are, in other words, issues of hegemony in the strongest possible sense of that term.

The ‘realignment’ of service professions by/through neo-liberal economic restructuring (and its major discourses) seems to have progressed furthest (seen in terms of material consequences/outcomes) in the UK. For instance, as cited through the UK case study, Mahony and Hextall suggest in England that the dominant machinery of regulation in neo-liberalism has been redefined as the very foundation of professionalism and has begun to dominate (welfare) services and professions from the political level in the restructuring of work and life and the relationship between the State and its citizens. But such developments are not just restricted to two professions in one country, they are aspects of a broader transformation of the public sector(s) in Europe. The Bologna process is probably the most recent general example in education but such things have for instance, albeit on a smaller scale, been described in the case study contents in relation to adult education in Sweden (Wass, 2004; Beach, 2004) as well as in relation to teaching and nursing and their respective education programmes in England, Ireland, Spain, Greece and Portugal. So there is little doubt about the predominance of this neo-liberal form of rationality across Europe nor that it speaks in a number of ways in different dimensions of practice. Budget control, capacity building and exploitation and the infusion of new discourses of the market and employment are two clear examples (Beach, 2004; Beach & Carlson, 2004).

One of the professions in particular (teaching, and primary and lower-secondary school teaching specifically) seems to have been very heavily effected. These effects are clearer in some countries rather than others. They are particularly clear in England but also to a lesser degree in Sweden, Portugal and Spain. Hargreaves has described the problems of restructuring in the teaching profession in England as one of monumental proportions and has stated that teaching, although expressed globally as a profession vital to the knowledge economy, is now a profession which ‘more and more people want to leave, fewer and fewer want to join, and very few are interested in leading’⁴. These issues are discussed further in the final chapter of the work package in line with the objectives of the work package.

A brief presentational preview of case study accounts
A particular kind of economic rationality seems according to the case studies to have become fundamental to public service restructuring in the context of the States involved in the present project, in that although restructuring is always a potential variable (in line with Dale, 1997 and Whitty et al, 1998) it has generally in the case-study countries begun to come to mean the same thing, with this being a transformation of public service supply through the introduction of a market model of delivery with roots in the world of business and the expressed intention of making this supply more economically effective through competition, based on the extremely ideological claim that markets have been shown to create this competition in a way that efficiently distributes goods to individuals who need and desire them and that services should therefore be deliberately altered so that the market can also become the ultimate arbiter of what is included in them as well (Beach, 2004). As mentioned in the executive summary, we can speak here of a concept of the Schumpeterian State.

⁴ Nursing doesn’t seem to have been effected in quite the same way. Although high levels of stress are noted in research about nurses’ experiences of their work conditions, there are far fewer job vacancies and no tendencies to employ unqualified staff. Some of this may be to do with forms economic capitalism and the trafficking of qualified professionals from poorer countries to the richer ones. England for instance imports vast numbers of qualified nurses from Africa, Asia and the Caribbean countries, as it previously did from Ireland, to do nursing duties in its hospital wards. It is able to do this because of economic incentives and relative wage structures and is, in this way, able to save on its public budget. It is cheaper for the UK to import nurses than educate them. This practice is now quite widespread in Europe.
The Schumpeterian form of economic restructuring of public services and public service professions can also be termed neo-classical economic restructuring and is based on a specific local-turned-global form of neo-liberalism, concerning the introduction of regulated markets, which is not to be confused with a new renaissance for classical liberalism, as is sometimes the case. In fact it is highly contradictory with respect to liberal market doctrine as it is at one and the same time an intervention to favour liberal marketisation and a contradiction of the very basis of this idea of markets, as restructuring involves direct political involvements in the organisation (and monitoring) of the production and delivery of public services that the introduction of a liberal market practice is supposed to render superfluous. Neo-liberal restructuring is a form of State intervention that according to the case studies is less of a living exemplification of the fundamental ideas of a liberal market ideology than it is an exploitation of these ideas in an attempt to reconstruct the world in line with certain preconceived interests, by legitimising the privatisation of public services and allowing direct corporate involvement in service production and delivery in the name of profit.

Current global neo-liberalism is characterised by five main denominators. These are first an idea of a market economy where economic decisions and actions by individuals regarding the transfer of money, goods, and services are (through an idealisation of the concept of free transactions) considered to be voluntary (free of coercion). They are second, a monetarist economic policy that involves stimulating the economy by manipulating money supply. This Schumpeterian approach to political economics was used extensively (based on advice from the neo-liberal economic guru to the US Republican party Milton Freidman) as a response to the 1970ies oil crisis and a phenomenon that came to be termed stagflation (basically high unemployment combined with runaway inflation). The third denominator concerns the privatisation of State-owned industries to ‘shrink’ and weaken State involvement in markets and the fourth low taxation to stimulate individual freedom of choice in economic transactions and the ‘sale’ of goods and services on these markets. These four denominators collectively represent an individuation and privatisation of services. They are combined with a fifth denominator, strong opposition to trade unions, nationalism and centralism and strict control of the expansion of State expenditure in the welfare State and local government.

Stagflation was something new in the economic landscape of nation States. Previously, national economies had only experienced high unemployment and high inflation separately, not at the same time. Stagflation was both and it meant that if one followed the typically social democratic Keynesian model to stimulate the economy, the government would be forced to introduce new spending programmes financed either by new taxes or borrowing forcing up inflation even further and cramping businesses and expansion in the private sector. The monetarist idea was instead that the government could choose either to raise interest rates to tame inflation, which although this might cause further unemployment could be compensated for by reduced taxation on companies to stimulate hiring of labour, or lower interest rates to stimulate the economy, which although this might cause further inflation could be tolerated through expanded production. Lowering social safety nets (unemployment benefits in particular) was a strategy used at the same time to ‘increase the incentive to work’ amongst the unemployed. There are other ways of expressing this latter point, such as increasing the potential for exploiting labour power.

The notion of neo-liberalism developed as an extended response to stagflation. It advanced as an economic practice extensively during the era of Reagonomics in the USA and then Thatcherism in the UK around the expressed (but not strongly empirically tested) idea that businesses have to be innovative and create wealth to survive. ‘Businesses are the goose that lays the golden eggs and government regulation and taxes are activities that are strangling the goose’ was a common paraphrase. In its current form (a form of neo-classical economic philosophy) neo-liberalism is easily visible however as an imposition of market practices from the top-down promoted also by international financial institutions such as the IMF and the World Bank and by centralised governments such as those of the EU and the USA. In this ‘global’ form neo-liberalism coincides with current corporate dominations of economic production world-wide (neo-corporatism) and seems easily aligned with the economic interests of these organisations. It has taken different forms in different countries, from the November revolution in the National Bank of Sweden in 1984 through the deregulation of the credit markets to the coercive politics of Thatcher’s regime in the UK in the same era, with its own harsh technologies of power.
All current forms for restructuring in the public sector noted in the case studies relate to these five denominators in clearly stated ways. Sometimes all of them are expressed, sometimes some of them in combination, sometimes more in relation to ‘discoursing service supply’ (as is stressed as a recent strategy in Sweden in the Swedish case study), sometimes in terms (also) of practical organisation, as in the most recent education (specifically) and welfare (generally) reforms reported in the case studies from both Spain, Greece, Portugal and the UK and expressed also in the Lisbon Declaration. So in this sense it seems clear therefore that in its present form (empirically as well as theoretically), although it is expressed as something that has been developed in general economic (and even in some instance democratic) interests, restructuring is currently clearly ‘driven’ primarily in the interests of finance capital and its aims to create new sites for processes of economic accumulation.

The development of economic interests in and through the restructuring of services is sometimes masked by other activities and discourses. In the present case studies both political democratisation (including transformations of/in democracy practices and democracy talk/discourses: as reported from both Greece, Spain, Portugal and the UK), modernisation (including also the discourses, concepts and descriptions of modernisation: as reported from Ireland, Portugal, Greece and Spain), the changing characteristics of the ‘modern’ labour market and the changing labour processes in Western societies (as suggested in the Swedish case study) are involved. However, with the exception of parts of the Swedish case study, where the concept of discoursing welfare is focussed and Portugal, where the textualisations of modernisation are heavily focussed, the transformation of labour and changing labour processes of professions and professional education are the things discussed the most. This is specifically and particularly the case with respect to the English case study. Restructuring has also gone further in the UK than in the other partner countries.

As reflected in the English case study, modern labour processes (and ways of writing and talking – discoursing - about these processes) have become radically reconditioned by automation and computerisation in the Western European States, where they have become both more abstract, immaterial and even intellectual, as economic production has begun to swarm out of factories and nestle within the interstices of civil society in such a way that it no longer makes easy sense to locate profit (either practically or discursively) solely (or even primarily in the most so called post-industrially developed countries - knowledge societies – in the sample) in relation to mass labour and the confines of the factory (see also MacDonald, 2003); which the desertification of vast areas of industrial wasteland in the former industrially productive areas of Europe (e.g. Sheffield and the British Steel Belt generally) also pay testimony to. Accumulation and control (in talk and practice) has transmuted from centralised industrial production related activities in Western Europe into imminent, dispersed and inter-related economic and symbolic power and political networks: i.e. have become more post-industrial and post-modern (see also Wärvik, 2004). And it is here that the current restructuring processes may most appropriately obtain a scientific explanation, as an example of the creation of new sites for financial accumulation when rates of profit fall (locally) in conventional production. This recognition is also very important, because to be anywhere near fully understood, the present restructuring of the public service economy has to be set into this, for the project countries, context of change in economic production through the transmutations of profit cycles and labour power exploitation and in the transformational discourses relating to and ideologically describing these practices and their significances.\^7

\^7 The entire scenario can be – and in some of the case studies has actively been related to – the ‘evolution’ of post-modern, post-industrial society. What is important here, but not always pointed out, is that once capitalism has left nothing but naked self-interest and callous cash payment in the icy water of egotistical calculation and exchange values, then the basis for post-modern society has been laid (McMurty, 1998). This society is, as described also by Jameson in his book the Cultural Logic of Late Capitalism, characterised by scepticism in
The case studies make it possible to contextualise understandings (and explanations) of service transition in relation to these broader cycles of the global political economy of signs and accumulation. However, they also, through their detail, do much more than this, as they also suggest that although the current restructuring processes are presented from the right and centre of the global (and European) political and economic playing field as a natural solution to the recently developed capital crisis in the public sector (see for instance the Greek and Spanish cases), there are some good reasons to question this very ideological position. One of these reasons is that the purported capital crisis in the service sector is far from natural. It is cultural, economic and political not natural. And a second is that an examination of developments in public services in countries where privatisation and corporate involvement have become commonplace through restructuring; such as the USA, New Zealand and the UK; indicates that the more the private sector becomes involved in delivering public services, the worse the level of general service becomes in terms of broad availability and class differences in the use of services by citizens. This is very evident in basic (social, physical, mental and dental) health, education, water supply, energy supply and transport in particular (Gustafsson, 2001; Harvey, 2003). However secondly, as also Thorpe and Brady have suggested (2003), rather than being a solution to the culturally generated capital crisis in the public sector, privatisation (generally) and corporatism (in particular) are main culprits in this crisis. Public services are maintained through taxation and corporations cost society billions each year in tax avoidance through their exploitation of loopholes in tax laws that in the last ten years have led the tax burden for services to become dramatically displaced from businesses onto workers and individual consumers. Although these tendencies are becoming increasingly prevalent elsewhere as well, perhaps the best example from our partnership is still the UK, where the total tax contribution from companies had fallen in 2004 from 36.9% to 27.4% in a five year period and risen from individuals from 63.1% to 72.6%.

There are two very different ways in which corporations and private interests have entered the public sector as direct deliverers of public services according to the case studies. One of these is via the creation of service markets and the appropriation of voucher systems. This model of provision allocates a symbolic sum of public money to individual consumers for use in the purchase of services from certified suppliers and was developed as part of an orchestra of right-wing policies for the processes of restructuring in the 1970ies and 1980ies in the USA and UK, a period that whatever else it saw, certainly saw a massive conversion of public wealth into private capital, but has since been used for the creation of markets in school and other services in conjunction with new-right policies of welfare State restructuring elsewhere as well. This includes not only the self-confessed easy prey of the developing welfare societies in the sample (Ireland, Greece, Spain and Portugal) but even the

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relation to science and the possibility of an ethical life, relativism and a disbelief in any concept of value beyond what pays. But post-modernism is also connectable to class and other issues of power. Beginning already in the 1950s, but accelerating after the collapse of the Bretton Woods agreement and the boom in commodity prices which followed, the dominant capitalist powers turned from being net exporters of capital towards importing capital, and relocating their manufacturing industries to countries offering cheap labour. These dominant global countries rely, as Lyotard’s (1984) descriptions of performativity cultures lays clear, on military supremacy, financial power and the production processes of the knowledge and image industries to maintain their dominance (hegemony), such that the division of labour between mental and manual labour that had been around as long as civilisation and forms the basis for the separation of theory and practice (Beach, 2005), is now articulated primarily on an international scale. Any wonder then, in the dominant countries, that idealist, sceptical and subjectivist outlooks have been projected from the upper-classes collectively and become rampant, with the writers of this class theorising that there is nothing outside of the text. The desertification of land areas across the globe that were formerly exploited (together with the people living there) by the dominant classes in industrial production for profit and the ‘new colonisations’ of vast areas of culturally valued lands in the southern and eastern hemispheres for the same, insist however that there is more to current transformations than text alone.
welfare services in the Nordic countries, where private capital has begun to feed increasingly off service provision and pensions.

However, direct voucher systems tend to shift political control to market forces completely and so a second form of privatisation is often used, particularly it seems from the partner countries in the most developed welfare States like Sweden and Finland, based on a form of franchise that involves the (local or national) government in establishing a purchasing agency within government administration to negotiate the supply of welfare for consumers on the basis of tenders from organisations outside of the State bureaucracy. In this quasi-market situation, which although it has been signalled as highly prevalent in the Swedish and Finnish context is also very common in the case studies more generally, markets are still described as rational tools for controlling the provision of services, but rather than direct interactions between suppliers and final consumers determining supply, politicians determine the level of consumer needs and allocate consumers to suppliers, who are then paid for their services by public money. That is, instead of direct bureaucracy or individual consumer pressure controlling public services, (local, regional and even national State) governments establish agencies for mediating between the interests of individuals, the State and capital. This process is described for instance in the 1992 Purchasing Act in Sweden (SFS 1992:1528; see also SOU, 1991: 104). Within it market competition is a metaphor for public supply not a working model for it. But more importantly, the Welfare State Concept, as a democratic, collective solidarity and identity project, has been substantially reconceived as solely an economic redistribution venture concerned only with an economically effective delivery of services to citizen-clients. The economic discourse has become hegemonic (Beach & Carlson, 2004).

Various degrees of political determination and the infusion of private economic interests through State intervention, rather than extended individual control through direct market mechanisms, characterises services after neo-liberal restructuring according to the case studies and coincides in national cases with political ideas about the advantage of controlling a quasi-market for governments in terms of the way this enables some control over the availability and ‘delivery’ of services even during a capital crisis without the risks of economic ownership: maybe we could talk about some degree of maintained social responsibility with reduced economic liability, at least ‘on paper’. However, processes of conversion such as the ones implied also have effects that go beyond the transfer of risks for

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8 These suggestions run counter to established theories by for instance Esping-Andersen (1996) about the resistance of welfare States and their stability in the face of neo-liberal economic restructuring.

9 Although 'State monitored' these markets have contributed to (and have eventually even developed) significant levels of inequality. Schools are a good example. Along the line of examples of privatisation in 1992, the Swedish parliament passed a motion allowing the public financing of schools with non-public governance, e.g. private enterprises, foundations, religious and other organisations; through the ‘independent school act’. Up to then there were only a few private schools in the whole country and they charged fees of a size that made them a real option only for a small elite. The new, State-funded independent schools did not charge regular fees, but with the new possibility to start government funded independent schools, the number of such schools grew rapidly in a short time, especially in cities and a ‘voucher’ scheme was introduced to control pupil placement based on a notion of freedom of choice. The idea was that competition between enterprises would stimulate a dynamic development that would raise quality to the benefit of clients and promote cost-effectiveness. However, as also Dovemark (2004) comments, this represents a major shift in educational policy: from school as a means for public good and ‘collective socialisation’, to school as means for private good and individual interests (Englund, 1996). Moreover, the freedom of choice implied by the independent schools act in reality only applied to students with competitive grades as schools were able to select pupils based on their earlier school performances and record, particularly in the secondary and upper-secondary school. So-called 'Bog Standard' schools are in this way also formed, that are drained of motivated and successful students as top-grade students begin in increasing numbers to apply to the most prestigious schools, particularly if they come from an area served by a low-status suburban school (Broady & Börjesson, 2002; Beach, 2001; Arman et. al., 2004). These consequences are observed in all the case studies and are said to exist in all modern nations that have made similar reorganisations of their educational systems (Rust, 1993; Ball, 2003; Korp, 2005).
maintaining service supply alone (already mentioned is the displacement of the welfare State as a democratic-political-socialisation project by a notion solely of service delivery) and that impinge upon both identity and values, because when a public service is transformed into a limited company to compete for the rights to deliver services, these services become privatised and competitive items with a commodity value and their workers, instead of being public employees involved in providing guidance, care or education in a caring, altruistic and/or 'solidarity' interest according to a defined need, a 'political democracy building project model (bureaucracy)' or professional guidelines, become alienated workers who take on the characteristics of the value form of labour of capitalist production. This is part of the logic of the capitalist labour process that is independent of human consciousness and that enables surplus value to be accumulated through the capitalisation of humanity and labour power, in situations where both professional labour and the products of that labour are reconfigured (materially and discursively) as forms of objective capital. These and other effects can be recognised in the case studies in relation to the restructuring of professions and professional services. Some of the ‘effects’ noted through the case studies are listed below.

Table 1: The noted outcomes of public service restructuring in the case studies

- Decentralisation
- Development of an emphatic discourse of privatisation and marketisation
- Company formation
- Conversion of public services to private
- Business takeover of education and care supply and teacher and nursing supply
- The creation of quasi markets for consolidating the processes of privatisation
- Authorities forming agencies for contracting out services to private suppliers
- Costs of administration shifted from costs of public ownership and control to costs of managing and monitoring outsourced delivery
- Increased costs from franchise effects (un/under-employment) on public employees
- The increased objectification of labour and increases in the value form of labour
- A dissemination of a view of learners and care recipients as economically rational, self-interested individuals and the reconstruction of supply in line with this vision
- A redefinition of democracy in terms of consumer choice
- An increased objectification of teachers and nurses, learners and patients, care and curricula and (increasingly) professional education and educators as factors of production
- The creation of a labour buffer (surplus army of labour) in the education and care sectors at the same time as (at least in some education sectors) posts are increasingly difficult to fill and notoriously difficult to maintain continuity in
- Increased class differences in terms of education and care supply and consumption
- Increased inequalities in conditions of/for service work
- Hiring and firing of faculty based on market needs and performances
- Recruitment of students for primarily economic (increasingly profit oriented) reasons
- Creation of quick training programmes to maximise economic gains
- Judgement of teaching performances according to consumer values
- Standardisation of professional (higher) education curricula, instruction and assessment
- Sacrifice of the critical mission of professional education/training for practical, technical training (and above all economic interests)

Again Sweden, the supposed most egalitarian system in the partnership, provides an example. According to the various national curricula for the pre-, basic-elementary and upper-secondary schools (including adult education; see e.g. Lpo 94 and Lpf 94), schools should be highly adapted to local conditions, thus giving students with diverse interests and experiences equal opportunity to reach education goals. However, research in Sweden suggests that the framing and classification of subjects vary in such ways that different schools, programmes and classes offer profoundly different conditions for reaching curriculum-goals and meeting
Thus the features of restructuring described in/by the case studies suggest several important things, including above all the predominance of discourses and practices that emphasise (i) the need and value of the (further) commoditisation of services, (ii) a decline in public financing of public services and an increase in public financing of private interests, (iii) an increase in professional surveillance, (iv) a transformation of governance through the furtherance of corporate management regimes, (v) the need of a new accountability agenda and (vi) the need of significant changes in the labour process for public service professionals. However, what is also interesting in this is that the welfare States in Finland and Sweden (which have, particularly concerning Sweden, developed over a long period of political control by the social democratic labour party) have undergone restructuring with effects not dissimilar from those apparent in countries like Britain, which have had long periods of conservative office, and Ireland, Portugal, Spain or Greece, where stable ideologies of welfare and welfare State practices have never become fully secured, to suggest that regardless of these aspects of history, the neo-liberal economic restructuring of services shares some fundamental elements in common and may possess a global characteristic, in which services seem to be increasingly provided subject to cost (and therefore also profitability potentials) more than to professional judgements about good practices and are in this sense therefore also becoming increasingly objectified in the terms of developing through social relations that transform people into objects rather than subjects, and alienated, in the sense that work becomes successively and increasingly accommodated toward a value form of labour that is characteristic for competitive, privatised production.

Various governments in the partner countries have all in some way been complicit in the processes of conversion outlined in the case studies, according to these as sources, and in this sense have therefore helped to stabilise a human conformity to a de-humanising (trans-human) labour process and ‘a re-culturalisation’ of teaching and nursing according to a neo-liberal value base regardless of the human preferences of the individual teachers and nurses involved. According to the case studies in Greece, Spain, Portugal, Ireland and the UK for instance, teachers and nurses are becoming increasingly forced to conform to a neo-liberal self-image by the threat of losing the economic means of life support in a commodity society. In some countries, like the UK, this has been more deliberately

performance-standards for different pupils along class lines and fractured by ethnic background and to a degree gender (Beach, 1999, 2001; Dovemark, 2004). A very concrete manifestation of this occurs through the fact that publishers produce different text-books for different ‘types’ of student (notably for vocational and theoretical programme students respectively in the upper-secondary school) for the same core-courses. Text-books aimed at theoretical students are academically more advanced than those aiming at the vocational programmes, enabling these students to seem to progress more quickly and effectively with respect to academic goals (Beach, 2001).

The UK case study describes the commercialisation of for instance teacher education as in full force and including the de-theorizing of teacher education (Hill, 2004, p.151). Conservative and New Labour governments have created new regulations for teacher training and education (op cit, p.152) designed to merely train classroom teachers to manage classrooms instead of creating democratic projects that can identify, interrogate and transform educational practices. These policies stifle the humanizing nature of education. Moreover, also described is how teacher candidates can now bypass traditional teacher education programs for newly created fast track (market) alternatives and various emergency or temporary routes to certification.

What we are referring to then is the creation of bottom end professionals in the lower strata of the salariat in what Goldthorpe (1994) calls the service class. This salariat portion, as Ball (2003, p. 181) suggests, although it recruits from social portions (working- and lower-middle-class class fractions) that are ‘traditionally’ placed ‘below’/outside the professional classes has certain benefits that are historically characteristic for the ‘higher’ social positions, such as general promotion rights, security of tenure and degrees of professional autonomy and administrative authority that support the possibilities of subjective authenticity and long-term career opportunities. These benefits are also present (at least to a degree and in at least half of the countries in the project) according to the case studies. But in line with (or perhaps beyond) Ball the case studies suggest not just a threat to (but also the serious erosion of) these privileges.
driven in an open fashion than in others, such as Sweden perhaps, where although deliberate
the transformations were also, particularly initially, more covert and experimental\textsuperscript{13}, and in
some cases, perhaps Portugal, Ireland, Greece and Spain for instance, developments may be
more coerced than voluntary. But in all cases restructuring has had nothing at all to do with
the increased degrees of individual determination and freedom or the enablement of forms of
self-determination that official discourses often – for whatever reasons – claim for it.
According to the case studies restructuring in the professions in question in the countries in
question has not been about freedom at all! It has been about control and even repression! But
by also being fully in line with national government (and EU) recommendations for the
conversion of public services this restructuring is therefore also both legal and ideologically
legitimated, so perhaps we should also begin to question the values of our legal and legislative
apparatuses and wonder about what or whose interests they actually operate in.

At least three dimensions of restructuring consistently emerge in the case
studies. These concern firstly the principles of formation of interests. Here conventional
(party) political forces and above all their discourses have been suggested to have ‘channelled’ global ideas, principles and ideologies in ways that challenged existing service
relationships and influenced the formation of new policies that seem to have adversely
affected the professional lives of many teachers and nurses. The second concerns forms of
opposition. There is resistance toward restructuring from individuals and groups and also
some autonomy and space for individual and group agency. The circuits of capital are always
notoriously over-determined at individual levels and there is always some room for creativity,
even though the disarticulation of the neo-liberal interests of capital in schools and other
institutions can often be exaggerated by some researchers, as the spaces for genuinely creative
oppositional agency are very often squeezed very tightly shut (Hill, 2001). Moreover, we can
also find evidence of commercialisation and neo-liberal value forms with respect to education
and training for service professions. The most obvious of these is in respect of how university
education (and research) is being increasingly challenged by alternative knowledge sources
and organisations nowadays.

In a broader (economic) perspective most international research now takes place
inside private organisations (as does most education) and conditions are therefore being
created in which the university is becoming one among several alternative purveyors of
knowledge and research competing for clients on an education and skills market in a way that
can lead to a significant change with respect to professional learning, identity and even
status\textsuperscript{14}. Previously there was a university monopoly on professional knowledge and training

\textsuperscript{13} The so called November revolution was initiated by economists in the National Bank of Sweden and even the
social democratic party, behind the backs of the party executive, in 1984. It was first later, during the period of
right-wing government in the early nineties that neo-liberal economic policy was openly celebrated. It was also
here that unemployment rose by over 400%, tens of thousands of small and medium sized companies went
bankrupt and 250 000 people lost their jobs, many of them in the public sector.

\textsuperscript{14} In higher professional education, as the case studies make clear, the student as consumer ideology is
increasingly structuring and restructuring professional lives, including the hiring and firing of faculty members
based on conceptualised market needs such as the recruiting of students for profits, the creating of quick
programmes to maximise economic gains, judgements of teaching performance according to consumer demands,
the standardization of curricula for purposes of comparative (performance) evaluation and consumer choice,
instruction and assessment for economic efficiency, and the sacrificing of the critical mission of professional
education for practical and technical training. This is also the present description of the professional education
scenario according to the case studies. Economic ideology is being normalised within educational arenas as
market principles and commercial criteria invade college campuses. Bologna is the current highlight of this in
Europe with its ‘new’ steering mentality and practice for education as business and student as consumer. This
mentality has been created in the USA and it is now being appropriated also in Europe as universities become
forced to tailor pedagogy to meet the demands of a European reconfiguration in which the purported needs of
consumer-students and their market demands are given new space. Original notions of professionalism are being
to a high degree according to the case studies. But this monopoly is, according to the same sources, now not only being challenged but even ruptured and broken, with significant consequences for professionals, professional knowledge and professions’ educators. According to the case studies, the former two are increasingly becoming commodity products that are packaged and merchandised for sale on a market whilst the latter two risk no-longer being (partially) autonomous agents working in a public interest but become instead objectified factors of production in the living flame of labour power inside care- and education- ‘education-for-profit’ organisations. These things have long term consequences for professional identities and careers. As suggested in the case studies, in these situations professionals are in some countries already beginning to ‘improve’ their knowledge and skills through education primarily by consuming commodity products (knowledge packages) that are chosen mainly as a means to improve employability rather than professional (particularly ‘soft, critical, reflexive) capabilities.

Concluding introductory remarks

There are clearly both winners and losers in the situation of increased commercialisation described in the case studies, but two groups seem to have suffered the most, or at least most directly. These groups are the people who need an education or care but have been left without for (primarily) economic reasons on the one hand and, on the other, the over-managed and/or uprooted teachers and nurses from the service sector who have been trained to want to care (and have been educated in how to care) but who are now stopped from doing so; at least in the ways they feel are correct and to the standards they desire. They have either lost the possibility to exercise professional control over their work or the possibility of working with the jobs they desire and the right to seek public service employment as opposed to private. Service professionals have in this sense suffered a deflation of their professional freedom and capacity and have been forced to accept and adapt to the requirements of a new-market identity or leave (or be excluded from) the service sector and the work they have been trained/educated for. This forced adaptation to market requirements can be described as a motor of the re-culturalisation of services and its outcomes (at least as these are described in the case studies) suggest that whilst in each partner country the current right and right centre idealism of restructuring expresses that there is no gaping hole between market logic and good services and that the two can be ‘run together’ for the benefit of all, inside ‘market programmes’ the value-practices of public service become stifled through processes of liquidation in the conversion of public wealth to private capital. In this scenario services like education and care and jobs like teaching and nursing are no longer even formally democratic and comprehensive, but concern instead the application of a market discourse to a local situation no matter what the consequences might be, even when these consequences openly cut against democratic principles such as the public availability of knowledge and care as an altruistic act of solidarity rather than their increased privatisation and economic exploitation. It is very questionable therefore if the current forms of neo-liberal restructuring (whether primarily only discursive or increasingly material) are resulting in the creation of the best possible conditions of labour for professional groups to do professional jobs. What has developed is a shift in agency disfavouring previous hybrid forms of professional and bureaucratic control and favouring bureaucratic-market ones instead.

The creation of market solutions in public services is generally understood as signalling the victory of (neo-liberal) market capitalism over other social formations. However, in the light of the present work package this idea can be strongly contested and

transformed as academic work forms (i.e. both teaching, learning, research and administration) become increasingly commoditised.
indeed expressed instead as a symptom of the decline of capitalism not its ultimate victory. This idea has also been presented by for instance Thorpe & Brady (2003) in discussions of the problems of the domination of capitalism by the material interests of finance capital; an abstract and parasitic form of capital that destroys its host (also McMurtry, 1998). As Thorpe and Brady have written (op cit) the sphere of finance capital is circulation and global markets and they emphasise that if or when these are in crisis, finance capital becomes forced to feed off things like pensions and the public sector (Beach, 2004), which is also the case just now according to all the case studies. Furthermore, in Thorpe and Brady’s view, the dominance of finance capital today also explains the obvious contradictions noted in all the case studies between formal government policy anticipations (such as increased equality, modernisation, better general standards, increased effectiveness) and actual social change (differentiation, uneven quality of supply and increased economic costs for individuals and the public sector). Finance capital requires circuits of accumulation not cost effective practices as such and only needs a flexible and sufficiently fit workforce for economic exploitation not a comprehensively educated and broadly healthy one for its own sake, and it is not interested in paying for a general, worthwhile education or health for the majority of individuals because of this. Indeed quite the opposite, case-study suggestions are here that the interest of finance capital is fetishisations of care and education (and care and education professional education and training) so they may be economised and profited from.

The suggestions of the case studies thus fit in just about every possible sense well with Marcuse’s (1964) ideas about cultural change being related to the totality of social life and of culture as a historically distinguishable unity with two dimensions: the common sense constructs and cultural categories that articulate experiences within complicated social processes and the existing modes of economic and cultural production. Marcuse used the term affirmative culture with respect to this duality. Within it service/professional restructuring would not as yet be expected to consist of a direct takeover by corporate enterprise, as in common ‘linear’ understandings of this phenomenon, but would instead be an element of neoliberalism that, as Tabb (2002, p. 7; cited in Hursh, 2003) writes, would be expected to emphasise and mobilise resources for the privatisation of the public supply of goods and services by working to move their provision from the public sector to the private, by deregulating how private producers behave, by giving greater scope to the single-minded pursuit of profit, by paying less regard to the need to limit social costs for redistribution based on non-market criteria and by bringing into question all collective structures capable of obstructing the logic of the market, which is exactly what is suggested to have occurred (prolifically in discourse but also increasingly in practice as well) everywhere in the case study countries, regardless of form of government and previous service arrangements.

Thus whilst changes to the supply and delivery of education and care (as public services) in the different countries in the case studies may primarily be expressed by dominant

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15 Which is also in line with Harvey (2003) concerning the expropriations of public assets by private capital and the alienation of common property and other rights that have been won through years of struggle to the private domain. Like McMurtry, Harvey also describes how nation State governments are complicit in these processes.

16 This corresponds well with how teaching and nursing and professional education and training for these professions have been described in the case studies. Comprehensive, public education and health is in increasing turmoil and crisis and increasing numbers of people now attend modular programmes and short courses of education and health promotion that are privately consumed – often termed flex-courses in education - that are focused increasingly narrowly on short-term needs. In the scenario described in the case studies the State provides a general (comprehensive, basic) education for professionals (first in school and then in public universities), through public funds. Private organisations (although often subsidised by the State – through transport and other infra-structure elements, materials, ‘housing’, specialised facilities) then sell packaged specialisations for targeted niche groups, sometimes in the guise of technical training. In this sense private organisations rarely seem willing (despite myths to the contrary) to take high risks or to subsidise a general, broad and quite expensive education for the broad mass of the population.
national and European political constituencies as a result of emphases on an operating core value – be this the need to calculate and cut costs to save resources in a capital availability crisis or the need to ‘modernise’ according to new international standards (also Dovemark, 2004) - within the new market context this operating value core can always easily turn from savings or modernisation to profit. But whilst it will be clear then in whose interests such changes will have begun to operate it may be too late to do very much about it. Perhaps re-culturing is a better descriptor of these processes than is public service restructuring, as what the neo-liberal reconstitution of services thus consists of is an updating of aspects of moral and legal determination by the prevailing economic standards of market capitalism, using whatever is at hand to accomplish this, and an abdication (sometimes economically enforced) of responsibility for the plight of individuals who, nevertheless, in some intriguing way can (and often do) still come to support the system of transformation in question\textsuperscript{17}.

Finally, the case studies suggest that in one sense there is nothing wrong with the values of service professionals. Although they are often blamed for the current plight of services they are usually good people who are strongly committed to caring for those who become ‘their clients’. Yet on the other hand, suggestions are also that they are quite ill prepared for their work contexts. Complex service contexts demand more than service professionals just being good people with a good ‘altruistic-vocational’ value base and concomitant knowledge and skills, as the present case studies suggest that the value practices of these kinds of ‘just good people’ will always be put under threat within the pressured circumstances of the economic valorisation of service production in private interests. What is required instead is extensive knowledge and skills concerning the economic context of service supply and its consequences for operating core-values and also equally required are appropriate material contexts and production arrangements that shore up specifically humanist values and traditions. All of these things have been pointed out in the present investigations as essential qualities if humanism is to thrive in the service sector. Humanist value practices are more stable and resilient when shored up by appropriate social relations and material arrangements that have been made resistant to depersonalisation. Neo-liberal economic restructuring in the service sector puts these values, material arrangements and social relations under threat according to the case studies.

\textsuperscript{17} Gramsci’s and Freire’s ideas about the workings of ideology may be relevant to this, as in these ideas the inter-relations of the power of ideology and the ideology of power can shift attentiveness in ways that are indicated to prevail. Gramsci’s and Freire’s respective works are embedded in a Marxian conception of ideology based on the assumption that ruling ideas are nothing more than the ideal expression of the dominant material relationships that help to make the ideas of one class the ruling ones at any given moment in history. However, not only does the ruling class produce the ruling ideas because of its control over the means of intellectual production, it also controls the means of material production and because of this the dominated classes are continually immersed in production relations and ideas that they do not control and that support the dominant material relationships and in this way they participate in their own oppression and may easily internalise the images of society of their oppressor. Furthermore, when people suffer this kind of contradictory consciousness they seem to be capable of being oppressors within one social hegemonic arrangement and oppressed within another. Looking at the way education has treated its subjects, the fate of many teachers at present may reflect that of many students previously, particularly the students of the working class. More broadly though, what may be seen here is how the lower-class class fractions are induced by ideology (and the promise of reward) to police, control and discipline themselves not in their own interests but in the interests of an antagonistic, dominant, exploitative and extracting class-labour-relation.
CHAPTER 1

State Restructuring of Teaching and Nursing in Portugal

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Restructuring nursing professions in Portugal

Introduction

Professional knowledge, conceived not only as theoretical knowledge but also as knowing in action, is directly related to the contexts where practice occurs and is deeply connected to various factors: the potentialities and constraints emerging from the policies which shape it; the way professionals conceive their role; the relationship they establish with those who may benefit from their performance and the adjustments they introduce in their practice in order to fulfil what they consider to be their professional aim in a specific socio-historical context.

It seems therefore appropriate to attend to professional knowledge from the contexts of practice, instead of conceptualizing it merely as unchanging propositional knowledge. Thus, it is necessary to set these issues taking into account Nursing history and the different views of nurses’ work along times.

In Portugal, in the nursing profession, the path travelled from the mid-twentieth century up to the present reveals some crucial steps and some breaks which took place inside the profession, in the admission to it and nursing professionals’ empowerment. There has been some discussion of these matters, particularly in what concerns the changes in the nursing profession and its place in healthcare provision. Rather than focusing on these issues, this report centres on the effects of various restructuring policies undertaken in health care on the professional knowledge, the careers, the professional identity and the experiences of nurses as seen through the lenses of research results in the area.

In the course of this study, several obstacles were met, which we now list: in the first place, there was some difficulty in having access to research studies on the nursing profession as most of these are undertaken for academic purposes and as such many lay unpublished in the libraries of the institutions where the degree was taken. Secondly, the topic of this study has not been a priority in research undertaken by Portuguese nurses. Their research agenda is focused on topics such as professional development or nursing professionals’ practices. Thirdly, most research is the outcome of personal or small group research interests and there’s a lack of formal, ongoing research agendas. An emerging growing movement towards the establishment of new research units and teams express some current efforts to overcome this problem. In this context, the studies undertaken are spread over multiple themes and research approaches and at the outset of each new study there’s a feeling of always starting over.

In order to overcome the lack of research on the topic of our study and the difficulty in accessing the existent studies, we developed some strategies: firstly, we reviewed nursing, health and social sciences journals; secondly, in order to overcome the lack of research literature on the topic, we chose to collect data in the libraries of institutions where we knew that some nursing professionals had developed research to obtain academic degrees. Lastly, due to the small number of studies on the theme, we resorted to updated collections of nursing research abstracts and to interviews with some privileged informants.

Having presented some of the shortcomings of this review, we will now proceed along three main guidelines: firstly, a short summary of the development of the nursing profession and nursing education in Portugal, namely in what refers to some
landmarks of the development of a professional identity; then, a presentation of research results (or the lack of these) in the themes of this study; lastly, a description of the State of the art in nursing research in Portugal, particularly with regard to the most common interest areas and to methodological approaches.

Time – The history of nursing in Portugal

The history of nursing in Portugal has been researched especially by Nunes (2003) and Rebelo (2002). This section draws mainly on their work.

In Portugal, it was only after the beginning of the twentieth century that the first schools of nursing were systematically established in the dependence of the central hospitals of the major cities. These schools were directed and promoted by doctors and the training provided was limited to some basic medical knowledge considered necessary for the performance of auxiliaries’ roles. In general, nursing courses lasted two years and could be attended by both men and women over 18, provided they possessed the required qualifications; grade 4 of primary schooling. By the end of the twenties, as a consequence of the restructuring of the health care system, public hospital regulations were introduced and nursing professionals fell into different categories: head nurse, deputy head nurse, first and second class nurse. With slight adjustments, this would be the matrix of the career organization for the 60 years that would follow.

Until the end of the late thirties, schools used to admit both male and female nurses, but from then on, influenced by American models, they started to give preference to female students and some admitted only female students for their training programs. From this starting point, the foundations were set for the social-professional organisation and development of the nursing career in Portugal. For a deeper understanding of the path travelled, it is important to locate some issues in the nursing profession (over the last 60 years) such as the main political decisions taken in the health care area, progress in gender issues and changes in nursing education.

1945 – 1975

It was during this period, in the forties, that most of the major contemporary Portuguese schools of nursing were established. However, it was only after 1944 that the practice of nursing was forbidden to anyone who did not have the qualifications for the job. Despite this, a law passed in 1942 had ruled that anyone who possessed two years practice as a nurse certified by a doctor could be admitted into the nursing profession. This gave birth to the expression ‘nurses of 42’.

The year of 1947 was an important landmark as far as the history of the organization of the nursing career in Portugal is concerned. A reform introduced some crucial changes. Firstly, two levels of nursing professionals were created with different qualification requirements: nursing auxiliaries, who had to possess basic schooling plus a single year course, and nurses, who had to qualify from high school. Initially, only the first level was required, but shortly afterwards the second level became a basic requirement. Secondly, the number of women who entered the profession increased as regulations explicitly favoured female applicants (except for psychiatry and urology).

Despite these improvements, there was a dramatic shortage of nurses. Bad working conditions, low social prestige, low wages (particularly when taking into account the qualifications required) and hard restrictions on matters of the professionals’ personal life, such as the prohibition for female nurses to marry, were some of the factors that contributed to this problem. All these drawbacks made it difficult to recruit new professionals and caused many to leave the profession prematurely. This shortage was particularly observable when compared with other countries (one nursing professional for 3 275 inhabitants in Portugal).
versus the international recommendations – one professional for 500 inhabitants). In the late fifties, the census indicated a total number of 7000 professionals, including qualified nurses, auxiliaries and certified nurses.

As for professional education, in 1964 the area of nursing teaching was established under the responsibility of nurses from the General Hospital Board (Direcção Geral dos Hospitais). In keeping with the changes in the Portuguese society during that period, the teaching of nurses came under the responsibility of these professionals. By the beginning of the seventies, this had become common practice.

In Portugal, due to the revolution of April 1974, which put an end to the totalitarian regime that had been ruling the country since the twenties, isolating it from Europe and even from the rest of the world, the year of 1974 cannot be avoided by any type of analysis. Under a democratic political situation, a new age emerged in all domains of Portuguese life.

1975 – 1995
At the beginning of 1975, in Portugal, there were 3000 nursing professionals versus 15 000 auxiliaries, who had been claiming general access to the level of nurses, which occurred at this time. From then on, the nursing career demanded a single training level aiming at providing general health care.

This was a crucial period for the organisation and understanding of the nursing profession as it presents itself nowadays in Portugal. Nunes (2003, pp. 320-321) characterises briefly four main landmarks in this process:

During this period several changes take place: the establishment of a single basic training level aiming at providing general health care (1974); the whole process leading to the autonomy of the schools previously under the dependence of hospitals, that now come under the control of qualified male and female nurses; the single career of nursing professionals where all know their job and to which all have access (1981), as well as the integration of nursing education in the national university education system (1988).

This context promoted the empowerment of nursing professionals, most of which became civil servants, thus profiting from higher wages and lower working hours – 36 hours per week. During this period, the nursing profession gained a new reputation and became an option for many young students, even before nursing education was integrated into the National Educational System\(^\text{18}\). To enter nursing courses, applicants needed a high school degree (11\(^\text{th}\) grade). This requirement level was set due to a high number of applicants and led to the full integration of nursing education in technical college education in 1988. The nursing course (three years) conferred a bachelor’s degree that enabled the first master courses in nursing education to subsequently develop and a new career progression based on grades (grade 1 nurse, grade 2 nurse, specialist nurse, head nurse, supervisor and nurse technician made possible also by the regulations of DL 305/81) no matter the place or area of work (Basic Health Care or Secondary Health Care). Peer evaluation of professional performance definition of roles and tasks within each grade were also introduced. There was an increase in regulation in all areas of nursing. Despite the huge shortage of nursing professionals, during this period, by 1995, the figures rose to 30 000 professionals (Rodrigues, 2002).

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\(^{18}\) By then, nursing education was under the responsibility of the Ministry of Health.
The latest period was characterised by a growth in regulation, by the consolidation of nursing education at the higher education level and by the introduction of new management models in hospitals and primary health care centres. As for regulations, the issuing of REPE (regulations for nursing as a professional activity, DL 161/96) in 1996, which had long been a cherished aspiration, is considered a crucial step. This regulation clarified concepts and practices and characterised nursing care and practice as autonomous and interdependent; it also functioned as a national regulation tool for the profession in a context of multi-professional health care. Still with regard to regulations, in 1998 the Nursing Professionals’ Association (Ordem dos Enfermeiros) was established, allowing the government to recognise nurses’ aptitude for defining practice regulation and control devices as well as for adopting an ethical and a disciplinary code that would run their practice and assure the quality of nursing care (arguments for the establishment of the Nursing Association, DL 104/98).

In health care policy from 2002 onwards, as a result of studies which indicated the need for more flexible management to increase effectiveness and also of some previous successful experiences, new hospitals were organised as limited companies of public funding or as private-public companies adopting management principles closer to private enterprise. That is, in this context, the State has the concession of the hospitals and primary health care centres it acquires previously agreed services and supervises the system (these hospitals remain within the National Health Service and its performance inspection system). The recent establishment of the Health Care Regulation Entity (Entidade Reguladora da Saúde) illustrates the State’s growing role as a regulator in the field.

During this period, Carapinheiro and Lopes (1997) conducted a nationwide socio-graphic study on resources and work conditions of Portuguese nurses. This study aimed at collecting global institutional data on the nurses’ working circumstances and data on specific working conditions and resources in particular contexts, such as different types of hospital departments. The Population included all the hospitals and primary health care centres and the data collection method was a self-administered questionnaire distributed to director and head nurses from different hospitals and primary care centres. There was a high response rate (77.2% of the hospitals and 80.6% of the primary health care centres) and these figures indicate a representative sample of the health care units.

This study revealed that in primary health care centres there was a middle-aged professional population (57% of the nursing professionals were over 41 years old and 30% over 51), mostly constituted by female nurses (87% female and 13% male nurses), whereas in hospitals there was a lower predominance of women (81%) and there was an opposite situation as far as age is concerned, since 66% of the professionals were under 41.

The number of foreign professionals working in the National Health System was very low. Nevertheless, with respect to nurses and doctors, the figures were rising more and more. On the whole, these foreign professionals concentrated mostly in the Portuguese capital city and as to nursing professionals, in 2000 there were already 1376 of them, 81% from the EU, almost all of them of Spanish origin (Rodrigues, 2002).

In the area of nurses’ education, only 10 years after its integration in college education, a new reality emerged. In fact, after 1998, schools of nursing started to provide higher education degrees in nursing after a four-year course. Consequently, from then on, admittance into the profession requires a degree in nursing. After 2003, the first PhD degrees

19 Health care units specialised in primary health care provision.

20 A brief review of the figures displayed by the Nursing Professionals’ Association gives a picture of the quick evolution of the nursing profession. By the end of the year 2000 the figures identified 36 198 professionals (82% female nurses) with an average of 38.7 years of age (60% under 41), whereas by the end of 2003 there were 43 874 professionals - 81% women - enrolled in the association, with a lower average age - 36.8.
in nursing were granted, thus enlarging the possibilities of development for the knowledge area of nursing both as a discipline and a profession.

A view of nurse profiles
As mentioned previously, it was not possible to identify clear research lines on the impact of the implementation of new health care organisation policies on the profession. In addition, the new management models of health care units characterised by less control from the State and more proximity to private enterprise (as these have been given much more financial and operational freedom) have not yet developed a steady path, which might have caused interest in nursing research.

This situation is mentioned by Simões (2004) who proposes to study, amongst other aspects, the evolution of State-run hospitals in Portugal, as well as the development of public administration and its influence on State-run hospital models, by comparing different management models which emerge in this context. In a study titled Political Portrait of Health, Simões (2004) concludes that ‘from 2001 on, signs indicate a growing influence of market forces, to the detriment of social partners, and a tendency for the State to reduce its responsibilities to a progressively regulating role’ (p. 323). However, this process is new and only future research may evaluate if it will, in fact, constitute a clear break with the past.

Research interests in nursing seem to be focused on other domains. Indeed, research questions seem mostly concentrated on the changes observed in the roles of health care professionals in the context of health care provision, as well as in the definition of nursing care and how these changes interrelate with the contexts of practice and interfere with the clients and with other professionals in health care. These changes are not independent from the questions previously mentioned in the domain of career restructuring and particularly in the area of education changes previously highlighted.

Portuguese research on changes in nursing and in nursing professionals is grounded on some assumptions that Lopes (2001) lists briefly as follows: (1) the integration of new technologies; (2) the complexity and multidimensionality of the health-disease paradigm (which broke with the prevailing bio-medical paradigm); and (3) the path of nurses’ professional development (exemplified in the growing demands as regards to qualifications to access nursing education, in the introduction of themes from the social sciences into the curricula and in the emphasis placed on the promotion of health). Below, I review the results of some studies on these topics.

Questioning the present State-dependent financing model and taking into account the urgent need for alternative models of hospital management, Monteiro (1999) analysed the structure of hospitals according to the Mintzberg Model (1982). Thus, taking into account that the hospital organisation is complex, she analysed the interests of the different professionals, so as to understand, from the different actors’ point of view, common grounds for the prosecution of shared aims. The data were collected through semi-directive interviews (N=18) with the strategic leaders, the administrative board and the operational leaders (department directors and head nurses) of a small hospital. The aim of the interviews was to collect the opinion of the interviewees on the following categories described by Mintzberg (1982): (1) professional identity, (2) centralisation or decentralisation, (3) structure differentiation, (4) different types of activity articulation, (5) emerging conflicts, and (6) relationship with clients.

Regarding the structure, the author found that there was much decentralisation of the various departments and some balkanisation, which might cause difficulties for clients in need of different kinds of care involving various departments through a lack of knowledge on what was going on beyond each one’s department. There was also an obvious double
hierarchy in each department, the medical and the nursing, independent from each other even at the strategic level. According to the author, this situation can work as an obstacle to the functioning and the articulation of the departments.

As to personal identity, professionals mentioned that they identified themselves with the profession and favoured their career to the detriment of the organisation. The interview data revealed some differences between doctors and nursing professionals. Doctors looked upon themselves as individualists and referred to nursing professionals as a whole group, whereas these looked upon themselves as a homogenous differentiated group. Some differentiation between groups seemed to be evident.

With respect to the perceptions of the different professional groups, top leaders were more concerned with quantitative objectives, whereas operational leaders turned to more qualitative aspects. While doctors worried mainly about technical-scientific issues (to improve equipment, to open new specialty areas), nursing professionals cared both about technical matters and about humanistic issues having to do with the quality stay and accommodation. There was also a noticeable absence of a culture of taking into account clients’ opinions. Once more, the results of Monteiro’s (1999) study, even though limited and restricted in scope to the study itself, call attention to issues such as professional identity and strategies used by professionals in the domain of professional development.

Researchers have recognised the need to take into consideration the framework nurses identify with, that is to say, the paradigm that guides their practice or that orient their professional model. In this respect, Serra (2000) developed a study to answer the following research questions: ‘What paradigms – bio-medical and bio-psycho-social - underlie the professional identity of nursing professionals and how far is this identity in accordance with the existence of an organizational identity?’ This study aimed at, on one hand, identifying the paradigms underlying the practice/professional identity of nursing professionals and, on the other hand, assessing if the professional identity of the group enforced the organisational identity or if it worked as an obstacle against it. The study, involving nurses of a local hospital (N=123), revealed an interesting set of conclusions. Firstly, the author showed that there were two underlying paradigms. One that could be theoretically identified as the bio-psycho-social paradigm, but that in practice revealed itself as a bio-medical paradigm.

When analysed according to age, Serra’s (2000) results indicated that nursing professionals who had graduated more than 20 years before the investigation expressed theoretical constructs closer to the bio-medical paradigm. However, results also suggested that in practical terms there were no differences between this and the other group and that in general the orientation was in accordance with a bio-medical model. Conclusions also indicated that in the group studied there was a strong identification (90.7%) and a sense of belonging to the profession (97.7%), which illustrates the awareness of differences in the way nursing professionals defined themselves compared with other professionals.

Unlike the study of Monteiro, Serra (2000) revealed a strong feeling of professional identity among nursing professionals, no matter what the underlying theoretical paradigm was, and also suggested that this paradigm did not impede a strong sense of affective relationship with the institution.

In another study, Rosa et al. (2004) sought to establish a typology that reveals the positioning of nurses towards the profession. In order to do so, a model was drawn which identified the following types of frameworks: (1) technical-scientific, (2) relational, (3) pragmatic, (4) technical-relational, (5) technical-pragmatic, and (6) relational-pragmatic. In order to identify their relationship with each of these frameworks, nursing professionals were questioned about a number of factors considered important for a good result of their work, which were associated to each of these frameworks. In the evaluation of the frameworks, the
aspects that were more valued by the professionals were ‘possessing technical-scientific knowledge (85.3%)’ and ‘being sensitive to the needs of the clients (76.2%).’

The authors mention that ‘reality reveals itself to be more complex than expected making obvious the power of mixed models and connecting, for example, factors from the scientific model with factors from the relational or the pragmatic models, in a study where the technical-relational aspects predominate, followed by the technical-pragmatic ones’” (Rosa et al., 2004, p. 85). Moreover, the results of this study become more meaningful if we view them from the standpoint of the previously mentioned gap between theoretical values and practices. In fact, the researchers identified a meaningful negative correlation (although weak -0.171; p< 0.01) between the prevailing tasks and motivation.

A regularity already identified by Serra (2000) is also to be found in these results. Indeed, 46% of the tasks performed by nursing professionals belong to frameworks that are poorly valued by them. Consequently, for the majority of the inquired professionals, and keeping in mind that 94.4% of them stated that they enjoyed what they did, it seems reasonable to infer that the motivation emerges not from the major tasks they perform, but from other tasks which are individually more meaningful. In our opinion, these issues are not unrelated to the emerging frameworks of the nursing profession and to their intersection with the different levels of organisational culture. What do nursing professionals think about themselves and about their role? In what way do they perform their role? How do they restructure their performance in organisational contexts? How do they manage the change of focus inside the profession? In this respect, Rosa et al. (2004) suggest: ‘hence, from the practical standpoint, it is desirable to approximate the contents of work to the prevailing frameworks: technical-pragmatic and technical-relational’ (p.192).

In turn, while studying the duality of space and time in the daily life of a nurse and reflecting about the way these factors affected professional practices and about the resulting informal education processes, Guimarães (2002) confirms this change of focus in the orientation of the work of nurses. In her ethnographic study, which was implemented with nurses in a hospital department, the author identified new forms of conceiving and organizing the work of nursing professionals in health care, which were observable in the mediating actions taken by nurses. The author stated:

While the taylorist orientation that prevailed in the organisation of space suggested the reproduction of social practices, the centrality of clients in nursing tasks suggested the development of more reflective informal education processes. Mediation allowed a stronger social acknowledgement of the profession and also favoured the reconstruction of personal identities grounded on a larger autonomy.’ (Guimarães, 2002, p. 90)

Yet, the author also concluded that secondary socialisation did not always allow for ‘changes in identity based on autonomy and responsibility of the social actors’ (p.140). Once again, the issue is the major contradiction between the valued psycho-social role of nursing – as a dominant aspect of the profession - and its social status determined by the actual placement in health care and nurses’ proximity to their clients, which determined the professional’s place in the social division of work.

Within the same line of research, in 2001, Lopes published a text titled Professional Rearrangement of Nursing – sociological study in hospital context. The text was based on a study developed in the 1990ies, which aimed at understanding the dynamics of professional rearrangement that are noticeable among nurses. In other words, it intended to understand in which social processes the strategies of professional empowerment were inscribed and what their impact in the reshaping of the sociological reality of the group was
(Lopes, 2001). In this study, which took place in various departments of two hospitals of the Portuguese capital city, data were collected mainly through direct observation and complemented by questionnaires, semi-structured interviews and documental analysis. As to gender, participants (N=99) were mostly female nursing professionals (87.9%).

The study aimed at analysing (1) knowledge, (2) ideologies and (3) nursing identities from the standpoint of the contexts of practice. Briefly, it concluded that in nursing knowledge, the types of work organisation constituted an obstacle to the visibility and consolidation of knowledge re-construction. In fact, the author concluded that:

The prevalence of the daily routines of their practice, the balkanisation of their work acts and the reduced freedom of decision that characterise that job, reveal daily situations which require a reduced access to uncertain or analytical forms of knowledge and in which practical knowledge becomes central; this limits the competences that are formally recognised as essential to the fulfilment of those acts to what Dubar (1991) calls operative gestures. (Lopes, 2001, p. 139)

Despite this, the study also demonstrated that in the performance of the tasks organised around the so called ‘routines’ (evaluation of vital signs and medication administration, to name just a few), the areas of cognitive mediation, which are inscribed between formally acquired forms of knowledge and forms effectively activated for the fulfilment of those tasks, acquire special relevance. Thus, it may be inferred that nursing knowledge cannot be reduced to the above mentioned ‘operative gestures’. A recurring theme is the evidence that, despite the growing conceptual reconstruction and acknowledgement of nursing care acts, their transposition into professional practice does not acquire in these departments the social visibility that is verbalised in the professionals’ discourse (Lopes, 2001, p. 141).

The ideological configurations of nursing

Among the nurses, the emergence of a valorisation of nursing as a science expressed by competence in the area of formal knowledge became obvious. In accordance with the results of other studies already mentioned in this report, this one revealed differences in ideological frameworks according to the age of professionals, the older ones valued technical practice, whereas the younger sub-groups emphasised technical-scientific education (Lopes, 2001).

The direction of the ideological rearrangement of nursing seemed to be centred around the orientations that sociology describes as the ideology of professionalisation (through the movement from the relational domain to that of instrumental proceedings) and the ideology of professionalism (through an emphasis on a distancing from the medical domain and the technical profile, in association with the valuing of rehabilitation and of relationship’ with clients) to the detriment of the traditional ideologies of the nursing profession that focus on vocation (Lopes, 2001).

The orientation towards one of these ideologies was evaluated through a five-point Lickert scale. The data collected revealed that there were no extreme positions between the different orientations. Yet, it was obviously evident that the ideology of vocation presented the lower rate (3 054), which excluded it from the rates which represented approbation. Also, the ideology of professionalism presented a medium rate close to the edge of approbation (3 388) and the ideology of professionalisation registered the highest approbation rate (3 825) (Lopes, 2001). As Lopes indicates, the uneven expression of each of these ideological frameworks among nurses, and particularly the fading of the vocation framework, suggests (a) professional rearrangement of the profession (Lopes, 2001, p. 168). We would add that these results do not seem to be unrelated to the processes of professional revaluation of the nurses’ education, made tangible through higher level education, in schools.
run by nursing professionals where contents directly related to nursing care take a leading organising role in the curricula.

In the analysis just mentioned, age was also taken into account. Even though figures were not statistically significant, they indicated that it was in the vocation framework that there were higher rejection rates as one moved from the category of older nursing professionals to the category representing younger professionals. As a result, it can be concluded that the ideologies of professionalism and professionalisation are the ones that presently show a greater ideological gap.

These (ideologies) are also the ones that have been introducing a gap between medical and nursing conceptions as to the most suitable forms of promoting clients’ well being in each concrete situation, at the same time that they move the traditional ideological loyalty from nursing to medicine into the loyalty to the client, which constitutes the major argument of the recognition in speech of their professional practices (Lopes, 2001, p. 170).

Nursing professional identities

Lopes (2001) considers that identities constitute the area where ideologies and knowledge embodied by nurses cross and converge. In this sense, she states that:

Therefore, in the uneven social acknowledgement that nurses attribute to the various work categories that constitute their area of activity, we find inscribed not only the resources that each professional generation can mobilise but also the different possibilities of social acknowledgement of those resources that are offered by the specific contexts in which their work takes place (Lopes, 2001, p. 175).

It is in the articulation of these obstacles and opportunities that different identity profiles emerge, which in turn suggest what the emerging revaluation strategies of the profession are.

The research applied a questionnaire conceived on the basis of a set of working habits performed by nurses. The professionals were required to choose from a 1 to 5 Likert scale between lack of satisfaction and different levels of satisfaction. Through factor analysis, a structure of five factors was obtained, which explained 62.1% of the total variance. Different activities considered as work categories were aggregated in each sector: (1) technical-instrumental activities (M=3.646), (2) execution activities (M=3.348); (3) autonomous activities (M=3.946); (4) basic activities (M=2.942) and (5) specialised activities (M=4.113). The analysis of the results highlighted that the predominant identity profiles could be designated as professional (characterised by appreciation of technical issues and of tasks interdependent with medical work) and also as a profile corresponding to neo-professionals (characterised by an appreciation of autonomous action in association with the formalization of professional knowledge) (Lopes, 2001).

In sum, in the rearrangement of nursing knowledge, it was the dislocation from the practical knowledge category to the analytical forms of knowledge that was highlighted. As to the professional ideologies and the identity profiles, there was a clear rejection of traditional models and the emergence of a gap between those professionals who value primarily the areas of functional action and those who cherish recovery and the development of an autonomous work environment.

Still regarding the domain of professional identity, Abreu (2001) formulated the following questions: What does it mean being to be a nurse? How does one learn to become a nurse? On a first stage, the aim of this multiple-case ethnographic study was to question and reflect on the way students had built their identity in a school environment. Afterwards, in a
subsequent study involving a group of nurses (in the field of primary health care), the research aimed at understanding how this identity changed through contacts and experiences in the work environment. The first thing the author noticed was that nursing was going through a process of change to which the studies previously mentioned in this text also alluded. As in Lopes’ (2001) study, this author also concluded that in the different contexts that were studied, the less valued group of skills is the one that refers to conceptualisation competencies; this is a reality recognised by most of the actors (Abreu, 2001, p. 296).

Work contexts did not favour conceptualisation competencies. This was partly due to the strong influence of the medical model of work division, as well as to the instrumental nature of health care provision (particularly in hospital contexts). This result, which is extremely useful for the organisation of work and health care provision, constitutes an important contribution for the restructuring of the education of nursing students and professionals and is in agreement with the conclusions of the study by Rosa et al. (2004), according to which it is advisable to match work contents with nurses’ frameworks.

In Abreu’s (2001) study, both in the group of students and in that of the hospital nurses, a new identity framework seemed to emerge:

The emergence of an alternative form of viewing and conceiving the profession and professional practices which do not fit in the traditional dichotomy (bio-medical vs. psycho-social) (...) confirms the importance of training in the area of medical sciences, not reducing it however to the technical dimension, but spreading it to the relational area’ (p. 300).

This new identity type emerges as a compromise between the technical and the psycho-social and seems to be in accordance with the results of Rosa et al. (2004), which revealed that the technical-relational framework (characterised not only by scientific skills knowledge but also by sensitivity to the clients’ needs) is the one nurses identify with the most.

Results also indicated that the occurrence of some conflicts and tensions with administrators created specific dynamics in doctors and nurses’ relationships that resulted sometimes in moments of proximity, other times in moments of separation or in alliances which played important roles in the development of professional identities. Presently, as a result of the changes being introduced, this is one of the research lines that should be secured and monitored. Finally, the research results indicate the central role of schools in the socialisation of nurses: ‘the main intelligibility frameworks that support the process of the social construction of the profession are drawn in the heart of schools’ (Abreu, 2001, p. 300).

In this way, schools seem to play an important role in the course of nurses’ professional empowerment, both through the rise in the qualifications required to accede the career and through the introduction and dissemination of concepts, models and theories with their manifold manifestations in the frameworks (including conceptions, paradigms, etc) nursing professionals recur to. It should also be noted that these schools are going through ongoing change processes themselves.

Taking into consideration the outcomes of the legislation changes which allowed schools of nursing to turn into colleges of nursing after 1990, Sousa (1996) studied the way teachers of nursing experienced their double role as teachers and nurses. Among other objectives, the study aimed at characterising the professional identity of nursing teachers. The study, implemented in a Lisbon college of nursing, revealed that the teaching staff considered that teachers of nursing enjoyed a low social profile and also that they looked upon themselves mainly as nurses.

In a study with a similar focus but a different methodology, Fernandes (1998) reached different conclusions. The author also aimed at identifying the professional identities
of teachers of nursing during the transition stage. One of the purposes of this research was to analyse the professional identity of nursing teachers from the standpoint of social identity theory. The study was based on the assumption that, given the new status, ‘as a teacher and as a nurse, this professional seeks a revaluation of his/her role, aspires to a new identity, a new way of being and experiencing the profession, as a result of the recently acquired status’ (Fernandes, 1998, p. 48).

In the study implemented with teachers from Lisbon colleges of nursing (N=199), a questionnaire was used with a professional identity scale and open-ended questions for a free association of words. Results confirmed a stage of change, but the teachers, although possessing a mixed identity (teachers and nurses) categorised themselves predominantly as teachers (47.5%), as teachers and nurses (38.1%) and as nurses (14.4%). Thus, the issues that guide research on nursing in Portugal are not yet centred on the way work and personal life are organised as a result of the political changes that were introduced. Instead, they are focused on themes to be clarified and discussed around the profession: what performance is more qualifying and more valued; how it articulates with the contexts of practice and how to give it visibility at different levels (intra-professional; with the clients; in multi-professional health care and in the context of the objectives and aims of health care provision institutions).

However, in questioning nurses about their perception of the impact of some of the most influent changes of health care provision services on aspects such as (1) the development of information and communication technologies, (2) progress in health technologies, (3) development of health care technologies, (4) changes in work practices, (5) changes in the management of the institution, and (6) changes in health care policies, Rosa et al. (2004) concluded that, as far as negative impact was concerned, the issue of ‘changes in health politics’ prevailed over the others (even though it did not surpass 12.3% of the answers).

In short, based on the results obtained in their study on the work conditions of Portuguese nurses, Rosa et al. (2004) came to the following conclusions:

- nurses are satisfied with what they do (94% State that they like it, although the rate is lower – 59% – when they refer to colleagues satisfaction) despite being dissatisfied with their work conditions
- situations of change/lack of professional stability, work schedule (50% of the professionals work more than 50 hours on average per week and 53% declare having difficulty in conciliating personal and professional life – a situation that is more common among those under 45 years of age), management practices and material conditions were identified as having a stronger negative impact
- management practices score high in the issues that are considered neither negative nor positive (47%), which seems to be related to nurses’ withdrawal from these practices

The State of research on nursing in Portugal

For a better understanding of the main approaches followed in nursing research in Portugal, it is advisable to briefly contextualise its development. In order to do so, we will resort to the analysis and summary of Basto (1998), which synthesises it clearly.

- The beginning of research on nursing in Portugal dates from the 1970ies;
- With regard to contents, for three decades, studies on ‘who are nurses’, pedagogical issues and administration prevailed;
• As to methodology, descriptive studies predominate whereas experimental and phenomenological studies are rare;

• Research funding is rare (except for some research promoted by the Ministry of Health);

• Results of research studies are seldom used and there is a lack of knowledge about what has been researched.

As a means of making clear, in a few lines, research interests on nursing in Portugal, we resorted to various reviews of the literature by several authors who aimed at characterising the State of the art or at using this information as a basis for launching new research projects.

Soares and Basto (1999) analysed 541 abstracts of academic research studies developed by nurses between 1987 and 1996. This analytical study aimed at checking if research produced in nursing used to take into account previous similar studies or if studies were being repeated on the same subjects out of lack of information on previous research.

The conclusions of this study highlight: (1) a predominance of studies on nurses and only a few on the results of nursing care; (2) the obvious existence of repeated studies, that could not, however, be considered as replications of previous ones; (3) regarding the methodological approach, a clear preference for quantitative approaches (317 out of 541); only 49 opted for qualitative analysis, whereas the rest of them opted for mixed approaches or else the approach was not evident from the abstract.

Building on the results of the study just mentioned, Basto and Magão (2001) developed a documental analysis of 315 abstracts of published studies and papers (190 of which are Portuguese), with the purpose of preparing a research project in the domain of practical knowledge in daily nurse-client interaction. The main results of this study are the following: (1) a trend towards studying nurses prevailed and one can ask if the knowledge produced was useful to the specific conceptual issues on nursing and if, eventually, it reverted to those who benefit from nursing care; (2) emphasis was placed on methodology instead of conceptual issues; (3) there was a need to value cumulative effort, since it is devastating to feel that one is always starting over in research.

It is particularly interesting to take into account the work of Teixeira (2001), Paiva (2001) and Lopes (2001). These authors refer to the analysis model by Rebelo (1996), based on the proposals of Le Boterf (1995) on notion of practice – as a way of making literature intelligible:

(The) model conceives practices as resulting from various contexts – social, marked by history; subject, personal biography; profession, where professional models emerge and are built (knowledge, norms, values that guide the profession); action, which materialises organisational models, places and concrete structures of the work to do’ (Rebelo, 1997, p. 16).

The object of the study conducted by the three above mentioned authors was research by nurses in the 1990ies in Portugal aimed at identifying the State of the art of nursing research on practices according to the contexts of profession, action and subject (Teixeira, 2001). The authors reviewed abstracts and conclusions of studies developed during the nineties and sent by the Colleges of Nursing and by the Local Health Care Administration (N=530). It was immediately apparent that most studies were implemented in order to obtain academic degrees (only 118 were performed on duty). 190 abstracts that fitted into the categories proposed to analyse nurses’ practices (according to the three contexts quoted – subject, profession and action) were selected.

Teixeira (2001) focused the analysis on the studies reporting to the context of the profession (N=36) and reached, among others, the following conclusions: (1) concerning
the methodological approach, most studies were designated as exploratory; (2) there were no studies building upon previous ones; (3) interviews (structured or semi-structured) were the most frequent data collection instruments, followed by questionnaires and scales, participant observation, non-participant observation and, lastly, systematic observation.

Paiva (2001) analysed the studies that focused on the context of action of nurses’ practices. He researched 82 abstracts (48 of these implemented in Portugal). From the Portuguese studies, only three resulted from research produced in the contexts of practice, outside the sphere of academic research.

In the studies on the context of action it was possible to verify that: (1) there were only ten cases in which a direct relationship could be established between nursing care and the context of action involving organisational models (the main factors identified being nurse-client ratio, work organisation methods, leadership style, nurses mobility, structure and models of healthcare decisions); (2) a significant number of studies were quasi-experimental; (3) there was also a meaningful group of descriptive exploratory studies; and (4) very often, the external validity of the studies was impossible to achieve, due either to the size of the sample or to the technique chosen to collect the data.

Lopes (2001) analysed the research whose object of study was the subject-actor. From the Portuguese studies included in the sample, 52 abstracts were analysed, and out of these, only 4 had not been implemented in an academic context. The studies were organised into six categories according to the content of their abstracts: individual/professional abilities; beliefs, representations, perceptions, opinions; decision/clinical judgment; nursing care conception; self-image; ethics, morality and values. Research preferences concentrated on themes in the first three categories. Lopes (2001) also concluded that (1) the majority of the studies had not been published; (2) many of the abstracts did not identify the theoretical perspective underlying the research; (3) qualitative approaches prevailed; (4) some replication studies were identified whose results either confirmed or contradicted the preceding ones.

Even when taking into account the limitations of the analytical model that was used to perform this study, as it is questionable to split the subject from the context of action, (if only for analytical purposes), these three studies allow us to capture, on the whole, not only the main research interests, but also some obstacles, the more widely adopted approaches and the issues being scrutinized in nursing research in Portugal.

**Conclusion**

We may summarise the main conclusions that are obtained from a review of Portuguese research on nurses and the nursing profession in the following main ideas:

1. During the last 60 years, nursing history has been characterised by a radical change in professional empowerment, which affects and is affected by changes produced in the domain of nursing education.
2. Changes are felt mainly in the evolution of the profession and develop towards more regulation and more accountability, leading as well to social reconfiguration in the context of multi-professional health care.
3. The introduction of market-oriented management models is very recent. There are very few research results about the impact of these management models on the National Health System, namely on the consequences of their implementation on the life and work of nurses.
4. The main interest areas on nursing research are much more concerned with issues relating to professional identity (an extremely interesting area which supports multiple
levels of reflection) than with issues emerging from restructuring processes imposed by liberal health policies or with the impact of these on health professionals.

(5) Clearly defined research lines are tenuous, almost non-existing.
(6) Research results are not usually published, which affects access to research conclusions, thus harming the exchange of knowledge on nursing.

**Restructuring the teaching profession in Portugal**

The presentation of the restructuring of the teaching profession in Portugal is organised into three sections. The first section focuses on the main trends of educational policy-making since the 1960ies, and is divided into four periods: 1960-1974 (the ‘modernisation’ phase of the dictatorship), 1974-1976 (the revolutionary years), 1976-1989 (‘normalisation’ and the return of ‘modernisation’) and the 1990ies and beyond (restructuring and re-centralisation). The second section is dedicated to the morphologic evolution of the educational system and the teaching profession. The section gives an accurate longitudinal picture of the main features of the evolution of the teaching profession in its historical, social and political context. Particular attention is given to five aspects: the rates of schooling of the Portuguese population, public expenditure in education, the quantitative evolution of the profession (especially, the number of teachers by sector and level of schooling), the feminisation of the teaching body, and teacher qualifications. The third section focuses on the main milestones of educational policy-making in Portugal since the mid-1980ies. Indeed, since this period, the educational system and its teachers have been virtually bombarded by an array of constant reforms and restructuring measures that have dramatically changed the context of their work and learning experiences in schools. This section highlights and discusses the main political decisions that have been made and the changes that have been introduced in areas such as the curriculum, student assessment, the central and local administration of education, teachers’ work conditions, rights and duties, the teaching career, job stability, teacher training, school evaluation and teacher evaluation. The presentation closes with a discussion of the meaning and significance of the Portuguese case for a characterisation of globalisation processes and the de-regulation of State intervention in education.

**Introduction**

Despite the persistence of considerable delays in the educational development of Portugal, in the last two decades education has changed dramatically in the country. For the first time in its history, the majority of the population under 19 years of age is enrolled in schools. Rates of schooling have risen significantly in all levels of the educational system in recent decades. Public expenditure in education has also met unprecedented increases: it more than tripled between 1990 and 2000.

These dramatic changes have had a significant impact on the development of the teaching profession. They had deep consequences for patterns of teacher recruitment and training, for professional standards in the profession and for its relation with the State, the main employer. Teaching has also been strongly affected by continuously changing and often contradictory educational policies that have shaped and reshaped the face of the profession, teachers’ working conditions and their career.

Recently, official political discourses (particularly, but not exclusively, from right-wing governments) have increasingly argued that the solution for the crisis of traditional mass schooling and the dominant bureaucratic model of educational provision in Portugal lies in the reduction of State intervention, the introduction of private management models and techniques, the emphasising of effectiveness and quality criteria, the empowerment of ‘civil society’ at the expense of teacher unions, and the overall strengthening of State surveillance.
over schools and their teachers, through the introduction and reinforcement of accountability mechanisms, the evaluation of institutions and their staff, and the introduction and diffusion of national examinations. These discourses have increasingly contributed to a dominant trend towards new modes of control of schools and teachers, with an apparent retreat of the State’s direct intervention and a weakening of its traditional normative mode of regulation (Afonso, 2003). This evolution is visible in phenomena such as the valuing of regulation strategies that are based on an increased role given to local actors, such as parents and businesses, as well as on the introduction of accountability and evaluation mechanisms that emphasise teachers’ duty to produce and deliver socially desired outcomes. However, as we shall also see, these innovations express mostly a restructuring of State modes of intervention in education and in teaching, rather than a weakening of its interference in the educational sphere. As will become visible from the account provided below, in Portugal, the rhetoric of flexibility and deregulation is still way ahead of actual government practices and policies, which continue to bear follow a heavily bureaucratic and centralised paradigm of policy making.

Main trends in education policy making
To fully understand the content and the meaning of public educational policies in Portugal over time, one must keep in mind that in the last fifty years the country has lived under radically distinct political regimes. From 1926 to 1974, the Portuguese lived under a dictatorship which took on many features of fascism, but evolved in different phases. On the 25 April 1974, the country experienced a two-year revolutionary period, which was followed by a ‘normalised’ western parliamentary democracy, since 1976. From the mid 1980ies on, policies in education gradually incorporated concerns with the modernisation of Portuguese economy and society and, more recently, with the effectiveness of the State’s mode of regulation of the educational system.

1960-1974 (the ‘modernisation’ phase of the dictatorship)
The dictatorship’s mode of formulating education policy in Portugal may be divided into three distinct phases: a period of mainly ideological concerns (1926-1945), one of increasing economic orientations (1945-1968), and ‘a period of increasing educational mobilisation, linked to legitimisation concerns’ (1968-1974) (Stoer & Cortesão, 1995, p. 198).

During the 1950ies and the 1960ies, while the dictatorship favoured a widening of educational opportunities for the population at the secondary level, it maintained the highly elitist characteristics of the educational system: students from the lower classes were dissuaded from pursuing long courses of studies, while those from the upper-middle and upper classes saw their way relatively easy into the university. While the former attended, at best, the vocational schools (‘ensino técnico e industrial’) in which the State invested heavily as a strategy for developing the country’s industry and economy, the latter attended the ‘liceus’, a socially selective secondary institution that led almost naturally to studies in higher education. In fact, while vocational options expanded considerably in secondary education, leading to the construction of what Grácio (1986) has called a ‘mitigated meritocracy’ (since the political nature of the regime avoided a full meritocracy that might challenge its power position), access to the ‘liceus’ remained extremely selective. It was only in 1967 that 6 years of schooling became compulsory in Portugal.

This period was thus marked by strong political concerns with the role of education in the promotion of economic development and as early as the 1950ies, the Portuguese government invited the OECD to finance a study of the Portuguese school system, which was the precursor of a more in-depth study (The Mediterranean Regional Project) 21.

21 This involved a statistical study of the relationship between manpower needs and educational provision in Portugal, Spain, Greece and Yugoslavia (Stoer & Cortesão, 1995).
which was strongly influential in Portuguese educational policy-making in the 1960ies and in the early 1970ies. This new definition of education stimulated changes in the training of teachers. The entry requirements for primary teacher education increased, and well as the number of institutions in which teaching practice for teacher training in secondary schooling could be carried out.

From 1968 to 1974, the passing away of the dictator Salazar facilitated the beginning of a ‘political spring’ that was headed by Marcello Caetano, Salazar’s substitute. In this period, the economic developmentalist view of education was strengthened. Official political discourses stressed the relation between education, economy and, for the first time, democracy. This link between educational reform and democratic concerns was used by the government as a legitimisation device, since the Caetano administration was increasingly besieged by forces that advocated the fall of the regime. Minister of Education Veiga Simão launched an educational reform in the early years of the decade that explicitly presented the democratisation of social life as one of its main objectives. The contradictions of the regime and its eagerness to gain legitimacy opened space for significant changes in education: mass education was explicitly placed on the government’s educational agenda (Stoer, 1983). As a result, ‘measures were taken to ease access to teacher education and to allow it to take place in different types of institutions’ (Stoer & Cortesão, 1995, p. 208).

1974-1976 (the revolutionary years)
With the democratic revolution of the 25 April 1974, educational policy-making entered a period of ‘renewed ideological contribution’ (Stoer & Cortesão, 1995, p. 198). In the revolutionary context of the time, the declared link between education and democratisation led to an intense politicalisation of educational life. One of the stated aims of educational policy-making and of social actors’ actual practices was to build a new democratic (socialist) society and to construct a democratic school that would help promote and sustain that society. The period between April 1974 and the end of 1975 was marked by intense social movements and diverse self-determined pedagogical processes within schools. As a way of inverting the role of schools in the reproduction of social inequality, technical schools were officially extinguished and secondary teaching was ‘unified’ into a comprehensive institutional model. New subjects (for example, ‘Civic and Polytechnic Education’) were introduced into the school curriculum as a way of deepening the connections between schools and social life outside of them. By their own initiative, teachers (and often students) took over the administration of schools and locally adopted models of governance that were based on deliberations made in building-wide democratic assemblies (Lima, 1999). Each school produced its own rules and instituted its own internal organisation. Emancipatory concerns and practices were paramount and previous discourses on educational effectiveness and productivity were eclipsed.

The revolution of the 25 of April 1974 also introduced immediate changes in the organisation of teacher education. As Stoer and Cortesão (1995) remark, ‘during a period marked by the need for basic ideological affirmation, teacher education processes took on, in a very evident way, the corresponding conceptual/ideological characteristics’ (p. 209). Within primary teacher training, the previous emphasis on didactic issues in the transmission of content knowledge gave way to a new curriculum in which the first three months were spent on so-called ‘contact activities’ (the students left their institutions for direct contact with their communities; they observed and inquired, and later on went back to the institutions to discuss the issues that had been raised, in seminars led by their teachers). This is a paradigmatic example of the profound changes in the organisation, the curriculum and teacher-student
relations that took place in primary teacher training institutions after the revolution. As to the model of teacher education for the secondary level, it was subjected to a process of intense negotiation between all parties concerned, including, for the first time, the student-teachers themselves. Training was based on students’ needs and interests, and followed an ‘individual work plan’. Each student was, therefore, the main subject of his or her training. The model of education on which this training relied regarded the teacher not only as a promoter of the learning and development of his or her students, but also as a critical actor that intervened at the level of his or her institution and in its surrounding community. In both primary and secondary models of training, there was the underlying assumption that all educational issues were also social issues.

From the mid 1970ies to the 1980ies (‘normalisation’ and the return of ‘modernisation’)

In 1976, Minister of Education Sottomayor Cardia (a member of the I Constitutional Government) inaugurated a phase that came to be known as ‘normalisation’ (Stoer, 1982). After a period of considerable social turmoil and lack of global orientation, the State reasserted its control over education. In the name of democratic principles, the government of the time endeavoured to consolidate the power of the State in schools and elsewhere, by stressing and reinforcing the need to abide by democratic law, in the name of stability and of the subordination of individual and local interests to the general interest. The government’s concern with the institution of an educational order resulted in the production of regulations concerning the management of schools, which were based on the principle of respect for codified juridical rules (Correia, 1999). Also, the school curriculum and teacher training were stripped of the previous subjects and practices that contextualised knowledge, in favour of a more de-contextualised, nation-wide legitimate version of school knowledge.

In the 1980ies, official educational regulation discourses progressively abandoned constant references to the contribution of education to the construction of a democratic society. Gradually, explicit official concerns emerged with respect to issues such as effectiveness, patterns of quality, and student preparation for work life: the discourse of modernisation gradually substituted that of education for democracy. This process of ‘semantic reconversion’, ‘while expressing a transformation of the legitimate modes of defining education, pre-announced deep changes, both in the structure of school knowledge, and in the definition of the actors and interests whose intervention in the definition of life in schools is recognised as legitimate, as well as in the mechanisms for planning and managing educational systems’ (Correia, 1999, p. 90).

The school curriculum at the post-primary level was changed in favour of a technocratic paradigm that attempted to put science and technology, as well as schooling in general, at the service of the economy and productivity. Gradually, school knowledge came to be defined as an ‘economic good’. The growing intervention of business interests in schools was not confined, however, to the curriculum: it was also expressed in the promotion of vocational training within comprehensive schools (following the reintroduction of technical education into the system, through the ‘Seabra reform’ of 1983) and the creation of a new type of school, the vocational school (‘escola profissional’), which explicitly aimed at preparing students for work life. These changes expressed what Stoer, Stoleroff and Correia (1990) have called the ‘new vocationalism’ in Portuguese educational policy (see also Correia, Stoleroff & Stoer, 1993; & Stoer, 1994).

The creation of vocational schools and the preparation of a new model of school management that would be launched in the beginning of the 1990ies were the most paradigmatic examples of the new role that was defined for the ‘Regulating State’, since they

22 However, this experience of ‘contact activities’ lasted for only a very short period.
expressed a change in the groups with which the State interacted predominantly in the definition of its educational policies (Stoer, 1994). However, in this period, while the market and freedom of choice increasingly became accepted as officially advocated metaphors for the ‘quality’ of education, in practice marketisation and consumer choice were (and still are) more of a discourse than actual realities, when compared to the profound transformations that have been documented in this respect in other European and non-European countries. Indeed, in the Portuguese case, the State didn’t actually lose ground in favour of other social forces: on the contrary, while apparently decentralising, it actually reinforced a tradition of centralised bureaucratic decision-making. As Nóvoa (1992) put it, ‘the appeal to participation often leads to greater centralisation of education policies; the discourse of professionalisation gives way to de-qualification and to stricter State control over teachers; the language of autonomy translates itself into decision-making bureaucratic practices’ (p. 63).

It is interesting to note that official educational discourses in the 1980ies and beyond have successfully integrated many of the stated concerns of the advocates of teacher empowerment and professionalism of the 1960ies and 1970ies, who had for a long time claimed and fought for less bureaucratic and administrative control over the teaching profession by the State. It is precisely the discursive incorporation of these concerns into the official discourse on educational reform (for example, in official innovations such as the development of institutional educational projects in schools, the strengthening of the school’s intervening power in the definition of its programs of studies, or the strengthening of schools’ relations with their communities) that makes it particularly effective in terms of legitimising the main policy decisions that have been made centrally.

Teacher training has though been able to keep its relative autonomy and has not been totally restructured following these policy moves. As Stoer and Cortesão (1995) State,

The 1990ies and beyond (restructuring and re-centralisation)

Since the beginning of the 1990ies, the official educational discourse has not abandoned its mainly economic definition of education and its use of market and corporate images to define the issues that are at stake in the educational system, but it has incorporated additional elements, namely, an organisational view of education with puts the responsibility for educational outcomes much more on the shoulders of teachers and schools than before (Correia 1999). As we will see later on, this is especially visible in government moves to decentralise the educational system, through the local management of schools. However, these moves have not resulted in a ‘pure’ situation of market regulation of education, since the legislation that has been passed has had to reconcile the diverse and contradictory interests of many social forces, not all of which are favourable to marketised solutions to educational problems (Barroso, 1999).23

This organisational move has been complemented by a new emphasis on curriculum engineering that focuses on the school curriculum’s potential for combating social exclusion. In this regard, measures such as the ‘flexibility’ of the curriculum (in particular, the

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23 This is especially the case of teachers, represented through their unions and associations, which were and still are very powerful in influencing the definition of educational policy in Portugal (Barroso, 1999).
creation of ‘alternative curricula’), which are presented in the name of a philosophy of inclusion, convey the idea that it is schools and their teachers than can and must solve the problems that arise from a society that has been unable to end deeply entrenched social inequalities among its citizens. Viewed in this light, the curriculum engineering that has taken place in the curriculum reforms of the 1990ies and of the beginning of the new millennium may be viewed as an integral part of a more global form of social engineering.

The morphological evolution of the education system and the teaching profession
Since the 1960ies, the teaching profession has changed deeply, both in its size and in its internal structures. This section shows some of the factors that have contributed to these changes and illustrates statistically the main structural trends in the evolution of the profession.

Public expenditure in education
For a long time, especially during the Salazar Public dictatorship, education was a neglected segment of the State’s investment efforts. Between 1974 and the end of the 1980ies, the massive evolution of schooling that resulted from the new policies and the extreme economic difficulties experienced by the several governments that governed the country prevented the State from investing heavily in the educational system. However, since the mid 1980ies and, particularly, the beginning of the 1990ies, things changed significantly. Public expenditure in education in Portugal more than tripled between 1990 and 2000. The rate of growth of Portugal’s public investment in education has been the highest in the Euro zone during this period: it represented 12.7 % of all public expenditure in 1995 (5.01% of the Internal Gross Product), and 14.2% in 2000 (5.43 % of the IGP) (Azevedo, 2002). Public educational expenditure per pupil has risen from approximately 972 euros in 1990, to 2714 euros in 1999 (Azevedo, 2002). More recently, because of serious financial and economic difficulties, public investment in education has started to regress.

Rates of schooling: a stunning evolution
Since the 1960ies, but especially after the 1970ies, the absolute number of students in Portuguese schools rose dramatically (Table 1.1). Let us take public schooling as an example (as we will see shortly, over time, by far, this was the sector that enrolled more pupils and that employed the overwhelming majority of teachers): in 1960-1961, 3 734 students were enrolled in public infant schools; in 2000-2001 (four decades later), this number had risen to 106 400 (an increase of 29 times), and it continues to rise. In public basic and secondary schooling, the numbers rose from 986 600 students in 1960-1961 to 1 257 212 in 2000-2001 (an increase of 1.3 times). In the latter case, the number of students doubled between the early 1960ies and the mid 1980ies. Due to demographic factors, the numbers have started to fall since then: the primary (1st cycle) segment of the system lost nearly 300 000 students between 1970-1971 and 1991-1992 (Carreira, 1996, p. 454).

These developments gave way to a stunning rise in the rates of schooling in the country (Table 1.2). Between 1985/86 and 1997/1998, the gross rates of schooling 24 rose from 29.3% to 62.7% in pre-school education (3-5 years of age), from 73.6 to 122.3% in the 3rd cycle (grades 7-9), from 44.1% to 104.0% in secondary-level schooling, and from 13.6% to 55.5% in higher education (Table 1.1; see also Azevedo, 2002) 25.

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24 This rate expresses the relation between the total number of students enrolled in a given level of education and the resident population in a normal age for enrolment in that level.

25 In Portugal, there are four levels of education: pre-school education (3 years), basic education (9 years), secondary education (3 years) and higher education (usually, 4 years). Basic education is divided into three
Table 1.1. Students enrolled in public and private schools (estimated numbers).

<table>
<thead>
<tr>
<th>School year</th>
<th>Public schools</th>
<th>Private schools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Infant schools</td>
<td>Basic and secondary schools</td>
</tr>
<tr>
<td>1960-1961</td>
<td>3 734</td>
<td>986 600</td>
</tr>
<tr>
<td>1965-1966</td>
<td>5 766</td>
<td>1 056 200</td>
</tr>
<tr>
<td>1970-1971</td>
<td>8 850</td>
<td>1 422 600</td>
</tr>
<tr>
<td>1975-1976</td>
<td>3 954</td>
<td>1 657 800</td>
</tr>
<tr>
<td>1980-1981</td>
<td>69 016</td>
<td>1 739 100</td>
</tr>
<tr>
<td>1985-1986</td>
<td>54 320</td>
<td>1 885 500</td>
</tr>
<tr>
<td>1990-1991</td>
<td>75 041</td>
<td>1 684 655</td>
</tr>
<tr>
<td>1995-1996</td>
<td>82 828</td>
<td>1 641 123</td>
</tr>
<tr>
<td>2000-2001</td>
<td>106 400</td>
<td>1 320 257</td>
</tr>
</tbody>
</table>

Sources: Carreira (1996), Ministry of Education, *Estatísticas da Educação*

Table 1.2. Gross rates of schooling in Portugal, from 1985-1986 to 1997-1998.

<table>
<thead>
<tr>
<th>Year</th>
<th>Infant</th>
<th>1st cycle</th>
<th>2nd cycle</th>
<th>3rd cycle</th>
<th>Secondary</th>
<th>Higher (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985-1986</td>
<td>29.3</td>
<td>136.3</td>
<td>112.3</td>
<td>73.6</td>
<td>44.1</td>
<td>13.6</td>
</tr>
<tr>
<td>1986-1987</td>
<td>32.3</td>
<td>136.7</td>
<td>114.1</td>
<td>72.7</td>
<td>48.4</td>
<td>14.9</td>
</tr>
<tr>
<td>1987-1988</td>
<td>36.1</td>
<td>133.0</td>
<td>118.4</td>
<td>77.3</td>
<td>54.8</td>
<td>15.8</td>
</tr>
<tr>
<td>1988-1989</td>
<td>40.3</td>
<td>129.9</td>
<td>118.4</td>
<td>83.0</td>
<td>54.7</td>
<td>17.1</td>
</tr>
<tr>
<td>1989-1990</td>
<td>44.6</td>
<td>128.9</td>
<td>122.0</td>
<td>87.5</td>
<td>60.9</td>
<td>20.2</td>
</tr>
<tr>
<td>1990-1991</td>
<td>50.7</td>
<td>126.7</td>
<td>120.4</td>
<td>94.2</td>
<td>67.7</td>
<td>23.4</td>
</tr>
<tr>
<td>1991-1992</td>
<td>54.4</td>
<td>130.0</td>
<td>124.8</td>
<td>107.0</td>
<td>77.8</td>
<td>27.0</td>
</tr>
<tr>
<td>1992-1993</td>
<td>55.4</td>
<td>127.4</td>
<td>124.0</td>
<td>109.5</td>
<td>82.2</td>
<td>29.9</td>
</tr>
<tr>
<td>1993-1994</td>
<td>56.7</td>
<td>126.9</td>
<td>130.1</td>
<td>115.5</td>
<td>90.6</td>
<td>32.9</td>
</tr>
<tr>
<td>1994-1995</td>
<td>55.7</td>
<td>130.9</td>
<td>127.1</td>
<td>120.8</td>
<td>98.7</td>
<td>35.4</td>
</tr>
<tr>
<td>1995-1996</td>
<td>56.9</td>
<td>126.8</td>
<td>130.0</td>
<td>117.2</td>
<td>106.8</td>
<td>37.9</td>
</tr>
<tr>
<td>1996-1997</td>
<td>58.8</td>
<td>124.4</td>
<td>132.3</td>
<td>119.2</td>
<td>105.7</td>
<td>53.4</td>
</tr>
<tr>
<td>1997-1998</td>
<td>62.7</td>
<td>124.1</td>
<td>130.3</td>
<td>122.3</td>
<td>104.0</td>
<td>55.5</td>
</tr>
</tbody>
</table>

(a) From 1985-1986 to 1987-1988, includes middle (college) education.
Source: Ministry of Education, *Estatísticas da Educação*

**Quantitative evolution of the profession**

In 2002-2003, there were 164 793 teachers in the Portuguese mainland, working in non-higher education institutions of the public and private sectors. These teachers represented around 3% of the working population and around 6% of all people employed in the services sector. Over time, except for the last few years, the number of teachers employed by the State has risen steadily and sometimes extremely rapidly. This growth was especially rapid between 1970 and 1975, when there was a virtual explosion in the number of teachers, and between 1974 and 1979, a period in which this number grew by more than 30 000 (Braga da Cruz *et al.*, 1988, p. 1191). This evolution is mainly the result of the mass education policies of Veiga Simão in the beginning of the 1970ies and of the democratisation of Portuguese social life that followed the revolution. The expansion proceeded in the 1980ies. The growth was both absolute and relative, for the number of teachers grew faster than the number of students:

cycles: 1st cycle (four years), 2nd cycle (two years) and 3rd cycle (three years). Compulsory education is equivalent to three cycles of basic education.
between 1964/65 and 1984/85, it more than tripled, while the number of students didn’t even double (Braga da Cruz et al., 1988, p. 1191). The rise in the number of teachers was especially notorious in infant and in post-primary education. In infant education (Table 1.3), it rose from 6 691 in 1996-1997 to 14 888 in 2003-2004 (an annual increase of around 31.8%).

Table 1.3. Teachers in public and private schooling (infant schooling)

<table>
<thead>
<tr>
<th>School year</th>
<th>Total</th>
<th>Public sector</th>
<th>%</th>
<th>Private sector</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996-1997</td>
<td>6 691</td>
<td>4 919</td>
<td>73.5</td>
<td>1772</td>
<td>26.5</td>
</tr>
<tr>
<td>1997-1998</td>
<td>8 165</td>
<td>5 685</td>
<td>69.6</td>
<td>2 480</td>
<td>30.4</td>
</tr>
<tr>
<td>1999-2000</td>
<td>14 152</td>
<td>7 521</td>
<td>53.1</td>
<td>6 631</td>
<td>46.9</td>
</tr>
<tr>
<td>2000-2001</td>
<td>14 055</td>
<td>7 438</td>
<td>52.9</td>
<td>6 617</td>
<td>47.1</td>
</tr>
<tr>
<td>2001-2002</td>
<td>14 309</td>
<td>7 689</td>
<td>53.7</td>
<td>6 620</td>
<td>46.3</td>
</tr>
<tr>
<td>2002-2003</td>
<td>14 350</td>
<td>7 673</td>
<td>53.5</td>
<td>6 677</td>
<td>46.5</td>
</tr>
<tr>
<td>2003-2004</td>
<td>14 888</td>
<td>8 116</td>
<td>54.5</td>
<td>6 772</td>
<td>45.5</td>
</tr>
</tbody>
</table>

(a) Network of infant schools under the jurisdiction of the Ministry of Education.
(b) From 1996-1997 the data do not include the Autonomous Regions of the Açores and Madeira.
Source: Ministry of Education, Estatísticas da Educação

This increase was very significant in the public sector and, especially, in private institutions: in public infant schools, the numbers rose from 4 919 in 1996-1997 to 8 116 in 2003-2004 (an annual average increase of 23.6%); in private institutions, they climbed from 1 772 to 6 772 in the same period. Over time, in relative terms, the private sector has employed more and more teachers in this level of education: from 26.5% in 1996-1997 to 45.5% in 2003-2004.

Between 1960-1961 (26 087 teachers) and 2003-2004 (35 353), the number of primary teachers (1st cycle) rose by an average of around 9.7% per year (Table 1.4). The rise of the number of teachers in this cycle until the early 1990ies was due, not to a growth in the number of students in this level of education, or to the creation of more schools, but to government initiatives that aimed at improving the effectiveness of the educational system via teacher-student ratios, which reached 1/19 in 1989 (Arroteia, 1989, p. 437). Recently, while the number of students in primary schools continues to decline, the number of teachers has tended to stabilise.

Table 1.4. Teachers in public and private schooling (primary schooling/1st cycle).

<table>
<thead>
<tr>
<th>School year</th>
<th>Total</th>
<th>Public sector</th>
<th>%</th>
<th>Private sector</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960-1961</td>
<td>26 087</td>
<td>24 331</td>
<td>93.3</td>
<td>1 756</td>
<td>6.7</td>
</tr>
<tr>
<td>1965-1966</td>
<td>27 966</td>
<td>25 971</td>
<td>92.9</td>
<td>1 995</td>
<td>7.1</td>
</tr>
<tr>
<td>1970-1971</td>
<td>29 554</td>
<td>27 460</td>
<td>92.9</td>
<td>2 094</td>
<td>7.1</td>
</tr>
<tr>
<td>1975-1976</td>
<td>38 706</td>
<td>36 593</td>
<td>94.5</td>
<td>2 113</td>
<td>5.5</td>
</tr>
<tr>
<td>1980-1981</td>
<td>42 335</td>
<td>39 922</td>
<td>94.3</td>
<td>2 413</td>
<td>5.7</td>
</tr>
<tr>
<td>1985-1986</td>
<td>42 735</td>
<td>39 881</td>
<td>93.3</td>
<td>2 854</td>
<td>6.7</td>
</tr>
<tr>
<td>1991-1992</td>
<td>43 214</td>
<td>41 941</td>
<td>97.1</td>
<td>1 273</td>
<td>2.9</td>
</tr>
<tr>
<td>1996-1997(a)</td>
<td>35 283</td>
<td>32 911</td>
<td>93.3</td>
<td>2 372</td>
<td>6.7</td>
</tr>
<tr>
<td>1997-1998</td>
<td>34 239</td>
<td>31 886</td>
<td>93.1</td>
<td>2 353</td>
<td>6.9</td>
</tr>
<tr>
<td>1998-1999</td>
<td>35 182</td>
<td>32 687</td>
<td>92.9</td>
<td>2 495</td>
<td>7.1</td>
</tr>
<tr>
<td>1999-2000</td>
<td>36 625</td>
<td>34 003</td>
<td>92.8</td>
<td>2 622</td>
<td>7.2</td>
</tr>
<tr>
<td>2000-2001</td>
<td>36 722</td>
<td>33 995</td>
<td>92.6</td>
<td>2 727</td>
<td>7.4</td>
</tr>
<tr>
<td>2001-2002</td>
<td>36 198</td>
<td>33 607</td>
<td>92.8</td>
<td>2 591</td>
<td>7.2</td>
</tr>
</tbody>
</table>
In the mid 1960ies, primary teachers represented around 60 per cent of all teachers; in 1984-1985, this relation had been inverted, with primary teachers representing only around 30 per cent. The State has always predominated massively as the main employer in this segment of the system: still today, the private sector employs only around 7% of all 1st cycle teachers.

Between 1964-1965 and 1984-1985, post-primary schools received 61 500 of the new 95 000 jobs that were created (Braga da Cruz et al., 1988, p. 1192). In the 2nd cycle, there was a very significant increase in the number of teachers: it jumped from more than 13 100 in 1974-1975 to around 24 900 in 1986-1987 (around 30 per cent were academically qualified, but did not carry a professional teaching certificate) (Arroteia, 1989, p. 437).

In secondary education, the growth was also very rapid: from 15 000 in 1974-1975 to almost 42 300 in 1986-1987 (of which 50.1 per cent were professionally certified and 37.0 carried a proper academic degree, but no professional qualification to teach) (Arroteia, 1989, p. 439). Indeed, if we look at the evolution in the number of teachers in the 2nd and 3rd cycles and in secondary education (Table 1.5), we see that it rose ten-fold 1960-1961 (11 567 teachers) and 2003-2004 (114 558), six times greater than the growth in the primary sector.

This growth was due to the massive development of the public sector, through which private schools (which had been important employers in this level of education during the dictatorship, with 41.2% of all teachers in 1960-1961) were proportionally reduced within this segment of the profession (currently, around 9 %), particularly in the mid 1970ies as a consequence of the socialist revolution. The number of teachers working in these latter levels has stabilised recently around 80 000.

<table>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11 567</td>
<td>6 807</td>
<td>10 009</td>
<td>10 879</td>
<td>44 669</td>
<td>58 501</td>
<td>75 844</td>
<td>104 420</td>
<td>99 341</td>
<td>102 023</td>
<td>102 837</td>
<td>104 277</td>
<td>104 429</td>
<td>105 692</td>
<td>104 069</td>
<td>103 628</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33 111</td>
<td>64.0</td>
<td>66.7</td>
<td>89.9</td>
<td>89.7</td>
<td>88.3</td>
<td>91.5</td>
<td>91.6</td>
<td>91.1</td>
<td>91.3</td>
<td>91.4</td>
<td>90.9</td>
<td>91.1</td>
<td>90.6</td>
<td>90.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>93.0</td>
<td>%</td>
<td>%</td>
<td>%</td>
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<tr>
<td></td>
<td></td>
<td>2 492</td>
<td>4 760</td>
<td>5 633</td>
<td>5 428</td>
<td>6 714</td>
<td>10 026</td>
<td>9 721</td>
<td>9 079</td>
<td>9 994</td>
<td>9 754</td>
<td>9 842</td>
<td>10 517</td>
<td>10 331</td>
<td>10 771</td>
<td>10 930</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7.0</td>
<td>41.2</td>
<td>36.0</td>
<td>33.3</td>
<td>10.3</td>
<td>11.7</td>
<td>8.5</td>
<td>8.4</td>
<td>8.9</td>
<td>8.7</td>
<td>8.6</td>
<td>9.1</td>
<td>8.9</td>
<td>9.4</td>
<td>9.5</td>
</tr>
</tbody>
</table>
| (a) From 1996-1997 on, the data do not include the Autonomous Regions of the Açores and Madeira. Source: Ministry of Education, Estatísticas da Educação
Table 1.6. Teachers in public and private schooling (3rd cycle and secondary schooling).

<table>
<thead>
<tr>
<th>School year</th>
<th>Total</th>
<th>Public sector</th>
<th>%</th>
<th>Private sector</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2000</td>
<td>81 063</td>
<td>73 993</td>
<td>91.3</td>
<td>7 070</td>
<td>8.7</td>
</tr>
<tr>
<td>2000-2001</td>
<td>81 724</td>
<td>73 928</td>
<td>90.5</td>
<td>7 796</td>
<td>9.5</td>
</tr>
<tr>
<td>2001-2002</td>
<td>82 643</td>
<td>75 140</td>
<td>90.9</td>
<td>7 503</td>
<td>9.1</td>
</tr>
<tr>
<td>2002-2003</td>
<td>81 057</td>
<td>73 245</td>
<td>90.4</td>
<td>7 812</td>
<td>9.6</td>
</tr>
<tr>
<td>2003-2004</td>
<td>80 954</td>
<td>73 027</td>
<td>90.2</td>
<td>7 927</td>
<td>9.8</td>
</tr>
</tbody>
</table>

(a) From 1997-1998 on, the data do not include the Autonomous Regions of the Açores and Madeira. Source: Ministry of Education, *Estatísticas da Educação*

Overall, with the exception of infant and higher education, where the private sector employs an important proportion of teachers, basic and secondary schooling, taken together (Table 1.7), are still widely supplied by teachers employed by the State, especially since the mid 1970ies. Today, private schools employ around 9% of all teachers working in these segments of the system and have lost the prominence they once enjoyed (78.1% in 1960-1961, 45% in 1975-1976, and 24.1% in 2003-2004) (Table 1.8).

Table 1.7. Teachers in public and private schooling (basic and secondary schooling).

<table>
<thead>
<tr>
<th>School year</th>
<th>Total</th>
<th>Public sector</th>
<th>%</th>
<th>Private sector</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960-1961</td>
<td>37 654</td>
<td>31 138</td>
<td>82.7</td>
<td>6 516</td>
<td>17.3</td>
</tr>
<tr>
<td>1965-1966</td>
<td>43 608</td>
<td>35 980</td>
<td>82.5</td>
<td>7 628</td>
<td>17.5</td>
</tr>
<tr>
<td>1970-1971</td>
<td>45 861</td>
<td>38 339</td>
<td>83.6</td>
<td>7 522</td>
<td>16.4</td>
</tr>
<tr>
<td>1975-1976</td>
<td>88 378</td>
<td>81 262</td>
<td>91.9</td>
<td>7 116</td>
<td>8.1</td>
</tr>
<tr>
<td>1980-1981</td>
<td>107 550</td>
<td>98 423</td>
<td>91.5</td>
<td>9 127</td>
<td>8.5</td>
</tr>
<tr>
<td>1985-1986</td>
<td>128 605</td>
<td>115 725</td>
<td>89.9</td>
<td>12 880</td>
<td>10.1</td>
</tr>
<tr>
<td>1991-1992</td>
<td>157 355</td>
<td>146 361</td>
<td>93.0</td>
<td>10 994</td>
<td>7.0</td>
</tr>
<tr>
<td>1996-1997(a)</td>
<td>143 703</td>
<td>132 252</td>
<td>92.0</td>
<td>11 451</td>
<td>8.0</td>
</tr>
<tr>
<td>1997-1998</td>
<td>146 256</td>
<td>133 909</td>
<td>91.6</td>
<td>12 347</td>
<td>8.4</td>
</tr>
<tr>
<td>1998-1999</td>
<td>147 773</td>
<td>135 524</td>
<td>91.7</td>
<td>12 249</td>
<td>8.3</td>
</tr>
<tr>
<td>1999-2000</td>
<td>150 744</td>
<td>138 280</td>
<td>91.7</td>
<td>12 464</td>
<td>8.3</td>
</tr>
<tr>
<td>2000-2001</td>
<td>151 668</td>
<td>138 424</td>
<td>91.3</td>
<td>13 244</td>
<td>8.7</td>
</tr>
<tr>
<td>2001-2002</td>
<td>152 221</td>
<td>139 299</td>
<td>91.5</td>
<td>12 922</td>
<td>8.5</td>
</tr>
<tr>
<td>2002-2003</td>
<td>150 443</td>
<td>137 180</td>
<td>91.2</td>
<td>13 263</td>
<td>8.8</td>
</tr>
<tr>
<td>2003-2004</td>
<td>149 911</td>
<td>136 462</td>
<td>91.0</td>
<td>13 449</td>
<td>9.0</td>
</tr>
</tbody>
</table>

Source: Ministry of Education, *Estatísticas da Educação*

Table 1.8. Total and percent of teachers by sector of public schooling (basic and second)

<table>
<thead>
<tr>
<th>School year</th>
<th>Total</th>
<th>Primary (1st cycle) schools</th>
<th>%</th>
<th>2nd, 3rd cycle and secondary schools</th>
<th>%</th>
<th>3rd cycle and secondary schools</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960-1961</td>
<td>31 138</td>
<td>24 331</td>
<td>78.1</td>
<td>6 807</td>
<td>21.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1965-1966</td>
<td>35 980</td>
<td>25 971</td>
<td>72.2</td>
<td>10 009</td>
<td>27.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1970-1971</td>
<td>38 339</td>
<td>27 460</td>
<td>71.6</td>
<td>10 879</td>
<td>28.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1975-1976</td>
<td>81 262</td>
<td>36 593</td>
<td>45.0</td>
<td>44 669</td>
<td>55.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1980-1981</td>
<td>98 423</td>
<td>39 922</td>
<td>40.6</td>
<td>58 501</td>
<td>59.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1985-1986</td>
<td>115 725</td>
<td>39 881</td>
<td>34.5</td>
<td>75 844</td>
<td>65.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statistics on the feminisation of the teaching profession are dispersed and their calculation and dissemination have been produced inconsistently by the statistical services of the Ministry of Education. It is therefore difficult to obtain a totally precise picture of its evolution over time. Nonetheless, Table 1.9 presents data on the issue that have been collected from variety of sources. Although these results are not very systematic, they do give a view of the gender composition of the different segments of public school teaching. As we can see, for the last decade and a half, infant teaching has been overwhelmingly supplied by women (around 99%). Primary teaching is also an almost exclusive female activity (around 88-90%). The 2nd, 3rd cycles and secondary schooling come next, with a feminisation rate of around 70%. The 3rd cycle and secondary teaching, more specifically, have become more feminised over time alongside the growth of State schools in this segment (from 56.6% in 1975-1976 to 71.6% in 2000-2001).

Table 1.9. Percentage of women in public schools (estimated values).

<table>
<thead>
<tr>
<th>School year</th>
<th>Infant schools</th>
<th>Primary (1st cycle) schools</th>
<th>2nd, 3rd cycle and secondary schools</th>
<th>3rd cycle and secondary schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960-1961</td>
<td>-</td>
<td>87.1&lt;sup&gt;26&lt;/sup&gt;</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1970-1971</td>
<td>-</td>
<td>88.3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1975-1976</td>
<td>-</td>
<td>91.9</td>
<td>-</td>
<td>56.6</td>
</tr>
<tr>
<td>1985-1986</td>
<td>98.7</td>
<td>92.4</td>
<td>-</td>
<td>61.8</td>
</tr>
<tr>
<td>1996-1997</td>
<td>99.3</td>
<td>92.6</td>
<td>70.3</td>
<td>-</td>
</tr>
<tr>
<td>1997-1998</td>
<td>99.2</td>
<td>92.7</td>
<td>70.4</td>
<td>-</td>
</tr>
<tr>
<td>1998-1999</td>
<td>-</td>
<td>91.4</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1999-2000</td>
<td>98.7</td>
<td>91.4</td>
<td>71.2</td>
<td>70.8</td>
</tr>
<tr>
<td>2000-2001</td>
<td>-</td>
<td>88.9</td>
<td>71.7</td>
<td>71.6</td>
</tr>
</tbody>
</table>

Due to demographic factors, there have been dramatic decreases in the number of students who attend Portuguese schools, especially at the basic level, but this has not been accompanied by a proportional decrease in the number of teachers. Azevedo (2001, p. 256) exemplifies this with the extraordinary example of the 1st cycle: the number of students decreased by more than 400 000 in the last 25 years in this segment of the educational system, while the number of teachers in public and private schools grew from 29 500 in 1970/1971, to 39 015 in 1989/1990. Therefore, it seems more likely that the effects of the reduction in the number of students will originate a decrease in the number of admissions to the profession.

<sup>26</sup> In 1911, women represented 54 % of all primary teachers; in 1916, 61 %; in 1926, 67 %; in 1940, 73 %; in 1970, 88.3 %; in 1976, 91.9 %, and in 1984, 92.2 % (Benavente, 1990, p. 86).
which is already happening, with an oversupply of several tens of thousands of teachers in the last three to four years), rather than on cuts in the number of existing jobs.

**Teacher qualifications: big steps, small improvements**

The intense process of mass education in Portugal from the 1970ies onwards created a dramatic need for more teachers and a lowering of academic and professional standards for accessing the teaching profession, because, initially, staffing needs were solved through the softening of recruitment criteria, rather than through the creation of more teacher training institutions and courses. The system thus admitted large numbers of academically qualified but not professionally certified graduates, and even non-graduates. Especially in secondary schools, this introduced a strong diversification of the teaching body: ‘senior teachers trained for an elite school worked side by side with newly trained teachers, and both worked alongside non certified graduates and non-graduates’ (Formosinho, 2000, p. 90).

With the rapid growth of the teaching body in the last 25 years, the proportion of teachers with specific formal training for the curriculum area in which they teach is still less than half in some segments of the system. Azevedo (2001) exemplifies this with the example of the 3rd cycle and secondary schooling: in 1969-1970, only 30% of the teachers in this segment of the system were professionally qualified; in 1989-1990, the percentage had risen to 53%, but it was still very low. Formosinho commented on this in the following way:

Many schools in the 1970’s and 1980’s had a majority of non-professionally certified teachers and a significant number of non-academically qualified ones. This change has not been followed by a change in teaching practices and duties – roles, powers, and responsibilities. All teachers had the same curricular planning expectations, the same evaluation responsibilities, the same disciplinary powers, the same basic school responsibilities and, in some cases, the same access to co-ordination posts. All teachers had the same powers, duties and responsibilities, this meaning both the experienced and the beginner, both academically qualified and the non-qualified, both the professionally certified and the non-certified, both the tenured and permanent and those who compulsorily changed school every year. (Formosinho, 2000, p. 94)

Formosinho suggests that having unqualified teachers on role contributes to a lowering of teaching performance standards and to the creation of a culture of the ‘bureaucratic minimum’ in the profession: contact time was increasingly identified with teaching time, and teachers’ presence in the school was reduced to class time and to formally appointed meetings. This culture is reinforced by the fact that most teachers are civil servants, which ‘reinforces bureaucratic trends in the teaching profession’ (Formosinho, 2000, p. 95).

This bureaucratic civil servant culture still represents the majority of Portuguese teachers, but increasingly it is met with resistance and critique from an emerging professional culture since the mid 1980’s. As Campos (2000) comments:

The broad definition reported in the [1986] Education Act is sufficient to characterise teaching as *professional*. The overall characterisation of teaching qualifications present in this political definition is not that of a *civil servant* who can follow external rules, nor that of a technician using standard practices whilst unaware of the specific context s/he acts in. Rather, it is the characterisation of a *professional* capable of analysing each teaching situation and producing the teaching practices likely to lead the highest number of students through the learning process, and capable of evaluating and reflecting on their practice in a way which increases their competence... Several changes have been occurring in basic and secondary education over the last few years, with implications for
teacher performance profiles, thus constituting new challenges for their education. These changes lead broadly to a more context-driven teacher activity, which shapes a performance profile increasingly approaching that of an autonomous professional over that of a civil servant or technician (p. 95, the author’s emphasis).

However, the power of bureaucracy still prevails. A paradigmatic example is entry into the teaching profession. Access to teaching is still accomplished through a national application where candidates are ranked according to the grade average they obtain in their university or college degrees. To apply, candidates need only to fill in an electronic questionnaire. It is thus possible for individuals who have attended low-quality training institutions that have more lax criteria for giving grades, to have easier access to the profession than those who are trained in more demanding, higher-quality institutions (Afonso, 1994).

**Education policy making since the mid-1980ies: Main milestones**

The symbolic moment that marked the entry of Portugal in a new era of policy-making in education was the passing of the 1986 Education Act. Still today, this is the basic law that sets the structure and drives the development of the educational system.

### The 1986 Education Act: a landmark in educational policy

The 1986 Education Act (Law 46/86, published in October 14, 1986) was a landmark in the restructuring of the whole Portuguese educational system. This Act set the bases for a global reorganisation of the system. It covered multiple levels: the objectives and structures of the educational system; programs of studies; teaching methods and student assessment procedures; regulation bodies and educational compensation mechanisms; human resources, and the management of schools and of the system as a whole. The Act established the following organisational goals of the system (Eurydice, 1997):

- preservation and promotion of Portuguese national identity and culture
- stimulation of learner’s global development
- respect for personal, social and cultural diversity
- positive work attitudes based on a solid general and specialised education
- decentralisation, de-concentration and diversification of structures and activities
- correction of local and regional development asymmetries;
- creation of additional educational opportunities for those who experience failure in the regular system
- gender equity
- democratic discourses and practices through the adoption of participatory structures and processes

The structure of compulsory education was subjected to two major changes: (1) an increase in the length of mandatory schooling (which was extended from six to nine years), and (2) the reorganisation of the structure of levels of schooling. In the latter case, the Act created a ‘basic’ education segment that comprises three levels of schooling: the 1st cycle (four years), the 2nd cycle (two years) and the 3rd cycle (three years). Students are expected to progress throughout these cycles by engaging in progressively deeper learning, within a global framework of studies.

### Curriculum reform: the more things change, the more they remain the same

The 1986 Education Act set general principles for the organisation of the curriculum in all levels of the educational system. According to article 47 of this Act, in all cycles, curriculum
plans for basic education must include a personal and social development area that may include environmental education, consumer education, family education, sex education, accident prevention, health education, and education for democratic and civic participation. The basic and secondary curriculum also includes an optional component of Catholic moral and religious education. Basic and secondary curricula are set nationally, but the Act leaves open the possibility of integrating regional and even local components.

In the wake of the Education Act, in 1989, the government passed legislation (Decree-law 268/89, published in August 29) that defined a new organisation for programs of studies and established guidelines for the development of these programs. These programs of studies were defined by the government, after consultation with the National Board of Education. The government’s measures were based on the proposals of a Working Group for the Reorganisation of School Curricula, which was formed in the context of the Commission for the Reform of the Educational System, a group that was appointed following a resolution of the Board of Ministers, passed in December, 1985. The Working Group launched its activities in June, 1988. It coordinated a set of multidisciplinary teams that were organised by cycle of studies and which divided themselves into sets of smaller branch or subject discipline teams. These multiple teams developed curriculum proposals that presented goals and methodological guidelines for each domain of study or discipline. The provisional versions of these texts were subjected to a wide process of public consultation. Thereafter, the central services of the Ministry of Education decided upon the final version of these documents and the way their horizontal coordination would be ensured.

After official approval, the programs of studies were subjected to a process that comprised three phases: (1) experimentation, evaluation and reformulation, (2) consolidation of the reformulated versions of the programs of studies, and identification of the methodological problems that were linked to their dissemination, and (3), dissemination of the curricula to the whole system, in the third year of the period of experimentation. The trial period was launched in a sample of schools. In these schools, the government promoted the training of teachers in the ‘application’ of the new programs. Later, year by year, the curricula were disseminated into the whole system.

The year of 2001 marked the introduction of a new major reorganisation of the curriculum of basic education (Legal decree 6/2001). This important piece of legislation introduced several innovations, namely: the official declaration of the ‘flexible management of the curriculum’ as the aim of the government’s policy in this domain; the creation of ‘school curricular projects’ that are to contextualise the national curriculum in each institution; the creation of ‘class curriculum projects’ that must contextualise the school curriculum project, adapting it to the characteristics of each class; and the introduction of three new ‘non-disciplinary curriculum areas’: the ‘project area’ (an interdisciplinary area where the students can develop integrated projects, according to their interests and needs), ‘accompanied study’ (an area devoted to the learning of learning competences and study and methods), and ‘civic education’ (dedicated to the promotion of citizenship).

Currently, the curriculum field is confronted with contradictory signs from the State (Afonso, 2003): on the one hand, State control is exercised through an extremely regulated national curriculum whose application is compulsory for both public and private schools; on the other hand, there are tenuous government initiatives that promote the autonomy of local actors, such as the creation of ‘project areas’ in the curriculum that the school and its teachers may manage autonomously, schools’ freedom to choose textbooks (although this choice is made from a list previously defined by the government), the creation of ‘alternative curricula’ (programs tailored to the specific needs of groups of at-risk students at a school), and the setting of secondary vocational schools with specific curriculum plans and modes of management that are distinct from those of other secondary institutions.
Despite the prevalence of the national rigid and centralised curriculum and the minority-like status of these ‘flexibility’ initiatives, the State has intensified its control over teachers and schools even further, through the reintroduction of national examinations at the end of secondary schooling, which had been abolished in the beginning of the 1980ies, and the introduction of external tests in Portuguese and Mathematics at the end of each cycle of studies in basic education (Despacho Normativo 98-A/9227). More recently, the Durão Barroso right-wing government that took office in 2002 passed legislation that introduced national examinations in basic education and instituted a policy of public dissemination of school results on 12th grade examinations.

**Student assessment reform**

In 1992, the government passed legislation (*Normative dispatch 98-A/92*) that aimed at reforming the system of student assessment, which was to be brought in line with the new curriculum organisation that had been introduced. This new system was implemented gradually, as the reform of the curriculum progressed. According to this legislation, for each cycle of basic education, the Ministry of Education defined ‘minimum curricular objectives’ and in each school minimum performance profiles for each subject and subject area.

Normative dispatch 98-A/92 declared that student assessment should have ‘a systematic and continuous character’ (article 8) and distinguished four types of assessment: formative, summative, standardized and specialised assessment. Formative assessment was designated as ‘the main modality of assessment in basic education’ (article 18). Standardised external assessment was introduced for the first time in Portugal with the goals of ‘measuring the degree to which minimum curricula objectives are being met’, controlling the quality of the educational system, facilitating decision-making that improved the system and, therefore, ensuring social confidence in the system. It was decided that this type of assessment would have no implications for school progression for students who took the standardised tests.

The above mentioned dispatch instituted that each student’s school trajectory should be registered on an ‘individual file’, which might be accessed by the student, his or her teachers and the student’s parents. It created room for parent participation in the assessment process, ‘in conditions that are to be defined in each school’s internal regulations’ (article 10). Another major innovation of this piece of legislation was that student retention was declared as exceptional and postponed to the end of each cycle of studies, instead of each school year (article 51). Furthermore, the dispatch declared that student retention could only take place after all possibilities of support had been exhausted (article 54). Finally, teachers must develop ‘a specific support plan’ for the student in the areas where he or she has not attained the pre-specified minimum objectives. All of this meant that teachers needed to work more in teams and to individualise their pedagogy. An enormous amount of additional paperwork was also required. Teachers found most of these innovations difficult to put into practice. Indeed, as Afonso (1998, p. 277) comments, the most innovative and democratic aspects of this legislation (namely, the centrality of formative assessment and the obligation of the school to organise forms of educational compensation for students at risk of retention) collided with the social and political conditions under which teachers worked28.

*The central administration of education: the relentless legacy of bureaucratic power*

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27 This normative dispatch introduced standardised testing (‘avaliação aferida’) into the system.

28 Legal decree 6/2001, which has already been mentioned with respect to curriculum flexibilisation, introduced some innovations in the process of student assessment in the beginning of the new millennium, but it maintained most of the fundamental features of the 1992 legislation on these matters. The decree’s specific regulation was accomplished in Normative Dispatch 30/2001, passed in July 19.
Article 44 of the 1986 Education Act set the following responsibilities of the central administration of education:

- conception, planning and normative definition of the educational system, with a view to ensuring its unity and its adequacy to national-level objectives
- global coordination and evaluation of the execution of educational policy measures
- inspection and overall overview in order to guarantee the quality of education
- definition of general criteria for the setting of the system of schools, of the typology of schools and of their equipment, as well as the pedagogical norms that must be followed in the construction of school buildings
- ensuring the pedagogic and technical quality of didactic means, including textbooks

The same article also established the creation of regional-level departments of education, with the responsibility of integrating, coordination and following-up educational processes. These departments are strongly dependent from the centre and operate mostly as intermediaries between it and individual schools or groupings of schools.

**The local management of schools: giving with one hand, taking with the other**

The institution of a new model of school management and administration is the most visible sign of a neoliberal political attempt to deregulate State intervention in Portuguese basic and secondary education. This is the domain of policy making where the State’s strategy of involving more actors in the definition of school policies and in the regulation of school governance and performance is more explicit, with a key role reserved to consumer control over education. Minister Roberto Carneiro himself stated that this project was one of ‘more society, less State’ (quoted by Afonso, 1997, p. 119).

Before the 25 April 1974, the management of schools was extremely bureaucratic, under the responsibility of bodies that were headed by individuals who were politically designated by the regime to ensure its centralised rule. The democratic revolution of 1974 brought about radical experiments in this respect, with schools exercising, in many cases, high levels of self-determination through the practice of direct democracy, often in opposition to the power of central administrators (Lima, 1992). The period of political ‘normalisation’ that was launched in 1976 introduced a new model of school management, the so-called ‘collegial management model’. Formally, this model integrated some of the principles that had been developed during the revolutionary period (namely, those of school members’ participation and internal democracy), especially, in the election of a leadership team within each school. However, this governing body (the directive board) had little actual political power within the school and ended up representing the power of the Ministry within each school (Afonso, 1999). This led to a growing ritualisation of member participation in school life and to the subsequent demotivation to participate.

In the beginning of 1986, the Constitutional Government appointed a Committee for the Reform of the Educational System, within the context of which a working group of three specialists (all from the Universidade do Minho) diagnosed the situation of the time, in terms of school management. This diagnosis was rather pessimistic (it declared the failure of the ‘democratic management model’) and called for a new organisational model, which would be based on new principles that allow educational actors to be remobilised and engage collectively in the development of institutional educational projects. The working group proposed that each school be led by a Board with representation of the different groups
involved in school life, not only teachers, as had occurred previously (Formosinho, Fernandes & Lima, 1988)\(^{29}\).

The 1986 Education Act determined that schools should function in a framework of community integration. This Act also established that the management of each institution be grounded on the principles of democracy and participation of all those involved in the educational process and that, in the governance of schools, pedagogical and scientific criteria should always prevail over administrative ones. A further norm that was set by this Act is that the management of each institution must be ensured by its own governance bodies, for which representatives of teachers, students\(^{30}\) and non-teaching staff are to be elected.

The local management of schools (‘school autonomy’) was legally regulated in Portugal in 1989 (Legal Decree 43/89, published in February 3). This legislation instituted the principle of the gradual cultural, pedagogical, administrative and financial autonomy of educational institutions. It defined school autonomy as the capacity to elaborate and put into practice an educational project, to the benefit of students and with the participation of all intervening parties in the educational processes (article 2).

Legal Decree 172/91\(^{31}\), published in May 10, 1991, established a new model of school management that covered pre-, basic (compulsory) and secondary institutions. The main goal of this legislation was to decentralise the system by instituting school and ‘school area’ autonomy. The new concept of the ‘school area’ that was introduced by this legislation referred to pre-school and first cycle organisations that were grouped by geographic areas and brought together under the same management team. A second major innovation of the legislation was the introduction of a clear separation between direction and management functions, which were previously exercised by the same bodies within schools. Directive functions were thus attributed to a new body, the ‘school board’, which was comprised by representative members of all groups in the school community, and in which seats were divided evenly between teaching and non-teaching members. Management, on the other hand, was to be ensured by several bodies, including a new individual leadership post: the ‘executive director’, who was to be assisted by two assistants and accountable before the school board\(^{32}\). Other innovations of this legislation were the participation of a representative of the school’s student association in the pedagogical board (in basic schools) and in class boards (in the 3\(^{rd}\) cycle), and an increase in the formal participation of representatives of parent associations, local authorities, and community economic and cultural interests.

This new management model was introduced experimentally in the school year of 1992-1993, in a group of 20 schools and five school areas. A Board of Evaluation was appointed by the government to evaluate the operation of the experimental model. In 1997, this Board published its final report, on which it stated that it appeared meaningless to expect schools to define their own policy through a widely-representative body that integrated actors from within the institution (teachers, students, non-teaching staff) and outside of it (parents, representatives of local political authorities and of local economic, cultural and scientific interests), if the State did not actually decentralise its power, rather than merely de-

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\(^{29}\) The group’s proposals were only partially integrated into the final legislation (Legal Decree 172/91) that was adopted for the management of schools. As Lima (1995) notes, the consensus that had been developed among a wide set of actors with respect to the need to overcome the deficiencies of State bureaucracy disguised a multiplicity of contradictory political interests and of alternative projects on how to replace that bureaucracy.

\(^{30}\) Student representation in governance bodies is confined to secondary schools.

\(^{31}\) While this legislation was published in the wake of the proposals made by the working group of the Committee for the Reform of the Educational System, it did not represent most of the main ideas contained in those proposals. As one of the members of the working group Stated later, the ‘democratic and decentralising agenda’ of the group was replaced in the legislation by a ‘modernising and technocratic agenda’ (Lima, 1995).

\(^{32}\) Some critics view this new role as a potential extension of the State’s control over the school, through a new form of ‘regulation at a distance’ (Estêvão, 1995).
concentrate its structures. As the Board put it, ‘centralism restricts the school’s political space’ and de-motivates school actors from participating in decision-making (quoted in Afonso, 1999, pp. 124-125).

In 1998, with a socialist government now in power, a new model (*Legal Decree 115/98*) introduced significant changes in this domain. This decree defined school autonomy as the school’s power (granted by central administration) ‘to make decisions in strategic, pedagogical, administrative, financial and organisational domains, in the framework of its educational project and as a function of the competences and of the means that are allocated to it’ (article 3). The decree defined three main instruments of a school’s autonomy: (1) the school educational project (a document that states the school’s educational orientation and makes explicit its principles, values, goals and strategies, which is approved by its management bodies for a three-year period), (2) the internal regulation (a document that defines the school’s mode of operation, as well as that of each of its bodies, structures and services, and the rights and duties of members of the school community), and (3) the annual activity plan (a planning document that is elaborated and approved by the school’s governing bodies, and which, on the basis of the institution’s educational project, defines the activities that are to be undertaken, their objectives, their modes of organisation and the resources that are needed for their accomplishment). In this the local management of the school is ensured by four main bodies: the School Assembly, the Executive Board (or Director), the Pedagogical Board, and the Administrative Board.

The School Assembly is responsible for the definition of the guidelines that will orient the school’s activity. It is the body of the school which ensures the participation of the school community, by integrating representative members of teachers, parents, students, nonteaching staff and local authorities. Each school defines the number of members that comprise its Assembly, which cannot exceed 20. The total number of representative members of the teaching staff cannot exceed 50% of the total of members. Parents must represent a minimum of 10% of all members. Student participation in the Assembly is only permitted at the secondary level. The Assembly is chaired by a teacher, elected by all members among all teachers who integrate it. Among many other important responsibilities, the Assembly approves the school’s main policy documents, such as the institutional educational project and the internal regulation, and sets the guidelines for the management of the school’s budget.

The leadership of the institution is ensured by one of two entities: the Executive Board, or the Executive Director. The option for one or the other is the prerogative of each school. The Executive Board is comprised by three teachers, the president and two vice-presidents. In case the school opts for a Director, he or she may be supported by two assistants. It is this executive body of the school that prepares the institution’s main policy documents, which are submitted to the School Assembly for approval. The body also ensures the regular operation of the school (the appointment of teaching service and other duties in the school, the nomination of class directors, the supervision of the constitution and organisation of classes, the exercise of disciplinary power over school staff and students, and the evaluation of the performance of teaching and non-teaching staff, among many other responsibilities). Executive board members are elected by an electoral assembly that comprises representative members of all the groups that comprise the school’s community. Occupants of executive positions of responsibility are elected for three-year terms.

The Pedagogical Board is the body that ensures the educational coordination and orientation of the institution, namely, with respect to issues such as pedagogy, didactics, the vocational guidance of students, and the initial and in-service training of teaching and nonteaching staff. Each school defines the composition of its board, which must ensure the

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33 This number can be enlarged to four or to five, depending on several characteristics of the institution.
representation of parent associations, students (in the case of secondary schools) and non-teaching staff, among other groups. The total number of members cannot exceed 20. The chair of the board is elected by all members among the teachers that comprise it.

The Administrative Board is chaired by the president of the Executive Board (or Director), and comprises the head of the administrative services of the school and one of the vice-presidents of the Executive Board (or one of the Director’s assistants). It is the body that makes day to day administrative and financial decisions in the school, prepares the budget plan, and looks over school facilities.

One of the major innovations of this school-based management legislation was the introduction of the notion of the ‘autonomy contract’. According to article 47 of Legal Decree 115-A/98, school autonomy is developed according to the school’s own initiative, throughout a phased period in which increased levels of competence and responsibility are granted to the institution, as a function of the capacity that it displays for ensuring its actual fulfilment. These levels of competence and responsibility are to be negotiated between each school, the Ministry of Education and the local municipal administration, and may give rise to an ‘autonomy contract’. This is a written agreement between the above parties (as well as other relevant parties that may be involved), which sets the objectives and the conditions for the development of the educational project proposed by the school. The contract must specify the attributions and competences that are to be transferred to the institution and the means that will be allocated to accomplish its goals.

Article 49 of the abovementioned legislation specifies that the development of a school’s autonomy is achieved in a two-phased process that entails the attribution of increased powers to the school in the following domains: the flexible management of the curriculum (with the possibility that the school includes regional and local curricular components), the management of an ‘hour credit’ (a specific amount of hours that the school is allowed to manage independently, according to its own needs, in areas such as the teaching component of teachers’ work schedule, the exercise of management responsibilities, or the development of innovative educational projects), the adoption of specific institutional rules regarding class timetables, working schedules, the organisation of classes or the use of space in the school), the stabilisation of the school’s teaching force, intervention in the selection of non-teaching staff for the school, the management of the school budget (through a global allocation of resources), the possibility of self-financing and of managing income produced by the school, the acquisition of goods and services, the execution of construction work in the building, the association with other schools and the creation of partnerships with local organisations and services. The second phase of autonomy implies a deepening of the competences and responsibilities that are granted to the school in the first phase.

Both in the 1991 and in the 1998 school-based management legislation, there has been an explicit concern on the part of the State to introduce some form of social regulation within schools, through the ruling of the mandatory participation of parents, students and community representatives in some of the school’s governing bodies. However, the rhetoric of parent and community involvement in the definition of school development policies and in school governance finds no equivalent in actual practice (Afonso, 1995, 2003), both because of a lack of tradition and because of the pressure exercised by teacher unions, which were successful in reducing parent and community participation to a symbolic level. Moreover, despite policy moves towards ‘school autonomy’, in practice no institution has yet proposed or celebrated an ‘autonomy contract’. The State seems to be giving with one hand what it takes with the other. In virtually every domain of school autonomy, the possibilities that are opened are constrained subsequently by extremely strict regulations that are set by

34 There are, however, very strict rules regarding the things that the school can do with this ‘credit’.
central administrations, which cut off most of the ‘autonomy’ potential of the legal measures. As Lima (1999) puts it, ‘the concept of autonomy is revealed (…) as the celebration of diversity in the peripheral execution of central decisions’ (p. 59). Furthermore, since 1993, there has been no major reorganisation of educational administration services, either at the central or at the regional level (Azevedo, 2002, p. 108). It seems as if the new autonomy has had little effect on the way of exercising power in the educational arena, as if it was possible to give more power to schools without giving away some of it by the State apparatus.

One of the several reasons why the local management of schools has not originated in the results that were anticipated is that the previous administrative and bureaucratic central and regional structures and processes of educational governance and management have remained largely unaltered, despite autonomy legislation. However, in 2003, the Durão Barroso conservative government passed legislation (Legal Decree 7/2003) that may change the situation radically, if it is put into practice by the subsequent government, the Sócrates socialist cabinet, which was elected on February 20, 2005. The Barroso 2003 legislation instituted a process of administrative decentralisation (rather than mere de-concentration), by transferring competences to local municipalities in the domain of non-higher education. The decree focuses on two specific policy instruments: the municipal council of education, a representative board comprised by a wide variety of groups and actors with an interest and involvement in the educational life of the municipality, which, among other competencies, may watch over the operation of schools and the quality of the performance of their teachers; and the ‘educational chart’ (‘carta educativa’), a planning device that defines the organisation of the network of educational institutions in each municipality. This legislation contemplates a much more intervening role of the local community in the definition of school policies and development plans, and in teachers’ professional lives (among its eighteen members, only three are teachers). It remains to be seen if this is the way to be followed in the future, or if recent changes in the government cabinet will invert the path and point in other directions.

**Teachers’ working conditions, rights and duties: the external control of the profession**

Before 1990, basic and secondary teachers’ working conditions were defined by a multitude of dispersed and incoherent legal documents. From 1990 on, these conditions were integrated into of a single piece of legislation (D.L. 139-A/90), which was passed in April 28. This decree was later altered in 1998, through D.-L. 1/98, which establishes the Career Statute of Pre-School, Basic and Secondary Teachers working in public educational institutions (Alfonso, 2003; Nóvoa, 1989).

All rights and duties that apply to every public employee in Portugal also apply to teachers. Article 4 of the 1998 Career Statute defines the following as teacher’s rights:

- to participate in educational processes at the system, school, classroom and school-community levels
- to be trained and to access information relevant for accomplishing their work
- to get technical, material and documental support
- to work in a safe environment
- to collective bargaining

The specification of duties is much more elaborate than that of rights. Article 10 of the same legislation defines the following specific duties of teachers:

- to contribute to student learning and development

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• to respect student and community member cultural and personal differences and to oppose all forms of cultural exclusion and discrimination
• to collaborate with others in the educational process in a climate of mutual respect
• to participate in the organisation of and ensure the implementation of education activities
• to manage the teaching-learning process on the basis of the programs that have been approved, adopting pedagogical differentiation mechanisms that attend to students’ individual needs
• to respect the confidential nature of information relative to students and their families;
• to contribute to a reflection on the work that is performed individually and collectively
• to enrich and share educational resources, as well as to use new means of teaching that are proposed to them, in a spirit of openness to innovation and of strengthening the quality of education and teaching
• to share responsibility for the preservation and the proper use of school facilities and equipment, and to propose improvement and renovation measures
• to update and improve their individual knowledge, capacities and competences, on the basis of a perspective of personal and professional development
• to commit to (and conclude) the in-service training sessions in which they participate
• to ensure teacher substitution activities (in pre-school and basic education), when a colleague is unexpectedly absent for a short period (five teaching days, at the maximum, in pre-school and in the 1st cycle, and 10 days, in the 2nd and 3rd cycles)
• To cooperate with the remaining parties involved in the educational process, in the identification of students with special educational needs

Teachers must do 35 hours of service per week, including a teaching and a non-teaching component spread over a five-working-days. In pre-school education and in the 1st cycle, the teaching component of the work schedule is 25 hours per week. In the 2nd and 3rd cycles, this component is 22 hours. In secondary schooling, it is 20 hours. Special education teachers also have a 20-hour weekly teaching component. Teachers are not allowed to work more than five consecutive teaching hours per day.

The Career Statute states that teachers have the right to teaching load reductions as a function of two factors: age and years of teaching experience. Every five years of service, 2nd cycle, 3rd cycle, secondary and special education teachers earn a two-hour reduction in their mandatory teaching component35. Teachers with at least 27 years of service earn the maximum possible reduction of their teaching component (eight hours). As Lemos and Carvalho (2003, p. 102) note, these reductions aim at compensating the physical and psychical wearing that results from the activity of teaching and from the special circumstances under which it is performed. Reductions in the teaching component must be compensated by parallel increases in the non-teaching component, in order for the total of hours of service to be held constant throughout the teacher’s professional life.

The exercise of top-level school management functions gives the teacher the right to extra pay and to specific reductions in his or her teaching load. The exercise of pedagogical functions in the school (for example, pedagogical supervision) gives the right to earn teaching load reductions, which may optionally be substituted for increases in pay, without teaching component reductions.

The non-teaching component includes individual work (for example, the preparation of lessons, student assessment, or research activities) and work performed at the institutional level in the teacher’s school. The latter type of work must be related to the school’s educational project and may include, for example, collaboration in supplementary

35 This reduction has a maximum limit of eight hours.
curriculum activities that promote the cultural development of students and their integration in their community, the vocational guidance of students in cooperation with their families and the school’s orientation structures, participation in formally appointed pedagogical meetings, authorized participation in in-service sessions, conferences and seminars, substitution of colleagues, and the development of research activities.

*The teaching career: climbing the horizontal ladder*

In 1989, through the Legal Decree 409/89 in November, 18, the government created a single teaching career that was organised into a sequence of ten stages. This law also established the requirements for teacher promotion throughout these stages: seniority, the evaluation of job performance and participation in in-service teacher training. Later, in August 10, 1999, Legal Decree 312/99 established the structure of the teaching career in pre-school, basic and secondary education, and defined norms relative to teachers’ pay. This legislation distinguishes two distinct professional situations: *pre-career*, for those who are teaching without a proper professional qualification; and *career*, which embraces all of those who are teaching and are professionally qualified to perform this work.

The teaching career is structured into ten stages and since 2001 it has an overall duration of 26 years. The career stages and their respective duration are as follows: 1\textsuperscript{st} stage – two years; 2\textsuperscript{nd} stage – three years; 3\textsuperscript{rd} stage – four years; 4\textsuperscript{th} stage – four years; 5\textsuperscript{th} stage – four years; 6\textsuperscript{th} stage – three years; 7\textsuperscript{th} stage – three years; 8\textsuperscript{th} stage – three years; 9\textsuperscript{th} stage – five years; 10\textsuperscript{th} stage. Progression over these stages is dependent upon teachers having acquired definite nomination and upon the cumulative application of the following three criteria: years of experience in the profession, results of performance evaluation, and successful completion of accredited in-service training sessions.

Professionally qualified teachers who have successfully attended a master’s degree in Education receive a four-year bonus for purposes of career progression. Teachers who already have a master’s degree and who successfully acquire a doctoral degree (PhD) receive a two-year bonus. For every four years that teachers who have specialised training and academic degrees perform specialised functions in the educational system (for example, in school inspection, school management, pedagogical supervision, or adult education duties), they earn a one-year bonus for career progression purposes.

Thus, progression throughout the career is only slightly dependent on actual work performances and results instead almost exclusively from the accumulation of degrees, certificates, age and teaching experience. This will be discussed in more depth in a forthcoming section on teacher evaluation.

*Job stability: tales of the teacher as permanent traveller*

Article 25 of Teachers’ Career Statute (D.-L. 1/98, January 2) defines two types of teaching staff provision: school staff (‘quadro de escola’) and pedagogical zone staff (‘quadro de zona pedagógica’). The former aims at meeting the permanent needs of schools in terms of teaching staff; the latter is created to meet the non-permanent staffing needs of schools, to substitute school staff when needed, to accomplish extra-school activities, to support schools that need staff for specific curriculum areas or that display special educational requirements, as well as to guarantee the promotion of students’ educational achievement.

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36 Previously, according to D-L 409/89, it was 29 years long.
37 This is the stage of entry for teachers with three-year (college) initial training courses.
38 This is the stage of entry for teachers with four-year initial training graduate courses.
39 This is the stage of entry for those who have obtained a master’s degree in Education.
40 This is the top of the career for teachers with only three-year initial courses.
41 This specific type of bonus cannot exceed a total of three years of service.
The relative number of posts in both types of staff provision is defined centrally by the Ministry of Education. The Ministry of Finance also intervenes in decisions regarding the enlargement of the global number of posts. Access to these staffing contingents is subjected to public national competition between applicants. Teachers who have the necessary academic qualifications, or who are professionally qualified to teach, may be nominated provisionally for these positions. The nomination becomes definitive (tenure) when they are professionally qualified and their work performance is evaluated positively, following a one-year probationary period. Until they get the necessary professional qualifications, teachers remain in what the Career Statute calls a 'pre-career'. Entry into the actual career starts only with the attainment of definitive nomination.

However, school and pedagogical staff provisions are far from meeting the needs of schools. This is why there is a third type of staffing in schools: temporary one-year contracts. Although the Career Statute establishes (article 28, 2) that the systematic recourse to contracted teachers (for periods of more than four years) is an indicator of the need to open more permanent positions, in practice this has not resulted in a significant decrease in the contracting of teachers, year by year, which results in a strong turnover rate of and an equally strong destabilisation of contracted teachers’ working conditions, because they have to apply to a school every year (often hundreds of kilometres from the previous institution), until the are able to get tenure. Moreover, professional instability differs across sectors of the system: the percentage of tenured teachers is 98% in the 1st cycle, 65% in the 2nd cycle and only 57% in the 3rd cycle and secondary education (Azevedo, 2001, p. 255).

Teacher training: diversification and obstructed development
The strong expansion of post-primary education in Portugal since the 1970ies had profound consequences for teacher training models in the country. As Formosinho (2000) underlines, this had a double consequence for initial teacher training: it resulted in the creation of new models of initial education, and in the opening of easier routes into the profession. With respect to the first trend, four new universities were created in the 1970ies which adopted a new structure for the initial training of teachers, whereby teachers were trained and certified in the same training process. The teacher education curriculum of these institutions differed from the traditional one in the sense that it included a significant increase in the number of educational disciplines: traditional subjects, such as the history of education, the psychology of education and didactics, were joined by new ones, such as curriculum development, the sociology of education, educational administration, and educational technology. With respect to the second trend, the State created easier ways of accessing the profession, namely, the in-service professional certification of non-certified graduates who worked in schools.

Until 1985, policies of teacher recruitment and training followed two contradictory paths: on the one hand, the new universities offered teacher training that was based on a professional model that emphasised the importance of theoretical knowledge on educational processes; on the other hand, the State offered training models that promoted the access of non-certified graduates to teaching, that de-valued the role of theorisation and that stressed the role of school work experience in the acquisition of the certification to teach. However, in 1985, new government policies endeavoured to close the gap between these two conceptions of teacher training, by promoting the generalisation of in-service teacher certification in universities and in teacher education colleges.

As Formosinho (2000) notes, mass education and the diversification it entailed pushed towards a more comprehensive conception of the teacher role, which was stretched to

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42 In spite of being legislated, in practice this notion of the probationary year, according to which the novice teacher is supported by a more experienced colleague in his or her school, has never been implemented.
include responsibilities regarding students, the community, whole-school activities, school-community links and in-service training. This resulted in the setting up of a massive in-service training program. As Formosinho puts it, ‘in-service attendance became an inherent part of being a teacher’ (p. 89).

The diversification of teacher roles led to the emergence of the specialisations recognised in the 1986 Education Act that established that the performance of these diversified roles called for the acquisition of specific qualifications obtained on specialised educational programs that were set down in article 30 of the Education Act. The Act established three major types of teacher training: initial, specialised, and in-service training.

**Initial training**

According to this article 30 of the 1986 Education Act, initial teacher training is an integrated type of training that articulates academic and pedagogic components that offer teacher candidates the basic scientific and pedagogical information, methods and techniques, as well as the personal and social development skills, that are needed for exercising the work of teaching. It is the Minister of Education who plans, coordinates and evaluates teacher training.

The current legislation on teachers’ professional training was passed in 1989 (Legal Decree 344/89, October 11). It defines teachers’ ‘professional profile’ in terms of scientific, pedagogic and didactic competences and it emphasises strongly the need for continuous in-service training. In 1997, changes to this legislation (Law 115/97, passed in September 19) established that teacher candidates should obtain academic degrees and professional qualifications (which licensed them to teach) by attending four-year courses in higher education institutions (colleges of education and universities)\(^{43}\). These courses must be organised according to the professional performance needs of the level of education (pre-school, basic or secondary) for which teachers are trained. However, the law accepts that, in a transitional period and in the face of system needs, teachers in the 2\(^{nd}\) cycle may enter the profession with proper academic qualifications, but without pedagogical training. It is the system’s responsibility to assure these teachers the latter training. This legislation also required that initial teacher training became more flexible so as to allow teachers, who were trained for a specific cycle, to teach, if necessary, in a lower cycle of studies.

According to article 31 (2) of the 1986 Education Act, it is the government’s prerogative to define the profiles of competence and the training requirements that apply to those who wish to enter teaching. The General Profile of Professional Competence for pre-school, basic and secondary education was officially approved in 2001, through Legal Decree 240/2001, of August 30. The specific profiles for pre-school and basic education were established in Legal Decree 241/2001.

In September 17, 1998 (Legal Decree 290/98), the Ministry of Education created the National Institute for the Accreditation of Teacher Training, a body that was charged of accrediting the initial teacher training courses that are offered by training institutions and of externally certifying the professional qualifications of the individuals who plan to work as pre-school, basic or secondary teachers. In the wake of a policy of severe budget cuts in education and other public sectors, this Institute was extinguished in October 7, 2002 (D.-L. 205/2002).

\(^{43}\) Until then, pre-school and primary teacher candidates had only attended three-year courses in post-secondary colleges. As Formosinho (2000) comments: ‘Infant and primary teacher education was traditionally in Portugal, like in many other European countries, a process not included in higher education. To educate infant and primary school teachers was certainly not a university matter, since it was considered to appeal more to sound moral, positive feelings towards children and helping attitudes than to subject knowledge and conceptualisation abilities’ (p. 93). Teachers for the secondary level are trained exclusively in universities.
The incorporation of all teacher training education into the universities in the late 80’s and in the 1990’s brought several benefits to the teaching profession: it provided a more solid theoretical foundation for teaching, brought status recognition to the profession, promoted more research on education and on teaching, stimulated the development of teachers in the field through involvement in collaborative projects with university specialists, and brought about many new specialised teaching courses and post-graduate courses (masters, doctorates) that teachers could attend. However, it also entailed considerable risks and disadvantages. As Formosinho puts it:

A university culture based on subject specialisation may not be the most adequate context to foster attitudes of interdisciplinary perspective taking or multiprofessional work. A university culture based on considering curricula as juxtapositions of individual courses may not be the most adequate context to foster a global vision of teaching in our mass schools. A university culture based on departmental compartmentalisation may not be the most adequate context to develop theory-practice integration skills leading to a more reflective practice or to team working. A university culture based in feudal fragmentation may not be the most adequate context to foster attitudes of co-operation and sharing, [it] may not be the best context to promote professional collegiality (pp. 97-98, the author’s emphasis).

Specialised training
Specialised training is oriented towards qualifying teachers for performing specialised educational functions or activities and is offered by the institutions that are defined in article 31 (1) of the 1986 Education Act. This training is obtained through the attendance of graduate or post-graduate courses that train teachers to perform specific pedagogical or administrative functions that are required by the educational system.

The Juridical Regime of Specialised Teacher Training was passed in April 23, 1997 (Legal Decree 95/97). This legal document defines the following potential areas of specialised training:

- special education
- school administration and management
- social-cultural animation (including community and adult education)
- curriculum organisation and development
- pedagogical supervision and teacher training
- management and animation of in-service training
- education communication and information management

The official profiles of specialised teacher training were published in 1999 (Despacho Conjunto 198/99, March 3).

In-service training
Following the 1986 Education Act, the Government appointed the Committee for the Reform of the Educational System. This committee produced several proposals that were subject to public debate and originated intense controversy through which it became increasingly obvious that the traditional bureaucratic model that had prevailed in school management and in teaching was no longer acceptable for an increasing number of teachers, educational activists and policymakers. After intense talks between the Government and Teacher Federations, these debates culminated in the launching of a massive program of compulsory
in-service education that aimed at preparing teachers for the implementation of the State-mandated reform.

Today, the in-service training of teachers is defined legally both as a right and as a duty. Its official aims are the updating and the improvement of professional activities, the promotion of applied research, and the dissemination of educational innovation. It can also serve to facilitate the transition of teachers across different levels, segments or discipline groups, or into specialised functions. The Juridical Regime of In-Service Teacher Training was established in 1992 (Legal Decree 249/92, November 9), and subsequently updated several times, namely, in 1996 (D.-L Legal Decree 207/96, November 2) and in 1999 (Legal Decree 155/99, May 10).

In 1990, the Government and Teacher Federations agreed to explicitly relate teachers’ career progression to in-service training. The fact that in-service training is defined legally as a duty has important implications for teachers’ career. As we shall see below, the process of performance evaluation is since then based on the presentation by the teacher of a written critical report of the activities that he or she has developed, along with a certification of the in-service sessions or activities that he or she has attended. Still today, this in-service must to be accredited44, and it is the accumulation of these credits that allows teachers to progress over their career45. The regime of crediting of training activities was defined in 1992 (Decreto Regulamentar 29/92, November 9).

The in-service training of teachers may be ensured by higher education institutions, or by Training Centres that are managed by school associations. Each teacher may choose his or her training, which is free of charge. Training priorities are established nationally by the government (Legal Decree 249/92, passed in November 9, 1992; and Legal Decree 274/94, passed in October 28, 1994).

Teacher Training Centres were established in 1992 as a way of basing most in-service training on independent institutions led and managed by teachers themselves. These Centres may be sites for the development of new professional competences, although most of them have ended up offering training menus that have more to do with the government’s implementation concerns and with individual teachers’ urge to accumulate a sufficient number of credits to progress in the career, than with issues of local school improvement or genuine staff development (Ruela, 1998, 1999; Barroso & Canário, 1999). These centres have supplied most in-service training programs (72% of all accredited actions, in 1999) (Formosinho, 2000, p. 104).

Most of the in-service training that is offered, either in teacher training centres or in higher education institutions, is based on a traditional transmission model that is strongly disconnected from the contexts of teachers’ actual professional practice: very few initiatives are based on training models such as workshops, circles of studies, or action-research projects (Azevedo, 2001; Estrela, 2001). However, since 1998, the accreditation body introduced new rules favouring contextualised and problem-based training modes. While content-oriented in-service courses predominated in 1996 (91% of all courses), practice-oriented ones (workshops, training placements, projects, circles of studies) gradually increased: 9% in 1996, 17% in 1998, and 27% in 1999 (Formosinho, 2000, p. 104).

44 An accreditation board (the Scientific and Pedagogical Board for In-service Teacher Education) was set up, comprised by specialists appointed by the Ministry of Education.

45 Accredited in-service initiatives are accorded credits. A credit is given for each 25 hours of training. Two credits are required for a teacher to progress to the subsequent stage of his or her career. Formosinho (2000) has questioned the real benefits of this connection: ‘The strict relationship between in-service credits and career advancement is certainly an issue subject to debate. It teacher career advancement is more based in presumed competencies obtained in initial training, in presumed gains obtained through in-service actions, in gains in experience presumed by service time, in negative judgements that presume positive performances, one is building up a presumed reality which only works in the bureaucratic world’ (p. 105).
The evaluation of schools and teachers: a profession under weak surveillance

There is no tradition of accountability procedures of external evaluation of schools in the Portuguese educational system, only a few experiments with small numbers of institutions.

School evaluation

In 1992, an experimental process of school evaluation (the ‘Observatory of School Quality’) was launched within the context of the government-sponsored Education for All programmes. This process involved a small group of schools that volunteered to participate. The Observatory measures school quality on the basis of a series of measures that range from context (internal and external) and resource (physical, financial and human) indicators to process and outcome ones.

As Azevedo (2001) notes, recently some additional small-scale initiatives have been taken in this domain. One of them is the ‘integrated model’ of school evaluation that has been developed by the GIE (General Inspection of Education, a central administration body). The external evaluation is accomplished by an inspector that visits the school for a period of over a week. The program provides each school with a picture of itself, which it is invited to discuss, with a view to pointing to areas that need improvement. The GIE plans to accomplish this type of evaluation in every school of the system, within a six-year period.

Additionally, in 2000/2001, a further process of external evaluation (the AVES program – Programa de Avaliação de Escolas Secundárias), using a similar ‘integrated model’, was launched in the Greater Porto region, with a group of 12 secondary institutions that volunteered to participate. The program was promoted by the Manuel Leão Foundation and financially supported by the Calouste Gulbenkian Foundation. It is based on a battery of questionnaire items to which teachers, students and parents respond. The aim of the program is to provide each school with an independent view of its performance, so as to stimulate a process of self-evaluation that favours the improvement of the quality of education in the institution and of its relationships with its community.

However, these are very small-scale initiatives: on the whole, the system has no institutionalised mechanisms for evaluating the performance of its schools. Moreover, market mechanisms for ensuring the regulation of public policies in Portugal have not been introduced, despite public discourses and actual recent attempts by Minister of Education David Justino, in the conservative government that ruled in the country between 2002 and February 2005. Indeed, although the above government has sponsored the public dissemination of school’s national examination results in the 12th grade (which is the final year of secondary schooling) and has actively sponsored the production of school rankings (Justino, 2005), in practice there is no competition for students between schools and there are no official school choice processes (Barroso & Viseu, 2003). Contrary to other countries where governments have radically substituted their previous centralised models of State regulation by market-driven models, Portugal has adopted market initiatives selectively in order to improve or to introduce adjustments in particular aspects of the operation of a bureaucratic regulation, which is still heavily based on State power.

However, things may change in the near future. In 2002, the Durão Barroso conservative government passed a law (Law 31/2002) that defined a system for the evaluation of education and schooling in the non-higher education sector which is applied to all institutions, from infant schools to secondary schools, in the public, private, cooperative and solidarity sectors of the educational system. The stated goals of this system are, among many others, to ‘promote the quality of the educational system, of its organisation and of its levels of efficiency and effectiveness’, to ‘ensure the availability of information for the management of that system’, to ‘guarantee the credibility of the performance of educational
institutions’ and to promote ‘a culture of continuous improvement’ in organisation, operation and outcomes (article 3). School evaluation is based on institutional self-evaluation and external evaluation. School self-evaluation is compulsory and must focus, among other things, on the degree of accomplishment of the school’s educational project, the performance of governing bodies, the educational achievement of the students and the practice of a culture of collaboration among the members of the educational community (article 6). Besides these aspects, external evaluation also considers the normative conformity of the school with pedagogical, didactic and management regulations (article 8).

The law sets a precise set of indicators that are used in the evaluation of each school. The results of the evaluation process are to be interpreted in an integrated and contextualised manner (article 10). Two structures are responsible for the evaluation process: the National Board of Education, an independent entity that must constitute a permanent specialised committee for this purpose, and which will act mainly as a consultative body that produces recommendations for the improvement of the system; and the central services of the Ministry of Education, which are responsible for the actual implementation of the process. All results of school evaluation must be made publicly available. It remains to be seen whether the new socialist government that has taken office in March 2005 will maintain, change or put a stop to this system.

**Teacher evaluation**

Teacher evaluation in Portugal is school-centred and is subjected to several principles that are established in article 36 of the 1986 Education Act. This evaluation falls upon teachers’ individual or collective activity in their educational institution, and upon their involvement in the school’s relation with its community. The accomplishment of this evaluation is dependent upon the teacher’s own initiative.

The official aim of teacher evaluation is to improve the quality of the teacher’s teaching, through a process of personal and professional development. It also aims at identifying teachers’ training needs, the factors that influence the quality of their performance and at providing indicators that may facilitate the overall management of teaching staff. The Teachers’ Career Statute states that performance evaluation must take into the consideration the context in which the teacher works and must safeguard ‘minimum profiles of quality’ (article 39, 2). The actual process of teacher evaluation is regulated by specific legislation (Decreto Regulamentar 11/98, May 15). The global supervision of the evaluation process is the responsibility of the General Inspection of Education.

The Teachers’ Career Statute (article 40) establishes two types of teacher evaluation: ordinary and extraordinary. Ordinary evaluation is expressed in a qualitative reference (*Satisfactory*, *Non-satisfactory*, or *Good*), on the basis of previously defined evaluation parameters, and focuses on the different dimensions of the teacher’s professional and educational practice, including his or her in-service training track record. This evaluation takes place at the end of the probationary year, or in the last year of the career stage in which the teacher is located. In order to be evaluated, the teacher develops a critical written reflection on his or her work activity, which is delivered to his or her school leadership team. It is this team that evaluates and rates the teacher’s critical report. Before making the final decision, the leadership team consults with the school’s pedagogical coordination body. The latter body organises a specialised committee that analyses the teacher’s report and makes a recommendation to the leadership team.

Teachers who obtain a rating ‘Satisfactory’ may ask for the constitution of a specific evaluation committee that considers the possibility of granting a *Good* rating. This committee is organised within the school in which the teacher works. It comprises the head of the school’s leadership team (who chairs), a teacher from another institution who is
designated by the school’s pedagogical coordination body, and a teacher or an education specialist nominated by the teacher under evaluation.

Non-satisfactory ratings may be produced under the following circumstances: when the school’s leadership and its pedagogical bodies have strong evidence that shows that the teacher does not support his or her students and has poor relationships with them; when these authorities conclude that there is insufficient justification for the teacher not having accepted positions of responsibility for which he or she has been elected or nominated; when the candidate’s performance in these positions has been inadequate; or when the candidate has not concluded the in-service training sessions to which he or she has had access. If the leadership team rates the report Non-Satisfactory, it is sent to a regional evaluation committee that is constituted by a representative of the Regional Education Authority (Direcção Regional de Educação), who chairs, a representative of the school’s leadership team, and another teacher or a well-respected educational specialist that is designated by the teacher undergoing evaluation. The committee makes the final decision on the teacher’s evaluation.

The immediate consequence of a Non-satisfactory rating is that the teacher does not progress to the subsequent career stage, or does not enter the career, in case he or she is still in a pre-career stage. This rating must be accompanied by a training plan that allows the teacher to overcome the shortcomings that have been identified in the evaluation process. A second Non-satisfactory rating leads to the end of the candidate’s teaching activity. In this case, the school’s leadership team must make a proposal for the professional reclassification of the person in question. If this person is in a pre-career stage, the second negative rating results in the interruption of the provisional nomination contract with the State.

Teachers who have received a Good rating and who have not received previously any Non-satisfactory evaluation may apply for an extraordinary evaluation, as long as they have a minimum of fifteen years of teaching experience. This possibility is also open to those who are at least in the 8th stage of their career, and to those who have successfully attended a specialised course, whether or not they have previously received a Good rating. As in the case of ordinary evaluation, the teacher’s application for extraordinary evaluation must include an individual written critical report on his or her activity during the period under evaluation. The parameters of this evaluation are set by the Minister of Education. The critical report is analysed by a three-party regional-level committee that includes a representative of the Regional Education Authority (Direcção Regional de Educação), a representative of the school’s pedagogical coordination body, and a teacher or a well-respected person in the field of education that is designated by the teacher who applies for the evaluation. The result of this extraordinary evaluation may be expressed in one of two possibilities: Good or Very Good. A Very Good rating gives way to a two-year bonus of service for the teacher (that is, the teacher progresses in the career two years faster than usual).

Despite these legal measures there is no differentiation on the basis of the evaluation, which doesn’t evaluate performance or focus on teachers’ practices, but rather on the content of written (self-evaluation) documents that teachers produce individually with reference to that practice. Therefore, teacher evaluation is restricted to one source (the teacher him- or herself) and to a single instrument (the document with critical reflection), which is clearly unsatisfactory for producing a reliable and valid evaluative judgement. On the other hand, although the legislation states that the purpose of the evaluation process to improve the quality of education and of teaching and to identify teachers’ training needs, there is no actual discussion of the document nor any form of feedback. Moreover, the combination of compulsory credited training with menu-driven in-service training gives way to what some

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46 Previous legislation stipulated that a second negative evaluation should give way to disciplinary action, due to professional incompetence.
have called ‘credit hunting’. The formative and developmental purposes of evaluation are lost and ‘an autistic, minimalist and bureaucratic’ view of teacher evaluation prevails.

**Conclusions**

Neoliberalism has become manifested mainly at the level of macro-economic decision-making not in the educational field, where its influence is restricted mainly to higher education. In other sectors of the educational system the State has opted more clearly for a more regulating role. While many of the general orientations of market-driven systems have been adopted in Portugal (decentralisation, local management of schools, community participation in school governance, the introduction of private sector techniques and strategies in the management of schools and of the educational system), this has occurred within the context of a strong State that still commands key aspects of the regulation of the educational system and the profile and development of the teaching profession. As Afonso (1997) has stated, the Portuguese experience is mainly one of a ‘mitigated neoliberalism’, which may be characterised by the following traits: many neoliberal elements have not been transferred from the discourses that justify policies to the actual policy measures that have been legislated; due to the specific nature of the Portuguese educational system and its history, many of these measures have incorporated contradictory and ambiguous elements that have weakened the potential transforming power of purer forms of neoliberal deliberation; when implemented, due to contradictory pressures from competing social forces, many of these measures have not produced the outcomes that were anticipated by advocates and promoters.

In recent Portuguese educational policies that impact on the teaching profession, especially from the mid 1980’s on, one can identify three major features that Barroso (2003) has highlighted as major elements of contemporary trends in international educational policy-making: contamination (the transference of concepts, policies and practices across countries), hybridisation (the juxtaposition or blending of distinct frameworks, discourses and practices, often with ambiguous and composite results) and mosaic composition (the simultaneous accumulation of distinct trends and measures that are brought together but do not comprise a coherent whole). One can witness contamination in the adoption of local school management models, and in the increasing prominence that evaluation and accountability concerns occupy in the production of official regulating discourses. Hybridisation is visible in the way policy measures are adopted: for example, when the evaluation of teacher performance is formally implemented, but takes on particular forms (namely, the absence of effective mechanisms for actually evaluating or improving professional practice). Mosaic composition is visible in the way new measures (for example, the promotion of in-service teacher training with consequences for teachers’ career progression, or the creation of specialised functions in areas such as the management of schools) coexist with traditional modes of regulation with knowledge (such as the domination of in-service supply by content-oriented courses) or with the profession (for example, the persistence of the occupation of management positions by teachers who have no specialised training for the job). In short, while deregulation and privatisation educational policy borrowing are clearly present, they represent rhetoric more than reality (Afonso, 1997; Barroso, 2003): the main trends and the particular forms that educational policies take are still determined mostly by the specificity of national context and history (Walford, 2001). Globalisation is a relevant influence, but not a determining force behind the current State of affairs in Portuguese education.
CHAPTER 2

National cases of restructuring work life and professions in education and health in Ireland

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This case study presents summarising reviews of structural changes in education and health care since the 1960s in Ireland. Restructuring measures from the 1980s onwards are afforded particular focus. Similarly, special attention is paid to professional actors (recruitment, competence, authority) and their positions. This is followed by descriptions and analyses of the professional education and training of teachers and nurses. Characteristics of the structure and content of these programmes are discussed with reference to professional knowledge. Finally, any conceived relations between restructuring of education and health on one side and professional education and training on the other side are examined. Sources of data include: legislation, departmental policy (in Education and Health), commentary texts on legislation and policy, statutory bodies and non-Statutory bodies.

The Organisation of Education and Nursing

There have been a number of structural changes in the organisation of education and nursing that have influenced the practice of professions. One such change is the development and appropriation of a code of ethics to guarantee professional integrity. The accepted view is that the establishment of a code of ethics is an example of professional behaviour. In this respect there is evidence of a transition (in both teaching and nursing) towards increasing professionalism.

Education

The Teaching Council Act\(^{47}\) was passed in 2001 while the establishment of The Teaching Council was delayed until 2004. One of the objectives of the Teaching Council is to establish a code of professional conduct. Misconduct by a registered teacher is considered to include any conduct contrary to this code or any improper conduct in his or her professional conduct or being medically unfit to teach. The council will investigate and determine the fitness to teach of any registered teacher. Following investigation where a finding of unfitness to teach has been made the registered teacher shall be removed from the register. While the Council has yet to establish appropriate codes and procedures, the school’s inspectorate continues to have a role in determining individual teacher competence.

However, prior to the establishment of the Council or a code of ethics, there were a number of policy reforms that circumscribed what teachers can and cannot do. For example, The Education Act\(^{48}\) (1998) set out the functions of the principal and teachers. It stated that they shall contribute to the education and personal development of students. Specific additional functions include evaluating students and reporting of results to students and parents, devising a policy on discipline and promoting co-operation between the school and the community which it serves.


Similarly, The Education Welfare Act\textsuperscript{49} (2000) placed additional demands on teachers’ roles and skills. The Act requires that teachers be consulted in matters such as identifying students at risk of poor school attendance. Principals must report individuals to the Board if they are absent for 20 days. The Education for Persons with Special Educational Needs Act\textsuperscript{50} (2004) (changed from Education for Persons with Disabilities Bill 2003) will also have an impact on the roles and responsibilities of the teacher. For example, according to this Act the principal must review (at regular intervals) the operation of educational plans of children attending the school. The outcome of the review must be reported to the relevant parents and the Special Education Needs Organiser (SENO). In addition the principal has a responsibility to plan for the future education needs of a child. Particular regard must be paid to the necessary and appropriate provision to assist a child to continue his or her education and training toward becoming an adult.

\textit{Nursing}

The nursing profession already has an established code of ethics/conduct for its members. The Code of Professional Conduct for each Nurse and Midwife (ABA, 1985, and ABA, January 1988) was updated in April (ABA, 2000a). The purpose of this code is to provide a framework to assist the nurse to make professional decisions, to carry out his/her responsibilities and to promote high standards of professional conduct. The Nursing Board (An Bord Altranais (ABA)) or any person may apply to the Fitness to Practise Committee for an inquiry into the fitness of a nurse to practise nursing on the grounds of alleged professional misconduct or alleged unfitness to engage in such practice by reason of physical or mental disability. Where a nurse has been found guilty of professional misconduct or has been found to be unfit to practise by reason of physical or mental disability or has been convicted in the courts of an offence triable on indictment, the Board may decide to impose any of the following sanctions:

\begin{itemize}
\item that the name of such person should be erased from the Register; Decide that during a period of specific duration the registration of the person’s name in the Register should not have effect;
\item to attach such conditions as it thinks fit to the retention in the Register of the person
\item to advise, admonish or censure such person in relation to their professional conduct
\item the sanctions can be imposed by the Board following an inquiry by the Fitness to Practise Committee even if there is not a finding of professional misconduct or unfitness to practise on health grounds\textsuperscript{51}
\end{itemize}

Another structural change in the organisation of teaching and nursing is the development of professional (autonomic) organisations to monitor practice.

\textit{Education}

The establishment of The Teaching Council (Teaching Council Act, 2001) represents considerable progress in maintaining quality standards of teaching. It is an independent statutory agency. The three teachers’ unions have campaigned for almost two decades for its establishment. Their primary motivation was that teaching would be better recognised as a profession if and when it had its own self-regulatory body. The majority (22 out of 37) of its

\textsuperscript{51} An Bord Altranais www.nursingboard.ie.
members are teachers (16 of which were elected by teachers themselves). The general objectives of the Teaching Council (Government of Ireland 2002a p.42) are to:

- regulate the teaching profession and the professional conduct of teachers
- review and accredit programmes of teacher education for the purpose of accreditation
- promote continuing education and training and professional development of teachers
- promote teaching as a profession
- establish and maintain a register of teachers
- establish procedures in relation to the induction of teachers
- establish procedures and criteria for probation of teachers
- advise the Minister in relation to teacher supply

Nursing
An Bord Altranais (ABA)The Nursing Board) was established by the Nurses Act, 1950 (The Act) to take over the functions of two bodies, the Central Midwives Board and the General Nursing Council, which had been established in 1918 and 1919 respectively. An Bord Altranais was re-constituted and its functions were re-defined and expanded by the Nurses Act,52 1985. An Bord Altranais is the statutory body which provides for the registration, control and education of nurses and for other matters relating to nurses and the practice of nursing. It sees it’s overall responsibility to be in the interest of the public. Its role and functions relate primarily to registration, education and training, and fitness to practise. An Bord Altranais is the statutory body responsible for the regulation of the practice of nursing and midwifery in Ireland. The general concern of An Bord Altranais is the promotion of high standards of education, training and professional conduct among nurses and midwives.

The Nurses Act requires the Nursing Board to make Rules in relation to the operation of its main functions and enables the Board to make Rules in relation to any of the other areas in which Rules are not mandatory. All such Rules require the approval of the Minister for Health. The main body of Rules made under the Act are the Nurses Rules (ABA, 1988b) but the Board has also made Rules in relation to the election of members of the Board and in relation to the award of diplomas and certificates to nurses.

Recently there is further evidence of nurses organising for professional purposes. In order to give guidance and direction in relation to the development of specialist nursing and midwifery posts and post-registration educational programmes offered to nurses and midwives, The Commission on Nursing (a temporary body established by the government in 1998 to examine issues within nursing) recommended the establishment of a National Council for the Professional Development of Nursing and Midwifery (the National Council), which was established in November 1999 as an independent statutory body with its own officers. The Council administers its own budget. A large component of the work of the National Council involves bringing a coherent approach to the progression of specialisation and the development of a clinical career pathway for nursing and midwifery. The development of specialisms and post-registration education is overseen by the Council.

ABA and National Council are different organisations with different responsibilities to nurses, midwives and to the public. ABA is the statutory regulatory body for nurses and midwives and the National Council role is a non-regulatory role. Two ABA board members are on the Board of the National Council. Obviously as the work of both organisations concerns nursing, although both organisations have separate roles, they work together on projects of mutual interest like the medication management project.

Licensing professionals

The licensing of professional practice for nurses is carried out by An Bord Altranais (the Nursing Board). Each university or Higher Education Institution licenses professional practice for teachers.

Nursing

An Bord Altranais licences professional practice. Everyone who satisfies the prescribed conditions is eligible for registration to practise as a professional nurse. The conditions for eligibility have changed in recent years. Up until the introduction of the degree programme student nurses had to sit a State exam set by An Bord Altranais. In order to be eligible to sit this exam the students had to pass their clinical practice assessment. Nurses were examined with Proficiency Assessment Forms by the Ward Sister. Today there is no State exam. Each university (and Higher Education Institute) sets its own exam. However, ABA issued requirements and standards (ABA, 2002) for Nurse registration education programmes and each university must adhere to these standards.

Teaching

At the moment each Higher Education Institution ‘licences’ professional practice for both primary and post-primary teachers. In order to be eligible to practice as a teacher, students must pass their exams, teaching practice and demonstrate that they are in good health. In the future it is envisaged that the Teaching Council will have responsibility for licensing professional practice and all teachers will be required to register with the Council. The criteria for registration have not been agreed yet. Unlike Nursing there was no State exam for Teachers prior to the advent of the B.Ed in 1974, although draft exam papers had to be submitted to the Department of Education inspectorate for approval. In addition the external examiners marking the papers were members of the inspectorate. In this way one can argue that the State had more control over education programmes than it does today. The Department of Education does not issue official prescriptive requirements and standards for Teacher Education programmes. On the other hand programmes of teacher education continue to be funded by the Government, so it would be foolish for training colleges to refuse to respond to Government suggestions regarding course content.

At present Newly Qualified Teachers (NQTs) in the primary sector must serve a probationary year usually their first year in teaching and they become permanent only after a member of the inspectorate deems their work to be satisfactory. It is generally accepted that the probation of NQTs is now likely to become the responsibility of primary principals. Secondary teachers are on probation for a year also but there are no formal procedures whereby they complete a probationary period. Rather it is typically left to the discretion of the school principal and in worst instances is ‘automatic’.

Professional status, roles and responsibilities

In discussions of professional status, value and behaviour of teachers and nurses, emphases vary with regard to personal and private contra public, structural, ideological and political ideological issues. Sometimes the personal interest aspect is stressed most. However, the contextual needs aspect often emerges as significant. This is evidenced in discussions of the asserted needs of clients. The Health service and the Education service have both private (fee-paying) and public clients. Their clients include individuals, collectivities and the State.
**Nursing**

The Report of the Nursing Education Forum (Government of Ireland, 2000a) outlines the roles and responsibilities of nurses. Such responsibilities include promoting and maintaining health, giving care during illness, rehabilitation and dying. According to ABA (2000b), their definition of nursing is based on a definition provided by the World Health Organisation (WHO). It identifies the clients of nurses as individuals, families and groups. Their needs are described in terms of the need to determine and achieve physical, mental and social potential. The need to be actively involved in all aspects of health care is highlighted. Similarly self-reliance and self-determination are cited as client needs. It is important to note that in the definition of nursing, public issues emerge as significant in the discussion of professional behaviour.

The definition of nursing practice in Ireland must be understood in the context of the definition of nursing provided by the WHO:

Nursing helps individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the challenging context of the environment in which they live and work. The nurse requires competence to develop and perform functions that promote and maintain health [and comfort] as well as prevent ill health. Nursing also includes the [assessment] planning and giving of care during illness and rehabilitation, and encompasses the physical, mental, [spiritual] and social aspects of life as they affect health, illness, disability and dying. Nursing promotes the active involvement of the individual and his or her family, friends, social group and community, as appropriate, in all aspects of health care, thus encouraging self-reliance and self-determination while promoting a healthy environment. Nursing is both an art and a science. It requires the understanding and application of specific knowledge and skills, and it draws on knowledge and techniques derived from the humanities and the physical, social, medical and biological sciences. (WHO 1996, p. 4):

**Teaching**

The National Council for Curriculum and Assessment (NCCA) was established in November 1987 as a successor to the Curriculum and Examinations Board and was reconstituted as a statutory body in July 2001. The brief of this Council as outlined in the Education Act, 1998 is to advise the Minister for Education and Science on matters relating to the curriculum for early childhood education, primary and post-primary schools and the assessment procedures employed in schools and examinations on subjects which are part of the curriculum. According to the National Council for Curriculum and Assessment (1999) the needs of children in primary school are as follows:

- to live a full life as a child and to realise his or her potential as a unique individual
- to develop as a social being through living and co-operating with others and so contribute to the good of society
- to prepare for further education and lifelong learning.

At post-primary level the needs of young people are asserted as follows:

- to reinforce and further develop the knowledge, understanding, attitudes, skills and competencies acquired at primary level
- to extend and deepen the range and quality of educational experience in terms of knowledge understanding, skills and competencies
• to develop the personal and social confidence, initiative and competence through a broad, well balanced, general education
• to prepare for the requirements of further programmes of study, of employment or of life outside full time education
• to develop morally and spiritually and to develop a tolerance and respect for the values and beliefs of others
• to prepare for the responsibilities of citizenship in the national context and in the context of the wider European and global communities

In addition the NCCA claim that young people need

• to promote their creativity, enterprise and innovation
• assessment procedures consistent with the aims and objectives of the courses
• facility for recurrent education, particularly for mature students who may wish to take a limited number of subjects for examination in a given year
• a pattern of school administration and organisation that will encourage student responsibility, self-discipline, critical thinking and self and group-directed learning

In order to facilitate these needs there is equality of access for all. Equal treatment of male and female students is provided in terms of curriculum provision and choice, programme ethos, range of experience and course content. Similarly, there is diversity of provision and approach to meet the differing needs of students.

Public rather than personal issues emerge as significant in the discussion of professional behaviour of teachers, (see NCCA, 1999) and contacts with professionals are mediated in a number of ways. Children and parents meet teachers in schools. Parents often meet teachers informally at the school gate. In addition teachers sometimes communicate with parents by letters and notices. Contact with parents varies according to purpose of communication. For example, it is usual for a parent and teacher to meet in person following a disciplinary concern. Nurses meet their clients in a variety of settings including voluntary hospitals, health service executives, private hospitals, nursing homes and intellectual disability services. Public health nurses frequently meet clients in the clients’ homes and there is some evidence of structural (deliberate planned) changes in the organisation of education and health that indicate an increasing recognition of services in the common interest.

There has been an increase in choice for students. This is evidenced in the growth of multi-denominational schools (at primary level) and gaelscóileanna (Irish medium schools) at both primary and post-primary level. Educate Together is the name of the umbrella organisation that establishes and operates multi-denominational schools in Ireland. This organisation was established in 1984 and is the fastest growing education sector in Ireland. The organisation works with an increasing number of voluntary community groups across the country. The progress of the sector is a strong indication of the growing demand from the general public for schools that respect and cherish the identity of children from all religious, social and cultural backgrounds. It is important to note that new national schools are not initiated by the Department of Education & Science, but by voluntary groups of parents. These groups manage the entire process of opening a new school, with no State funding until they open their doors. This is an organisational change that has come about due to public demand. The growth of multi-denominational schools indicates recognition of services in the common interest.

The treatment of clients is asserted to be in the common interest by community groups and also by the United Nations. Educate Together has been highlighting the human rights violations inherent in State inactivity with regard to choice and the lack of multi-
denominational school provision. Educate Together recently took its case to the United Nations under the Convention for the Elimination of Racial Discrimination (CERD). The United Nations CERD Committee issued a formal response to the Irish government recommending that the Irish State ‘promote the establishment of non-denominational or multi-denominational schools.’

The United Nations CERD Committee recommendation reads :-

The Committee, recognising the ‘intersectionality’ of racial and religious discrimination, encourages the State party to promote the establishment of non-denominational and multi-denominational schools and to amend the existing legislative framework so that no discrimination may take place as far as the admission of pupils (of all religions) in schools is concerned. (United Nations, 2005)

This recommendation vindicates the case that Educate Together has been working on for many years. Educate Together is also considering applying under the Convention on the Rights of the Child and seeking a judgement via the EU Human Rights Act.

Prior to the establishment of Educate Together schools, developments in education over the past 40 years have not been in the common interest. The legal situation facing those seeking an alternative to specifically denominational education has worsened. In 1965, the Rules for National Schools were amended to recognise the denominational nature of the system. In 1971, the strict separation between literary and moral education and religious instruction was removed with the introduction of the ‘integrated curriculum’. In 1998, the Education Act set in legal stone the obligation of the Board of Management of a school to uphold the ethos of its patron. In 2000, the Education Welfare Act obliged a parent of a child to ensure that they attended a recognised programme of education. Also in that year, the Equal Status Act (2000) and Employment Equality Act (1998) Acts provided an exemption for denominational schools to discriminate on religious grounds in order to protect their ethos.

These legislative changes have copperfastened the denominational nature of the primary education system in Ireland at a time of rapid social change. Our population is now increasing and diversifying at a fast rate. Those describing themselves as having ‘No Religion’ in the Census of 2002 (Government of Ireland, 2002b) are now the largest single minority after those describing themselves as ‘Roman Catholic’. The fact that in 98% of all cases, parents have no option but to send their children to either a Catholic or Church of Ireland school is now creating a significant legal and human rights liability for the State. By its failure to provide any alternative, the State is in contravention of its obligations under Article 42.3.1 of the Irish Constitution (Bunreacht na hEireann, 1937) and a number of International Conventions and Treaties.

Article 42.3.1 states:- *The State shall not oblige parents in violation of their conscience and lawful preference to send their children to schools established by the State, or to any particular type of school designated by the State.*

There is now an urgent need for the Irish State to take action to provide real support for the planned development of a national network of multi-denominational schools. Educate Together consider it unacceptable that in addressing this important social need have had to operate on a total State grant of €39,800 per year. This grant is less than 10% of their operating costs and does not even cover their current tax bill.55

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55 Educate Together www.educatetogether.ie
Another development in education that is in the common interest is the phenomenal growth of Gaelscoileanna (Irish Medium schools). The growth of Gaelscoileanna is also an example of the impact of market forces on Education. By September 2003 there were 149 gaelscoileanna at primary level and 33 at post-primary level (in the 32 counties, outside of the Gaeltacht) with approximately 30,000 attending these schools. Irish-medium schools are primary and post-primary schools functioning in accordance with the usual rules of the Department of Education. Irish is the language of instruction in these schools and the language of communication amongst teachers, children and management. A high educational standard exists in all subjects, including English, and the usual programme set out by the Department of Education and Science is followed. Irish is the living language of Irish-medium schools, both within the classroom and without. All pupils are welcome in Irish-medium schools regardless of linguistic background. Parents play a major role in the organisation of these schools. While some of these schools are located in disadvantaged communities, the accepted view is that in general they cater for those with cultural capital.  

Discussion of professional behaviour by professional nursing organisations indicates recognition of services in the common interest. The mission statement of the National Council for the Professional Development of Nursing and Midwifery is as follows.

The National Council for the Professional Development of Nursing and Midwifery exists to promote and develop the professional role of nurses and midwives in order to ensure the delivery of quality nursing and midwifery care to patients and clients in a changing healthcare environment.  

However, in discussions of professional status the emphasis is on personal interest. This can be seen in the objectives of the unions that represent the professions of teaching and nursing. The objectives of the unions reflect the personal interests.

In joining the Irish Nurses Organisation you are exercising a constitutional right to protect yourself, and to join with your colleagues in strengthening the voice of the profession, and ensuring that recognition for our contribution is returned to you both in terms of pay, conditions, and professional standing in society. (http://www.ino.ie/DesktopDefault.aspx?TabID=1)

One objective of the Irish National Teachers Organisation is

To safeguard and improve the conditions of employment of its members, and to promote their interests. http://www.into.ie/html/into/into_aims.htm

However, both organisations also argue that they are professional bodies as well as trade unions. Traditions of union membership generally have been quite high. It is perhaps union membership and associated activity that assists in the development of a sense of identity and common values among professionals. Such shared values are deemed a further example of professional behaviour. Both professions are largely unionised.

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56 In order to assist the development of Irish medium schools GAELSCOILEANNA (a voluntary national organisation) was established in 1973 as Coiste Náisiúnta na Scoileanna LánGhaeilge (the National Committee of Irish-medium Schools). GAELSCOILEANNA has been receiving grant support through Bord na Gaeilge (the Irish Language Board) since 1978 and currently through Foras na Gaeilge (Centre for Irish Language).

57 http://www.ncnm.ie/default.asp?V_DOC_ID=842
Identity and values
The Irish Nurses Organisation (I.N.O) is Ireland’s largest Professional Union for Nurses and Midwives with 28,000 members. The INO is wholly owned by its members, who elect a governing Executive Council every two years and administer the affairs of the Organisation through local Branches and Special Interest Groups. In this way every practising nurse and midwife has an opportunity to influence the development of policy in a direct way. Out of approximately 59,000 active nurses on the register, 47% are members of the I.N.O.

Close to 100% of primary teachers are members of The Irish National Teachers Organisation (I.N.T.O). Such high levels of union membership suggest that there is a strong need to protect their interests. The current membership of The Association of Secondary Teachers in Ireland (ASTI) is estimated at over 17,000. This constitutes approximately 66% of second level teachers in Ireland. The Teachers Union of Ireland (TUI) also represents 2nd level teachers. Approximately 9,750 second level teachers are members of TUI. Thus it is estimated that 38% of second level teachers are members of the TUI.

One may assume that the values of primary teachers are expressed in some of the objectives of the Irish National Teachers Organisation (INTO) (especially since close to 100% of primary teachers subscribe to this organisation). One such objective is

To unite and organise the teachers of Ireland and to provide a means for the expression of their collective opinion on matters affecting the interests of education and of the teaching profession. [http://www.into.ie/html/into/into_aims.htm](http://www.into.ie/html/into/into_aims.htm)

Similarly, the INTO cites promoting the principle of equality in all aspects of education and the teaching profession as an additional objective. There is evidence of common/shared values in terms of the INTO aiming to promote the interests of education, support the concept of equal access to full education for all children, and strive for the raising of educational standards. However, one can also argue against a sense of identity and common values. There is talk of the legendary autonomy of Irish teachers and a strong culture of individualism (OECD 1991). This autonomy may be more pronounced at second level as a result of subject specialisms for although there may be a shared rhetoric of child centredness at primary level there is little evidence of shared values. The recent introduction of Whole School Evaluation may result in increasing homogenisation leading to the assumption that there is one “good school”. While the potential is there to develop a greater sense of shared professional values, this could result in lack of differentiation and diversification.

Professions, markets and the State
The relation between professions and between professions, the market and the State has developed and changed over the last forty years and this may have affected the professional knowledge base.

Teaching
Over the past decade large urban counties have witnessed the growth of what have become known as ‘grind schools’ that do not receive any State funding. They market themselves on their capacity to maximise ‘points’ and thereby facilitate entry to the most sought after faculties in universities. Many students who attend non-fee-paying schools also attend these ‘grind schools’ in the evening, at weekends and during holiday periods for tuition in individual subjects. Needless to say this has become a major pursuit for those with the resources to purchase these services.

These developments contribute considerably to the development of a mindset that education is a product that can be modified, bought and sold and although the effect of
privatisation on the professional knowledge of teachers in grind schools is not clear it is hypothesised that teachers in grind schools require particular expertise in the following areas: subject-matter knowledge; general pedagogical knowledge and skills; skills in teaching particular curriculum areas; knowledge of learners and learning; knowledge of educational contexts; communication skills; ability to analyze and reflect on practice.

In 2003, a private provider, Hibernia College, accredited a Graduate Diploma programme through the Further Education Accrediting body, and had the programme recognised by the Department of Education and Science. This marks a significant ‘benchmark’ in the Irish context, and has many of the hallmarks of a privatisation agenda, though it is frequently presented by the DES as a necessity due to the inability of existing providers to meet demands. Due to increases in population, a combination of net immigration, new immigrants, and a decline to negligible proportions of emigration, there is a shortage of primary teachers and many students go to England and Wales to complete a one-year PGCE programme with every intention of returning to Ireland on completion. In the context of various EU initiatives, this is a significant development, and a general indication of the impact of market forces and deregulation of the sector.

There is further evidence of the impact of market forces on the organisation of Education in Ireland. As mentioned previously, Educate Together (the name of the umbrella organisation for multi-denominational schools) is the fastest growing education sector in Ireland. Clearly advocacy groups in new urban communities in particular have coalesced into Educate Together over a period of three decades and become a powerful force for choice as well using a rhetoric of egalitarianism. The growth of gaelscóileanna (Irish medium schools) may also be attributed to these forces. However, the prime movers at community and national level, as might be expected, are well educated and the location of schools frequently suggests also that these schools cater for a middle class, though not exclusively so.

The teachers who work in these multi-denominational and Irish Medium schools gain their initial qualification in the very same institutions as the vast majority of teachers and little provision is made in those programmes to address the ethos or particular needs of such schools. Educate Together and GAELSCOILEANNA does provide professional support and many Principals of the new multi-denominational schools are appointed from within. Thus this is an emerging apartheid in the system that is not particularly conducive to developing and disseminating new knowledge across the profession in a systematic and coherent manner.

While these recent developments have very positive features from the perspective of vindicating the rights of children and their parents, they have also fuelled the choice agenda of marketisation and an ideology that positions education as a commodity to be sought. This commodity, as Lawton (1992) suggests however, provides choice for some but no real choice for the majority. The development of a variety of school types at primary level has contributed significantly to social fragmentation. Finally this debate and the logical extension of this choice provision has scarcely begun to be addressed at the secondary level, let alone receive concrete responses.

Nursing
Over the last 20 years there is increasing evidence of the marketisation of the health service. Patients as consumers of health care has been addressed by nursing researchers (Cowman, 1989; McCarthy, 1992) in the Irish literature as well as other policy documents with a developing focus on quality of service. This is one of the key principles underpinning the Department of Health policy (1994; 1997). Irish nurses responded to this emerging health care issue with the publication of ‘Standards for Nursing Practice’ (INO, 1986). Nurses have written about quality (Savage, 1996), explored methods of measuring quality (Carway, 1994), and planned and implemented quality assurance schemes in general nursing (Buckley and
Savage, 1995 as cited in Condell, 1998), psychiatric nursing (Gallagher, 1991; Gilheaney and Farrelly, 1993 as cited in Condell, 1998) and mental handicap nursing (Redmond, 1993). Irish nurses have also been involved in the clinical audit of palliative care (Hayes, 1993) and have examined quality assurance principles to infection control (Creamer and Smyth, 1993). The impact on the role of the nurse of these two managerial issues, consumerism and quality assurance was not addressed in the literature examined. However one may surmise that addressing the issue of patients as consumers has led nurses to expand their knowledge base and to practice according to evidence.

Further evidence of the marketisation is evident in terms of the increase in hospital productivity. According to an OECD (1997) report hospital productivity as measured by bed occupancy and average length of stay has improved. Waiting lists for surgery in the public system are very long. Such patterns impact on the role of the nurse. As Bouten & Versieck have expressed it ‘a decrease in the average length of stay points to an intensifying of care per patient or per bed (and) patients are discharged from hospitals earlier after they have undergone surgical treatment. Both observations lead to the fact that: 1) the average condition of patients in general acute hospitals is more acute; 2) the necessary care and treatment is provided within a shorter period of time. Both quantitative indicators of workload (bed occupancy rates and average length of stay) point to a possible increase in nurses’ workload in general (Bouten & Versieck, 1995, p.7) and that consumerism has had a harmful impact on the professional practice of nurses. Moreover, the view of many nurses is that the shortage of nursing staff and the excessive demands placed on them due to increased hospital productivity has a detrimental effect on the quality of care that they are able to give.

The marketisation of healthcare has influenced the repositioning of professional boundaries for nurses. Historically role extension for the nurse has occurred with the offloading of medical tasks to nurses (transferring appropriate medical duties to nurses is more cost-effective than employing more doctors) and the situation continues to the present day, as a recent discussion document shows, whereby it is envisaged that appropriate medical duties would be transferred to nursing and other staff in order to solve medical manpower issues (Department of Health, Comhairle na n-Ospideal, Postgraduate Medical and Dental Board, 1993). An example of such role extension is the issue of intravenous drug administration (O’Sullivan, 1984; Department of Health, 1996 as cited in Condell, 1998), with the inclusion of educational preparation for nurses for this role since 1984 (An Bord Altranais, 1983) and the introduction of the Scope of Nursing and Midwifery Practice Framework (ABA, 2000b), whereby nurses no longer require special certification of their ability to fulfil this extended role. The scope of practice framework is a decision-making framework developed in order to assist nurses in defining the parameters of their role. Nurses and midwives are now allowed to administer ‘non-prescription medications’ and intravenous preparations without reference to a medical practitioner in appropriate circumstances. The marketisation of healthcare also means that nurses are more economically accountable. Elaborate paperwork is now included in their duties but this may be in response to an increasingly litigious society rather than an emerging sense of professionalism.

The historical legacy in both Nursing and Teaching in Ireland is that the boundaries between public and private are blurred occasionally. For example, almost 3 000 from a total of 3 200 primary schools are privately owned (the vast majority) by the Catholic Church while the major teaching hospitals in particular are owned by religious orders of nuns, although publicly funded, and it is possible for publicly appointed consultants to reserve some beds in public hospitals to treat patients privately. Similarly, in approximately 58 fee paying secondary schools the State pays the salaries of all teaching staff and also pays a capitation
grant per student. But in a general climate of privatisation, health care in particular is being provided in private clinics. For example, an American company, Beacon, is currently building a major facility in collaboration with John Hopkins University Baltimore and with plans for another 6 around the country. Similarly, due to an ageing and more mobile population as well as radical reduction in family size, there is a proliferation of private nursing homes while (in some instances) communities are providing such facilities on a voluntary non-profit basis.

This general climate then is rapidly creating or extending a two-tier health service; private and profitable for clients with private health insurance and an over-stretched public system for clients who for the most part cannot afford to pay. The Irish Nurses Organisation (INO) is documenting on a daily basis the number of patients admitted through Accident and Emergency who are left on trolleys when there are beds available. The number is often as many as 300, sometimes more. With this general drift towards privatisation of health care, the public system increasingly finds it difficult to recruit and retain nursing staff. Mature nurses tend to work in private settings. Some compensatory programmes exist, such as the current government fund to enable public patients to ‘buy’ private services for operations such as hip replacements in an effort to reduce waiting lists in the public system and to dampen adverse publicity. Also, the effect of privatisation and marketisation in healthcare is that there is a trend towards upsckilling and the introduction of specialties. Nurses are improving their knowledge and hence their marketability. The accountability/efficiency agenda has become a larger issue with an emphasis on assessment in education (as a consequence of increased marketisation/privatisation) and it is feared that teachers will be held accountable through test scores. This may lead to a narrowing of the professional knowledge base and teachers could feel pressurised into teaching to the test.

Nurses work primarily for voluntary hospitals, health service executives and also in Public Health Nursing. Furthermore, the tradition in both professions is undoubtedly altruistic. Entry to both professions was controlled by religious orders and training took place in religious run schools and hospitals. In more recent times the influence of the church is less pronounced yet there remains a vocational and altruistic dimension to both teaching and nursing. Teachers and nurses work within the State bureaucracy and use State education apparatuses in order to certify professional belonging.

More recently, nurses can be seen to have some of the characteristics of T professions. With the establishment of private clinics nurses’ professional practice is oriented towards private companies and private individuals. There is evidence that nurses market their skills and advance their career through a process of specialization. Similarly, teachers in ‘grind schools’ orient their professional practice towards private individuals.

There is no strong tradition of social democracy in Ireland. According to an OECD report (Education at a Glance, OECD, 2001) Ireland is below the European average in terms of spending on primary and secondary education and spends less on health per head of population than our European partners (OECD Health Data, 2004). So it may be concluded that we are closer to the Free Market rather than a European model of welfare society.

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58 There has been a tradition also in regional hospitals of patients ‘giving a few pounds’ to the doctor, the perception being that you get ‘better’ treatment (perhaps more attention) if you paid.
59 Developments in Education are less dramatic than in public health but there is evidence of a shift to more private schooling, particularly in the greater Dublin area (see Smyth et al., 2004), at secondary level. Similarly, choice has become a major concern at primary level fuelling the development of many Irish Medium schools (140 approximately) and about 40 multi-denominational schools thus leading to significant social fragmentation and stratification at primary level in an increasingly urbanised society.
60 It appears that teachers and nurses in Ireland conform (for the most part) with Hellberg’s L professions. This is evidenced by the fact that teachers and nurses in Ireland work more within the public rather than the private sphere. There are only 58 fee-paying secondary schools as compared to 746 State funded second level schools.
Recruitment and entry requirements
There have been planned structural changes in nursing and teaching with regard to recruitment. Eligibility to train for the professions is based on school performance and entry examinations. This represents (in theory) a shift towards a meritocratic system.

Concurrent programme
Up until 1991, interviews were held in all colleges, since then entry to the B.Ed programme is determined by performance on the Leaving Certificate Examination in a procedure operated by the Central Applications Office (CAO) for all colleges. Minimum entry requirements are determined by the Department of Education and Science (DES), and, not surprisingly, the Irish language features prominently among them. These minima have been consistent for more than the past three decades. They are specified as follows:

Leaving Certificate Examination(s) (LCE):
1. Grade C3 Higher level in not less than three subjects
2. Grade D3 in three other subjects
3. Grade C3 in Higher level Irish
4. Grade C3 in English Ordinary level or D3 Higher level
5. Grade D3 in Mathematics (either Ordinary or Higher level)

The maximum number of points available in each of the six subjects is 600 (100 per subject). The points required for those offered places in the 5 colleges vary somewhat from year to year and from institution to institution. Table 1 illustrates the points required for entry into the various teacher education programmes in the academic year 2004/05 and also indicates that standard of entry is quite high (top 25% who sit the Leaving Certificate Examination).

Table 1: Points requirements for entry into B.ED programme according to Institution

<table>
<thead>
<tr>
<th>Institution</th>
<th>Points</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Patrick’s College</td>
<td>455*</td>
<td>480</td>
</tr>
<tr>
<td>Froebel</td>
<td>450</td>
<td>450</td>
</tr>
<tr>
<td>Marino</td>
<td>450*</td>
<td>465</td>
</tr>
<tr>
<td>Mary Immaculate</td>
<td>465</td>
<td>490</td>
</tr>
<tr>
<td>Church of Ireland</td>
<td></td>
<td>375**</td>
</tr>
</tbody>
</table>

Source: Central Applications Office Statistics
http://www.cao.ie/institutions/DEG04.HTM

*Not all on this points score were offered places

**Applicants are ranked but the final decision depends on interview performance

A small proportion of places is reserved in most courses for mature entrants, generally those aged at least 23. Up to a total of 10% of places are reserved for candidates who come from Gaeltacht areas (Irish speaking communities). In 2004/05 those who were allocated places under this scheme had 40 points less than their English speaking counterparts. This is a legacy from the early decades of the 20th century. The total number of entrants to primary teaching is determined annually by the Department of Education and Science and varies according to supply and demand.
Consecutive programme
The same requirements apply to graduates who seek entry to the 18 month graduate diploma in Education (primary). However, it is possible for such candidates to substitute a pass in First Arts Examination (first year university) in Irish, English and Mathematics instead of the specified requirements above. All entrants are graduates. Although it is not necessary to be a graduate from any particular programme a majority study the traditional humanities degree, but an increasing minority hold degrees in for example psychology, law, social sciences, computer science etc. All applicants are invited for an interview and an oral Irish examination. A maximum of 100 marks are available for the interview and 40 for the oral Irish. Those who achieve the highest marks are allocated places.

For the past two years, Hibernia College, a private institution, has been offering a part-time Graduate Diploma online that has been recognised by the Department of Education and Science for entry to the profession. So far three cohorts of 200 students have been enrolled on this programme, a development that has proved quite controversial among teachers and State funded providers. In addition a significant but unquantifiable number of Irish citizens go to England and Wales (and some to Scotland also) to complete the PGCE programme. The vast majority return to work in Irish schools. They must then acquire an appropriate Irish language qualification and a certificate in Religious Instruction before they can be made permanent. Both the Graduate Diploma as well as the PGCE qualification are described by many as a ‘backdoor’ introduction to primary teaching.

Entry requirements for 2nd level teachers
In the case of the various Bachelor of Education (B Ed) programmes above, all places are now allocated through the CAO system. This is also the means of allocating places in the Higher Diploma in Education (HDE) provided in four of five of the Universities with Trinity College Dublin opting to remain outside this centralized system and to continue to interview prospective students. While there are seven universities in total, the two most recent institutions to join this group are without such a programme (University of Limerick and Dublin City University).

Three major criteria apply to the selection of candidates. These criteria are shared across the institutions. These are: a) whether a degree is awarded at pass or honours level, b) postgraduate qualifications, and c) teaching experience. There is a growing trend towards successful candidates having a variety of postgraduate qualifications and enhancing their prospects of gaining a place on a HDE programme by accumulating additional qualifications and teaching experience, as these additions are weighted as scaled points.

There is some support for the idea that there is social selection into the teaching profession. In some respects there is an emphasis on personality types (only certain types of people suited to the teaching profession). People from other social strata are excluded and there is a degree of homogeneity among those who enter teacher education. O’Hare (1994, p.12, as cited in Sugrue, 1996) argues that a narrowly based education system like the Irish one can serve well only a minority of those that pass through it. It educates an elite who then go on to perpetuate the system because they are the ones who get to control it. The rest who are in the majority, leave the system condemned as second raters or outright failures. Greaney, Burke and McCann, 1987 (as cited in Sugrue, 1996) concur with the notion that entrants to primary teacher education are the successful products of this narrow elitist curriculum. There have been suggestions to reserve a proportion of places in teacher education colleges for students from socially disadvantaged backgrounds. This has not yet been implemented.
Recruitment and entry requirements for nursing

The current entry requirements for applicants (aged under 23) to general nursing relate to school performance. Applicants must achieve a Grade C3 in two higher level subjects, plus four subjects at Grade D3 in ordinary level. These subjects must include Mathematics, a laboratory science subject (i.e. Chemistry, Physics, Biology, Physics with Chemistry (joint) or Agricultural Science) and a language (English or Irish). In addition, applicants must be not less than seventeen years of age on the 1 June in the year in which the programme commences. However, it should be noted that applicants achieve far in excess of stated minimum entry requirements. In 2004 an applicant would need upwards of 360 points to secure a place; equivalent of 6 grade C3s at higher level. Applications are made through the Central Applications Office (CAO). The year 2001 was the first year that application to nursing was through the Central Applications Office (CAO) system. In that year the Application Form for Nursing was separate from the main CAO Application Form. In 2002, Nursing was on the main CAO Form. In 2003, nursing became part of the CAO Degree list for the first time.

The recent introduction of the above entry procedure is a move away from the traditional entry route to nursing. Prior to 2001 applicants to nursing programmes applied to the hospital directly where they were subject to an interview. The interview was not competency based and therefore may be seen as means of social selection into the profession. Interviewers judged candidates according to their personal qualities and experience. For example those with clinical experience, volunteer work or pre-nursing courses were considered favourably. Perhaps the increasingly diverse demography of nurse students is partly due to the change in recruitment process. Demographic and social trends may also influence nurses and the people who choose nursing as a career. McCarthy (1988) found that the majority of candidates for nursing were young, single women with an overrepresentation from middle class and farming backgrounds. McCarthy (1997) points out that changing social structures and a broadening of female occupational roles may imply increased competition between nursing and other career choices for prospective candidates.

Today, mature applicants to current nursing programmes are not required to have the minimum entry requirements demanded of school leavers. For the last 2/3 years they are required to undertake an aptitude test and interview. One of the tests is a skills/experience questionnaire. This questionnaire seeks information about the applicant and their experience, interests and achievements. According to ABA (www.nursingboard.ie) the purpose of collecting this information is to compare the applicant’s preferences with characteristics that have been identified as being necessary for a career in nursing in a way that is consistent and fair to everyone. Applicants who achieve the required standard at the written assessment are sent an interview preparation questionnaire. All six sections of the questionnaire must be passed. The applicant must give examples from their experience that demonstrate ability in the following areas:

- Communication, Interaction and Teamwork
- Taking Responsibility
- Caring/Helping and Sensitivity to Others
- Motivation to Do Things Well
- Ability to Make Decisions

They are also advised to prepare well for interview and to undertake some research of their own to ensure that they have a broad overview of their proposed career. These descriptions highlight the discrepancy in entry requirements for applicants under and over 23 years of age:
The move from interview to school performance based entry system may be considered a deliberate planned structural change in nursing. However there are further changes in the recruitment of nursing that came about as a function of changes in society. One such change is the increasing number of male and international nurses in the profession. According to An Bord Altranais registration statistics in 2003 (http://www.nursingboard.ie) the number of males working as General nurses is 2,565. In 1999 the number of males working as general nurses was just 1,334. The increase may be attributable to the influx of nurses (of both sexes) from developing countries and a broadening of perceptions of suitable professions for men. There is a general trend towards private nursing among more mature nurses. As a result public hospitals must depend on agencies for staff and recruit from developing countries.

Common professional language
The development of a common language not easily accessible to outsiders is characteristic of the so-called professions.

Nursing
From my conversations with nurses they tell me that nurses vary their language according to their audience. For example, they would use medical jargon and abbreviations when speaking to other nurses or medical professionals. However, when communicating with patients and or their families they would use layman’s terms.

Teaching
It appears that teachers do not meet the ‘inaccessible language’ criteria of the professional category. There is a technical language/jargon used by teachers but not to the same extent as the legal or medical profession. In fact teachers are almost discouraged from using such language because their clients (children and parents) demand good communication skills.

Organisation of Career
Nursing
As part of the reform of nursing due to external and internal influences there is a significant increase in specialisation. The Report of the Commission on Nursing (Government of Ireland, 1998) has been highly influential on the development of nursing and midwifery specialties in Ireland. The Commission recommended the development of a three step clinical career pathway by the creation of clinical nurse or midwife specialist (CNS/ CMS) posts and advanced nurse or midwife practitioner (ANP/AMP) posts. Those with CNS/CMS or ANP/AMP status ought to be characterised by extensive relevant experience, appropriate post-registration educational qualifications and an extended scope of practice. The Third Annual Progress Report of the Monitoring Committee of the Implementation of Recommendations of the Commission on Nursing (Government of Ireland, 2002c) illustrates that the National Council approved a large number of clinical nurse/midwife specialist positions in 200261.

Teaching
There does not appear to be deliberate planned changes in the career trajectory for teachers. Specialisms have arisen but in a haphazard manner rather than as a result of careful planning.

61 A deliberate planned change in the nursing profession is the establishment of a career trajectory. Many new posts have been established in the last two years. During the consultation process of the Commission on Nursing (1998) it was considered that new grades should also be introduced. This idea arose from the dissatisfaction of nurses with the hierarchy and management of hospital wards.
and deliberation. Specialist teaching posts include language support, learning support, resource and home school liaison. Language support positions have arisen out of the need to cater for the increase in international students. It is frequently the case that unqualified personnel fill these positions.

With regard to careers within Education there is a new class of employee namely Special Educational Needs Organisers (SENOs). Following the establishment of the National Council for Special Education a number of Special Educational Needs Organisers (SENO) were appointed. The Council, with its network of Special Education Needs Organisers (SENO’s) aims to provide the right structure to deliver an effective and speedy education service to children and families coping with disability on a daily basis. The Council was established as an independent statutory body under the Education Act 1998. The Council is now in a position to take over a variety of functions formerly undertaken by the Department of Education and Science. The Council will:

- carry out research and provide expert advice to the Minister on the educational needs of children with disabilities and the provision of related services
- provide a range of services at local and national level in order that the educational needs of children with disabilities are identified and provided for
- coordinate with health boards, schools and other relevant bodies, the provision of education and related support services to children with disabilities

Another advance in Education is the establishment of The National Educational Psychological Service (NEPS) in the 1990s. Their mission is to support the personal, social and educational development of all children through the application of psychological theory and practice in education, having particular regard for children with special educational needs. The principal duties of the psychologist include:

- consultation with teachers and parents in relation to individual children in schools
- direct individual casework with children in schools
- liaison with clinical agencies and other relevant bodies
- support and development work in schools
- contributing to the general development of NEPS by participating in working groups on professional and organisational matters

Positions and authority
In general there is a paucity of Irish research investigating the status/occupational prestige of nurses and teachers.

Teachers
The positions of teachers in society have remained relatively stable over time, but the introduction of a degree for primary teachers has definitely elevated the status of the profession in the eyes of the public and has been good for morale. Furthermore, it has enabled primary teachers to negotiate a Common Basic pay scale (shared with second level teachers).

Pritchard and Rosalind (1983) investigated the status of teachers in Germany and Ireland. Their results indicate that Irish teachers are more satisfied with occupational prestige and with teaching as a career, care more about professional status, and have greater faith that education can raise occupational status. Moreover, according to an OECD report (2003a) traditionally the role of teachers has been respected by the Irish public and this regard is deeply rooted in historical circumstances. Even when the teacher did not benefit from good salaries there was regard for their scholarship, the nature of their work and their roles in the
community. Furthermore, the same report asserts that various attitudinal surveys have indicated that teaching is one of the most highly regarded professions by the public. The significant involvement of religious personnel in the teaching career in earlier times may have helped to foster a favourable public perception of the career. In a recent review of recruitment trends to the teaching career, the educational correspondent of The Irish Times put the following headline to his report, ‘Teaching still a prized career: the popularity of teaching has remained constant over the past decade despite industrial conflict and a changing economy.’ (Flynn, 2003).

However there are signs that the respected role of teachers may be under threat. It may well be that we are currently in a transitional era. Signs of this emerged in the context of a recent bitter industrial dispute by the Association of Secondary Teachers of Ireland (ASTI), who withdrew from membership of the Irish Congress of Trade Unions and the Programme for Prosperity and Fairness and did not participate in the government appointed Benchmarking process set up to examine public salary relativities in the private sector. The Association expressed grave dissatisfaction with prevailing salary scales of teachers all of whom are paid on a common salary scale with extra allowances for some qualifications and special duty posts. The dispute continued for almost three years, in the course of which relationships between the ASTI, parents and the general public became fraught. Media coverage conveyed a new asperity in public comment on the teaching profession, which is likely to leave a residue in public-teacher attitudes for some time.

Furthermore, in the new economy with the proliferation of new occupations and a more educated society, it is generally accepted that the status of teachers has declined. OECD (2003a) report that an older tradition may be changing whereby many teachers no longer encourage their sons and daughters to follow in their professional paths, but to aspire to other careers in a greatly diversified job arena. In addition, the recent shortage of teachers meant that unqualified personnel were drafted in to work as teachers, which may have had a negative impact on occupational prestige. Possibly the unqualified members of staff were unconsciously incompetent. Furthermore, there is a widespread view that the part-time nature of the Hibernia teacher education course is damaging to professional status and prestige. The Government decision to accredit this course is unlikely to enhance the status and public perceptions of teachers.

Nurses
The Commission on Nursing influenced professionalisation and nurses are now on a par with other paramedical staff in so far as they are educated in university and are awarded a degree following successful completion of their courses. Moreover, there are also other government decisions that may influence social perceptions of nurses. The establishment of an organisation (the National Council for the Professional Development of Nursing and Midwifery) to facilitate increasing specialisation and a career trajectory may result in nurses being held in higher esteem due to extensive training and continuous professional development. Furthermore, strategies have been put in place to allow nurses to carry out research and thereby fulfil the government’s commitment for evidence based practice. This may result in nurses earning kudos in the area of scientific research. However, there is a view that educating nurses excessively in theory may have a detrimental effect on their caring and practical skills and consequently patient interaction. The perception of nursing as a cerebral rather than a caring profession may diminish the high regard in which they are currently held by the public.
**Formal education and training in skills in higher education**

**Teaching**
The award of a degree is a pre-requisite for joining the ranks of primary teachers since 1977. For the majority of second level teachers, traditional entrance into teaching was via a degree and then a Higher Diploma in Education (H.Dip). Until relatively recently a H.Dip was not a requirement for teachers in vocational schools. Only at second level do teachers train together with the traditional professions. The design and structure of teacher education programmes can be categorised thus in terms of:

- Subject matter studies
- Foundations of education studies
- Professional studies, including methodology and curriculum courses and courses based on knowledge generated through research on teaching
- School experience and teaching practice.

**Primary Teacher Education Programmes**
Primary teacher education programmes are located in five denominational Colleges that are on separate campuses with affiliation to or constituent college status within adjacent Universities. A concurrent programme (BEd) is provided by all five colleges; four of the five colleges also provide a consecutive programme for graduates (a graduate Diploma variously titled- Graduate Diploma in Education (Primary) or a Higher Diploma in Education). Four of the five denominational colleges are owned by the Catholic Church or religious orders while the fifth is the property of the Church of Ireland. Primary and secondary teachers continue to receive their professional formation separately; the former in colleges, the majority of the latter, in education departments within the Universities. Today, approximately 90% of student intake across all institutions is female, and male intake in the Church of Ireland College is almost non-existent.

**Concurrent Bachelor of Education Programme**
In 1974, a Bachelor of Education programme was introduced; in the case of the two larger institutions, this degree was awarded by the National University of Ireland, while the three smaller institutions affiliated to Trinity College (TCD). This Degree replaced a two-year Diploma Programme that was based on apprenticeship, awarded by the Ministry of Education, whose inspectorate was its external examining body. The degree programme is of three years duration and is awarded at pass and honours levels, except at TCD where it is necessary to study for a fourth year (on a part-time basis) for honours. Since the early 1980ies, the probationary period for beginning primary teachers has been reduced to one year, and assessments continue to be carried out by the primary inspectorate. In the early 1990ies, two National Institutes of Higher Education were elevated to University Status, and St. Patrick’s College and Mary Immaculate College Limerick subsequently signed formal linkage agreements with these new universities, an initiative inspired by Government rather than College authorities. Apart from the difference in the length of the Bachelor of Education programmes, there is another significant difference between the BEd awarded in the two major colleges and by those affiliated to TCD. Students in the smaller colleges are not obliged to study academic subjects as an integral element of the degree programme. Fifty percent of a first year BEd student’s time is devoted to the study of two academic subjects; the ratio in years two and three is 60:40 with more time being devoted to education.
significant benefits to the two major colleges from university affiliation is the provision of post-graduate (Higher) degrees by these institutions for the first time.

The advent of the B.Ed in 1974 has been the major change in a period of 30 years, while closer links with the university system has resulted in considerable growth in postgraduate provision for primary teachers. Since 1974 the teacher education programme has evolved piece-meal, with significant additions making the programme overcrowded, while the requirement for a generalist qualification reduces the possibility of meaningful specialisation.

Consecutive programme: Graduate Diploma
A one-year graduate programme was first introduced as an entry into primary teaching in the mid-1970s in response to a shortage of teachers, but was quickly discontinued in 1981 after the crisis abated. Projected recruitment into primary teaching was seriously underestimated in 1990 and the graduate programme, now extended to a period of 18 months, was resuscitated to avert the crisis. Effectively, the content of the Graduate Diploma in the two major colleges includes the education component of the BEd without the Academic subjects. At the time of writing, there is no provision for exemption from any aspect of this programme regardless of the Degree held by those enrolled while steps are currently being taken to address this issue.

As already mentioned, in 2003, a private provider, Hibernia College, accredited a similar Diploma programme through the Further Education Accrediting body, and had the programme recognised by the Department of Education and Science.

Secondary Education Programmes
As already indicated, the preparation of teachers for secondary schools occurs predominantly in faculties of education in Universities. When religious vocations were plentiful, lay teachers were employed only when the religious communities could not find one of its own members to take responsibility for a particular subject, frequently without formal qualification in that subject area. Consequently, having a religious vocation was accorded higher status than expertise acquired by studying for a university degree, while having a teaching qualification was not accorded high priority either. Consequently, lay teachers, when they were employed, frequently on a temporary basis, felt marginalized within the secondary sector that was owned, controlled and dominated by various religious organizations.

Through their union (Association of Secondary Teachers of Ireland, ASTI), lay teachers struggled over a number of decades to gain security and promotion and a degree of control over their conditions of work. A significant decline in the number of those entering religious life, expansion of State involvement and provision of secondary schooling, dramatic increases in the number of secondary teachers as a consequence of providing universal access to secondary education (1967), as well as rapid urbanization and socio-cultural change during the past thirty years, have all contributed to significant changes in the educational landscape.

Requirements for recognition of secondary teachers are determined by the Teachers’ Registration Council. This responsibility will, in the near future, be taken over by the Teaching Council. The most common qualification for entry to secondary teaching is the Higher Diploma in Education, a one-year full-time graduate programme.

Within the Vocational school sector, and prior to the emergence of Community Colleges, there were clear distinctions in terms of requirements for the teaching of general and craft or vocational subjects. But since 1980, the education of traditional craft teachers and

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64 J. Coolahan, Irish Education History and Structure (Dublin: Institute of Public Administration, 1981), p. 239.
others have, rather like the colleges of education in the primary sector, entered the university orbit also through a series of links and relationships. Coolahan describes requirements below:

Vocational teachers fall into two major categories (1) teachers of general subjects who must be university graduates and (2) teachers of specialist subjects who must hold recognized teaching diplomas awarded as a result of their having successfully completed training courses in colleges of art, of domestic science [now home economics] or of physical education, or in institutions where approved courses are provided for the training of teachers of woodwork and metalwork.

Traditionally, there have been two colleges for the preparation of female Home Economics teachers. Both of these institutions provide a four year concurrent BEd where, in addition to Home Economics, students also study an academic subject to degree level (in a very limited range of subjects such as Irish and economics). The Dublin based institution has its degree awarded by TCD while the western college has its degree awarded by the National University of Ireland, Galway (NUIG). These institutions are denominational, privately owned (by religious orders) and publicly funded. The Dublin College is in the process of closure and is no longer recruiting students.

The same Dublin campus provided the only professional preparation for teachers of Physical Education (females only) until Thomond College was established in Limerick (1980). Until then, there was no provision in the Irish Republic for the professional preparation of male PE teachers; those with an interest in this area typically completed a postgraduate diploma in England to gain the necessary qualification.

Traditionally, little attention was paid to the preparation of teachers for teaching religious education in a denominational system, as there were many religious personnel in schools. However, in more recent years, preparation of teachers of Catechetic has received attention. A new institution, (Mater Dei Institute), was established by the Catholic Church for this purpose, and its Diploma was initially awarded by the Pontifical University (in Maynooth). However, in recent years, this institution has become a college of Dublin City University while retaining its campus and autonomy. However, for the vast majority of secondary teachers (the term postprimary is frequently preferred as a means of avoiding distinctions between traditional secondary and other school types) the Higher Diploma continues to be the entry to secondary teaching for the majority of graduates.

Recently there has been talk of extending the length of formal training and education for primary and also secondary teachers. The Working Group recommended that the B.Ed programme be extended to four years. A number of considerations influenced this decision. The Group was aware that programmes in other professional areas take at least four years and that an additional year would provide more time for students to mature. However, the most compelling reason was considered to be the need for more time to allow students to integrate and apply their experiences in the practice of teaching. The amount of time that could reasonably be required to cover the variety of curriculum areas that students will have to teach in primary schools was a further consideration.

The tradition has been to emphasise content rather than competency but that is changing. There is a growing awareness of assessment in an effort to promote internal accountability. The introduction of Whole School Evaluation is a measure to achieve external accountability. In addition international influences in the form of European Union and the OECD mean that issues of competency will loom larger in courses of education in the future.

Nursing

The location of nurse education in a university setting is a very recent development. Up to 1994 pre-registration courses in nursing were at certificate level and took place in healthcare agencies with attached schools of nursing, which were under the auspices of the health services. In 1994 the first three-year pre-registration diploma courses commenced in general nursing with a link to a higher education institution (HEI). By 1998 all pre-registration three-year courses in intellectual disability nursing, psychiatric nursing and general nursing were at diploma level and all were linked with Higher Education Institutions (HEIs).

The 1998 Commission on Nursing recommended that pre-registration nursing education be based on a four year degree programme, incorporating one year of employment, with structured clinical placement in the health service, and that it should be fully integrated within the third-level education sector. Consequently, the pre-registration nursing degree programme (in intellectual disability nursing, psychiatric nursing and general nursing) commenced in higher education institutes in partnership with affiliated health service agencies around the country in September 2002.

During the consultation process prior to their report the Commission offered the rationale for extending nurse education programmes by acknowledging that the rapidly changing pace of the health service is placing increasing demands and expectations on the nursing profession and suggesting that members of the nursing profession in the future will be required to possess increased flexibility and the ability to work autonomously in a health service that will also require greater inter-disciplinary co-operation in the delivery of health care. In order to meet expected future needs the Commission recommended the introduction of a four year degree programme as described above. It is significant to note that the Commission on Nursing was established following a national strike by nurses in pursuit of better terms/conditions and the strengthening of career and educational pathways. The government represented the change as necessary to assist nurses in meeting expected future needs. The incitements for change came from the nurses themselves.

There is evidence of structural changes in the education programme of nursing. The new Bachelor of Science degree is a four-year full-time course that involves the study of theoretical and practice-based subjects. It involves classroom teaching and taught placements in a variety of clinical and non-clinical settings. According to the Athlone Institute of Technology website (http://www.ait.ie/courses/bscnursinggen.shtml) each student of general nursing undergoes a total of 80 weeks clinical study and 68 weeks theoretical study. This constitutes an increase of 28 weeks of theory as compared to the previous model of nurse education. However there appears to be some slight variation between the institutions with respect to time devoted to theoretical study. The University of Limerick, B.Sc Nursing programme is structured as follows; 75 weeks theory, 23 weeks Clinical Placement (Unrostered) and 47 weeks Clinical Placement (Rostered). In the Institute of Technology Tralee the B.Sc course consists of 66 weeks of classroom-based theory and practical learning interspersed with 77 weeks of clinical placements.

The B.Sc degree course content comprises Biological and Related Sciences, Social and Behavioural Sciences, Applied Biological and Related Sciences, Applied Social and Behavioural Sciences, Nursing Practice Studies, Personal and Professional Development, Health and Research Studies and Taught Clinical Placement. The concepts and principles of health, humanism, adult education and lifelong learning are evident in the programme aims. Assessment is in the form of examinations, essays, and practical skills assessments.

Competence

The professional competence of both teachers and nurses is guaranteed by university examinations as an example of a recent transition to a knowledge society. Both the nursing
and teaching professions are developed somewhat in/by research and delivered in/through education/training in the universities. One of the criteria for membership to a profession is the use of knowledge grounded in theoretical principles. Despite the rhetoric of evidence based practice in teaching there is a suggestion that skills are not founded in theoretical principles.

**Nursing**

In the early 1980s the theoretical assessment procedure for registration changed. The part 1 registration examination was replaced with three knowledge assessments over the first 12 months. These were set by the individual schools of nursing and marked by the Staff. The oral examinations in the registration examination were discontinued.

With the introduction of the 4 year degree programme, assessment is in the form of university examinations, essays, and practical skills assessments. Up until the introduction of the degree programme student nurses had to sit a State exam set by An Bord Altranais. In order to be eligible to sit this exam the students had to pass their clinical practice assessment. Nurses were examined with Proficiency Assessment Forms by the Ward Sister. Today there is no State exam. Each university (and Higher Education Institute) sets their own exam. However, ABA issues requirements and standards for Nurse registration education programmes and each university must adhere to these standards.

In a recent study, Glacken & Chaney (2004) report that studies have consistently demonstrated that nurses are increasingly recognizing the role research has to play in their daily practice. Despite this recognition they assert that the actual application of research findings in the practice setting is still poor. In order to address this issue, they investigated perceived barriers and facilitators to implementing research findings in the Irish practice setting. They found that the top barrier was a perception of insufficient authority to instigate change in the practice setting. The perceived key facilitators to implementing research findings included protected time for retrieval and evaluation of research findings, instrumental support from management, informed supportive personnel in the practice settings and accessible educational opportunities to augment critical reading skills. The Irish government is committed to provide the people of Ireland with an evidence-based health service. From a nursing perspective the findings of this study indicate that a number of strategies have to be introduced or enhanced in the practice settings before this commitment can be realized.

**Teaching**

With regard to assessment there is little variation among the colleges. It tends to take the form of written and where appropriate oral examination at the end of each semester/year. A proportion of marks not exceeding 50% in any subject, may be assigned for written/practical/tutorial work during the course and a pass in teaching practice is essential.

Student assessment involves a combination of continuous assessment and final examinations. Students who graduate from the colleges with a Bachelor in Education degree or a postgraduate diploma in primary teaching are recognized by the Minister for Education and Science as primary school teachers. However, before they can be appointed to a post, they must satisfy the Minister that they are of a sound and healthy constitution and free from any physical or mental condition that would be likely to interfere with the discharge of their duties. Without a teaching qualification one cannot enter the profession. However, this qualification does not specify competencies.

There are strong indicators attesting to the fact that, for a number of reasons, student teachers learn much more from their apprenticeship observation or the cumulative experience of the school environment than from what is taught during the teacher education programme (Townsend, 1994, Darling-Hammond, 1999 as cited in Government of Ireland, 2002d) and these perceptions are generally confirmed by small scale studies in the Irish
context (see Sugrue, 1996). According to the report of the Working Group on Primary Pre-
Service Teacher Education (Government of Ireland, 2002d) student teachers tend to adopt the
view that the way to learn more about teaching is through trial and error, not careful thought
and scholarship. Survival is uppermost on the minds of most of student teachers in their
school placements. There is very little engagement with the theoretical principles necessary to
understand such social and ethical issues in teaching as how children learn, how curriculum
decisions might be guided, and how pupils’ thought processes might influence teaching
methods. Interaction with experienced teachers, while potentially fruitful, tends to lead
student teachers to become conservative in their approach to the complex challenge of
teaching. Instead of responsibility and reflection, acquiescence and conformity to school
conventions and routines become the norm. However, there are some potential contradictions
here. A centrality of school experience and field placements is evident in the proportion of
curriculum time dedicated to field experience and it is generally found that student teachers
value teaching practice above any other aspect of their course (Zeichner et al. 1996, Zabalzara
1996 as cited in Government of Ireland, 2002d). This position is grounded in the fact that
teaching is learnt from experience (rather than theory).

It is hypothesised that continuous overloading of the programme has a negative
impact on reflective practice. Despite the rhetoric there is a perpetuation of a pragmatic
business more related to apprenticeship than analytical model. Furthermore there does not
appear to be a character subject in professional education of nurses or teachers in Ireland. In
teacher education the disciplines of Education (Psychology, Sociology, Philosophy and
History) have attempted to fill this perceived need - for this reason they are often called the
‘foundation’ disciplines’ to draw attention to their ‘basis’ seeking, in theory at least, to
provide some (scientific) principles on which to base ‘practice’.

Concepts of Professional Competence

Nursing

The nursing profession has recently witnessed a change in the understanding of concepts of
professional competence. Previously, changes in nursing and midwifery practice (in Ireland)
have been driven by a process of certification of extended roles. The emphasis has been on the
mechanical addition of tasks to the nurse’s or the midwife’s role and the provision of
certification of his/her ability to fulfil that role. This approach has been based on the notion
that any task that goes beyond what is learned in pre-registration training requires official
sanction by certification. According to the previous apprentice model practice was based on
routine and ritual rather than the development of knowledge for practice (‘nursing science’).

According to An Bord Altranais (2000b) the healthcare services and the work
trends of nurses and midwives are undergoing continuous change, driven by the demand for a
consumer-responsive service that is cost-effective and responsive to the changing
demographic and epidemiological profile of the Irish population. In order to respond to these
changes in a dynamic way The Scope of Nursing and Midwifery Practice Framework (ABA,
2000b) was developed. The purpose of this Framework is to provide nurses and midwives
with professional guidance and support on matters relating to clinical practice. It introduces a
decision-making framework to assist nurses and midwives in making decisions about the
scope of their clinical practice. The term scope of practice refers to the range of roles,
functions, responsibilities and activities, which a registered nurse or a registered midwife is
educated, competent, and has the authority to perform.

Scope of practice for nurses and midwives in Ireland is determined by
legislation, EU directives, international developments, social policy, national and local
guidelines, education and individual levels of competence. This framework provides
principles, which should be used to review, outline and expand the parameters of practice for
nurses and midwives. The framework aims to support and promote best practice for all nurses and midwives, which will ensure the protection of the public and the timely delivery of quality healthcare in Ireland.

According to the government, it is appropriate that nursing and midwifery practice should develop to meet the ever-changing needs of the population and the health service. An Bord Altranais (2000b) considers that this should take place by an organic expansion of roles based on informed professional discretion and guided by certain fundamental principles, rather than by mechanical extension based on certification. Expansion encompasses becoming a more competent, reflective practitioner who develops expertise and skills to meet patients’/clients’ needs in a holistic manner.

Expansion may refer to a change in the overall scope of practice of the professions to include areas of practice that have not hitherto been within the remit of nurses and midwives. It may also refer to a change in the scope of practice of an individual nurse or midwife to include areas of practice that have not been within his/her scope of practice, but are within the overall scope of practice of the nursing or midwifery professions. However, all professional guidance documents issued by An Bord Altranais will be in line with the principles of the Scope of Nursing and Midwifery Practice Framework. Certain amendments will be required to current An Bord Altranais guidelines. These include the Code of Professional Conduct for each Nurse and Midwife (1988a); Guidance to Nurses and Midwives on the Administration of Medical Preparations (1998); Guidelines for Midwives (1994).

The Code of Professional Conduct for each Nurse and Midwife (ABA, 1988a) will be amended to provide for reference to the Scope of Nursing and Midwifery Practice Framework. The section which reads ‘The nurse must acknowledge any limitations of competence and refuse in such cases to accept delegated functions without first having received instruction in regard to those functions and having been assessed as competent’ will be amended to reflect section 4.1 of the Scope of Nursing and Midwifery Practice Framework, which describes competence as follows: To be competent, it is not enough to be able to fulfil a specific role or function or even to be able to practice at a specific level of skill. A competent professional nurse or midwife possesses many attributes. These include practical and technical skills, communication and interpersonal skills, organisational and managerial skills, the ability to practice safely and effectively utilising evidence, the ability to adopt a problem solving approach to care utilising critical thinking, the ability to perform as part of a multidisciplinary team demonstrating a professional attitude, accepting responsibility and being accountable for one’s practice (Eraut 1994, Sharp et al 1995 and Fraser et al 1996). Competence is not static. One may learn a specific skill, but the knowledge underpinning that skill may change over time. This can affect the ability to practice the skill. In addition practice is necessary to maintain competence. The nurse and midwife must acknowledge any limitations of competence and refuse in such cases to accept delegated or assigned functions. If appropriate, the nurse or midwife must take appropriate measures to gain competence in the particular area. Competence is developmental. The maintenance of competence… development is achieved by engaging in continuing professional development.

Scope of Nursing and Midwifery Practice Framework 2000
The Guidance to Nurses and Midwives on the Administration of Medical Preparations (1998) will be amended to reflect section 4.1 of the Scope of Nursing and Midwifery Practice Framework, which describes competence. Section 5.2 (a) states that: ‘Medical preparations shall be administered in accordance with the direction of a practitioner given in writing, usually in the form of a prescription, which may be in the case note(s) amended to allow for
nurses and midwives to administer ‘non-prescription medications’ without reference to a medical practitioner in appropriate circumstances.

Section 10, the Administration of Intravenous Preparations, makes reference to certification and competence. This will be amended in light of the principles of the Scope of Nursing and Midwifery Practice Framework.

Section 12 (b), Epidural Analgesia, makes reference to certification and competence. This will be amended in light of the principles of the Scope of Nursing and Midwifery Practice Framework.

A project to review the Guidelines for Midwives (1994) will be implemented. Similarly, a project will be established to initiate and evaluate nurse and midwife prescribing in relation to both non-prescription medications and prescription-only medications.

An Bord Altranais (2000) recommends that a review of legislation be conducted with a view to allowing nurse and midwife prescribing of ‘prescription-only’ medications in appropriate circumstances. The issue of defining competence in the practice setting will be a challenge to nurses and midwives engaged in practice, management, education and research.

**Concepts of professional competence expressed within education discourses**

According to ABA (2000b) competence is a complex multi-dimensional phenomenon and is defined as the ability of the Registered Nurse to practise safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice. A student engaging in a Pre-Registration/Degree Course is required to observe standards of conduct and behaviour commensurate with the requirements of An Bord Altranais to enter the nursing profession. The purpose of the Pre-Registration/Degree Courses is to ensure that the student is equipped with the knowledge and skills necessary to practise as a competent and professional nurse. On completion of the course, the student will be required to have achieved competence in the following five domains of practice:

- professional / ethical practice
- holistic approaches to care and the integration of knowledge
- interpersonal relationships
- organisation and management of care
- personal and professional development (ABA, 2000b)

These five domains represent the level students must reach for entry to the Register held by An Bord Altranais. The aim is to ensure that students acquire the skills of:

- critical analysis.
- problem solving.
- decision-making.
- reflective skills.
- abilities essential to the art and science of nursing.

The course should enable the student to:

- assist individuals, families and groups achieve optimum health, independence, recovery or a peaceful death in a professional caring manner
- provide and manage direct practical nursing whether health promotional, preventive, curative, rehabilitative or supportive, to individuals, families or groups
• demonstrate a knowledge base and a level of competence in clinical practice skills essential for safe practice, which are grounded in recent evidence-based nursing research, where available
• identify and meet the nursing care needs of the individual, family, or community in all healthcare settings
• demonstrate the development of skills of analysis, critical thinking, problem-solving and reflective practice
• act as an effective member of the healthcare team and participate in the multidisciplinary team approach to the care of patients/clients.

According to ABA safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is in turn informed by that practice. Within the complex and changing healthcare environments, it is essential that the best available evidence informs practice. This is reflected in the domains of competence. The performance criteria for demonstrating competence are outlined below.

• practices in accordance with legislation affecting nursing practice
• practices within the limits of competence and takes measures to develop competence
• conducts a systematic holistic assessment of client needs based on nursing theory and evidence-based practice
• plans care in consultation with the client taking into consideration the therapeutic regimes of all members of the health care team
• implements planned nursing care / interventions to achieve the identified outcomes
• evaluates client progress toward expected outcomes and reviews plans in accordance with evaluation data and consultation with the client
• establishes and maintains caring therapeutic interpersonal relationships with individuals / clients / groups / communities
• collaborates with all members of the health care team and documents relevant information
• effectively manages the nursing care of clients / groups / communities
• delegates to other nurses activities commensurate with their competence and within their scope of professional practice
• facilitates the co-ordination of care
• acts to enhance the personal and professional development of self and others

Concepts of professional competence in education and training

Teaching

From the beginning of their practical teaching students are encouraged to implement the child-centred primary curriculum. They are expected to evaluate and reflect on their teaching experience in school and as with the Report of the Working Group on Primary Pre-service Teacher Education, the Government of Ireland (2002d) lists of major areas/topics/skills, to which teachers should be exposed, and in which they should achieve a level of competence, though they acknowledge that they are not in a position to define that level. The following categories were defined:

• subject-matter knowledge
• general pedagogical knowledge and skills
• skills in teaching particular curriculum areas
• knowledge of learners and learning
• knowledge of educational contexts
• communication skills
• moral sensitivity, values, and attitudes appropriate to a caring profession
• ability to analyze and reflect on practice

According to the same report (Government of Ireland, 2002d) general pedagogical knowledge and skills relate to the technical competence in instruction and classroom management that is considered applicable to most curriculum areas. The following are the main areas of general pedagogical knowledge and skills, most of which were suggested by the findings of teacher effectiveness research, that are considered to be required in teaching (Brophy, 1999; Brophy and Good, 1974, 1986, Sosniak, 1999).

• ability to build on pupils’ prior knowledge, experience and home culture
• ability to organize classrooms and pupil interactions in whole class, small group, or individual tutoring situations
• ability to employ management techniques that elicit pupils’ co-operation and sustain their engagement, including provision of clear expectations regarding classroom behaviour in general and learning activities in particular
• ability to plan instructional activities on the basis of the overall purposes and goals of instruction which may encompass knowledge, skills, attitudes, values and dispositions
• ability to design lessons

Hattie and Jaeger ((in review) as cited in Hattie, 2003, p.5) identify five major dimensions of effective teachers.

Expert teachers can:
• identify essential representations of their subject
• guide learning through classroom interaction
• monitor learning and provide feedback
• attend to affective attributes
• influence student outcomes

Relations between restructuring in education and health and professional education and training in teaching and nursing

Nursing
The introduction of the degree programme has obvious implications for pre-service nurse education. Following the recommendation of the Commission on Nursing (Government of Ireland, 1998) nurse education is now based on a four-year degree programme, incorporating one year of employment, with structured clinical placement in the health service. Nurse education is also fully integrated within the third level education sector. An Bord Altranais (2002) published a document Requirements and standards for Pre-registration Nurse Education which outlines the recommended curricular content and approach of the degree course. Nurses must be trained in the domains of competence as mentioned previously. There is an emphasis on planning, evaluating and reviewing care. In addition there is a focus on continuous professional development. The rhetoric of competency refers to collaborating,
managing, delegating and facilitating. The assessment procedure has also changed. Each university sets its own exam. There is no longer a State exam set by An Bord Altranais.

As a result of the commitment to evidence based practice (as recommended by the Report on the Commission on Nursing (Government of Ireland, 1998) there are implications for the nurse education and training programme. Consequently, there are three research modules within the BSc Nursing degree programme in Dublin City University. Furthermore there is an increase of approximately 28 weeks of theory in programmes of nurse education as compared to the previous apprenticeship model.

In order to give guidance and direction in relation to the development of specialist nursing and midwifery posts and post-registration educational programmes offered to nurses and midwives, The Commission on Nursing (1998) recommended the establishment of a National Council for the Professional Development of Nursing and Midwifery (the National Council). The development of specialisms and post-registration education programmes is overseen by the National Council. There is now a proliferation of specialist posts and accompanying post-registration education programmes. In order to gain the necessary qualifications to practice as a specialist nurse, postgraduate diploma courses are available in areas such as gerontology, coronary care, intensive care, peri-operative care, paediatric nursing, and accident and emergency nursing (to name but a few) in 3rd level institutions in the Republic of Ireland. The commitment to continuous professional development has also led to the establishment of professional development units (namely Nursing and Midwifery Planning and Development Units) which provide education and training. The units are also involved in research projects.

Restructuring in terms of authority has implications for the education of nurses. They must be trained in decision making and how to determine their scope of practice. The Scope of Nursing and Midwifery Practice Framework (SNMPF) provides nurses and midwives with a basis for the review of current scope of practice. This will assist in the identification of the professional development needs and serve as a basis for service evaluation and definition of roles. Certification is no longer a requirement for extended roles.

The framework has implications for education and training. An Bord Altranais is concerned that this framework and the principles that underpin it are understood by nurses and midwives and it is with this in mind that An Bord Altranais has planned a six month program to profile and introduce the SNMPF. The Planning and Development Units will have an important role in ensuring the timely and appropriate implementation of the Scope of Nursing and Midwifery Practice Framework. An Bord Altranais will continue to provide guidance to the professions on issues relating to the scope of nursing and midwifery practice.

Teaching
The most obvious contemporary restructuring is the introduction of the revised primary school curriculum (NCCA, 1999) which has introduced new curriculum areas, a shift in emphasis on some existing areas and a greater emphasis on ‘integration’. New needs are likely to arise in the future as conditions change in schools and in the social and economic contexts in which schools operate. Today the process of implementation represents one of the biggest projects of the Department of Education and Science. In the year 2000, about 94,000 inservice days for teachers, at a cost of over £3 million, were provided. Similar levels of inservice are anticipated in the coming years.

The introduction of the Revised Curriculum has far reaching effects at the pre-service education level, as the first cohorts of teachers prepared in the context of the curriculum take their place in the classroom. Given the high number of graduates leaving the colleges, these form a considerable proportion of the teaching force. The challenge at the pre-
service level is to ensure that the changes introduced are fully incorporated by the colleges in their preparation of future generations of teachers.

The revised primary curriculum has impacted in terms of changes in teaching methodologies, in the role of the teacher, in curriculum structure, and in classroom management and planning. The curriculum has also had an impact at the micro level in terms of individual areas of the curriculum, particularly those that showed the greatest change from the previous curriculum. The subjects that evidenced the greatest change from the previous curriculum are: Social Personal and Health Education; Social Environmental and Scientific Education; and Physical Education. Also of significance are the introduction of Information and Communication Technologies (ICT), the recommended use of a communicative approach in Irish and a renewed emphasis on oral language in English and on the Arts, and greater attention to estimation skills and real life problem solving in mathematics. Since the principles underlying a curriculum have implications for the appropriateness of assessment procedures, approaches to pupil assessment in colleges have had to reflect the basic principles of learning in the revised curriculum.

Special Educational Needs Reform
The Education Act (1998) provides all children the right of access to and participation in the education system according to their potential and ability. Thus all pupils including those with special needs have a statutory right to have their educational needs met by the State.

The Report of the Working Group on Primary Pre-service Teacher Education, Government of Ireland (2002d) put forward a number of proposals that it believes should underlie the approach of colleges in preparing students to deal with special needs. Students should be provided with a broad overview of special needs and special education which addresses the identification of special needs and is linked with students’ work in assessment and diagnostic procedures. Courses should address issues relating to children with learning difficulties (e.g. in literacy and numeracy) and should cover broad matters relating to provision (inclusion, special schools, special classes, and the role of special needs resource centres). Consideration should be given to children with special needs who are learning through a second language.

According to the Report of the Working Group on Primary Pre-service Teacher Education, Government of Ireland (2002d) the education system has a key role in countering the effects on children coming from a home that is socio-economically disadvantaged and in preventing the establishment of recurring cycles of disadvantage in families. Several programmes are available in primary schools to address problems associated with disadvantage (see Murphy, 2000). The most significant are the Home School Community Liaison Scheme, Breaking the Cycle and Early Start. Since 1990, a scheme of Assistance to Schools in Designated Areas of Disadvantage has also been in operation. More recently, plans for a considerable enhancement of provision were announced in the New Deal (DES, 1999).

Any educational strategy to overcome disadvantage must be supported in the first instance by adequate and appropriate initial teacher education. Students should be familiar with government policy regarding social inclusion (see National Development Plan 2000-2006; Programme for Prosperity and Fairness, 1999) with the range of initiatives that are in place to promote full participation in society (NESC, 1999) and with the principles underlying initiatives such as the need to integrate services (see Cullen, 1997). Efforts to enhance home-school relations which can take the form of a wide range of activities (see Ryan, 1999), should receive particular attention, since the problems that pupils from disadvantaged backgrounds experience in school are likely to have arisen from discontinuity between their experiences in school and homes and communities (Kellaghan et al, 1993).
However, the above recommendations are not requirements. They are aspirational in nature. Nothing of a formal nature has happened in relation to the recommendations of the pre-service education reports. In Ireland reform tends to be piecemeal and ad hoc rather than structured and planned. There have been developments in an informal way. Programmes continue to evolve. Some of those involved in teacher education also serve on committees such as the National Council for Curriculum and Assessment (NCCA) and therefore have formal and informal contact with such agencies. It is through being informed rather than through directives that reforms come about.

In addition, there is no centralised system for evaluation of education programmes. However, under the Universities Act (1997) a quality assurance programme is in place. There are ongoing evaluations and internal reviews with external involvement. However, this is relatively benign when compared with the education system in the UK.

Conclusion

There is evidence of increasing professionalism in both nursing and teaching with the introduction of codes of conduct and ethics in recent times. Similarly, the development of professional organisations to monitor and (in nursing) licence practice suggests a move towards professionalism. Discussions of professional behaviour in policy texts and education discourses point to a recognition of services in the common interest. The status of teachers and nurses has been fairly consistent over time though this may be in transition.

However, other issues cloud this development. Developments in education such as the expansion of multi-denominational and Irish medium schools have fuelled the ‘choice’ agenda and the marketisation of education as a commodity, and as Lawton (1992) suggests this commodity provides choice for some but no real choice for the majority. Furthermore, the effect of privatisation of schools (for example grind schools) means that teachers are held accountable by test scores and therefore there is a pressure to teach to the test. This could lead to a narrowing of the professional knowledge base.

The effect of privatisation and accompanying increased productivity in health services has parallels to the above and may have a detrimental effect on the quality of care given to patients by nurses. However, despite some privatisation of service (in teaching and nursing) and of education (in teaching) there remains an altruistic and vocational dimension to the professions.

There is less overtly social selection into nursing and teaching today as eligibility to train for the professions is based on school performance and is therefore only indirectly related to issues of social class, at least in official (mainstream, normative) discourses on this issue. However, interviews are still used to assess mature applicants.

Professional education and training has also changed location over the past 40 years. The move to academic education for nurses was finally achieved in 2002 with a degree programme being offered for the first time. Nursing programmes have given greater recognition of student’s educational needs as opposed to the apprenticeship model where in practice service needs were paramount. The balance of theory and practice in nursing education courses has been altered with a substantial increase in theory. Teacher education is also at degree level since 1974.

The government have committed to an evidence based health service. However, from a nursing perspective a number of strategies will have to be introduced or enhanced in the practice settings before this commitment can be realised. Similarly, despite the rhetoric of reflective practice in teaching there are strong indicators that skills are not founded in theoretical principles. According to the Working Group on Primary Pre-Service Education

(Government of Ireland, 2002d) student teachers learn more from their apprenticeship observation or the cumulative experience of the school environment than from what is taught during the teacher education programme.

The work of nurses and midwives is undergoing change, driven by the demand for a consumer-responsive service that is cost-effective and responsive to the changing demographic and epidemiological profile of the Irish population. The marketisation of healthcare has influenced the re-positioning of professional boundaries for nurse as evidenced by the introduction of the Scope of Nursing and Midwifery Practice Framework. This framework has important implications for professional education and training. Similarly, the introduction of the Revised Primary Curriculum (NCCA, 1999) has impacted considerably on the course content of teacher education programmes. There has also been large expenditure on in-service training since 1999.

There is evidence of specialization in nursing (more than in teaching). There has been a proliferation of specialist posts and post-graduate courses since the Report of the Commission on Nursing (Government of Ireland, [1998]).

The literature suggests that all branches of nursing and midwifery are evolving in response to change. These changes are occurring at a time of rapid socio-economic change in Ireland where the public health service is almost constantly reported as being in crisis with up to 300 patients at any one time on hospital trolleys awaiting hospital beds, while waiting lists for surgery etc are frequently reported as being unduly long. Meanwhile private medical care is increasing and Irish nurses seek better career opportunities and renumeration in the U.S and the Middle East in particular. As a consequence in recent years, the Public Health service in Ireland has had to import nurses from the Phillipines. It is amid this turbulence, which is set to continue, that new roles, responsibilities and career trajectories are being forged and the knowledge base of nurses is being re-formed. Similarly, various internal (Acts, policies, Bills and Initiatives) and external influences (E.U directives and O.E.C.D reports) are impacting on the roles, responsibilities and knowledge base of teachers.
Restructuring Teaching and Nursing in Spain

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Restructuring the Teaching Profession
This first section deals with the structural changes that have occurred in Spain from the 1960ies onwards in Education. Since education and the educational systems are predominantly managed by the State this historical review will outline the evolution of the main aspects of the education system through the different policies introduced from the 1960ies onwards.

Apart from the specific laws listed and analyzed below, it is the Spanish Constitution that governs and guides the Spanish education system. The Constitution approved in 1978 lays down the basic principles that prevail in educational matters such as the basic right to education for each citizen, individual liberties in educational issues, the autonomy of universities and the division of educational powers between the State and the regional authorities.

The main resources consulted are the official legal texts governing the Spanish education system and the information provided by the Spanish Ministry of Education. Apart from those central policies and the research literature already mentioned and used during WP1, the two most important education journals in Spain– the Cuadernos de Pedagogía and Revista de Educación – were reviewed for related comments on those policies and their implications for teachers’ profession. Whereas the latter is a general scientific journal on educational matters, the former is the main national publication for teachers concerns. National Institutes of Statistics, the Statistics Portal of the Ministry of Education and the European and international sources (Eurostat, OECD, and Eurydice) have also been used.

Overview of main Educational Policies
The main changes since the 1960ies in the Spanish Education System are concentrated in three Acts linked to three main educational reforms: the first one undertaken by Franco’s regime for the introduction of compulsory education up to age 14 in 1970 (Ley general de Educación -LGE), the second the first democratic change to the Education System with the LOGSE (Ley Orgánica de Ordenación General del Sistema Educativo) promoted by the Spanish socialist party in the year 1990 and the third undertaken by the Spanish conservative party in 2002 (Ley Orgánica de la Calidad de la Educación- LOCE). Several Acts between these laws secured the adaptation and implementation of a basic legal framework.

To further contextualize the three laws, it might be helpful to sketch their main conception of education. The LGE in 1970 under the Franco regime prefigured the purpose of education above all as giving the population a basic education and preparing citizens for the labour market. With the LOGSE in 1990 under the socialist party, the aim of education changed, putting the emphasis on a democratic and comprehensive education and the

67 The main sources for legislation of the Spanish education system can be found under the following address: http://www.mec.es/mecd/isp/plantillaAncho.jsp?id=1&area=legislacion. A good presentation of the main aspects of educational system is given with MEC 2002. Check http://www.eurydice.org/Eurybase/Application/frameset.asp?country=SP&language=EN
development of personality. Education was thought fundamental for accomplishing the transition from the dictatorship of the past towards a truly integrative and democratic society. With the LOCE in 2002 under the conservative party, the aim of education again acquired a different flavour reflecting a culture of individualism, efficiency and quality. Education has been oriented towards results and a neoliberal vocabulary has been introduced.

Structuring and restructuring the Spanish school system
As mentioned above, the structure of the Spanish school system has been shaped by two major laws, the General Law of Education (LGE - Ley General de Educación) approved in 1970 during Franco’s regime and the Organic Act on the General Arrangement of the Educational System (LOGSE – Ley Orgánica de Ordenación General del Sistema Educativo) approved in 1990. Although there have been subsequent Acts which extend and modify the LOGSE in turn, it established the main pillars of the modern education system in Spain. Also as mentioned in the Spanish report for WP1, the General Law of Education (LGE) was the first substantial educational reform in Spain since the Education Act of 1857. It responded to the increasing demand for a qualified workforce after industrialization, demographic growth, and the internal tensions of the political system. Although quite progressive in theory its implementation ran into severe difficulties due to the lack of popular support, a missing budget plan, harsh internal critique from the conservative members of Franco’s regime and the economic crisis that struck many countries at the beginning of the 70ies.

The LGE nevertheless managed to introduce into the education system the full generalization of compulsory education for the whole population age 6 to 14. Where education was formerly a rather elitist and protected realm where teachers had to attend a selected group of students, it now was turned into a massive undertaking which confronted teachers with a highly diverse student population. Through the Act, the State further acknowledged openly its primary role in planning and providing education, and in guaranteeing the equality of opportunities in basic and higher university education in combination with safeguarding its general quality. The Act also foresaw the continuation of an important share of private institutions in education. In order to provide for the planning and implementation of the reform, Institutes of Education (Institutos de Ciencias de la Educación – ICE) were created which provided up to date in-service training for teachers.

The basic structure of the education system established by the LGE was as follows: the Basic General Education (EGB – Educación General Básica) comprised education from age 6 to 14. Upper secondary education (post compulsory) was organized into two modes (academic and vocational), which could be taken by students from 14 up to 18. The academic branch included the Bachillerato Unificado y Polyvalente (BUP) lasting three years, and the University Orientation Course - Curso de Orientación Universitaria (COU), the vocational branch comprised Vocational Training of two types, Specific and General. General Vocational Training lasted for two years and Specific Vocational Training for three. This education structure was an important step in the general improvement of Spanish education. However, it left several unsolved issues such as the specification of teachers’ professional career, the role of families in the school’s decisions, and over all it produced a ‘limbo’ for those students who decided to leave the school at 14, because they were not allow to formally enter the labour market until 16.

The structure of the Spanish education system as installed by the LGE stayed in place until the LOGSE was approved in 1990. The most important change introduced by the new law consisted in the extension of compulsory education from 14 to 16. Compulsory education thus comprised a total of 10 years form 6 to 16 years. Apart from having important implications again in terms of teachers being confronted with a very diverse group of pupils, the Act also undertook a restructuration of the educational levels. The former Basic (6-14)
General Education comprised was replaced and restructured by ‘nursery and infant education’ (*Educación Infantil* age 0-6), ‘compulsory primary education’ (*Educación Primaria* age 6-12) and ‘compulsory secondary education’ (*Educación Secundaria Obligatoria-ESO* age 12-16). Post-compulsory secondary education (upper-secondary school/high-school) comprised the traditional Baccalaureate (*Bachillerato*) or vocational training (*Formación Profesional Grado Medio*) for age group 16-18, after which students either opted for work, higher education in the Universities or superior vocational training.

The only change in terms of the schooling structure since the LOGSE was introduced by the LOCE (Organic Act on the Quality of Education) in 2002. Under this Act, nursery education (age 0-3) was ‘privatised’ by being removed from the official educational system and qualified as kindergarten. Being not considered anymore as forming part of the education system, the State reduces its responsibilities on this level and withdraws from its provision and regulation. Primary and Secondary Education remained structurally the same, but there were important changes in school administration and the content of the curriculum. This act also opens a door to establish ‘itineraries’ at Secondary compulsory level, where students are classified according to their ‘capacities’ and attitudes to learn. A further important change was the introduction of a new final exam, the *General Baccalaureate (Prueba General de Bachillerato – PGB)* to replace the University Access Exam.

**Public/Private Network of Schools**

Different laws regulate and establish a mixed network of public and private schools in Spain. Private schools have to be understood as a strong historical fact of the Spanish education system. There are essentially three types of schools: public, exclusively private and ‘Direct Grant’ private schools funded by public money, so called *escuelas concertadas*. Throughout the LGE (General Education Act), the LODE (Organic Act on the Right to Education) and LOGSE (Organic Act on the General Organisation of the Education System), the parallel existence of public and private schools is inscribed in the educational Acts.

**Structure of Non-University Teaching Profession**

Corresponding to the changes in the overall structure of the Spanish education system a restructuring of the teaching profession took place. There are basically three different types of teachers depending on the educational level they teach: *Maestros* - for Infant and Primary Education; *Professor* - for secondary education and vocational education; *Vocational Training Technical* – for vocational education. Although these three types of teachers essentially remained the same throughout all educational reforms undertaken since the LGE in 1970, their characterization in terms of initial training and age groups they attend has undergone substantial change.

According to the structure installed by the LGE (General Education Act), *Maestros* were teaching the whole of compulsory education from age 6 to 14, that is, the whole of Basic General Education. *Secondary teachers* were responsible for teaching the post-compulsory level of *BUP* and *COU* comprising pupils age 14 to 18 and *Technical* teachers attended to vocational training. The changes introduced with the LOGSE implied a major change for this. *Maestros* were assigned to attend infant and primary education ranging from age 0-12, and, with a university degree –see below-, to compulsory Secondary education. Secondary teachers now have to attend both, the compulsory part of secondary education (*ESO*) ranging 12 to 16 years of age and the post-compulsory part of secondary education comprised of Baccalaureate and Vocational Training from 16 to 18. *Vocational Training Technical* teachers were responsible for teaching vocational education at the post-compulsory level. This act emphasised individual effort and responsibility of students, intensified assessment procedures, teacher training and professional promotion and is clearly neoliberal in its orientations.
teachers carry out specific vocational training for students aged 16 to 20. There have been no substantial changes to the structure of the teaching profession since the LOGSE.

**Initial Teacher Education**

The restructuring teaching is not just a matter of redistribution. Linked to it are the different initial training requirements for *Maestros* and *Profesores*.

The first important change introduced by the LGE (1970) for initial teacher training consisted in the integration of infant education and primary education teacher training into the University. From 1839 up to 1970 initial teacher education had been carried out in non-university training colleges (*Escuela Normal de Maestros*). The LGE then stipulated that *Maestros* should at least have a qualified certificate called *Diplomado* corresponding to the level of degree of Technical Engineer or Technical Architect, which is awarded after three years of higher education carried out in the newly established *escuelas universitarias*. Initial teacher training for Secondary Education was provided at universities even before the LGE. In general, teachers at this level took degree university studies at the different faculties or schools, specialising in one or various areas of knowledge. Academic teaching in secondary education, *BUP* and *COU*, required a degree as a *Licenciado* Engineer, Architect or equivalent, obtained after dual cycle university studies. For vocational training a degree of *Diplomado* equivalent to Technical Engineer or Technical Architect was sufficient.

Generally, initial teacher training has changed very little over the last 30 years in Spain. One of its weakest points criticized by several authors (Esteve, 2000; Marcelo, 1995; Pérez Gómez, 2004) is a lack of pedagogical training to prepare teachers for dealing with the diversity and complexity to be found in real classrooms. Rather than being an integral and strong part of the entire initial training, since the LGE up to the present day teachers are required to do special pedagogical training towards the end of their university career. Completion of these courses entitled students to a Pedagogical Aptitude Certificate (*CAP – Curso de Aptitud Pedagógico*) based on a one-year course (part time) of around 100 hours, including a period of teaching practice of 50 hours. Students studying Pedagogy as a specialty in the university and those who had a year’s teaching experience in a public or private school on the educational level and aspired to teach were exempt from this requirement.

The education of teachers was essentially adopted without major changes in the LOGSE. For infant and primary education a *Maestro* qualification is necessary to the exclusion to all other qualifications. Secondary teachers, depending on their initial training, had to have either a *Licenciado*, Engineering or Architect degree in order to teach in Obligatory Secondary Education (*ESO*), Baccalaureate, or Specific Vocational Training; those who have a *Diplomado* Technical Architect or Technical Engineer degree, might only teach in the Specific Vocational Training. Whereas previous to the LOGSE for secondary teachers a university degree was enough, now in addition teachers were required to carry out a specialized pedagogical training (*Certificado de Aptitud Pedagógica – CAP*).

The only change introduce to initial teacher training by the LOCE (Organic Act on the Quality of Education from 2002) consists in the replacement of the *CAP* by the Certificate of Pedagogical Specialization (*TED - Título de Especialización Didáctica*). The LOE (the Organic Act on Education currently discussed in parliament to nullify parts of the LOCE) plans to convert the TED into a postgraduate course.

The adaptation of the European Space of Higher Education implies a reorganization of qualifications. Currently, the Faculties of Education and ‘Magisterio’ Schools have proposed a separate degree for infant education and one for primary education, each requiring four years of university studies (and not three as until now).
In-service Training

In-service training will receive special attention under point 1.7 of this report. Suffice it to mention here the LODE which specifically address continuing teacher training as an obligation each teacher has in order to improve the quality of education. The educative administration and the universities will provide the resources for this free teacher training.

There are several institutions of in-service teacher training. Historically, the Movements for Pedagogical Renewal (Movimientos de Renovación Pedagógica – MRP) and the Magisterio’s Summer Schools exercised a strong influence in the 1970ies and are the cradle of many innovative educational ideas and practices. In the same period and in order to propel the implementation of the LGE the Educational Science Institutes (ICE) were created by the Ministry of Education. They are managed by an associated university and are still functioning as the main institution of in-service training. The different ICE’s have been criticized for displaying huge differences in quality and their lack of continuity of staff which makes it difficult to develop a sustained process of educational change with schools (Yanes, 1998). Finally, predating the LOGSE the so-called Teachers Centres (Centros de Educación del Profesorado – CEP) were created in 1984. Although they played an important role during the period of educational experimentation in the 80ies in that they favoured a decentralized model of teacher training and allowed for a high degree of autonomy for teachers, they have increasingly lost their influence. A central feature of in-service training is its direct connection to professional careers, as merits through competitive examinations or as a necessary prerequisite in some Autonomous Regions for bonuses, transfers and management posts.

Teacher Autonomy and Curriculum frame

In each one of the educational laws teachers had to struggle to position themselves in relation to the curriculum decisions. The three laws have defined – particularly the LOGSE – a series of curriculum specifications and subject contents that teachers could adapt to their contextual milieus. Most teachers used text books to ‘close’ the curriculum at the classroom level. In a rapid diagnosis we could say that Educational Authorities have always specified curriculum contents, but teachers have been able to adapt these to their school situations. Teachers today have more autonomy to accommodate official curriculum specifications than they used to.

Working Conditions

The Act ‘Measures for the Reform of the Public Function’ (1984) established teachers in the public sector as civil servants (funcionarios) with a life-time position. The State is thus in charge of determining professional competences and politics. However, private school teachers have been subject to their own labour regulations, even though the Government, after consulting with teachers’ unions and acting on a recommendation made by the Ministry of Education and the Ministry of Labour, lay down by-laws for private sector teaching and auxiliary staff and established teachers’ minimum emoluments. Currently, general labour laws govern private school teachers’ conditions of employment. The LODE (Organic Act on the Right to Education) regulates dismissal through centros concertadas, which must be announced by the School Council of the school in question and subsequent to a resolution passed by absolute majority.

Access and Recruitment

Access to initial teacher education follows the same regulations as other university degrees. After successful completion of the Maestro or Licenciado, teachers are required to complete a civil service examination (concurso-oposición) held by the regional educational authorities. This test is broken down in two steps: a) a test of academic knowledge, teaching techniques and pedagogical skills, and b), a competitive process in which previous teaching experiences...
and academic training are taken into account. Teachers that have successfully completed the examination can enter a public official teaching position. If sufficient teaching positions are not available, teachers will enter a waiting list.

Access to official teaching positions can also be obtained through an interim contract. Selection criteria for part-time teachers are specified by each Autonomous Region. The aim is to fill vacant positions or to substitute public official teachers. Those part-time teachers are usually filled by candidates who took the competitive exam but have not obtained an official position and who are on the waiting list of teachers. However, every person who has required qualification can apply as a substitute teacher. To do so s/he must have the CAP but not necessarily the concurso-oposición.

Salaries
There have not been any substantial changes over the past two decades. The emoluments of public official teachers are set according to a structure which is basically the same for the remainder of public officials. There are nonetheless some differences in the bonuses they receive, given the specific nature of their work positions. The basic emoluments are common to all public officials and may vary depending on the group they belong to based on the required qualification, category and seniority. In general, teachers in the public sector belong to one of two groups: Group A: those required to have a second cycle university degree to qualify (Profesor de Secundaria) and Group B: those required to have a first cycle university certificate to qualify (Maestros). Their basic salary is determined by the State. However, the specific complement depends on each Autonomous Community and usually comprises a common amount for each group linked to an individual governance office in the school as well as other unique positions; and an amount allocated after six years of teaching practice, which is linked to in-service training.

Advancement / Promotion
According to the LOPEG (Organic Act on Participation, Evaluation and Administration of Educational Establishments 1995) teachers can aspire to four different types of promotion. (1) Head-teacher, Head of Studies or Senior Administrator; (2) Inspectorate; (3) Associate University Lecturer; (4) Ministerial Appointments or similar in the Autonomous Communities’ teacher training centres or special programs. Promotion and salary increments are in addition linked to teacher training consisting in 60 to 100 hours of on-going training for each period of sex years (see above).

Organization of Educational Establishments
The three main laws that have changed the organization and management of educational establishments and re-regulated the participation of the educational community is the 1985 Organic Act on the Right to Education (LODE), the 1995 (LOPEG see above), and the 2002 Organic Act on the Quality of Education (LOCE).

One of the most important aspects of the LODE (1985) is the participatory framework it established for the educational community in the control and management of schools. Indeed, the major points and the overall structure of the governing bodies in schools have not been affected or changed by the subsequent Act, the LOPEG, in 1995. However, the latter puts more emphasis on the autonomy of educational establishments in pedagogic and administrative matters. An important aspect of the Act was the right of teachers to academic freedom and their right to participate in labour unions.

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69 An important innovation of the LOGSE (1990) consisted in organizing the nation wide mobility of teachers. A periodic national call allows teachers to apply for a teaching-position in each of the Autonomous Regions independent of his/her origin.
The LODE and later on the LOPEG essentially grant schools autonomy in pedagogical and administrative (excluding salary) matters. The most important governing body is now the School Council which placed many functions formerly concentrated in the headmaster into the hands of the educational community. The School Council comprises the head-teacher, the head of studies and a specific number of teachers, parents, and students, a city council representative. Among its functions figures the appointment of the headmaster (formerly appointed by the administration), the planning and approval of the educational project (elaborated by the teachers body), the evaluation of the school, the approval of the financial budget plan, the renovation of infrastructure, student admission policies or sanctions against extremely disruptive students.

The teachers body according to the LODE has the following responsibilities: to elaborate the educational project of the school (to be approved by the school council); to elect its representatives in the School Council; to establish and coordinate the criteria for evaluating pupils; to coordinate the tutoring and orientation of pupils, to promote pedagogical innovation and educational research in the school. In the LOPEG, in addition, the teachers’ body has to obligation to collaborate in the evaluation of the school and its teachers (see below). When considering the slight changes introduced by the LOCE (2002) for the teachers’ body, it becomes apparent that the role of teachers is predominantly characterized by responsibilities and duties but few rights.

The major change introduced by the LOCE (2002) relates to the role of the headmaster. Whereas in previous laws the role of the headmaster was very limited and power was concentrated in the School Council, now the ‘authoritative headmaster’ experiences a certain revival. The headmaster together with the head of studies forms the only executive organ in schools. The educational authorities are the ones who name the headmaster of the school who does not necessarily have to come from the same school. Whereas formerly the headmaster was elected by the School Council, now it is imposed through the educational authorities. In addition, one of the primary responsibilities of the headmaster is now to guarantee the fulfilment of the law in his/her school and to impose disciplinary measures to disruptive students. Whereas in the LOPEG the School Council had the power to decide on disciplinary measures, now it solely exerts an external function, supervising the correct application of the school regulations by the headmaster. Many functions of headmaster will be changed again to their anterior status in the actual draft of the LOE.

**Evaluation**

The LOPEG (1995) also established guidelines for evaluating the educational system globally (but also on the local level of schools and the teachers inside schools) through the National Institute for Quality and Education (INCE – Instituto Nacional de Calidad y Evaluación), led by the Ministry of Education. The evaluation is carried out by the newly founded Inspectorate which is drawn from former teachers. Access to the inspectorate is restricted to teachers with a minimum of ten years of experience and a Doctoral Degree (Licenciado) or an Engineer or Architect degree. The educational administration selects the inspectorate through a competitive examination procedure.

The LOPEG established the responsibility of the Administrative Authorities to draw up plans to assess public sector teaching. According to this Act, the school director (e.g. Head teacher) and head of studies must co-operate with the Inspectorate in the assessment of the teaching staff, sometimes with collaboration from the wider school community. Teachers’ participation in the assessment process is guaranteed. The assessment plan must include the necessary aims and criteria as well as the influence of the results on public sector teachers’
professional perspectives. In this way, assessment results were linked to the teachers’ professional career.70

With the LOCE (2002) the evaluation of the school, teachers and students achieves high priority. The Act explicitly states that the educational system has to be oriented towards results and a culture of individual effort and responsibility. On the national level, the evaluation is again supervised by the INCE, which has now been renamed National Institute for Evaluation and Quality of the Education System (Instituto Nacional de Evaluación y Calidad del Sistema Educativo) and answers directly to the Ministry of Education.

The most important ‘innovation’ in the 2002 Act is the establishment of a national system of education indicators – developed by the Ministry of Education - which will orient the evaluation and results achieved by the education system in general down to the individual student. The headmaster, together with the Inspectorate, will furthermore design the evaluation procedure of the schools oriented towards efficiency and quality of education.

Likewise, the LOCE promotes teacher evaluation on a voluntary basis, the outcome of which will be taken into account with respect to mobility and promotion within the teaching career. As regards nation-wide competitions for transfers and cross-corps mobility, voluntary evaluation certificates will have validity for the entire State. In being a State imposed national standard of evaluation teachers have little opportunity to influence or partake in the evaluation process.

In-service Teacher Training
In the following section a brief overview of the evolution of in-service training will be given. The general trend of in-service training is a movement from autonomy and self-determination towards technocratic control and credentialism.

Organization and evolution of teacher training
Since the LOGSE there exist basically two lines of teacher in-service training. The first consists in courses offered by the CEP’s and the ICE’s which were quasi obligatory. On the one hand because this type of teacher training was linked to professional career and the collection of a certain bonus, called ‘sexenios’, and on the other hand, because those courses provided the necessary training to get acquainted with the base curriculum and the technical requirements of the educational reform (LOGSE).

Despite making teacher training compulsory, the LOGSE did not specify a concrete program of how to implement teacher training in practice (Yanes, 1998). For example, there is no specific, ‘official’ time allocated for teacher training. Teachers usually have to take time out of their non-lecture hours in schools which equally have to serve class preparation or other administrative tasks. The idea is to reward teacher training in an indirect way through a system of credentials valid for bonus and promotion (Segovia, 1997, p. 224).

The courses offered by CEP’s and ICE’s are mainly dissociated from the working schedule of teachers in schools. In addition they are mainly categorized according to duration, where a longer course implies more hours accumulated. This aspect is a fundamental factor when taking courses: more hours attended implies more points accumulated and thus an increase in salary or advantages when asking for school transfers.

The second in-service training line developed by the Ministry of Education, is training carried out in Schools (Formación en los Centros). The objectives of this modality are to improve education by connecting to the collaborative work already going on among teachers of a specific school. Teachers of a school usually make a proposal of training to the

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70 Education Administration attempts toward teacher assessment are linked to the granting of study leave and access to the managerial function. Both are a test on behalf of the Administration to find the best assessment model as well as to establish among the teaching staff a culture of assessment.
ICE which then sends an educational expert to the school. Teachers have thus the power to decide and control to a certain extend the content and issues of their in-service training and to explore alternative models (Escudero, 1988).

Teacher training in schools was initially understood as the concretion of a collaborative culture between teachers, with the purpose of developing a more coordinated, participative and democratic education. Its initial proposal was geared towards a political commitment, anchored in the discourse of an autonomous teacher who was the mainstay of the Reform. Nevertheless, often the job conditions and the schools structure itself were not very favourable for this kind of teacher training and despite the fact that in-school training activities are a good opportunity to root teacher improvement in school problems and realities, the CEP’s initial proposal of an authentic reflection became buried under the provision of short term ‘products’ - as for example the elaboration of the school’s curricular project as required by the LOGSE. If one considers in addition that teachers need training certifications for job improvement, it is not difficult to deduce that those activities often remain quite alien to any reflection in the practice of the profession. This is understood by Murillo (2000) as a lack of a real interest in a deep development of the Training in Schools’ idea and more of a matter of maintaining specific formal procedures that allow the slogans of collaborative culture, critical reflection and so forth to be maintained (Murillo, 2000; Plataforma Asturiana de Educación Crítica, 1998). The main points of criticism of the training model are that it:

- is an avant-garde technology directed to the production of school educational projects that in theory will define school identity
- does not facilitate a real reflection about practices that goes deep in the educative needs in society
- continually alludes to documents and rarely to the processes that these documents must reflect
- is aimed to the training of organizational skills useful to managers but not teachers

**Recent changes and current situation**

Although the current Spanish system has antecedents that reach as far back as the LGE in the 1970’s (founding of the ICE’s for example), the legal framework of in-service training valid today largely stems from the educational reform LOGSE.

The PP Government in charge from 1996 onwards meant the progressive dismantling of the training network created by the socialist party emphasising now individual financial help for courses, permissions for studies, and agreements of collaboration with universities. Its policy gives great importance to personal development based on technical training for increasing school effectiveness rather than teacher culture. Imbernón (2003) for example, sees the sharp increase in courses for ICT skills as a sign of how the conservative Government simplified education innovation for information society to mere technical skills.

The LOCE as approved by the PP in 2002 keeps teacher training in equally vague terms. The general framework is established without entering into the details of the respective functions of the ICE’s and CEP’s or agreements between the Ministry of Education and the universities, institutions which are traditionally in charge of teacher training through the associated ICE’s.

With the rise of the socialist party in the year 2004, the implementation of this law was stopped and a draft bill -LOE- was presented for the discussion. A principal point criticized by the workers union (CCOO) is precisely the LOE’s silence with respect to the
teacher training. The reform focuses on the organization of teacher training and academic qualifications without introducing major changes to the actual situation. 71

In general after PSOE and PP, teachers have become quite disillusioned about in-service training and participation in its design is quite low. Teachers’ representative bodies in general are almost ineffective and in some cases completely absent because of the permanent dynamic of resignations and abandonment caused by the limited capacity or real decision making in training related issues which are to a great degree determined by the Provincial Annual Plans.

**Concluding Remarks**

The two major structural changes that affected teachers from the 1960ies up to the present were the introduction of compulsory education with the LGE in the 1970ies and the implementation of the LOGSE, which not only re-organized the teaching profession itself but also extended compulsory education from 14 to 16 years of age. Both times, this implied the necessity of teachers to attend and work with an increasingly diverse student population. The lack of pedagogical resources and the burnout implied when confronted with these very diverse student populations is a recurrent theme. Initial teacher training essentially fails to account for those changes of society and education, still being dominated by academic content. These aspects establish the main coordinates of the evolution of the teaching profession in Spain.

Teachers always have been more or less strongly and more or less explicitly subject to State regulations. The only period where a strong bottom-up movement was flourishing and certain self-determination of the profession happening, was in the period previous to the LOGSE during the 1980ies. 72 Teachers reached a high level of implication and active participation during this period in three areas:

- the design of an open and plural curriculum and educational materials
- teacher training through the 1984 Teachers Centre (*Centros de Educación del Profesorado* CEP) that guaranteed a progressive agenda closely associated to the daily pedagogical practice in schools
- research - particularly action research- which helped to undermine the technocratic character of the LGE and understand educational research as one further aspect of the professional role of teachers

From this experimentation a model of teaching emerged as autonomous, as adapting to specific contexts, as not merely reduced to facilitation, as involving being a researcher and theorist, as reflexive, critical, creative and political (Martínez Bonafé, 1998). However, it has been suggested that as soon as this experimentation became institutionalised through the approval of the LOGSE, it was converted into a hollow shell, disguising in reality a process of increasing proletarianisation (Contreras, 1997; Martínez Bonafé, 1998; Murillo, 2000). The disqualification of the teaching profession inherent in the LOGSE – in contrast to the official intentions – involved the reaffirmation of the split between curriculum design and its execution, teachers’ dependency on other people’s knowledge, task fragmentation, hyper-specialization, routine, hierarchy, and loss of control. Especially the dominance of the central Government in terms of curriculum design re-enforced the teacher’s role as a technician who implements prescriptions elaborated by others. The setting up of a Base Curriculum in the LOGSE also implied a strong homogenization of teacher training, directed towards successful

72 See also WP1 report point 1.3 and 3.4.2.
implementation of the curriculum content. The State claimed the right to select, organize, produce, accumulate and control concrete types of knowledge to the cost of teacher thinking in the curriculum about its content and its structure.

An ‘ideology of professionalism’\textsuperscript{73} was thus constructed, anchored in the Universities that defined a set of professional competencies and an Administration that set the technical conditions of teacher training based on these competencies. In so far as in-service training involved new skills, decision making, new competencies, to construct practical knowledge, this was always streamlined to official policy and adhered to State imposed standards. For Martínez Bonafé (1998), this ideology of professionalism, linked to the image of a liberal and autonomous subject, capable to be creative at work, responsible and in relation with the interests of the community, masks the increasing loss of real power and control by teachers over their profession.

**Restructuring the nursing profession**

This section reviews the restructuring of the Spanish health care system with special focus on the nursing profession. While initially planned as a survey of reports on the field, the absolute scarcity of them has pushed us to study the legal framework instead. It is still an unavoidable frame for the understanding of the National Health System. Special attention is given to recent developments as related to the nurse profession.

It is nonetheless necessary to start by elaborating the lack of research on the field. The Spanish health care system is well-known for its remarkable lack of reflexivity. As those engaged in its study claim (see for instance de Miguel, 1979; Irigoyen, 1996; EOHCS, 2000; Freire, 2003), little research is done within the system and little data is available for external researchers. It was not until 2003, with the Act of Cohesion and Quality of the National Health System (\textit{Ley 16/2003 de Cohesión y Calidad del Sistema Nacional de Salud}) that the concern with research received dedicated attention from the government. The Act establishes a number of institutions in charge of developing a comprehensive network of research in the field. Three agencies were created: the Institute of Health Information (\textit{Instituto de Información Sanitaria}), the Agency of National Health System Quality (\textit{Agencia de Calidad del Sistema Nacional de Salud}) and the Observatory of the National Health System (\textit{Observatorio del Sistema Nacional de Salud}). A fourth institution was redefined to emphasize research: the Charles III Institute of Health (\textit{Instituto de Salud Carlos III})\textsuperscript{74}.

The dominance of bio-medical research is very evident. We can see this for example with respect to the Charles III Institute. Browsing its fifty latest publications, we could not find a single one related to any sociological, social-psychological or organizational aspect of health. The Institute of Health Information has done a good job providing unified access to statistical data (even though the most recent data is already four years old). The Agency of Quality has not yet produced anything and the Observatory only one publication (‘Report on the State of Mental Health’).

Surveying the field is therefore still quite frustrating. We cannot leave aside the European Observatory on Public Health Systems words in their 2000 report, which goes as far as to signal information development as the most urgent present challenge for the Spanish

\textsuperscript{73} Martínez Bonafé 1998, Murillo 2000.

\textsuperscript{74} Encouraging as this may seem, the research scenario is still severely underdeveloped. This should be related to two aspects. The first is the novelty of these changes. Really, two years have not yet been sufficient to value the new design. But we should also consider a second and very important issue; the nature of research itself. For the goals of this project, practically no research carried on by any of these institutions is relevant. And that is related to the fact that within the health care field, research focuses pretty much on medical aspects, not on sociological or even managerial ones.
system. As they say: ‘...probably the most important deficiency in the Spanish health care sector at the turn of the century is the weaknesses of information gathering... Critical information, such as staff and utilization levels in primary care, size of patients lists, patterns of utilization by age and social class, coverage of the new primary care network, waiting times and cost profiles of each hospital is not available on a nation-wide basis and up to December 1999 the same was true for total public expenditure’ (EOHCS, 2000, pp. 126-127).

Background
Only by taking into consideration the long period of Franco’s dictatorship (1939-1975) can we begin to understand the more recent developments of the Spanish Health Care System. During the Franco period, the dominant Keynesian model of the welfare State did not develop in Spain. During the 1940ies and 1950ies health care remained largely marginal in terms of population coverage and extent of benefits. In 1942 the public insurance system covered only 20% of the population, in 1950 30% and in 1960 45% (EOHCS, 2000, p.10). It was not until 1967, after a decade of steady economic development, that the Basic Social Security Act was sanctioned. It allowed expansion of coverage to self-employed professionals and qualified civil servants and it helped create something of a network of modern public owned hospitals. As a result, the percentage of population covered rose from 53% in 1966 to 81% in 1978.

The legacy of the Franco period can be summarized in three main points: coverage was not universal, coordination between the different networks was poor, and primary health care was clearly underdeveloped. According to the European Observatory on Health Care Systems, the ‘predominance of public provision within a social security system... can be considered the main distinctive feature of the Spanish health care sector as it emerged from the Franco period. Consistent with this, the vast majority of primary health care provision is public, with general practitioners having the status of civil servants’ (ibid., p.10).

As it has been already argued, one of the most salient features of the Spanish Welfare State is its decentralization. And the Health Care System is no exception. The process on consolidation of a comprehensive system has been parallel to its decentralization, and sometimes even preceded by it.

We will distinguish three periods of reform, roughly coinciding with three decades: 80ies, 90ies and 2000ies. During the eighties the main concern was building a national health system, something that Franco’s dictatorship had not achieved. Therefore, just when the model was starting to be attacked (at least in northern Europe), it was being built in Spain. During the nineties, the situation changes radically. The system is rendered as unsustainable and liberal reforms are implemented. In some way, there is synchronization with general trends in the field: costs-control, private management, and flexibility. Finally, the 2000ies meant the entry of two new principles of organization: quality and participation. This has meant that the patient is expressed as ‘the centre of the system’ (MSC, 2003, p. viii) and quality is expressed as the new axis of the system’s spirit.

‘Universality, equity and solidarity’: the principles of 80ies reform
It was not until 1982 that a comprehensive reform of the health care system could start. The Socialist Party’s wide majority was for the first time able to overcome the lack of support the reform had had before. The major challenge was the transition from a Social Security model (dated from 1963) to a National Health Service one, based on universal access, tax-based financing and predominant public provision. This was attained with the General Health Care Act of 1986 (14/1986 Act), which consolidated and integrated most of the partial reforms

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35 Decentralization in the Spanish context specifically means the redistribution of competences from the Central Government to Regional Governments (Comunidades Autónomas). Rico (1997) considers decentralization a very important characteristic of the Spanish System.
made since 1977, including the decentralization process. However, we should recall that the
transference of competences from the Central Government to the Regional Governments had
already begun in 1981 with Catalonia. The other key concern which we should discuss is the
reform of the still underdeveloped primary health care system, in the 1980ies.

The Royal Decree of 137/1984 about Basic Health Care Structures (Real
Decreto 137/1984, de 11 de enero, sobre estructuras básicas de salud) signals a turning point.
It tackles for the first time the necessity to radically rethink the primary health care network,
that was at once dispersed and overlapping. Two key actions were taken. First, the Health
Centre (Centro de Salud) was defined as the main primary care structure. Second, the Primary
Care Team (Equipo de atención primaria) was established as the basic professional unit.
These two aspects have a number of extremely important consequences. The idea of Health
Centres responds in fact to a growing concern with health promotion and illness prevention,
pretty much in tune with the international trend fostered by the WHO. This was a radical idea
within a system based on structures of assistance, mainly big hospitals. And it was so because
it meant a complete change of the system’s rationality, backed up by a medical profession
trained in a curative paradigm (Irigoyen, 1996). The idea of putting the emphasis of
prevention rather than cure meant therefore an attack to the hierarchy of the system, as
inherited from Franco’s period. The absolute control and power of doctors was being
questioned somehow, by turning the system into a dispositif of health promotion.

This leads us to the second key change: the Primary Care Team. The promotion
of primary health care around Health Centres necessarily meant subsequent changes within
work organization. The notion of team is extremely relevant, as it articulates the need for new
forms of organization that are adequate to the new goals. The primary care team is a multi-
disciplinary unit made up of doctors, nurses, auxiliary technicians, pharmacists, veterinarians,
social workers, administrative personnel, and is also open to further collaboration. Even if it is
conceived as a hierarchical unit under the direction of a medical coordinator, it nonetheless
implies the idea of ‘collaboration’ and therefore the redistribution of power. This was a clear
attempt to limit doctors’ power and to promote other professional roles such as (especially)
nurses (Irigoyen, 1996). To what extent this actually happened at the everyday practice level
is at least uncertain. But as the research in the field reviewed for WP1 seems to point out, the
radical component of the reform was ‘filtered’ by doctors’ resistance and change seems to
have been rather limited. Never the less, it should still be noted that the functions established
for the primary care team in the Royal Decree 137/1984 represent a rupture with the
predominant trend until then. We read, among them to:

- give sanitary assistance
- promote health, prevent illness and help reintegration into society
- contribute to sanitary education
- make a health diagnosis of the local population
- evaluate activities done and results obtained
- contribute to professional training (pre- and post-graduate)
- participate in mental, occupational, and environmental health programs

It is clear that the goals and scope of the team’s tasks are wider, more open and more
interdisciplinary than before. However, the Decree also established the working hours of
professionals (40 hours per week), ending the incredible 2-days-per-week regime.

As already stated, the cornerstone of 80ies reform was the 1986 General Health
Care Act (Ley 14/1986, de 25 de abril, General de Sanidad). It defined the main
characteristics of the National Health System and continued to be the main framework for the system until the 2000ies. First of all, the Act defines the Spanish system as ‘the ensemble of regional health care services conveniently coordinated’. This is extremely important as it recognizes and regulates decentralization as one of the main characteristics of the system without renouncing a general and common framework for all Autonomous Communities.

The main objective of the system is defined as ‘health promotion and illness prevention’. Towards this goal, two levels of attention are defined: primary health care and specialized attention. The primary care network should always be the first and main level of attention, and it is located in Health centres. Specialized attention is located at hospitals and deals with more complex treatments. Both are supposed to be engaged with all kinds of health promotion activities, according to the ‘social’ view of health care (embedded with the community) that defines the document. Both levels are part of professional training circuits.

This reform implies a process of power redistribution at two levels: within the organization, the work team takes power from doctors and nurses to other positions. Secondly, the transition from an assistance-oriented model to a primary care one implies once again a temporizing of the biomedical discourse. Health promotion replaces cure as the dominant rationality. The main objective is not individual illness treatment but collective health improvement and importance is placed on the new Primary Health Care System in relation to the hospital network. The change from a curative system to a preventive one also means however that health is no longer only the doctor’s business but concerns instead a wide and heterogeneous array of professionals.\(^{76}\)

Lastly, it is interesting to note that even if research has its own chapters within the Act and is defined as an essential activity of the system, it is conceived in terms of health sciences, especially biomedical. The lack of sociological research is then a regulated one. It is important to highlight how this limited understanding of research in the health care sector has marked its development.

The end of the decade sees the implementation of the tax-based financing system (replacing the old contribution-based one) that allowed in 1989 to extend coverage for the first time to everyone regardless of their economic situation (Royal Decree 1088/1989).

‘Modernization and rationalization’: new management and 90ies reform

80ies reforms in Spain were quite in tune with WHO reports and suggestions, which highlighted the need of a strong primary heath care, community-based, network and more horizontal forms of organization in work-teams (Irigoyen, 1996). But after the steady growth of the system during that decade, the trend toward costs-control policies was strong and early official discourses of the 1990ies provided the backup for it.

In 1990 the Government asked for a report of the Health System situation. Known as Informe Abril (April’s Report) and signed by the Commission of Analysis and Evaluation of the National Health Care System (CAESNS, 1991), the report pleads for ‘synchronization’ with the general trend towards ‘new management formulas’. The necessary reform of the system would rely on ‘excellence’, ‘costs-control’, ‘management strategies’ and ‘adjustment to users’ expectations (Irigoyen, 1996). The planned reform also opens the way for ‘collaboration’ with the private sector (out-sourcing) and introduces the idea of competition between service suppliers to raise quality, scope, and price of provisions. Its main features are therefore: flexibility, decentralization and internal competition. This pretty much fits the situation of other European countries, where the trend towards the split between the purchasing and provision of services is already popular. The Report’s proposal was

\(^{76}\) The Act does not, however, clarify the status of all workers within the system. That is left for ulterior development (it will arrive in 2003). Therefore, health professionals continued to have a status similar to that of civil servants, but without the specificities that the Act contemplated.
nonetheless quite radical: among other things it suggested to make public health centres enter the Private Right Regime, like any other business, through the concept of ‘foundation’.

Opposition to the report was strong enough to pretty much paralyze any comprehensive changes. Nonetheless, the decentralization of the system allowed some room for it. The 1990 Calatan Health Care Act, for example, ‘opened the way for the introduction of new flexible forms of organization and management of health centres, explicitly including for the first time the possibility of contracting out the management of publicly-owned health centres to the private sector or to public providers opting out of the public system’ (EOHCS, 2000, p. 114). This was just months after Thatcher’s National Health Service and Community Care Act 1990, which the document was also partly based upon.

With the right wing Popular Party (PP) winning the general election in 1996, the spirit of the Informe Abril was promptly reinstated. The 10/1996 Royal Decree established new forms of management for the INSALUD (the organism in charge of health care management in those communities without competences) and the 15/1997 Act, which established new forms of management for the national health system (Ley 15/1997, de 25 de abril, sobre habilitación de nuevas formas de gestión del sistema nacional de salud), opened up the way for the same kind of changes in the whole of the system. Their logic is roughly the following: the growing exigency of efficiency and ‘social profitability’ makes it indispensable to put out ‘more flexible organizational formulas’. That is, a separation of competences of financing and buying on one hand and management and provision on the other, and the direct participation of the private sector in the system’s management. The 15/1997 Act even talks about a certain ‘spirit’ of reform, namely ‘flexibility and autonomy in health care management’. Accordingly, in the late nineties there was the first and much celebrated (see MSC, 2004, p. vii) experience of giving the management of a hospital to a private assurance company. It happened in the Comunitat Valenciana (Hospital de Alcira). Conceived as the ‘only possible’ response to the changing times, the new model of management developed during the late nineties has to be understood in relation to ‘management explosion’ in the public health sector and the hegemony of health economics and management sciences.

A discourse of equity, quality and participation
Recent times have been quite active in legal developments. We have seen legislation on patient rights, personnel management and system quality passed. The 16/2003 Act of Cohesion and Quality of the National Health System (Ley 16/2003, de 28 de mayo, de cohesion y calidad del Sistema Nacional de Salud) is extremely important, since it is one of the more comprehensive reforms of the system since its foundation in 1986. It starts by acknowledging ‘deep changes’ in society (cultural, technological, socioeconomic, ways of life and illness…) and therefore new challenges for the National Health System, such as orientation to results, ‘empowerment’ of users, professional involvement, and integration of sanitary and socio-sanitary attention. Equity, quality and citizenship participation are expressed as the keys for such a change. The first expression is related to a need for mechanisms which assure equal access in a decentralized scenario. The second is defined around innovation, effectiveness, and anticipation. The third is related to promoting users’ self-autonomy, knowledge, and experiences.

The rhetoric of quality is one to be highlighted. It has to be understood in relation to other policies by the Popular Party (especially the already studied Organic Act on the Quality of Education) and of course the ‘total quality management’ ideas that beginning in the late 1990ies dominate the business management strategies (Marazzi, 2002). Quality, in this sense, is linked to ‘lubricating’ the system, to eliminating everything that could hinder its performance. Quality means leaving all ballast behind, assuring a continuous flow of
information and overcoming bureaucratic rigidity. Collaboration with the private sector (as in e.g. out-sourcing) is therefore advisable.

The Act continues to recognize the division between primary health care as the main and first level of attention and specialized care as precisely a specific level. It also emphasizes the social dimension of action (promoting public health, organizing diffusion activities, etc). However, there is no mention to the interdisciplinary character of their functioning. Moreover, there is no mention of the ‘primary health care team’, so important during the 80ies reform. It is important that in the biggest reform since 1986 there is no consideration of one of its more polemical aspects, the redistribution of power among professionals (see Irigoyen, 1996). The problem has been left out of general legislation and transferred to the regulation of health care profession. We could read this movement as a restitution of a clear hierarchy, with doctors on the top.

With respect to health workers, the Act establishes a number of relevant instruments. First of all, it links quality measures with in-service training – it acknowledges the necessity of a permanent revision of knowledge taught and a permanent circulation of information to ensure the correct functioning of the system. To these ends the Commission of Human Resources (Comisión de Recursos Humanos) has been created, with functions of planning, design and modernization of in-service training. It will also develop the guidelines for the system’s evaluation.

**Changes in the nursing profession**

The absolute lack of research on the professional knowledge of nurses makes it necessary once again to study their legal framework. We consider this framework to be a valid indicator of changes in aspects such as professionalisation, professional knowledge and, to a certain degree, professional identity. In any case, the legal texts remain to be the one unavoidable regulation measure with respect to the nursing profession. It is there that we found the rules and regulations of the profession.

Parallel to those changes in curriculum reviewed in WP1 there have been changes in the definition and professional competences of nursing. The General Council of Nursing (Consejo General de Enfermería - CGE) is the organisation dedicated to the definition of the nursing profession; the exclusive representation of the profession; the defence of nurses’ interests; and health promotion. Its trajectory is therefore essential to understanding the definition of nurse and its professionalisation.

The CGE traces its origins back to the 16th century, with specific legislation being passed since the mid 19th century. Nursing was then defined as the ‘art of healing’, a conception that was in force until mid 20th century. A little earlier the first Professional Associations (Colegios Profesionales) were born and first (but unsuccessful) attempts to develop a General Statute for nurses made. It was not until 1978 that such Statutes were passed (Royal Decree 1856/1978) and it is then that nursing, ‘as a profession with a university degree and recognized by the State, assumes its competences in assuring the defence and representation of the profession through a Professional Association – the Organización Colegial de Enfermería (Consejo General de Enfermería, 2005). These statutes were later modified in 1993 (Royal Decree 306/1993) and completely redone (they were pre-Constitutional and anterior to the General Health Care Act) in 2001 (Royal Decree 1231/2001) and 2003 (Act 44/2003)77. It is interesting to contrast two moments of this process. In 1960 (Decree 2319/60) the professional competences of Technical Sanitary Assistants (equalled to nurses) were defined as:

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77 The Council considers the latter developments to be a ‘historical milestone’ since it includes explicitly a new regulation of the basic principles of the practice of the profession. The previous reforms had dealt with the representational and organizational issues, but not with the definition of the profession itself.
• applying medicaments, injections and curative treatments
• assisting doctors in their interventions
• giving assistance, in case of emergency, in the absence of any superior professional
• assisting childbirths when in absence of midwives

In 2001, according to the competence that the Constitution gives the State for regulating those professions with compulsory membership to the Professional Association, the Royal Decree 1231/2001 is passed. The nursing mission is ‘to give health attention to individuals, families and communities during the full life cycle’. Their interventions should be based upon ‘scientific, humanistic and ethical principles’. This was a partial reform, related to the changes in the Professional Association of Nurses. In 2003, the long pending definition of health professions is accomplished (Act 44/2003), together with the new Statute for Health Professionals (Act 55/2003). These two documents represent a comprehensive reform, a complete new framework for professionals (professional competences are though defined in an open fashion, to allow some degree of concretion by ‘pacts between professionals and everyday praxis’). The Council, the Associations and most Unions have celebrated it, having waited for almost 20 years.

The new legislation distinguishes between two professional levels: diplomados (holders of 3 year university degrees: nurses, physiotherapists, occupational therapists, chiropodists, among others) and licenciados (holders of 4 or more years university degrees: doctors, pharmacists, dentists, and veterinarians). In general terms, the latter are responsible for ‘direct personal attention’ and ‘direction and evaluation’ of the global process of health care; diplomados are responsible for giving ‘personal care’ in all stages of the process. Nurses in particular are in charge of the ‘direction, evaluation and provision of care directed towards promotion, maintenance and recovery of health’. The Act nonetheless considers explicitly inter-professional relationships and team-work: ‘integral sanitary care implies multidisciplinary cooperation… The team of professionals is the basic unit of the service structure’. However, hierarchies remain, since the team is itself organized according to hierarchical criteria.

The last milestone in the recent constitution of nursing on a legal level has been the Basic Statute (Estatuto Marco). Passed also in 2003 (55/2003 Act), the Statute regulates the legal status of health workers, pending since the Constitution, which establishes a special kind of civil servant category, called ‘statuesque personnel’ (personal estatutario). Health workers have historically had a specific regulation, related to the special characteristics of their labour and the National Health System, and the Act reaffirms its necessity.

The Act establishes that all health workers who have passed the civil service examination are subject to the Basic Statue and classifies them according to their academic level: personnel with a university degree (licenciados and diplomados, with and without specialization) and personnel coming from vocational training (técnico superior and técnico). Once the selection process is passed, all personnel should be permanent. Temporary jobs (also within the statuesque category) are to be used by the health services in case of ‘need, urgency, or development of extraordinary programs’. Temporary employment is linked to three situations: covering a vacant post; developing a temporal task; or substitution and the total time of temporary employment must not exceed 12 months in any two years.

Stability of employment is in fact the first right of statuesque personnel according to the Act. But promotion is also regulated: health workers can voluntarily improve their category (specialize) every 5 years. There are four levels, each having its own evaluation
process. This is supposed to give an incentive to in-service training, but it is interesting that the change of the retirement age from 70 to 65 years has been greatly opposed… by doctors. In fact, the measure provoked thousands of forced retirements, raising quite a lot of public attention on the issue. In terms of working conditions, the Basic Statute fixes a series of relevant conditions:

- maximum of weekly working hours (regular plus extra) must not exceed 48
- the regular working day must not be longer than 12 hours, with 12 hours of minimum rest time until the next working day
- workers have the right of at least 24 uninterrupted hours of rest a week
- workers have the right of at least 30 days of vacation a year

The process of negotiation of the Statute was long and difficult. First drafts faced great resistance among other Parties (it was a Popular Party initiative) and professionals alike. There were several arenas of discussion. One of them was the competences: all nationalist parties considered that the legislation violated their competences. Another issue was mobility. The plan to introduce the possibility of compulsory mobility was resisted by health workers and finally changed. In its final shape the Act conceives mobility as a right, not a duty, and it is rendered as voluntary. But again, some exceptions are allowed. The Act was finally passed with the abstention of the Socialist Party.

The Council acknowledges the difficulties of the professionalisation process. First of all, there have been problems to organize in a stable fashion and lack of social recognition. But even more importantly, it has been difficult to unite professionals around a common denomination. Midwife, medical assistant, technical sanitary assistant, minor surgeon or nurse have been overlapping categories and have created a ‘tremendous blurriness in the definition of the profession’ (Consejo General de Enfermería, 2005).

The process of professional consolidation has been parallel to that of academic consolidation. The changes in the definition of the profession cannot be understood without considering the academic transition from vocational training to universities, already studied in WP1, and the recent reconfiguration of specialization. We shall just recall what we think is the most relevant debate concerning professionalisation, professional identity, and professional competences. The General Council of Nursing conceives all these recent changes to be ‘the re-foundation of the nursing profession’ (2005, p. 2) and the end of a legislation that had considered nursing to be ‘a profession always at the service of other and never at the service of society’ (2005, p. 3). For them, it was not possible, rigorously speaking, to talk of ‘profession’, since there was ‘no definition, no autonomy and no responsibilities’. The subordinate character of nursing has been finally overcome, since the mission of nursing is ‘to give health care to individuals, families, and communities during all stages of life and development’. This allows us to enunciate a new definition of nurse: ‘a legally entitled professional, responsible for her professional acts, with knowledge and aptitudes over her field and who bases her practice in scientific evidence’ (ibid). Now, always according to the Council, it is possible to talk about nurses’ own functions: assistance, research, teaching, and management. And finally, professional competences: ‘the aptitude of the professional to integrate and apply knowledge, skills and attitudes associated to her profession’s good practices in order to resolve problems in everyday practice’ (ibid., p. 7).

The Act also establishes exceptions, since ‘special services’ might require different working conditions. With respect to payments, the Act has little to say. The question is left for specific legislation.
As one of the very few quantitative sociological studies of the nursing profession has concluded, there is a very interesting tension regarding professional practice: while the main task and demand continues to be the solution of health problems there is a wide desire for ‘making the cures compatible with health consulting activities’ (COIB, 2005, p. 14). The average feeling of autonomy was 6.9 in a 1 to 10 scale. Nonetheless, almost 70% felt prepared and willing to assume more responsibilities. The two challenges for the profession would be to increase control over labour and to widen professional space. While there is a high level of satisfaction, the responses point at higher aspirations. We should also remark that the altruist definition of the profession continues to be the more frequent (‘help the others’). But, nursing is not considered a way of life by nurses nor the most important thing in their lives. It is a job, a way of making a living.

According to the same report, ‘the core of every profession [is] its knowledge, and to what degree it is considered, socially and organizationally, that professional knowledge is enough for taking technical decisions in an autonomous fashion’ (ibid., p. 18). Professionalisation would be related also to two other processes: the capacity of the profession to apply their rationality when organizing and working, and the influence of the profession within the objectives and rationality of the organization.

Social relations are key question for nurses’ professional practices. There is a tight network that allows for cohesion, a permanent flux of knowledge, collaboration, and the development of a professional identity. This social network ‘fits nurses’ practices’. ‘The dominant forms of practice characterize nursing as a specialised hospital-based profession within a complex organizational system, with an important public dimension’ (ibid., p. 33).

**Evolution of Spanish Welfare State**

The following section will present main statistical data on recent changes in the Spanish welfare State with special attention paid to the education system and health system as they compare to EU and OECD average. A lack of data for the earlier periods was evident.

The main sources for the statistical data are the Ministry of Education (MEC) – Statistical Portal, the National Statistics Institute (Instituto Nacional de Estadística - INE), the Eurostat – Statistical Portal of the European Union, the OECD – Statistical Portal as well as various books and articles, referenced as appropriate. Since the National Statistics Institute or Eurostat offer data directly at the web interface, strict bibliographic references are not always given.

**Welfare State Evolution**

In this short overview of statistical indicators concerning welfare provision in Spain the main indicators are public expenditure and percentage of population employed by the State.

**GDP Growth Rate**

The growth of the Spanish economy has been very favourable especially from 1997 onwards when the gross domestic product (GDP) grew for four consecutive years 4% and more, a value above the EU-15 average. Considering the whole period form 1981 onwards the economy grew steadily only being submitted to two (cyclical) recessions (1981 and 1993).

The strong growth of the Spanish economy finds it parallel in a reduction of public deficit, which has been reduced to well below the European average and granted Spain
entrance to the European Monetary Union without problems. ‘The private sector, as a result of an economic policy over the last few years that focused on cutting back public spending, was the main factor in growth’ (ESWIN). This means that during the conservative party, the general government dept in percentage of GDP has decreased from its peak value of 68.1% in 1996 to 50.7% in 2003.

Public spending
Despite the strong growth of the economy in recent years, which marks a notable difference to European neighbours, Spain at the same time has cut public spending more than other European countries. The cleavage becomes especially apparent from the year 2000 onwards and it is apparent that despite the growth of the economy, public social spending has stagnated and remains well below the European average and is unable to support new public necessities. What in other countries is experienced as cut-backs through restructuring is in Spain simply stagnation on inferior levels of social expenditure, not only in relation to EU averages but also in relation to the strong economic growth from 1997 to 2000. Despite the economic expansion and growth of recent years, public spending has been frozen to the level of 1997 such that an ever decreasing percentage of the produced richness is destined for public/social spending. State protection against poverty and social exclusion is diminishing. The cleavage between affluent and impoverished is widening.

Education
The following section gives a very brief overview of the main parameters of educational expenditure in Spain, including data on the student and teacher populations from WP1.

Public/Private Expenditure in Education
Public expenditure in Education has decreased throughout the 1990ies and is currently around 4.4% of the GDP whereas the European average EU-15 for 2002 lies at 5.23% and is similar to the EU-25 for the same year at 5.25%. This reflects the percentage of household spending on education, where throughout the 1990ies a fairly equal amount of 1.3% of the GDP was spent, decreasing in recent years to about 1.1% Public expenditure decreased constantly in the 1990ies but private expenditure remained roughly the same.

The Autonomous Regions control an ever increasing amount of the education budget and the role of the Central Government is decreasing. In 1993 the State administered 40% of the budget, in 2000 with the transfer of competencies in educational matters finished, this figure has been reduced to below 10%. Moreover, expenditure between the different regions varies, but not linearly, as one might expect, in relation to how the different regions perform economically in general. As was made clear in wp1, the strongest regions in Spain (year 2001, in thousands of Euro) are in decreasing order Catalonia, Madrid, Andalusia, Valencia, Country Basc whereas the poorest regions are La Rioja, Cantabria, Navarra, Extremadura, but whilst Catalonia is one of the strongest economic regions, in terms of education it dedicates only 2.8% of its GDP; the same as Madrid and the Baleares. Extremadura devotes the highest level of GDP to education (6.0%) followed by Andalusia, Murcia, Canarias (4.7%), well above the Spanish average of 3.9%.

Employment levels
The overall number of teachers employed in Spain (in public institutions) has been increasing from 465 884 in 1994-1995 up to 565 923 in 2003-2004. For the school year 89-99 this implied that 4.5% of the active working population of Spain is employed as teacher, where

83 The peak value of Public Social Expenditure in Spain was reached in 1993 at 22.5% and has reached in 2001 a value of 19.6% of the GDP. This is well below the EU-15 average in the same year of 24%.
1.6% teaching in infant and primary education, 1.8% in secondary and vocational training, and 0.7% in higher education. The following table gives the percentage growth since 1994.

Table 3.1. Total Number of Teachers (source: MEC 2004b)

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Maestros</td>
<td>212,971</td>
<td>218,496</td>
<td>227,510</td>
<td>230,881</td>
<td>8.4%</td>
</tr>
<tr>
<td>Prof. Secundaria</td>
<td>119,291</td>
<td>149,094</td>
<td>163,378</td>
<td>167,182</td>
<td>40%</td>
</tr>
<tr>
<td>Prof. FP</td>
<td>20,223</td>
<td>20,043</td>
<td>20,511</td>
<td>20,427</td>
<td>1%</td>
</tr>
<tr>
<td>Total Public Education</td>
<td>352,485</td>
<td>384,663</td>
<td>411,399</td>
<td>418,490</td>
<td>18.72%</td>
</tr>
<tr>
<td>Private Education</td>
<td>125,935</td>
<td>136,365</td>
<td>151,111</td>
<td>153,290</td>
<td>21.72%</td>
</tr>
<tr>
<td>Total</td>
<td>478,420</td>
<td>520,998</td>
<td>562,510</td>
<td>571,780</td>
<td>19.51%</td>
</tr>
</tbody>
</table>

Student population
At the same time as teacher numbers have increased, the number of students in non-university education has decreased. Whereas in 1994 the student population in Spain counted almost 8 million pupils, in 2003 this number is reduced to just below 7 million. The strong decline in student population which runs contrary to the rising levels of schooling (see below) is caused primarily by the reduction of the associated population itself. In the period from 1980-81 until 2001-02 the population of 3-5 year olds decreased -42.7%, of primary education (6-11 years) by -40.5% and for secondary education (age 12-18 years) by -32.5%.  

Table 3.2. Total numbers of pupils (source: MEC 2004c).

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Education</td>
<td>5,414.1</td>
<td>5,211.2</td>
<td>4,911.9</td>
<td>4,761.1</td>
<td>4,665.8</td>
<td>4,605.6</td>
<td>4,613.5</td>
<td>4,653.1</td>
</tr>
<tr>
<td></td>
<td>05</td>
<td>07</td>
<td>09</td>
<td>39</td>
<td>01</td>
<td>13</td>
<td>59</td>
<td>56</td>
</tr>
<tr>
<td>Private Education</td>
<td>2,450.7</td>
<td>2,285.0</td>
<td>2,216.2</td>
<td>2,211.3</td>
<td>2,216.5</td>
<td>2,224.5</td>
<td>2,220.4</td>
<td>2,242.0</td>
</tr>
<tr>
<td></td>
<td>79</td>
<td>01</td>
<td>77</td>
<td>61</td>
<td>62</td>
<td>72</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>7,864.8</td>
<td>7,496.2</td>
<td>7,128.2</td>
<td>6,972.5</td>
<td>6,882.3</td>
<td>6,830.1</td>
<td>6,833.9</td>
<td>6,895.1</td>
</tr>
<tr>
<td></td>
<td>84</td>
<td>88</td>
<td>51</td>
<td>00</td>
<td>63</td>
<td>85</td>
<td>78</td>
<td>77</td>
</tr>
</tbody>
</table>

Health Care
The following section outlines economic parameters of the Spanish Health Care System.

Public/Private Expenditure in Health Care
Public Health Care Expenditure has slightly decreased since 1993 where it had its peak at 5.8% of the GDP. Private Health Care spending has remained stable since 1995 at around

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84 INE 2003 p.62
2.1% and 2.2% of the GDP. The overall expenditure in Health Care in Spain thus has slightly decreased but remains fairly stable. In comparison to EU-15, public spending is below the EU average but the same as the EU average of private spending. The number of Health Care Staff has been rising since 1991. In 2000 there were 204 485 nurses registered.

**Characteristics of the population of nurses**

One of the few quantitative sociological studies of the nursing profession has recently been published (COIB, 2005). This investigation was commissioned by the Nurse Association (COIB, Collegi Oficial d’Infermeria de Barcelona) from the Department of Sociology of the University of Barcelona and even if related exclusively to the province of Barcelona, it is interesting to mention the results, since it is by far the most comprehensive and recent study carried out (2 218 questionnaires for a population of 27 251 nurses). Main results were that:

- nurses are a clearly feminized group (87% and growing) and relatively young (average age of 38, the most numerous group being 25 to 30 years old)
- they define themselves mainly as middle-class
- 60% earn between 1200 and 1800 € monthly, but 28% earn less than 1 200 €
- almost 50% have a steady contract, with only 20% being under the statuesque personnel and another 20% being on a temporary contract
- the average working hours per week is roughly 38 whilst the average desired working hours per week is 33.5
CHAPTER 4

Welfare State Restructuring and Implications for Professional Teaching and Nursing in Greece

Evie Zambeta in cooperation with Yannis Skalkidis, Nasia Dakopoulou, Dimitra Thoma, Areti Stavropoulou and Stella Kotsabassaki

Introduction

Welfare rights have been constitutive components of what has been defined as democratic-welfare-capitalism (Dean, 2002). Welfare State restructuring, however, tends to be a global phenomenon which dramatically undermines the concept of social rights as this has been developed in national welfare States since the nineteenth century and especially in the post WWII period.

As Bob Jessop argues (Jessop, 2000), welfare restructuring consists of four general trends. Firstly, a shift from the Keynesian Interventionist State to what he perceives as the ‘Schumpeterian’ State, which means a competitive, flexible and market oriented open economy. Secondly, the shift from a welfare mode of labour power reproduction based on workers’ and citizens’ rights to what he defines as a ‘workfarist’ mode of labour reproduction based on workers’ obligations and individualised attempts at integration in the labour market. Thirdly, a shift from a national mode of economic and social policy-making to a post-national relativisation of scale in policy-making. Fourthly, a shift from a compensational role of the State to networked modes of governance (Jessop, 2000). In this restructured welfare regime social policy is deregulated in the sense that it is subordinated to the demands of the labour market and economic competitiveness.

Restructuring welfare systems thus involves policies of restriction of social provision, such as cuts in public spending, privatisation, market oriented policies, attack on professional autonomy, bureaucratic or market control over the professions. In this sense, restructuring not only changes the concept of welfare State but it has dramatic impact on work life as well, since it genuinely alters the definition of welfare rights. In the era of globalisation the retreat from social welfare has been largely accomplished through the redefinition of the welfare State either by mere neoliberalism or even third-way policies (Coulby & Zambeta, 2005). Some analysts understand these crucial shifts as leading to a ‘post-welfare’ society (Tomlinson, 2001), while some others speak of a transformation of the welfare State in the post-industrial economy, which involves the negotiation of new social risks stemming from economic and social changes (Taylor-Gooby, 2004). Despite the challenges and substantial national differences, it is argued that the European welfare State has survived the pressures of the global and regional contexts (Cochrane, et al., 2001).

This paper examines the social implications of restructuring in the construction of professional teaching and nursing in Greece. In the first section the paper discusses the specific nature of the Greek welfare State, with particular reference to education and health policy since the 1960ies. The second section discusses the policies followed in the field of teaching and the third section presents the main policies affecting the nursing profession.
Modernisation and Restructuring of the Greek Welfare State

Social Profile: Tradition and the Welfare State Deficit
Greece used to be the relatively poorer country after Portugal among the 15 EU member States with a GDP per capita of 19.600 in US Dollars in 2003 (OECD, 2005, Society at a Glance). Today its relative economic position in the EU changes due to the European enlargement with the 10 new member States, many of which have a relatively weaker economy than the EU average level of economic development.

Table 4.1: Selection of OECD Social Indicators (2000-2003)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>OECD average</th>
<th>Greece</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP per capita (US Dollars)</td>
<td>25,587</td>
<td>19.600</td>
</tr>
<tr>
<td>Fertility rate</td>
<td>1,60</td>
<td>1,25</td>
</tr>
<tr>
<td>Women in Employment %</td>
<td>55,3</td>
<td>44,0</td>
</tr>
<tr>
<td>Unemployment rate %</td>
<td>6,9</td>
<td>8,9</td>
</tr>
<tr>
<td>Employment rate: mothers and child aged under 6</td>
<td>59,2</td>
<td>49,5</td>
</tr>
<tr>
<td>Out-of-work benefits</td>
<td>40</td>
<td>26</td>
</tr>
<tr>
<td>Relative poverty rate</td>
<td>10,2</td>
<td>13,5</td>
</tr>
<tr>
<td>Income inequality</td>
<td>30,8</td>
<td>34,5</td>
</tr>
<tr>
<td>Child poverty</td>
<td>12,1</td>
<td>12,4</td>
</tr>
<tr>
<td>Public social expenditure as GDP % (total)</td>
<td>20,9</td>
<td>24,3</td>
</tr>
<tr>
<td>Public social expenditure as GDP % (pensions)</td>
<td>8,0</td>
<td>13,4</td>
</tr>
<tr>
<td>Life expectancy (men)</td>
<td>74,7</td>
<td>75,4</td>
</tr>
<tr>
<td>Life expectancy (women)</td>
<td>80,6</td>
<td>80,7</td>
</tr>
<tr>
<td>Public Health expenditure GDP %</td>
<td>6,0</td>
<td>5,0</td>
</tr>
<tr>
<td>Private Health expenditure GDP %</td>
<td>2,4</td>
<td>4,5</td>
</tr>
<tr>
<td>Social isolation (rarely spend time with friends)</td>
<td>6,7</td>
<td>3,7</td>
</tr>
<tr>
<td>Suicides (per 100 000, all ages)</td>
<td>13,9</td>
<td>3,6</td>
</tr>
</tbody>
</table>


Internal inequalities related to relative poverty and income inequality are much more severe in Greece than the OECD or EU average. The situation for women is presented as more unfavourable in the Greek labour market. Women’s participation in employment is much lower, while mothers with young children are less likely to work in Greece in comparison with the other OECD and EU countries. This is a fact which partly relates to the traditional social attitude regarding the division of labour between men and women, which, however, has gradually become less influential, partly due to the lack of family policy and supportive social institutions for working parents. Moreover, the fertility rate is the lowest in the EU, with the exception of some of the new member States such as Poland or the Czech Republic, and it is steadily decreasing.

On the other hand, public expenses related to social policies are higher than the OECD average. A large percentage of these expenses though correspond to pensions and not to productive investment on social policies such as education or health infrastructure. The deficit of publicly funded social policy is depicted, for example, in the extremely high rate of private expenditure for health services in the country and also other social indicators (related to life expectancy, social isolation and suicide rates) place Greece in a favourable position in comparison with the OECD and EU average. This is a phenomenon related less to social policy, but rather to the Mediterranean culture of food and life, as well as to the persistence of traditional modes of social solidarity based on individual and family networks.
The relatively higher rate of social trust in Greece in comparison with other European countries is observed also in the results of the European Social Survey, where the Greek respondents are more likely to express trust to others. Social conservativism, however, is presented as particularly high in Greece. More religious and homophobic, more in favour of restriction of immigration (82.5%), 78.4% of them considering the immigrants as been responsible for the reduction of wages, the Greeks, more than any other Europeans, blame the immigrants for the rise in unemployment and crime. At the same time they are the most sceptical among the Europeans towards ethno-cultural and religious diversity and less prepared to support legislation for tolerance and equal treatment of the immigrants in the labour market. The family, work and religion are presented as the highest respected social values, while at the same time their interest in politics is particularly low, which is a relatively new phenomenon for Greek society. (http://www.ekke.gr/ess/ess_results.doc).

The welfare State deficit is evident in the low level of public funding in key sectors of social policy, such as education and health. Greece has the lowest percentage of public expenditure in education in the EU (see table 4.2). At the same time private expenditure on education is particularly high. Despite the fact that education is considered to be a public good and is offered free of charge, while private schools represent only 4.46% of the overall school units (see table 4.3), the private cost of education services in Greece is exceptionally high and it is steadily rising. This is directly related to the existence of a large informal sector of educational services which has to do with private tuition offered either at an individual basis, at home, or in special institutions called ‘Phrontistiria’. The cost of this sector, which is actually a ‘grey educational market’, is not easily estimated and it is not part of the official statistics.

The same is the case for the additional cost covered by the family for educational services such as foreign languages, music, dance, etc., as well as extra support material for the school. The OECD data on the relative proportion of public and private expenditure on educational institutions for all levels of education claim that the household expenditure on education in Greece is only 5.8% (OECD, Education at a Glance, table B.3.1). This percentage critically underestimates the actual private cost of education in the country. As has been pointed out, international statistics construct certain representations of education systems which are used in politics and in several cases legitimate restructuring (Linblad, 2001). In the case of the Greek education system international indicators need decoding and contextualisation or they may present a false image.

Table 4.2: Total Public Expenditure on Education as percentage of GDP (1995-2001)

<table>
<thead>
<tr>
<th>PROFKNOWN Countries</th>
<th>1995</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finland</td>
<td>6,8</td>
<td>6,2</td>
</tr>
<tr>
<td>Greece</td>
<td>3,1</td>
<td>3,9</td>
</tr>
<tr>
<td>Ireland</td>
<td>5,1</td>
<td>4,3</td>
</tr>
<tr>
<td>Portugal</td>
<td>5,4</td>
<td>5,9</td>
</tr>
<tr>
<td>Spain</td>
<td>4,7</td>
<td>4,4</td>
</tr>
<tr>
<td>Sweden</td>
<td>7,2</td>
<td>7,3</td>
</tr>
<tr>
<td>UK</td>
<td>5,2</td>
<td>4,7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other OECD countries</th>
<th>1995</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>5,2</td>
<td>5,0</td>
</tr>
<tr>
<td>Japan</td>
<td>3,5</td>
<td>3,6</td>
</tr>
<tr>
<td>Turkey</td>
<td>2,4</td>
<td>3,7</td>
</tr>
<tr>
<td>USA</td>
<td>M</td>
<td>5,6</td>
</tr>
</tbody>
</table>

Source: OECD, Education at a Glance, table B4.1
Table 4.3: Private Schools by level of education as percentage of schools (1997-1998)

<table>
<thead>
<tr>
<th></th>
<th>Public</th>
<th>Private</th>
<th>Private %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery Schools</td>
<td>5.594</td>
<td>122</td>
<td>2.17</td>
</tr>
<tr>
<td>Primary</td>
<td>6.172</td>
<td>390</td>
<td>6.32</td>
</tr>
<tr>
<td>Lower Secondary</td>
<td>1.755</td>
<td>91</td>
<td>4.93</td>
</tr>
<tr>
<td>Upper Secondary</td>
<td>1.096</td>
<td>79</td>
<td>6.72</td>
</tr>
<tr>
<td>Total</td>
<td>14.617</td>
<td>682</td>
<td>4.46</td>
</tr>
</tbody>
</table>

Source: Unpublished data from the National Statistical Service of Greece selected from (Stamelos, 2002), tables B.3.1.2.1, B.3.1.3.1, B.3.1.4.1, B.3.1.5.1.

Another source of severe economic burden placed on the family is the cost of tertiary education. Many students who study in Greek universities find themselves at another city, where they are obliged to pay for accommodation and subsistence, since the limited student hall facilities are insufficient to satisfy the demand. On the other hand a disproportionately high number of young people move to other countries in order to ensure a university placement (see Table 4.4). The numerus clausus, as well as the system of examinations that regulates access to higher education in the country is a source of constant anxiety and stress for Greek adolescents. It leads to an explosion in the private tuition enterprise and, in the case of failure, to student emigration.

Table 4.4: Foreign Students in Tertiary Education by Country of Origin

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finland</td>
<td>9 853</td>
</tr>
<tr>
<td>Greece</td>
<td>50 015</td>
</tr>
<tr>
<td>Ireland</td>
<td>15 176</td>
</tr>
<tr>
<td>Portugal</td>
<td>11 245</td>
</tr>
<tr>
<td>Spain</td>
<td>26 564</td>
</tr>
<tr>
<td>Sweden</td>
<td>15 143</td>
</tr>
<tr>
<td>UK</td>
<td>27 525</td>
</tr>
<tr>
<td>Australia</td>
<td>5 299</td>
</tr>
<tr>
<td>Japan</td>
<td>62 222</td>
</tr>
<tr>
<td>Turkey</td>
<td>47 340</td>
</tr>
<tr>
<td>USA</td>
<td>36 136</td>
</tr>
</tbody>
</table>

Source: OECD, Education at a Glance, table C3.7

Table 4.5: Public Expenditure on Health as % on total expenditure on Health

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Finland</td>
<td>79.0</td>
<td>80.9</td>
<td>75.1</td>
<td>75.7</td>
</tr>
<tr>
<td>Greece</td>
<td>55.6</td>
<td>53.7</td>
<td>53.9</td>
<td>52.9</td>
</tr>
<tr>
<td>Ireland</td>
<td>81.6</td>
<td>71.9</td>
<td>73.3</td>
<td>75.2</td>
</tr>
<tr>
<td>Portugal</td>
<td>64.3</td>
<td>65.5</td>
<td>69.5</td>
<td>70.5</td>
</tr>
<tr>
<td>Spain</td>
<td>79.9</td>
<td>78.7</td>
<td>71.5</td>
<td>71.4</td>
</tr>
<tr>
<td>Sweden</td>
<td>92.5</td>
<td>89.9</td>
<td>84.9</td>
<td>85.3</td>
</tr>
<tr>
<td>UK</td>
<td>89.4</td>
<td>83.6</td>
<td>80.9</td>
<td>83.4</td>
</tr>
<tr>
<td>Australia</td>
<td>63.0</td>
<td>62.5</td>
<td>68.7</td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>71.3</td>
<td>77.6</td>
<td>81.3</td>
<td></td>
</tr>
<tr>
<td>Turkey</td>
<td>27.3</td>
<td>61.0</td>
<td>62.9</td>
<td></td>
</tr>
</tbody>
</table>

120
In the case of Health Services the welfare State deficit is a matter of constant social and political debate in Greece. According to the OECD data, health expenditure in Greece is steadily increasing. While in 1980 health expenditure corresponded to 6.6% of GDP, in the year 2002 it was 9.5% of GDP, much higher than the OECD countries average (8.4%). However, almost half of the overall health expenditure is private and there is wide discontent regarding the sufficiency and quality of health care provision in the country. Although it is argued that it is extremely difficult to estimate the accurate data on health expenditure in Greece, due to the difference and inconsistencies between the OECD data and the National Accounts (Soulis, 2002)– a fact which applies in any field of social policy including education – it is evident that the private cost of health care is extremely high and on the increase since the 1980ies (Souliotis, 2002) (see Table 4.5).

The inadequacies of the health care system are mainly related to the low quality of primary health care, especially in the geographically remote areas, the incapacity of high-technology diagnostic equipment maintenance in public institutions, the lack of institutions such as the family doctor and the low quality in care and hosting facilities in public hospitals. On the other hand the explosion in the number of doctors and dentists, in some cases, is accused for developing a false over-demand for health services.

The steady development of the private sector in the diagnostic, prevention and curative level is the outcome of the failure of the public health system to meet the demand and the expectations of the citizens. Most of the analysts working in the area of health policy and economics, though, argue that rationalisation in the distribution of available resources, rather than the increase in public spending as such should be the answer to the malfunction of the public health system (Kyriopoulos & Souliotis, 2002).

The study of the welfare State and social policy in Greece is a relatively new field which has emerged during the 1980ies (Stassinopoulou, 1996). Understanding the nature of the Greek welfare system and the social constraints which shape its mode of development remains an open task for social inquiry. The Greek type of welfare State has followed a scheme of subsidiarity assuming that a large part of social services and support, such as childcare, elderly care is provided by the family and traditional social networks. The process of the welfare State development in Greece is not similar to the cases of central or northern European, for reasons related to the specific socio-historical context (the civil war ended with winners and losers, a State legitimacy based only on the former, namely the political right, and a deep rift within the Greek society that prevented consensual social processes) and the forms of political legitimacy that prevailed in the post-war period. According to Tsoukalas the expanded public sector in Greece (around 40% of the wage labour were public sector employees in the 1950ies and around 30% in the early 1960ies) has acted as a form of socio-political integration of large parts of population and has genuinely shaped class structure (Tsoukalas, 1986). In this sense the State as an employer has substituted for social policy. Although the principle of social welfare based on public provision is propagated at the level of political discourse, policy practice and implementation show that a substantial part of social services, especially in education and health care, is covered through private funding. This situation is in a process of intensification leading to restructuring the welfare State and dramatic increases in social inequality in the country.

**Building the Public Education System**
The Greek education system has been considered as being systematized, geographically expanded and democratized relatively early in comparison to many of its European
counterparts (Tsoukalas, 1982). Indeed the provision of public and free of charge compulsory education for all has been introduced in 1834, much earlier than in other more industrialized States or more democratized regimes in terms of civic and political rights. The early expansion of education institutions, however, does not entail the actual implementation of compulsory education or the dissemination of literacy in rural and deprived areas. Drop out rates and functional illiteracy, particularly in geographically remote areas, among the poor and among women, remained high till the sixties and even the seventies.

The turbulent political life of the country, involving civil war (1946-1949) and a dictatorship (1967-1974), is reflected in education policy and what has been defined as ‘the reform that never took place’ (Dimaras, 1987-1988). A continuous conflict with regard to educational objectives among conservatives, modernizers and left-wing intellectuals has actually prevented any attempt at democratization and modernization of Greek education for many decades during the best part of twentieth century (Frangoudaki, 2001). The first education reform, aiming at the expansion of educational institutions and democratization of education was that of 1976, initiated by a right-wing government (New Democracy) (Eliou, 1978; Kazamias, 1978; Kontogiannopoulou - Polydorides, 1978). The process of democratization and expansion of educational institutions has been continued during the eighties, by the social-democratic party (PASOK) (Zambeta, 1994; Zambeta, 2004).

Table 4.6 presents the main policies followed in Greek education since the WWII with regard to the major periods that reflect substantial shifts in the citizen-State relationship and the construction of the welfare State. It attempts to specify the main policy trends affecting the teaching profession in each particular period. Four main periods are identified.

- The 1945-1967 post-war period: Education policy reflects the civil war political climate where education institutions and teachers are scrutinised. The 1959 attempt at educational reform represents a vision of modernisation, westernisation and industrialisation of the country, influenced by the human capital theory (Kazamias, 1983). It is a reform initiated by a rightist government, which mainly attempts to control and silence the left opposition. The cold war climate dominates in all fields of public policy. The certificate of political conviction was a prerequisite for public sector employment, including teaching. While political scrutiny of the education subjects was put into practice, the modernising aspects of the reform were to be postponed and cancelled. During this period the major attempt at education reform is the 1964 reform episode initiated by the liberal democratic government of George Papandreou. The key figure of this reform was Evangelos Papanoutsos, a liberal intellectual who has made the overall reform plan. Issues of democratisation and equality of opportunities as well as the teaching of ancient Greek literature through translation in Modern Greek were part of the reform agenda which was not implemented because of the fall of the democratic government in 1965.

- The 1967-1974 period: The dictatorship period that reflects the lack of political legitimacy at any level of social life, as well as the intensification of political control in education.

- The 1974-1989 period: This is the most fruitful in terms of the development of the education welfare State and the democratisation and modernisation of the education system and professional teaching. Europeanization emerges as a variable of education policy. The 1976 education reform initiated by a right wing liberal government practically implements the long standing demand for the resolution of the language...
question and the expansion of the educational system. Later, in the 1980ies, the socialist party abolished the 16-plus examinations and the inspectorate which represented an authoritarian institution scrutinising the teaching profession. At the same time initial teacher education was upgraded to university level. This policy was exceptionally well received and supported by the teachers’ unions. The 1566/1985 reform low reorganised the system of general education and initiated the concept of democratic accountability and ‘social participation’ in education planning through specific institutions. These institutions, however, had a marginal role and in the course of time became less active.

- The period of the 1990ies onwards: Education policy reflects the restructuring of the welfare State and the effect of globalisation and Europeanization processes. The entrepreneurial culture tends to dominate in education based on concepts of performativity, competitiveness, efficiency and market oriented education outcomes.

Table 4.6: Political and Educational Change

<table>
<thead>
<tr>
<th>Socio-political context</th>
<th>Education restructuring</th>
<th>Teaching profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>1945-1967 Post-war period Civil War, Civil and Social Rights under question</td>
<td>6 year compulsory schooling • Authoritarian scrutiny institutions</td>
<td>State control over: • Initial teacher education and in-service training • Recruitment • Assessment of performance (centralist, authoritarian) • Ideological and political attitudes of teachers Ideal teacher: the disciplined, inspiring and experienced teacher</td>
</tr>
<tr>
<td>Reform episodes: • 1959: a conservative reform reflecting the cold-war political atmosphere • 1964: ‘the reform that never took place’</td>
<td>State control over: • Initial teacher education and in-service training • Recruitment through ‘epetirida’ • Assessment of performance (centralist authoritarian) • Ideological and political attitudes of teachers</td>
<td></td>
</tr>
<tr>
<td>1967-1974 Dictatorship</td>
<td>6 year compulsory schooling • Intensification of authoritarian scrutiny institutions</td>
<td>State control over: • Initial teacher education and in-service training • Recruitment through ‘epetirida’ • Assessment of performance (centralist authoritarian) • Ideological and political attitudes of teachers</td>
</tr>
<tr>
<td>The ideology of Hellenic- Christian civilisation</td>
<td>State control over: • Initial teacher education and in-service training • Recruitment through ‘epetirida’ • Assessment of performance (centralist authoritarian) • Ideological and political attitudes of teachers</td>
<td></td>
</tr>
<tr>
<td>1990 onwards Welfare State Restructuring</td>
<td>State steering through new modes of governance • Assessment as</td>
<td>Tensions on professionalisation • academic autonomy in teacher education</td>
</tr>
</tbody>
</table>
Buildihg the Public Health System

At the end of the civil war the public health system in Greece was in a deep crisis. According to the findihgs of a special committee consisting of American Public Health Service officials, appointed to estimate the situation and propose an action plan (as part of American Aid), the quality of health services was extremely poor, basic infrastructure was unavailable, the distribution of hospitals, medical and nurse personnel was particularly uneven, while the level of the medical training was considered inadequate. All the qualified nurses were working in Athens while in the rest of the country nursing care was only provided by
practical nurses. Many medical specialisations, such as microbiologists, were in scarcity in the periphery (Economou, 1996).

The re-organisation of the public health system was attempted through the 2592/1953 Law which has been considered as particularly progressive and modernising at its time. The basic concept of this Law was the development of health services through a decentralised system of administration and financing and the offer of certain incentives to doctors to work in the periphery. The 1953 Law, however, was never implemented as originally planned because it was actually in conflict with the genuinely centralised character of the Greek State and public administration system (Souliotis, 2000).

In the post-war period and during the 1960ies, the golden period of the welfare State expansion in the northern and central Europe, the Greek system of public health care provision presents a very slow mode of development that fails to meet citizens’ expectations. After the restoration of parliamentary democracy in 1974 there has been a rapid increase in public health expenditure (from 2.6% of GDP in 1975 to 3.8% in 1980) which nevertheless remained much lower than the OECD average (5% and 5.5% respectively). Private health care expenditure remained relatively stable during that period, although 58% of the overall number of beds were in private hospitals in 1981. Nevertheless, despite the attempt at developing the public health sector, the uneven distribution of facilities maintained regional discrepancies and inequalities.

Law 1397/1983 ‘On the Establishment of the National Health System’ has been considered as the most radical attempt to plan health care in Greece (Kyriopoulos, 1993; Souliotis, 2000). Based on the principles that health is not a profitable enterprise but a public good that should be equally available to every citizen and that responsibility for health care provision rests with the State, the 1983 reform reorganised the whole system of health care. It introduced the concept of ‘health policy planning’ through institutions of ‘social participation’, which was the ideological motto of the socialist government in the early 1980ies. These political ends have not been accomplished though.

The most important change triggered by the 1983 health reform was the development of the till then poor system of primary health care through the establishment of the ‘Health Centres’ at the regional and local level and the institution of the ‘full time exclusively hospital doctor’, which in practice did not allow the doctors employed in the National Health System to work privately. The latter, although it was a popular policy, became a source of constant tensions in health care institutions and in the medical community. On the other hand it is also argued that the Law created a doctor-centred health reform which ignored other contributors in the quality of health services, since it largely dealt with the regulation of doctors’ working relations.

Medical doctors were not just the most powerful group within health care institutions, but a highly statutory and politically influential group in the Greek society. Moreover the silences of the reform on the nursing personnel give the impression that the reform ignores nursing. However, the developments on the quality of initial nursing training that follow could be seen as a political continuum of this reform. Certain attempts were made for the restriction of the private health sector in hospital care. This policy, however, mainly affected small private hospital units of relatively low budget. In the same period big and competitive private hospital units emerged which concentrated human and financial resources and offered luxury hotel services. At the same time the private sector developed an expansionist strategy by investing in the field of diagnostic health services. Very soon the best part of the private health expenditure, which is steadily increasing since the 1980ies (see tables No. 5 and No. 10) was allocated to diagnostic health services (Souliotis, 2000). The low level of citizen satisfaction along with the immense problems related to managerial and financial incapacities have led to the subversion of the National Health System.
In 1992 a neoliberal reform introduced by the political right constitutes a fundamental restructuring of the National Health System. The 2071/1992 low ‘On the Modernisation and Organisation of the National Health System’ echoes the principles of public choice theory and understands health services as a market place of collective consumption. Freedom of choice between public or private health care is the basic concept of the reform. At the same time the National Health System doctors can opt for a part-time contract and thus work privately as well. The Health Centres became independent from the hospital administration and were subjected to the prefectures. This however was a short-lived legislation because of the fall of the government.

In 1994 Law 2194/1994 ‘On the Restoration of the National Health System’ abolished the part-time doctors’ option and the Health Centres were again linked to the hospital system. Other regulations of this law had a limited implementation, such as the institution of the ‘family doctor’.

In the years to follow, Laws 2519/1997 and 2889/2001 found limited implementation. The 2001 law in particular introduced a different logic to the health system through decentralisation and the adoption of the principles of new public management in health administration. Hospitals were to be governed by managers according to criteria of cost-effectiveness and efficiency. Rationalisation in the allocation of the scarce resources was proclaimed but the actual implementation remains a pending issue. Although the exact outcomes of this policy have not been assessed yet, the failure of the system to meet the demand for quality health care and to satisfy the citizens is expressed in the constant repetition in the respected legal framework of the need for modernisation and upgrading of the health care services. As with education, health policy in the 1990ies and early 2000ies was professing the goal of modernisation but in practice was generating restructuring.

Inequalities in access to health services are intensified due to the steady increase of the privatisation of health services coupled with the fiscal crisis of the social insurance system. It is estimated that around 2.4% of Greek households are at risk of bankruptcy because of ‘catastrophic health expenditure’ (Souliotis, 2004, p. 560). This is particularly the case for elderly people with low income (see Table 4.10).

Since 1984 the number of hospital units has decreased as a result of, firstly, the National Health System policy for concentration of services in public hospital units at the regional level (supported by a network of Health Centres for primary health care) and, secondly, the closing of small private hospitals and the concentration of private capital in large hospital units. The number of beds is also decreasing, but this is more of a general trend in the OECD countries related also to the parallel growth of the primary health sector and the shift of health care to the diagnostic and prevention services. On the other hand there is a steady increase in the basic health care personnel, which in the case of doctors represents an over-supply while in the case of nursing it represents a shortage (Table. 9). There is a bitter common saying, ‘the welfare of the numbers does not indicate the welfare of the people’.

<table>
<thead>
<tr>
<th>Hospital Units</th>
<th>1984</th>
<th>1994</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>595</td>
<td>362</td>
<td>341</td>
<td>339</td>
<td>337</td>
</tr>
<tr>
<td>Private</td>
<td>239</td>
<td>144</td>
<td>144</td>
<td>144</td>
<td>145</td>
</tr>
<tr>
<td>Per 100 000 inhabitants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beds</td>
<td>356</td>
<td>218</td>
<td>197</td>
<td>195</td>
<td>192</td>
</tr>
<tr>
<td>Hospital</td>
<td>576.8</td>
<td>496.7</td>
<td>499.2</td>
<td>487.8</td>
<td>489.0</td>
</tr>
</tbody>
</table>

126
Table 4.10: Private Health Expenditure as % of total Private Expenditures

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.71</td>
<td>4.84</td>
<td>5.14</td>
<td>5.67</td>
<td>6.82</td>
<td></td>
</tr>
<tr>
<td>Single member household aged over 65</td>
<td>-</td>
<td>8.65</td>
<td>10.19</td>
<td>11.06</td>
<td>14.13</td>
</tr>
</tbody>
</table>

Source: National Statistical Service of Greece, Research on Family Budgets, as cited in (Tsaoussi and Douros, 2002)

Restructuring in professional teaching

Demographics in professional teaching

Tables 11 and 12 present the total number of teaching personnel in Greece and the gender distribution by education level. An explosion in the number of teaching personnel has taken place since the 1960ies when the number of teachers in the three education levels including universities was 34 187 (Varnava - Skoura, et al., 1993), while in 2002 the teachers were 149 516. The most significant increase in the teaching staff number took place 1975-1981 at the secondary level. This process continues, but in lower rhythm, since then.

Table 4.11: Teaching Staff by education level

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery Schools</td>
<td>6514</td>
<td>8400</td>
<td>9278</td>
<td>9579</td>
<td>9626</td>
</tr>
<tr>
<td>Primary Education</td>
<td>37315</td>
<td>43599</td>
<td>49186</td>
<td>50524</td>
<td>48852</td>
</tr>
<tr>
<td>Secondary General Education</td>
<td>31737</td>
<td>49802</td>
<td>59365</td>
<td>64262</td>
<td>54719</td>
</tr>
<tr>
<td>Secondary Technical &amp; Vocational Education</td>
<td>7834</td>
<td>10501</td>
<td>18363</td>
<td>19198</td>
<td>15270</td>
</tr>
<tr>
<td>Tertiary Technical, Vocational &amp; Ecclesiastical Education</td>
<td>3413</td>
<td>5717</td>
<td>7827</td>
<td>8083</td>
<td>8902</td>
</tr>
<tr>
<td>Tertiary Higher Education</td>
<td>6924</td>
<td>8497</td>
<td>9314</td>
<td>9936</td>
<td>10149</td>
</tr>
</tbody>
</table>
Table 4.12: Teachers by Level of Education and Gender in 1999-2000

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Teachers (total)</th>
<th>Women</th>
<th>Women %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery Schools</td>
<td>7723</td>
<td>7702</td>
<td>99.72</td>
</tr>
<tr>
<td>Primary Education</td>
<td>40736</td>
<td>22068</td>
<td>54.17</td>
</tr>
<tr>
<td>Lower Secondary Education*</td>
<td>33147</td>
<td>21253</td>
<td>64.11</td>
</tr>
<tr>
<td>Upper secondary education</td>
<td>20390</td>
<td>9986</td>
<td>48.97</td>
</tr>
<tr>
<td>Secondary Technical &amp; Vocational Education</td>
<td>13597</td>
<td>5494</td>
<td>40.40</td>
</tr>
<tr>
<td>Special Needs Education</td>
<td>1877</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*the statistical data refer to the academic year 1997-98 selected from (Stamelos, 2002)

As we have argued elsewhere (Zambeta, et al., 2005) some of the most important trends in the demographics of the profession are the following.

- The expansion of professional teaching has been accompanied by the gradual feminisation of the teaching profession, although this is not as drastic as in other European countries. Feminisation has been uneven in the various sections of the profession (such as technical education) and the different stages of the professional hierarchy; higher levels are male dominated. In this respect feminisation is accompanied by ‘gentrification’ of the profession
- The oversupply of teachers since the 1980ies has led to the steady increase in teacher unemployment, especially among secondary education qualified teachers. A side effect of the low appointment rate as well as of the system of recruitment through a graduate waiting list has been the gradual ageing of the teaching personnel
- At the same time the private sector is increasing rapidly due to the explosion of the private tuition enterprise and the steady expansion of private schooling.

The structure of the teaching profession

*Initial education: the symbolic power of Universities*

Initial education in professional teaching is divided into two major categories. Secondary teachers’ (kathigites) initial education has always been provided at University with 4 years minimum of studies. This education is discipline oriented in a way which corresponds to the division of labour between university departments. This means that secondary teachers actually study one particular subject, such as Linguistics, Modern Greek or Ancient Greek Literature, Mathematics, Geology, Sociology etc. However, within the profession secondary teachers are defined by specialization which roughly corresponds to the variety of the different curricular subjects. A pre-modern category defined as ‘philology’ corresponds to a wide spectrum of disciplines covering Greek Language (both modern and ancient), Latin, Linguistics, Literature, History, Archaeology and Philosophy. Graduates of any of these university departments are defined as ‘philologists’ and can practically teach in all these areas. Similarly, graduates of any department falling into the broad category of ‘natural sciences’ can teach Physics, Chemistry, Geology, Geography, Biology or Natural History.
On the other hand, in most of the cases, secondary teachers’ initial studies do not involve any subjects related to education and they receive no teaching experience and practice during their course of studies. As a consequence, secondary teachers’ codified ‘professional knowledge’ acquired through initial education cannot be considered as providing competence with regard to their ‘professional positions’ but rather reflects a traditionalist, encyclopaedic approach to education that de-specialises education professionals.

While the education of secondary teacher has always been provided in a context of university academic autonomy, primary teacher (daskaloi) initial education used to be State-controlled and at a non-university level. This segregation reflects the elitism of secondary education in the nineteenth century, which was confined to the bourgeoisie and allowed critical inquiry. Primary education, by contrast, was considered as the education of the populace, and mainly performed social control activities, an approach followed in other parts of Europe as well (Vaughan & Archer, 1971). Primary teacher education was State-controlled and non-university until 1985.

The Pedagogical Academies were the main institutions that provided initial education to primary teachers in the form of a two years post-secondary education. Discipline and authoritarian governance ruled, the quality of education was poor, the curriculum and text-books were State-controlled and official knowledge excluded critical reflection and research (Zambeta, 1994).

Since 1985 the Pedagogical Academies have been abolished and the primary teachers study at Universities for 4 years. After the fall of the seven-year dictatorship, the restoration of parliamentary democracy and the gradual healing of the consequences of the Civil War, Greek society entered an era of gradual Europeanization and modernisation. The democratisation and upgrading of teacher education has been perceived by the teacher unions and the political Left as a strategy towards democratisation and upgrading of the most sensitive section of education.

Though university academic autonomy suffered during the dictatorship, even in that period the universities had provided a space of opposition, resistance, critical reflection and hosted the progressive student movement. Consequently, in the post-dictatorship period university education symbolises freedom of speech, thought and consciousness and respect for democratic values, as well as the authority of knowledge. In a country where these values have been jeopardised several times in the past, and where the teachers have been used as the geographically dispersed agents for surveillance and control, the universities were perceived by the trade unions and the Left-wing intellectuals as the most appropriate institution for educating democratic teachers. University education was considered as a strategy for ensuring better qualified teachers as agents of education and political socialisation. The argument was meant to be that the more knowledgeable the teachers were, the less susceptible to oppression they would be. On the other hand, after the expansion of compulsory education to nine years, the social division between primary and secondary education has become less intense and the social hierarchy among primary and secondary education teachers has been long gone.

The 1985 institutionalisation of university education for primary teachers had certain implications for the profession and the professional knowledge of teachers. Although the content of studies varies among the different Departments of Primary Education, the general trend is that a substantial part of the respective courses refers to education as a field of study (including Pedagogy, Psychology and Sociology of Education), another part refers to the school curriculum subjects (Language, Mathematics, Physics etc), while a third part refers to classroom experience and teaching practice. In addition, the practical training provided differs also among the different departments. Certain departments offer practical
training in an almost symbolic way, while others offer practical training consisting of a central parameter in the framework of their curricula (Stamelos, 1999).

The upgrading of primary teacher education has transformed internal hierarchies in teaching; it had considerable consequences in the sociology of the teaching profession, as well as in the social position of teachers. Despite the fact that it was a policy reflecting modernisation of the means of political surveillance and the effects of globalisation and Europeanization processes in the Greek educational system (Zambeta, 2002b), in several teacher training university departments the content of the curriculum remains substantially traditional without strong elements of radical change in the professional knowledge of teachers. In this respect the school curriculum itself, which remains State-controlled, is the main steering mechanism that governs initial and further teacher education through its impact on the classification and framing of the knowledge offered even in the academically autonomous university departments. On the other hand, university based teacher education includes subject areas that promote critical reflection, such as sociology of education, a case totally beyond the scope of teacher education in the past.

Recruitment
Given that the teaching profession in Greece has been constructed as a public service, the State maintains the overall control in the accreditation and recruitment of teachers working in the public sector, while the Ministry of National Education and Religions (MINER) sets the legal framework and controls teachers’ recruitment, further education, professional development and intra-professional mobility.

During the first two periods examined in this report (1945-1967, 1967-1974) the main priority of the political authority was stabilization. In this respect, teachers, as State employees, were perceived as one of the basic constituents of the social layers whose construction and existence became crucial for the stabilization of the State. As a consequence, the Greek public sector was systematically taking into consideration certain ideological criteria and clear socio-political objectives, regarding the recruitment of public officials and employees (Tsoukalas, 1986). Teachers in the public sector were State agents exercising social control and, therefore, lacking any sort of professional autonomy.

During these periods, primary and secondary teachers were recruited according to the system of ‘epetirida’. ‘Epetirida’ was a list placing qualified teachers in order according to seniority of graduation. In addition, the exclusive criterion for registration to ‘epetirida’ in the case of secondary teachers was the acquisition of a university degree, while in the case of primary teachers the acquisition of a degree from Pedagogical Academies. Responsibility for the maintenance of this list nationally rested with the MNER. This system of appointment reached a dead-end however when it was made clear that the new entrants on the waiting list would not have any reasonable expectation for employment and in 1998 the system of was abolished and a national competition was introduced, by the central State (ASEP). Under the new ‘State-controlled competition system’, the scheme of the right to employment based on seniority of graduation has been fully replaced by the scheme of the employment based on the values of individualism, competence and competitiveness.

85 The curricula of the departments are characterised by a modern terminology, while at the same time preserve a traditional and conservative structure in their organization. Similarly, two parallel systems for the calculation of the necessary preconditions for the award of the certificate co-exist; a modern one based on credits and a traditional one based on the number of courses attended. This is a fact that goes along with the great diversity in the definition of the different types of courses provided, that are not connected-neither directly nor indirectly- to Education Studies. Generally speaking, the formulation of the curricula of the Departments of Primary Education, as well as the conflict between the content and the procedure proposed by them reflect a certain number of clientelist relations and sectoral interests (Stamelos 1999), a fact that constitutes one of the main characteristics of the formulation of the education policy in the Greek context.
Generally speaking, although competition schemes have long been dominant in many European countries (Neave, 1998), the abolition of the Greek ‘epetirida’ and its replacement by the new scheme of competition is likely to eliminate the common conscience and cohesiveness of the Greek teaching profession as a professional group, since it potentially develops two distinct groups of primary teachers recruited through different procedures and with distinct professional identities.

**Further education**

Teachers’ further education in Greece mainly takes the form of in-service training. The institutions of further training include only teachers in the public sector. Due to the highly centralized educational system, the programs of further education were basically monitored by the MNER. Since 1910 primary and secondary teachers acquired further education by the Teachers’ Training Colleges (Didaskalio Dimotikis Ekpaideísis and Didaskalio Mesis Ekpaideísis). The duration of study was one year and the acquired qualification could be used for up-ward mobility in the professional hierarchy. In 1985 the Teachers’ Training College for Secondary Teachers was abolished by law, while the respective one for Primary Teachers continued functioning (Evangelopoulos, 1999).

1974-1989

During the second period examined by this report (1974-1989), significant transformations in the institutional form further education took place. The first form was SELDE (Schools of Primary Education Teachers’ Further Training) and SELME (Schools of Secondary Education Teachers’ Further Training) that were established in 1978. Initially two Schools were established in 1978, while by 1983 their number had been multiplied. Their function was characterized by a direct State control over the curriculum and teaching staff and their limited capacity in training large numbers of teachers (Grollios, 1997). SELDE and SELME were replaced in 1985 by the PEK (Regional Education Centres for Further Training).

During the ‘80ies the issue of further education of Greek teachers has attracted increasing attention and has been perceived by the State as a means of State control over educational practice and exclusively as a duty rather than as a right of all teachers (Vergidis, 1995). Further education has been characterized as a process totally ‘under control’ (Papakonstantinou, 1993). In addition, it has been argued that teachers lack motivation for further education, as they are civil servants enjoying tenure. Participation in professional development programs play no part at all in financial and career terms and do not effectively deliver on the incentives front. Consequently, Greek teachers have only intrinsic incentives, which seem to fade out, because of the lack of their active participation in the process of their professional development (Dakopoulou, 1999). Nevertheless, the employee status does not seem to be an adequate explanation for lack of motivation. The basic critique regarding all the existing schemes is that they anticipate teachers to lack substantial professional knowledge and devalue their sense of professional identity by treating them as trainees.\(^{86}\)

\(^{86}\) Participants seem sceptical about the benefits of the programs. Centrally organised courses do not meet teachers’ needs and expectations, due to poor planning and inadequate preparation (Balaskas 1993; Plisis 1993). Moreover, there is a significant lack of a system of needs’ identification leading directly to a severe gap in the whole process, as well as of a general and effective strategy for the evaluation of the programmes, which has not established yet (Vergidis 1992a, 1992b). The scepticism of Greek teachers is severely reinforced by the fact that the most popular mode of professional development in the Greek context is that of courses. This traditional approach is likely to have little impact on practice, as it seems to ignore the basic principles of adult education which has to inform the planning of all activities (Vergidis 1992a). In this orientation, the trainer is the ‘expert’ who presents a programme designed to bring certain outcomes. The teacher is treated as simply a trainee who is obliged to ‘accept’ the ‘offered’ knowledge (Papakonstantinou 1996).
Since the 1990ies a number of institutional transformations have been promoted in Greece aiming at the modernization of educational system which are largely legitimized by reference to the imperatives of Europeanization and globalization (Kazamias, et al., 2002; Zambeta, 2000). The invocation of quality has been frequently used in the political discourse, in order to justify and legalize the political choices concerning the explosion of activities of further education (Dakopoulou, 2004a). In this context, the governing party used verbal loans from the global discourse stressing that ‘…within the framework of the European Union and the intensity that is expected by the international competition… the essential renewal of scientific equipment of the leaders in this effort is imposed’ (Recommendatory Report N.2327/1995:5), giving an international element.

During this period, the Law 2009/1992, accompanied by seven Presidential Decrees and six resolutions of the MNER, provided for an overall detailed framework regulating teachers’ further education: the content, the programmes, the trainers, and every single detail of its function. Thus, further education could take one of the following forms:

- A two-year course provided at the Maraslio Teachers’ Training College (MDDE) for primary teachers under the age of forty with at least five years’ teaching experience. Its content focused mainly on the specific study of subjects related to psychology and primary education (Tsountas & Chronopoulou, 1996).
- A three-month course provided by the Regional Education Centres for the Further Training of Teachers (PEK).
- Short optional seminars on specific subjects of general interest (Eurydice, 1995).
- Sabbatical/study leave that may be granted by the MNER, during which teachers may follow postgraduate studies, either in Greece or abroad (Saitis, 1991).

Presidential Decree defined PEK as the central providing agency, which may collaborate with the Pedagogical Institute. Thus, PEK functions as a very strong top-down model. The MNER also defined the aims of further training, using frequently words as ‘adaptation’ and ‘adjustment’, which suggest a static and passive perception of the notion of teachers’ further education that by no means promotes teacher involvement (Athanasoula-Reppa, 1998), while the centralised form of provision is incompatible with the rhetoric of innovation, modernization and change of the MNER (Mavrogiorgos, 1994).

**Academic equation**
In 1991-1992, a national programme aiming at the academic equation between graduates of two-years courses of Pedagogical Academies with the graduates of four years courses of the University Departments of Primary Education was introduced, aimed at social recognition and upgrading professional status, as well as matters that can be found at the political and social level related to social status, value and social recognition (Papakonstantinou, 1992).

**Maraslio didaskalio**
One of the major providers of further education for primary teachers, called Maraslio Teachers’ Training College, continued functioning in its traditional mode till the mid-nineties. It is a descendant of an institution that has its origins in 1922 and played a historical role in the Greek educational trajectory regarding the language question. The duration of studies in this institution lasted two-years and attendant teachers were entitled to educational leave. It was an institution based on such structural characteristics as a centralized administrative organisation (Skoura, 2003), an authoritarian form of governance, trainers with poor qualifications (Bouzakis, Tzikas & Anthopoulos, 2000), a degree that is referred in
post-secondary education and a centrally determined curriculum not allowing any flexibility. This form of further education had been changed in 1995 by its integration in the University Departments of Primary Education along with its multiplication through the establishment of six similar Centers attached to universities throughout the country. This policy represented an apparent rupture with the conservative past, putting thus an additional element of modernization in the wider institutional interventions, which have been promoted at the time (Athanassiades, 2002). Moreover, the global discourse on quality, competitiveness, empowerment and effectiveness was just the label over the strategic action of interest groups acting within the institutions (Dakopoulou, 2004a).

The institutional transformations that took place in 1995 do not reflect any radical change in the content of teacher further education. The subjects related to the field of Education have the leading place in the curricula, while the content of the programme corresponds to the initial education offered to primary teachers. The main difference thus is the shift in the control of the programme which now rests with the university Departments and not with the MNER, as was the case during the previous periods.

School focused programmes
Since the 1990ies, the interest in ‘school-focused’ programmes has emerged and is being implemented in a small number of pilot programmes. However, there is a delay in the pilot implementation due to the bureaucratic system, the lack of efficient trainers and the absence of any coherent planning of activities and programs of further education for teachers (Pedagogical Institute, 1998).

Post-graduate studies
The map of further education policies was completed with the introduction of Programs of Postgraduate Studies (PPS) offered by several University Departments (KEE, 2002: 119-125). During the last five years the number of postgraduate programmes in education has exploded and large numbers of qualified teachers seek to attend them. The main subject areas are didactics, educational psychology, sociology of education, physical education and special needs education. New knowledge areas that are integrated in several PPS curricula are aspects of interculturalism and new technologies.

On the part of the Primary and Secondary Teachers’ Unions (DOE and OLME), despite the rhetoric that stresses the importance of further education (DOE, 1993), there is no evidence that there is an essential interest in the improvement of the existing situation. Nevertheless, it must be acknowledged that there are a few local unions that have put in their agendas activities or programs of further education, which are quite different than the traditional ones, mainly because teachers are treated more as professionals. Moreover teachers are more active in their local unions, as they seem to be more egalitarian and democratic and promote systematically their own involvement (Dakopoulou, 1999).

Generally speaking, from 1990 onwards, the promotion of a new scheme of further education is related to the transformation of dominant perceptions about the role of teachers. Instead of the ‘old professionalism’ that was based on the knowledge of the specific subjects taught at schools, a ‘new, open professionalism’ (Grollios, 1997), is actually promoted based on the capacity for the management of heterogeneity and on the command of the new subjects recently introduced in the school curricula. The ‘new open professionalism’ corresponds to the new values introduced in education policy during the nineties, based on the principles of school efficiency and effectiveness as well as the introduction of an entrepreneurial culture in education (Zambeta, 2002a). The recent explosion in the number of programmes of further education reflects the flexibility and insecurity in the working relations of teachers. The trend has transformed further education to a chase of certificates as
a guarantee of professional security. Further education has been purposefully interconnected to the political discourse of lifelong education, quality and effectiveness, while for teachers themselves it represents a strategy towards securing their position in the profession, rather than a means of acquiring substantial professional knowledge.

**Working conditions**

In the first six years of service, teachers in secondary education give 21 hours of lessons a week. This teaching load is reduced to 19 hours up to 12 years of service and then 18 hours.

It is clear that the economic status of teachers in Greece is the worst in European Union, with the exception of Portugal, where the minimum salary is slightly lower (see Table 4.13). Those working full time are engaged in remunerated activity by giving private lessons to students in difficulty (enishtiki didaskalia) and receive additional pay. As far as the teaching hours are concerned the statutory variations in the number of teaching hours described above are applied. The only difference is that since 1997, the load has been reduced to 16 hours on completion of 20 years in service.

From the ‘90ies onwards there have been a significant number of research studies on teachers’ working conditions. The most recent one is that of Koronaiou & Tiktapanidou (2004) who studied secondary teachers’ working conditions and the effects on their psychological health. Issues of stress, depression and burnout are at the centre of their findings. According to this study, 57% of teachers report that they experience a feeling of exhaustion during their work process and symptoms of depression, insomnia and moodiness.

Table 4.13: Teacher salaries in upper secondary education in the EU

<table>
<thead>
<tr>
<th>Countries</th>
<th>Minimum salary in Euro</th>
<th>Maximum salary in Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greece</td>
<td>12 556</td>
<td>18 429</td>
</tr>
<tr>
<td>Denmark</td>
<td>30 312</td>
<td>41 593</td>
</tr>
<tr>
<td>Germany</td>
<td>37 350</td>
<td>45 374</td>
</tr>
<tr>
<td>Belgium</td>
<td>24 384</td>
<td>43 672</td>
</tr>
<tr>
<td>Spain</td>
<td>22 270</td>
<td>39 803</td>
</tr>
<tr>
<td>France</td>
<td>17 463</td>
<td>33 205</td>
</tr>
<tr>
<td>Ireland</td>
<td>18 338</td>
<td>35 644</td>
</tr>
<tr>
<td>Italy</td>
<td>17 528</td>
<td>27 495</td>
</tr>
<tr>
<td>Luxemburg</td>
<td>48 948</td>
<td>98 221</td>
</tr>
<tr>
<td>Netherlands</td>
<td>24 135</td>
<td>48 662</td>
</tr>
<tr>
<td>Austria</td>
<td>22 941</td>
<td>55 778</td>
</tr>
<tr>
<td>Portugal</td>
<td>12 276</td>
<td>33 966</td>
</tr>
<tr>
<td>Finland</td>
<td>21 291</td>
<td>31 947</td>
</tr>
<tr>
<td>Sweden</td>
<td>18 188</td>
<td>20 885</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>19 401</td>
<td>35 065</td>
</tr>
<tr>
<td><strong>EU average</strong></td>
<td><strong>23 159</strong></td>
<td><strong>40 649</strong></td>
</tr>
</tbody>
</table>

Greece/EU % 54% 45%


**Identities and Professional knowledge: Professional status and autonomy**

The social recognition of a profession is related to how it commands and monopolises a distinct scientific knowledge base and a specific section in the social division of labour. The
social recognition of a profession’s knowledge base assumes that professional knowledge is highly specialised and irreplaceable and can only be performed by a professional. In this respect the acquisition of professional status is a complex social process for the recognition of the social importance and valuation of a specific division of labour.

Professionalisation is related to specialisation and development in the fields of both knowledge and the labour market. It is not a socially neutral process, but dependent on power relations and social taxonomies and hierarchies within knowledge and labour. Women’s enfranchisement and emancipation and their massive entrance in the labour market have contributed to the development of early-childhood education institutions. Nevertheless, the professionalisation process of early-childhood teaching remains a contested terrain fighting with traditional values of the bourgeoisie regarding the gentrified division of labour [i.e. childcare as an attribute of motherhood and female activity that does not presuppose any significant specialisation] and the differentiated perceptions regarding social needs among bourgeois and working class families [i.e. only orphans and children of working mothers are in need of early childhood institutions]. Professions thus are socially constructed positions reflecting class and power relations. In this sense, professionalisation is a negotiation of interests and value systems among different social groups seeking to absorb social resources that facilitate their upward mobility in the social order.

An important implication of professionalisation is the acquirement of a degree of relative autonomy in the internal organisation of the respected profession. Professional autonomy implies control in the definition of:

- the knowledge base of the profession
- requirements for access to the profession
- criteria monitoring the internal hierarchy and intra-profession mobility
- quality and standards
- internal ethos and ethics

The teaching profession in Greece cannot be considered as having acquired any substantial amount of professional autonomy. Despite the 1985 upgrading of initial teacher education at university level, a fact certainly contributing to professionalisation, the profession still lacks basic requirements for control over the organisation of the profession. Access to the profession, criteria regarding quality, standards and intra-professional mobility are monitored by the State and agents outside the profession itself. Moreover professional knowledge as such is not controlled by the profession since the subject of teaching is determined by the national curriculum, while teaching methods, organisation of school knowledge and everything regarding teaching is prescribed by the central State. In this sense teachers are not actually recognised as possessing any distinct, unique and irreplaceable professional knowledge in order to control their own way of performing their work. University teacher education has not been accompanied by any radical policies towards professionalisation.

1945-1974

In the post WWII period the cold war political climate is directly reflected in education policy and school practice. The main concern of the authoritarian central State was the control of teacher identity and practice. The main political values systematically promoted through education were pro-western, anti-leftist, emphasising Christianity and nationalist ideals. Teachers were treated as public sector employees who should be disciplined and unquestionably adapted to the directives and ideological discourse of the government. The Inspectorate acted as the main agency scrutinising professional practice and indeed every day public and private life. The School Inspectors’ evaluation reports regarding every single
teacher belonging to their territory of supervision were notorious for echoing the dominant political discourse, for their intrusion into people’s private life, for their partiality, lack of any sense of professionalism and injustice. Therefore, it was no surprise that one of the main union demands was the abolishment of the Inspectorate, a demand not fulfilled until 1982.

1974-1989

This is the period of democratisation and expansion of the public education system in Greece. During the first seven years of the post-dictatorship era the changes that took place did not directly aim at the professionalisation of teaching. Symbolic actions such as the abolishment of the dictatorship’s stamp from the school text-books were significant, but insufficient conditions for teachers’ professional development.

In the fields of professionalisation and autonomy the decade of the eighties is the period where major reforms took place. Reform 1304 of 1982 abolished the school inspectors and introduced a distinction between the administrative management of educational institutions and the professional teachers’ council. The law introduced the Administrators at the regional and local level and the School Advisors at the local level as the two institutions that replaced the School Inspectors. It was a reform which was received with great enthusiasm by the education community, since the School Inspectors were representing authoritarian governance for both teachers and students. The fear on the part of the teachers for the School Advisor becoming a School Inspector in disguise, as well as the political diffidence to develop a really autonomous educational authority aiming at supporting rather than assessing teachers’ educational performance has led to the fading of the reform.

The most important constraint on professional autonomy has to do with the definition of official school knowledge and the prescriptions regarding the organisation of school time. The centrally decided and appointed curricula accompanied by centrally written single text-books and teacher manuals that exemplify detailed prescriptions regarding the specific implementation and anticipated outcomes of every single stage of school work, shape a straight-jacket to teachers’ freedom of action and radically undermine professional identity and status. The educational changes during the period 1983-1989, with the introduction of the Pan-Hellenic Exams and later of ‘Desmes’ (a form of prescribed curricula at the level of upper secondary education related to students preparation and assessment for the Higher Education entrance examinations) could be seen as forces which contributed to proletarianisation, in that they led to work processes being monitored by the system of examinations. As a result autonomy and control were further restricted (Thoma, 2004).

The government of New Democracy introduced a new system for entrance to Higher education (1035/1980 Act and Presidential decree 298/1980) called ‘Panhellenic Exams’ at a national level and not controlled by the school of student’s attendance. Hence, with the Panhellenic exams, in the second and third classes of Lyceum students had to take two sets of subjects: common (core) and electives. The elective subjects fell under two categories: a) Humanities (Ancient Greek, Latin and History) and b) Mathematics and Science (Mathematics, Physics and Chemistry). All electives, except Latin, were also included among the common subjects. They were thus supposed to provide deeper and wider knowledge in the same discipline. At the end of the second and third year of Lyceum

87 More specifically, the year 1974 marks the return to democratic government. New Democracy, the conservative party, came to power and sought to implement its liberal educational policy. However, the transformation of the system for entrance to Higher education took four years (1979-80) to be legislated. Before 1979-80 entrance to Higher education was based on written entrance exams where the questions set by the Central Board for Entrance Exams derived from the syllabus which was taught in the three years of Lyceum (Kyridis, 1997, p.196, emphasis added). This feature is the most crucial one, because in the case of Desmes the scope of the syllabus examined gradually became very narrow.
students sat for specially held (Panhellenic) examinations in the elective subjects, plus Composition. This took place in a Panhellenic scale. In addition, they sat exams at school level in the core areas for the usual purposes of promotion from the second to the third class and for graduation. The exam questions were related to the syllabus taught in the second year, for the exams taking place at the end of the second year, and to the syllabus taught in the third year, for the exams taking place at the end of the third year. Thus, the basic new feature in this system of entrance exams to Higher education was the double exams which students had to take. The rationale for the above policy was that there were no additional and external examinations.

The situation before Panhellenic Exams were introduced was that the Higher education entrance exams were external to the school. There were the Lyceum exams for getting the school-leaving certificate and separate exams for entering Higher education with a very broad syllabus tested (for entering Higher education), derived from everything taught in the three years of Lyceum. This system of entrance examinations, an external method of selection, was abolished. Now entry into Higher education was based on national examinations which were part of the Lyceum exams.

The government believed that with the system of Panhellenic exams the chance of ‘haphazard entrance’ would be minimised. This is because selection for Higher education would no longer be based on the marks received in four three-hour written examinations conducted during a period of four to eight days. Also, it was thought that the role of frontistiria (para-education) would be limited, because the State school could prepare students for entering Higher education and, consequently, the demand for equal educational opportunities would be met. What was not, however, taken into account was the possible implications the system could have on the function of Lyceum and, consequently, on teachers’ work. The Lyceum and teachers’ work within it seem to have developed a relationship of dependence on Higher education. The fact that the work done in Lyceum became part of the Panhellenic exams marked the further deprivation of the Lyceum and teacher autonomy.

One of the changes which took place in education under PA.SO.K was the modification of the selection system for the entrance to Higher education institutions (1351/1983 Act). This Act introduced a new system of selection for Higher education, namely, the system of the General exams, instead of the Panhellenic exams or, as it is known, the system of Desmes (groups of specialised subjects). According to this system, the subjects of the third class of the Lyceum were categorised into two groups: subjects of general education (Core subjects) and the preparatory subjects for Higher education, divided into four groups, four Desmes. Students had to choose one group at the beginning of the academic year in order to sit for the General exams. Each group of subjects (Desmi) gave the opportunity of entering a specific category of Higher Schools of University status.

In short, what is tested in the examination process is what was taught in Lyceum (Desmes). The two continue to be a kind of communicating vessels. Thus, the work done by teachers in Lyceum is submitted to and inscribed within those needs and requirements and the whole process of their teaching is developed, controlled and evaluated according to this objective. In addition, as far as the syllabus of the General exams is concerned, this was strictly determined by the Ministry every November, after proposals by the Pedagogic Institute, and came from the syllabus taught in the third class only. This point clearly shows the Ministry’s direct intervention in the work done in Lyceum. The very fact that the syllabus for the General exams was the one taught in the third class only indicates that the
school is intensely exam-oriented and is consequently becoming, to a large extent, a preparatory centre, a 'public frontistirio' (Kyridis, 1997, p. 230).

1990-2005
This is a period of further restriction of professional status and autonomy. The school work, especially at the level of the Lyceum was largely dominated by an intensified system of student assessment which at the same time regulated access to tertiary education. The school itself was transformed into a preparation centre for the Universities admission examinations and was deprived of its autonomous education mission. The Law initiated a competitive and dense system of student and teacher assessment and represents the introduction of individualism and entrepreneurial culture in Greek education (Zambeta, 2002a).

On the other hand, the change in the system of teacher recruitment through State controlled examinations constitutes another attack on teacher professionalism, since professional knowledge acquired through university education is no longer a sufficient prerequisite for admission to the profession. At the same time, the new system intensifies job uncertainty since it consolidates the fact that many qualified teachers will never actually enter the profession, at least in the public sector. These institutional changes constitute a deep restructuring in professional teaching. Values of competitiveness, efficiency and market oriented knowledge tend to dominate and construct the competitive entrepreneurial self as the ideal type of teacher and student.

A peculiar de-professionalisation process in the teaching profession has been taking place during the last decade related on one hand to restructuring measures and on the other to the effects of globalisation and the intensified division of labour within teaching. Teachers consider themselves as lacking professional competence and expertise to cope with a series of new situations in education such as:

- New populations in education due to immigration flows mainly from the South-East Asian and East European countries.

88 This fact, in itself, we argue, constitutes the degradation of the last year of Lyceum into an examining centre – a frontistirio. Locating the preparation for entrance exams within the Lyceae signaled the empowerment of the preparatory-frontistirialistic logic of the State school. In other words, we have witnessed the transformation of a certain form of school - an educational unit - into a model of school-frontistirio. Here, by saying ‘educational’ unit we are not expressing any kind of evaluative view as far as ‘education’ is concerned. We are simply stressing the transformative process and the transfer of power, from teachers at State schools to teachers at frontistiria, a fact which cannot leave teachers’ work process untouched. It is characteristic the explosion of frontistiria from the mid ‘80ies onwards. According to Kazamias (1995, 294) in 1984 54.6% of students attended frontistiria and 9.4% private tuition. In 1993 65% of students attended frontistiria and 30% private tuition.

89 Teachers’ professional autonomy in secondary, and mainly in upper secondary education was further restricted. The Lyceum became the preparatory centre for the entrance to Higher education exams. The system of ‘Desmes’ was replaced by another one in the ’90ies (Law 2525/97). According to the new system of selection for Higher education, students had to take exams twice-in the 2nd year of Lyceum and the 3rd and in thirteen (13) subjects. It is clear that Lyceum’s preparatory role was strengthened and intensified. In 2000 the number of the examined subjects changed into nine (9). In 2004 the new government (New Democracy) abolished the exams in the 2nd year of Lyceum and the number of the examined subjects changed, once again, into six (6). The above presented situation/educational context shows us that teachers’ professional autonomy is being restricted by Lyceum’s preparatory role. In addition, the focus of Lyceum on the entrance to Higher education exams strengthens the role of the market, namely frontistiria. This assumption seems to be validated by a recent research project carried out by the Institute of Work (INE/GSEE) (2005) which focuses on ‘teachers’ views regarding the system of selection for Higher education’. More specifically, according to the findings: 79.9% of teachers say that the present system of selection for Higher education does not restrict students’ need for extra-school support (frontistiria); 61.1% of teachers report that the present system of selection for Higher education does not strengthen teachers’ role; 64.4% of teachers State that the present system of selection for Higher education weakens Lyceum’s pedagogic role.
• A growing number of students who is characterised as ‘students with learning difficulties’ that need special educational treatment by more specialised personnel, constitutes a situation leading to the gradual ‘medicalisation’ of education.
• The growing dominance of English language and of the Information and Communication Technologies for access to primary sources and knowledge.
• Growing internationalisation of quality assurance and control mechanisms.
• Growing competition between the public and the private sector of education.

The above situations develop new conditions for teaching and contest the extent to which teachers command sufficient professional knowledge that allows them to cope in the new circumstances. In that respect welfare State and educational restructuring might lead to de-structuring of what could be perceived as professional identity and knowledge. This is an anticipated outcome that should be verified through further research.

Restructuring in professional nursing

Introduction
In this section issues regarding the welfare State restructuring and work life transitions in professional nursing will be described. Key issues of nursing education, recruitment, professional knowledge and working conditions as formed in the post-war era, divided into three separate periods 1945-1974, 1974-1989 and 1990-2005 will be discussed. In addition, the nursing professions and the existing legal frame will be presented. Aspects of profession structure at work sites, internal hierarchy, nursing roles and relationships with other professionals at work sites, assessment and accreditation, influence of political changes and changes in professional autonomy and globalization effects will be presented.

The structure of the nursing profession at work sites
Despite the changes that occurred during the last decades it can be said in general that the structure of the nursing profession is fully hierarchical. At the first level of the hierarchy is the Director of Nursing Services for the entire hospital. The second level of hierarchy is represented by the Nursing Officers (Tomarhes). They are responsible for a specific section in the hospital like Medical Surgical ICU etc. At the third level of hierarchy there is the ward sister who is responsible for a specific ward. Staff nurses and nursing assistants are the next levels in the hierarchy. The Director of Nursing Services represents the profession in the Hospital Council who is the administrative body of the organisation and handles all nursing topics during the Council meetings. However, although according to the legislation and the organizational regulations three different lines of hierarchy coexist (Medical, Nursing and Administration), within the hospital ward the Director of Medical Services is the one that is on the top and practically controls the work. This confirms once more the medical orientation of the system as well as the limited autonomy of the nursing profession. There are also complaints that the power of the Director of Nursing Services during the representation in the Hospital Council is rather limited.

Undoubtedly, the organisation of work in the hospital wards is a reflection of the hierarchical system already mentioned above. Nursing care is provided through a series of tasks that may be done by anyone at the level of the ward nurse, no matter how experienced or what kind of education and qualifications s/he has. With the exception of some private hospitals and some hospital wards like the ICU, the same tasks could be undertaken by a professional nurse and/or by a nurse assistant. This is due to:
• shortage of professional nurses in hospitals, not because of shortage in the labour market but lack of financial resources to recruit the appropriate nursing personnel
• no differentiation of specific tasks for professional nurses and nursing assistants
• the existence of different levels of education and therefore different types of staff

The tasks that nurses undertake in the hospitals differ to a remarkable extent. This is even more the case when we examine private hospitals. Despite the different educational level that nursing staff may have in a hospital and although in some hospitals there is some kind of job description, usually the everyday nursing tasks are allocated by the head nurse to all nurses of the unit according to a whole range of personal characteristics of the individual nurse. For example, the experience that each nurse has, or her/his effectiveness play a key role for the tasks that she is expected to implement. There is no doubt that educational level plays a role, too. But this is not binding the head nurse for task allocation. Another issue that is worth mentioning relates to the everyday work tasks that nurses are expected to undertake although there is no legal coverage, like putting up intravenous drips or taking blood from patients. All these time-consuming tasks are undertaken by qualified nurses but they are not yet formally approved and legally covered if something goes wrong with the procedure.

At the moment there exist two different types of higher nursing education provided by the Technological Educational Institutions (TEI) and by a Nursing Department operating at the University of Athens. In the vocational level there are two other types of education: one within secondary education and another in the post secondary sector. Further to this, there are ‘nurses’ employed by the patient on a personal basis.

A ‘nurse’ who is employed by the patient works exclusively for him most often during the night shifts, providing basic nursing care. S/he is paid directly by the patient and might not always have nursing or nursing assistant qualifications but this is rather difficult to be discovered. However, the attending physician provides the required approval for the employment of such a nurse, which means that the cost can be covered by the patient’s health insurance. The nursing profession through its National Association has requested from the Ministry of Health to stop this kind of ‘solution’ to the nursing shortage but so far the efforts were not successful. All these different types of nursing are causing confusion and anxiety and have negative effects to the quality of the care offered. The State probably thinks that this kind of policy provides cheaper services and it also offers a solution to unemployment, although this is cannot easily be documented.

In Greece the ratio of doctors to nurses is different to other countries. There are relatively many doctors compared to nurses and quite often no clear differentiation between nursing and medical tasks. Because of this the doctors sometimes perform interventions that in other countries are performed by nurses. This of course increases the anxiety and the disappointment of professional nurses, particularly the students who when they go to the hospital wards discover the existence of a gap between what they learn and what they can in reality do. Although there is always an overlapping among different health care professionals, practically there are no serious problems in the everyday work and cooperation is usually good.

Promotion in the nursing profession is based on the same legislation for all public servants. A nurse is promoted on the basis of the years of employment but also must have positive assessment by the ward nurse and the Nursing Officer. For the post of the ward nurses and Nursing Officer the decision for promotion is taken by the hospital council after consideration of previous work experience as well as other qualifications, such as a Master Degree, research and publications. For the post of the Director of Nursing Services, decision for promotion is taken by a higher authority operating at the level of the Peripheral Health
Councils. Work experience as well as other qualifications such as Master, Ph d, research and publications is also taken into account.

Two important changes in nurses’ professional lives could be considered as important and they both refer to changes of legislation:

1. Law 2516/2001 passed by parliament after the Bologna Declaration aimed at stopping the conflict between the TEI and the Universities and therefore to unify the two different types of higher nursing education into one. It also gives to TEI the opportunity to develop Masters Courses in collaboration with the Universities, thus giving TEI graduates opportunities for further studies. However, in practice this has not been successful. The differences between the two types of graduates still exist and the number of the existing Master Degrees for the TEI graduates is very limited.

2. Last year and after 23 years of relentless efforts, finally the nursing profession succeeded to pass a new legislation (Law 3252/2004) that provides it with a professional body aiming to control the profession and to ensure professional status and autonomy. The application of this Law is recent and therefore it is too early to speak about its effects on professional lives.

It has already been mentioned that so far professional autonomy was very limited. However the profession hopes that when the new Law (3252/2004) is applied professional autonomy will be achieved, but a lot of work is still required. There are also hopes that it will be easier for a nurse to become self employed because by this legislation differentiation of nursing from medical interventions will be better clarified. Finally, the private sector has influenced the nursing profession by offering more employment opportunities to nurses. However, most nurses think that the public sector provides better working conditions and most see private hospitals as a chance to get work experience to apply later on for a public post.

An important issue that should be commented at this point is about the outflow from and re-entry into the profession. The nursing profession does not enjoy high prestige. The social status of nurses was very low a few decades ago but recently public opinion has changed, although at a rather slow pace. The nature of the work, the poor care rendered in some hospitals, the shortage of graduate nurses and the presence of untrained personnel (practical nurses) do not help to change the long-held image of nursing. Due to the shortage of nurses, the work pressure and the organisational problems of services, a large number of graduate nurses are not satisfied with their profession and leave it in the course of their career. The main reasons given for outflow are the irregular hours of work, the fact that they have to work on Sundays and holidays, the low remuneration and the working conditions.

Until 1990 permanent outflow was manly by married women with children after 15 or 25 years of employment. Until 1990 according to the existing legislation married women with children could retire with full pension after 25 years of employment and with decreased pension after 15 years of employment. Many nurses have taken advantage of this legislation to remain at home or to seek other work. Nevertheless, the new law of 1990 has set the retirement age for women at 60 and for men at 65 and this outflow is now decelerated.
The nursing profession

Nurses in Greece are protected by specific legal regulations for practicing nursing. There is a law dating from 1980 referring to licensure through which both the nursing title and professional practice are protected. The license to be obtained by a nurse to be eligible for employment is issued by the prefecture of the area in which s/he wants to practice. The official protocol numbers of the licenses issued by each prefecture of the country are submitted and listed to the Ministry of Health, Division of Health and Manpower Development. The purpose of this recording is to obtain information on the number of employed nurses. Unfortunately, the exact number of active nurses in the profession cannot be known, because: (a) a nurse having a working license is not obliged to work, and (b) the number of nurses who leave the profession is never officially recorded.

In the year 2000, it was officially recorded that there were 357 nurses graduated from the University Nursing School, 13,262 graduates from Nursing Departments of Technological Institutes, 15,674 Lyceum graduates and another 4,576 nurses that have graduated from Gymnasium, a total of 33,869 nurses at national level. This figure denotes a substantial increase of approximately 33% from the relevant figures for a decade ago; when 253 nurses per 100,000 inhabitants were registered as working in the profession.

From the early post-war period until today, the nursing profession in Greece experienced a series of changes and restructuring in the fields of education, recruitment, professional knowledge and working conditions. These changes will be reflected periodically in the following sections.

Nurse education


During 1945-1967 nurse training was practically entirely hospital based. The required years of training varied from 2 to 3 and at the end of their studies nurses were qualified to practice nursing without obtaining a degree. A hospital certificate that confirmed attendance of nursing educational programme for each nurse student was awarded. A new law in 1970 (Law 652/1970) established the Centre for Higher Technical Education under the Ministry of Education. Five such schools comprising of departments of nursing are operational since 1970 (Papamikrouli, 1993). The students were admitted through a system of General National Exams and were only females. It should be noted that at that period the religious aspect was a significant element and an influential factor in training and professional culture.

1974-1989

Major changes have taken place during this period with regard to nursing education. In 1977 the schools that had been established in 1970 within the Centre for Higher Technical Education were renamed Technical and Professional Education Centres (KATEE). This was done without actually changing the structure of the institutions. However, after few years, the reform law of 1983 (Law 1404/83) established the Technological Educational Institutions (TEI). The Technological Educational Institutions are part of the higher education system in Greece (Law 1404/83): self-governed institutions supervised by the Minister of National Education and Religion. In 1980 the first Department of Nursing was established at the University of Athens, which, since 1983 has become an independent Faculty in the Athens University. Nurse students obtain a degree after 4-years training either in the University or in TEIs (Stavropoulou, 1993). These structural changes had a major impact on the specific content of nurse education. Fields such as nursing research were rapidly developed and nurses are now motivated to pursue postgraduate studies, as a means to improve their professional status, professional knowledge and working condition. A considerable number of male students are now entering the profession, as opposed to the previous situation. The
admission of the nurse students in the University and TEIs continued to be through General National Exams.

The 1983 Health Reform established the ‘National Health Care System’ but did not directly affect the nursing profession - either in their hospital duties or remuneration. However, nursing was substantially affected indirectly due to the introduction of about 180 Health Centers all over Greece. They were institutions planned to provide primary health services in an effort to divert patients from visiting directly secondary or tertiary hospitals, as had been the case up to that time. As a consequence, many nurses for the first time in Greece were asked to provide nursing services at primary health care level and in home visits to patients. In parallel to this, health promotion and disease prevention activities along with population screening activities were included in their professional agenda.

1990-2005


The EC directives reflect the recommendations of the Advisory Committee on training in Nursing on the competence required to take up the profession of nurse responsible for general care in the European Union. These directives recommended one level of nursing education (tertiary education) for all European countries. The directive of 1992, recommended the development of primary health care and community care. This led to the development of the State Law of 1994 that reformed the nursing curriculum and placed emphasis on community care rather than tertiary medical care. In this respect, many of the medically orientated subjects were excluded.

Since the academic year 1995-96, the TEI Nursing Departments apply a new curriculum with a duration of 8 semesters that follows the guidelines of the World Health Organisation (WHO) and the European Union. Therefore, the new programmes pay additional attention and also focus on health promotion and disease prevention, along with the traditional nursing areas. This effort aims at preparing a graduate nurse to be able to function equally well in primary, secondary or tertiary health care establishments. The philosophy and the beliefs of the curriculum are focused on five basic dimensions: Man; Society; Health; Nursing; Nursing Education.

More specifically, the philosophy of the curriculum is based on some basic concepts. Since nursing is an applied science its practice is research based. It is focused on the provision of care and treatment of the sick. It is also focused on health promotion and disease prevention of the individuals, their families and the society as a whole. Nursing is concerned with the self-care, the independence and the respect of human rights as well as with the provision of help for a peaceful death, when this is inevitable. However, political, social and financial factors influence the decision making in nursing. The student is an adult responsible for his own learning that is seen as a lifelong process. The teaching methods must encourage the active participation of the student. They must focus on the development of an analytical and critical thinking and in learning how to learn rather than in learning the provision of ready-made knowledge and its memorisation. The teacher is the facilitator of learning, counsellor and supporter of the student as a lifelong learner and researcher. The learning environment encourages the development of a climate of trust and respect. It also encourages the student’s autonomy and provides learning opportunities for all.

The aim of the curriculum is the preparation of practitioners who will:

- have a high level of scientific knowledge, skills and attitudes necessary for the practice of nursing as a science
be competent professionals able to work at all levels of health care - primary, secondary and tertiary health care
be willing and able to continue their professional development and the improvement of knowledge and skills through critical evaluation of their day to day practice and the lifelong learning process
seek the development of education and practice at their highest possible level

More specifically the above mentioned aims can be achieved through a curriculum that:

- introduces students to the complex and dynamic nature of nursing, as a science within the framework of primary, secondary and tertiary health care,
- contributes to the development of knowledge skills and attitudes by which they will be able to assess the health needs of individuals, help them through competent and self care to meet their needs and evaluate the results,
- facilitates the development of the students as self directed, aware professionals sensitive in the needs of others and confident to make choices and be accountable,
- facilitates critical analytical creative thinking, lifelong professional development and the development of nursing as a field of academic study (Stavropoulou, 1998)

Along the same line, the EU directives of 1997 and 1998, which emphasised the placement of nursing profession in the academic community, led to the development of the State Law of 1998 in Greece. This Law was the reason for major restructuring on the infrastructure of the Technological Educational Institutions where highly qualified teachers were now required. As a consequence, nurse educators pursued postgraduate studies and a minimum qualification was a Masters degree. In 1999 the Bologna declaration sought for one unified level of education for nurses and this led to the State Law of 2001, which unified the University and the Technological Educational Institutes. In this way, the option for collaboration for postgraduate studies was opened. Furthermore in 2003 the curriculum changed further by focusing more to provision of nursing care at a primary health care level and by further excluding medically oriented subjects. The important issues that are related to assessment and evaluation of the educational institutes are also in focus in the Law of 2003 but are not implemented yet.

In 1990, the School of Nursing in the Athens University for first time accepted students through the system of General National Exams (before 1990 the students in the University School of Nursing were graduates from other Schools, who would like to pursue further studies in nursing). This led to a growing number of graduate nurses who belong to the academic community and practice nursing under their academic qualifications and status.

Exchange programmes with equivalent European teaching institutes are also established on a systematic basis and thus provided opportunities to nurse students and teachers to collaborate with academic institutes abroad and to apply advanced nursing practices in daily care. Students are admitted to Nursing Schools through General National Exams. The establishment of post-secondary (IEK) and secondary (TEE) nursing education provided a 2-year vocational education for qualified nurse assistants. As a consequence, the number of practical nurses was reduced.

**Working conditions**


Nurses were exclusively employed in hospitals, where they received their training, too. They were responsible for providing the most basic nursing care to the patients and for carrying out assisting duties for the normal daily functioning of the hospital ward. There was no
established specific job description or organised nursing work. In addition, there was no in-service continuing education and no form of assessment of nursing work.

1974-1989
Nurse graduates are working through an organised nursing system in health care organisations. They use specific models and theories to organise their daily work and nursing care becomes geared to scientific evidence. In-service training and departments of education are established in almost every hospital to provide life-long education to nurse employees. Self assessment and work assessment comes into focus for nurse managers.

1990-2005
The normal hours of work per week of full-time nursing staff is 37.5 hours in the public sector (this amount is the same for all civil employees) and 40 hours in the private sector. The Greek Law provides specific conditions for the extent of night services for female nurses. For example, night work is not permitted 14 weeks before delivery. Evening shifts, night shifts or work on Sundays and national holidays is paid 75% extra. These additional payments are the same for all employees in the public and private sector. Hours of on-call duty are subtracted from the regular duty hours, and are not paid extra. The shifts of the rotation systems of the nursing staff are (a) 7.00 to 14.30; (b) 7.30 to 15.00; (c) 15.00 to 22.30; (d) 15.30 to 23.00; (e) 23.00 to 7.00. It should be noted that at night shifts have only one TEI nurse and if possible an assistant nurse but in many instances, whenever there is shortage of staff, the night shift is undertaken by an assistant nurse.

The practice of overtime is limited to 2.5 hours per week or 10 hours per month in the public sector. In the private sector no limitations for overtime work are imposed. Overtime is normally compensated by time-off but it does not occur frequently because of financial restrictions. Finally, systems of part-time work are only applied in the private sector. Only recently has part-time work been applied to the primary health care sector in the public domain.

It goes without saying that all the changes throughout the post war period in Greece have had a substantial impact on the working life of nurses. The extent to which these changes will be beneficial to the nursing profession remains to be seen. Especially during the period after 1990, the nursing profession has made a remarkable advancement and is gaining social status within health care institutions. In addition, the job satisfaction reported has improved, despite a workload that remains at the same levels as in the past. The frictions between nurses and medical doctors that used to be severe and damaging to the image and even the effectiveness of health care institutions are gradually moderated, due to the improving status of nursing staff and respect for their work.

Identities and professional knowledge
During the time period under scrutiny the professional knowledge and nursing care were strictly focused on meeting the physical as well as psychological needs of the patient. The nursing profession was medically overshadowed and dominated and nurses were considered doctors’ subordinates. There was no specific body of knowledge for nursing. The professional knowledge for the nurses obtained at that period was borrowed from other sciences such as medicine, psychology or sociology. Maybe this is a critical factor that explains the reasons why nurses lacked professional autonomy and accountability and nursing interventions were not scientifically rich.
The training system in the period 1974-1989, is still medically dominated. However, the number of graduate nurses who hold a degree from TEI and University has been increased considerably and this is reflected in daily nursing practice. Degree nurses are employed at all levels of health care organisations. In this respect, the number of practical nurses (persons who were practising nursing without holding a degree or diploma/certificate) is gradually eliminated. As a result of those radical changes the delivery of nursing care is now substantially supported by consistent academic knowledge.

The European influences and the opportunities given to students and nurse teachers in late 1980 to participate in European programmes, such as Erasmus, which supported the free move of students and teachers, created a new era in nursing in Greece. Influences from abroad, autonomy of nursing as a distinct field of scientific knowledge, nursing theories, models, research based practice, are some of the new concepts from the period and have further developed in the decade of 1990. Finally, the hierarchy of the profession experienced the consequences of the changes, by including nurse managers, registered nurses and nurse assistants with degrees and diplomas from higher educational organisations, establishing a hierarchy system that engulfs new professional assets.

1990-2005
In this period the developments that took place in the educational field provided autonomy in nursing and accountability for the nursing care delivered. The nursing profession nowadays has a unique body of scientific knowledge. Nursing research has been given the opportunity to apply evidence based nursing practice. An effort is made to shift from the medical model to individualised nursing care that focuses on health promotion and disease prevention. Concepts of holistic care, individualised care, quality, assessment and evidence based practice are in focus for nursing education and practice. And as an inevitable consequence, the nursing research methods are expanding to all fields of nursing care.

Table 4.14: Professional Nursing 1960-2005

<table>
<thead>
<tr>
<th>Initial Education</th>
<th>Recruitment</th>
<th>In-service training</th>
<th>Working conditions</th>
<th>Key Policy texts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1945-1974</td>
<td>No formal training before entering workforce. Only 2-3 years of informal training at work sites</td>
<td>No training was offered at work sites</td>
<td>Medically dominated. - Nurses were simple assistants for hospital ward work</td>
<td>Law 652/1970 Centre for Higher Technical Education (5 centres)</td>
</tr>
<tr>
<td>1974-1989</td>
<td>- 1983: 4-year initial training in TEs - Erasmus Programs and other EU collaborative efforts</td>
<td>No training was offered at work sites</td>
<td>Medically dominated. - Rapid increase of qualified nurses</td>
<td>-Law 1404/1983 Technological Educational Institutions - National Health Care System (1983) Radical changes in health care delivery Establishment of Health Centres</td>
</tr>
</tbody>
</table>
**Concluding points**

In the post-war period till to the present time:

- The welfare State deficit is evident in the low level of professional development of both teaching and nursing till the 1970ies.
- Both professions have been upgraded in terms of academic qualifications (especially primary teachers and nurses) in the decade of the 1980ies, the period of welfare State expansion in Greece. The development of the primary health care sector since the 1980ies has developed new opportunities and jobs for nurses.
- In both cases the symbolic power of higher education and especially the Universities has been perceived by the social subjects as the key to social status and professional upward mobility.
- Welfare State restructuring is a process which takes place since the 1990ies and impacts on the professions in different ways. In the case of teaching, education restructuring contributes to high unemployment rates, increase of the private sector of teaching, uncertainty and competition for entering the profession, deprofessionalisation, erosion of professional autonomy and proletarianisation, competitive working conditions, professional stress and burn out. In the case of nursing the obvious restructuring that takes place in the system of health care coincides with a period of professional development and ‘emancipation’ from the dominance of Medicine. It is the only profession that is not facing unemployment, especially among higher education nurse graduates. At the same time, however, the profession is been stratified and this is reflected in its internal organisation, especially during the 1990ies. The internal hierarchies and tensions among nurses of different qualifications that became more evident have not been studied yet. The increasing privatisation of health services, however, does not improve nurse working conditions and its social implications on the nursing profession remain to be seen. Professional burn out seems to be the case in nursing also. Interestingly, the State sector is the preferred employer for both teachers and nurses.
- Welfare State restructuring threatens the internal organisation and structures of the emerging professions and de-structures professional identities and knowledge.
- In the would-be autonomous, professional nursing and teaching discourse tensions are evident among a globally inscribed representation of quality in social services in
terms of efficiency and evidence based policy and practice on one hand, and a
definition of quality in terms of equality of access and democratisation on the other.

List of abbreviations
INE: Institute of Work
GE.S.E.E.: Greek Workers’ Confederation
O.I.E.L.E: Greek Federation of teachers in private education

Glossary
Enishitiki Didaskalia
Extra teaching help in basic courses offered outside the regular curriculum and timetable to pupils in primary and secondary education who have difficulties in learning.

Acknowledgements
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CHAPTER 5

Restructuring Teaching and Nursing in Finland

Erja Moore, University of Joensuu

Introduction

Based on a literature search and use of relevant statistics and policy texts this national case study provides information about the histories and present State of institutions of education and health care, history and present State of nursing and teaching, and recent changes or reforms of these institutions. The report aims to describe structural changes in education and health care since the 1960ies in Finland. Restructuring measures within the Finnish welfare State from the 1980ies and onwards are reported with attention to nurses’ and teachers’ competence and positions. The report also describes and analyses the professional education and training of teachers and nurses, and relations between restructuring of education and health care and professional education and training.

The main sources for describing the context and work life conditions of nurses and teachers are various texts and statistics produced by Ministry of Social Affairs and Health (http://www.stm.fi/Resource.phx/eng/subjt/health/index.htm), Ministry of Education (http://www.minedu.fi/minedu/education/index.html) and Statistics Finland (www.stat.fi), all of which have information on their www-pages in English and provide links to texts and data that are related to the context of Profknow. The main sources used for education and education policy are Ministry of Education 2005a (The Finnish Education System) and Eurydice database 2004 (The Information Database on Education Systems in Europe. The Education System in Finland). The main source for health care and health policy is Järvelin (2002 - Health Care Systems in Transition – Finland).

Finland – general information, working life patterns and the welfare State

Finland became an independent republic with its own constitution in 1917. After that, the country’s development was influenced by two wars, the civil war and later the Second World War. Finland is divided into five administrative provinces and the Åland Islands, which have an autonomous status. The population of Finland is 5.2 million (Table 5.1). Finland has two official languages, Finnish and Swedish, and about 6% of the population are Swedish-speaking. In addition, there are a small number of citizens in Lapland, in the north of the country, who speak Same and some Romany speakers. The population is drifting from rural areas to the large cities in the south and west of Finland. (There are 5–7 ‘growth centres’ at present). This internal migration is the largest since the 1970ies, and almost 60% of new jobs are located in southern Finland. This, together with the changes in working life (e.g. decrease of traditional industries, increase of unstable employment), are forcing working-age people to move to the large cities in the south and west of the country. At the same time, the proportion of old people is growing in the regions that are being abandoned (Järvelin, 2002, pp. 1-4).

Table 5.1. Demographic indicators, 1985-2000 (original source Statistics Finland 2001)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (million)</td>
<td>4.9</td>
<td>5.0</td>
<td>5.1</td>
<td>5.2</td>
</tr>
<tr>
<td>Percentage of total population over 65</td>
<td>12.6</td>
<td>13.5</td>
<td>14.3</td>
<td>14.9</td>
</tr>
<tr>
<td>Fertility (per women aged 15-49)</td>
<td>1.6</td>
<td>1.8</td>
<td>1.8</td>
<td>1.7</td>
</tr>
</tbody>
</table>

See also Profknow WP1/Research Review Finland (Moore & Kosonen 2005).
A feature of Finnish political system is the multiparty character of both national and local governments. No political party has reached an absolute majority in the parliament since 1918. The government has typically been composed of coalitions. Finland became a member of the EU in 1995. This membership gave new duties and roles to the political institutions, and in many instances legislation has had to be amended to correspond with EU legislation. Finland was one of the first countries to enter the third stage of Economic and Monetary Union (EMU) in 1999 (Järvelin, 2002, pp. 13-14; Häkkinen & Lehto, 2002, pp. 1-3; Häkkinen & Lehto, 2005). The two first figures below and tables 2 and 3 provided by Statistics Finland (2005a) present the general context of labour force participation in Finland for both women and men. Local authorities and inter-municipal authorities are expected to employ some 450000 people in 2005 (Ministry of Finance 2005).

In the 2003 parliamentary elections, the major parties won the following number of seats: Finnish Centre Party 55, Finnish Social Democratic Party 53, National Coalition Party 40, Left-Wing Alliance 19, Green League of Finland 14, Swedish People’s Party 8, Christian Democrats 7. After the election in spring 2003 the new government was formed by the Finnish Centre Party, the Social Democrats and the Swedish People’s Party. (Eurydice database 2004; for more details about previous coalitions, see e.g. Häkkinen & Lehto, 2005, p. 81).
The professions that are on focus in Profknow, i.e. teaching and nursing, are in the core of the Finnish welfare State. Most nurses and teachers work in the public sector and are employed by municipalities (local government). Teaching, especially teaching in comprehensive schools and health care work are female-dominated areas of work in Finland.

Table 5.2. Labour participation of women by number of children in 2002\(^{92}\) (Statistic Finland 2005a).

<table>
<thead>
<tr>
<th></th>
<th>Population (1000 persons)</th>
<th>Labour force (1000 persons)</th>
<th>Labour force participation rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>No children under 18</td>
<td>1104</td>
<td>1223</td>
<td>723</td>
</tr>
<tr>
<td>With children under 18</td>
<td>617</td>
<td>536</td>
<td>502</td>
</tr>
<tr>
<td>1 child</td>
<td>257</td>
<td>219</td>
<td>212</td>
</tr>
<tr>
<td>2 children</td>
<td>244</td>
<td>201</td>
<td>203</td>
</tr>
<tr>
<td>3 or more children</td>
<td>116</td>
<td>116</td>
<td>87</td>
</tr>
<tr>
<td>With children under 7</td>
<td>288</td>
<td>260</td>
<td>208</td>
</tr>
<tr>
<td>1 child</td>
<td>185</td>
<td>163</td>
<td>142</td>
</tr>
<tr>
<td>2 or more children</td>
<td>103</td>
<td>97</td>
<td>66</td>
</tr>
<tr>
<td>Total</td>
<td>1721</td>
<td>1759</td>
<td>1225</td>
</tr>
</tbody>
</table>

Table 5.3. Employed persons by type of employer in 2003 (Statistics Finland 2005a).

<table>
<thead>
<tr>
<th></th>
<th>1000 persons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
</tr>
<tr>
<td>Private sector</td>
<td>679</td>
</tr>
<tr>
<td>Public sector</td>
<td>455</td>
</tr>
<tr>
<td>Local government</td>
<td>386</td>
</tr>
<tr>
<td>Central government</td>
<td>69</td>
</tr>
</tbody>
</table>

In Finland the professions are classified into different socio-economic categories based on education and demands of work (expertise, subject orientation, risks and productivity). In 1997, the working life position of nurses was changed from upper-level employees with administrative, managerial, professional and related occupations to lower-level employees with administrative and clerical occupations (Kinnunen, 2001, p. 116). In the (hierarchical) classification of socio-economic status teachers are placed in the category of senior staff in education and training (category 33) and nurses in category 44, other lower-level employees\(^{93}\) (Stakes, 2004). Due to these categorisations nurse’s and teacher’s professions are seen to be occupations on different hierarchical levels.

The Finnish welfare State is based on belief in universality of rights and redistribution of wealth. The welfare State regime of Finland is referred to as social democratic, institutional, or encompassing. In the social democratic regime-type, all citizens are entitled to a wide range of universal and decommodifying benefits and services, and high employment levels are necessary in order to finance the extensive welfare commitments. The

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\(^{92}\) The age criteria here is unspecified and not in accordance with Figure 1.

\(^{93}\) The third category is manual workers. For example practical nurses are classified as manual workers.
extensive public provision of health care and welfare services has been one of the characteristic features of the Finnish welfare regime (Simpura et al., 2001, p. 131).

Many responsibilities, including primary education and the social and health services, are devolved to the level of the municipalities. The main decision-making power in the municipalities lies within the municipal councils, which are elected for a four-year term by inhabitants. Municipalities levy a local income tax and receive other tax revenues from the State. Municipalities and joint municipal organizations make up almost two thirds of all public expenditure in Finland. Most municipal expenditure arises from arranging basic services and infrastructure (Järvelin, 2002, pp. 17-18).

There are currently 432 municipalities in Finland (Ministry of Finance 2005). The population of a municipality varies from less than 1000 inhabitants to about 500,000, the average being about 11,000. Municipalities receive a subsidy from the State to enable them to arrange the services they are obliged to provide. The municipal council appoints a municipal executive board, which is accountable to the council. The council also appoints members to the various municipal committees, according to the relative strength of political parties in the municipal council. The committees usually comprise those for health, social services, education, technical infrastructure and a number of others, and are appointed for four years (Järvelin, 2002, pp. 17-18).

Organisation of education and health care in Finland

The health care system in Finland

Everyone in Finland has the right to health services regardless of ability to pay or place of residence. The constitution states that public authorities shall guarantee for everyone, as provided in more detail by an Act of Parliament, adequate social, health and medical services and promotion of the health of the population. According to various indicators, the health of the Finns has considerably improved over the last few decades (Table 5.4). Average life expectancy among the Finnish population has improved throughout the twentieth century. In the 1950ies and the 1960ies, mortality among Finnish men was notably high when compared to international standards, mainly due to the high prevalence of coronary heart disease. Life expectancy has grown considerably since then, being 74 years for men and 81 years for women in 2000. This is largely due to the rapid decline in coronary heart disease and other cardiovascular diseases (Järvelin, 2002, p. 3 and 6).

Table 5.4. Some health indicators, 1985-2000 (Modified from Järvelin, 2002, p. 3. Original source Statistics Finland 2001)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Live births per 1000 population</td>
<td>9.8</td>
<td>10.0</td>
<td>9.6</td>
<td>9.5</td>
</tr>
<tr>
<td>Fertility (children per women aged 15-49)</td>
<td>1.6</td>
<td>1.8</td>
<td>1.8</td>
<td>1.7</td>
</tr>
<tr>
<td>Female life expectancy (years)</td>
<td>78.5</td>
<td>78.9</td>
<td>80.2</td>
<td>81.0</td>
</tr>
<tr>
<td>Male life expectancy (years)</td>
<td>70.1</td>
<td>70.9</td>
<td>72.8</td>
<td>74.1</td>
</tr>
<tr>
<td>Infant mortality per 1000 live births</td>
<td>6.3</td>
<td>5.9</td>
<td>4.0</td>
<td>3.8</td>
</tr>
</tbody>
</table>

The development of health care is closely connected with public health policy and economic development of public administration (Häkkinen & Lehto, 2002, p. 1). The Finnish health care system is decentralised. The municipalities are responsible for arranging health care, and 94 The number of municipalities is decreasing as smaller municipalities seek to join larger ones. The number of municipalities was 448 in 2002 and is 432 in 2005 (Järvelin, 2002; Ministry of Finance 2005).
95 The text here is based mainly on two sources that are available in electronic form and in English: Järvelin 2002 and Häkkinen & Lehto 2002. (See also Häkkinen & Lehto, 2005).
central regulations on health care arrangements are not very detailed. There has been little opposition to decentralisation; the population in Finland is dispersed and local decision-making has always been regarded as important. According to Häkkinen and Lehto (2005), in Finland public responsibility for health care has been decentralised to smaller local authorities (municipalities) more than in any other country.

**Historical background**

In Finland, the organization and financing of health care have long been considered a public responsibility. The health care system has developed gradually, and no exact point of time can be identified for the introduction of the tax-financed system. The Finnish municipalities have long been the basic units for arranging health care for their citizens. Before the Second World War, municipalities concentrated mainly on public health and the treatment of tuberculosis, other communicable diseases and mental diseases. After the War, municipalities contracted general practitioners, midwives and public health nurses, usually providing them with facilities and accommodation. Most of a general practitioner’s income came from payments by patients, but midwives and public health nurses were salaried. As the overall number of doctors was small, nurses had to handle a wide variety of health problems. In the 1940ies, maternity and child-care centres began to be built throughout the country. The right to maternal and child health care was fixed by law, irrespective of residence and financial situation. The provision of hospital care was fairly modest in the first half of the twentieth century (Järvelin, 2002, p. 22).

A National Health Insurance (NHI) scheme was introduced in 1964. It ensured social income during sickness leave, the right to receive reimbursement for a significant proportion of the cost of private outpatient health services and pharmaceuticals (Häkkinen & Lehto, 2005, p. 82). In the late 1960ies and the beginning of the 1970ies, there were still striking differences in the availability of health services, most of which were concentrated in urban areas. There was a political will to develop health care, and the stable growth in the national economy secured the necessary resources. All these factors led to the introduction of the Primary Health Care Act in 1972. A national planning system for primary health care was introduced, with a rotating five-year plan (Järvelin, 2002, p. 23).

The Primary Health Care Act obliged municipalities to provide primary care, including public health services and family planning, in health centres. All primary and public health care, which until then had been provided in a fragmented way, were brought together under the administration of the health centres. Primary medical care, various kinds of preventive services, home nursing, family planning, occupational services, rehabilitation, dental care and ambulance services were provided by the health centres. As such multidisciplinary and well-equipped centres did not exist before the introduction of the law, a comprehensive build-up of primary health care facilities throughout the country took place in the 1970ies. The introduction of the Occupational Health Act in 1979 obliged employers to provide occupational health services to their employees. The content and resources of rehabilitation were also developed. The main focus of dental care was on children and adolescents, and strong emphasis was placed on prevention (Järvelin, 2002, p. 23).

Hospital care was included in the national planning of primary health care in 1974, and in 1984 new legislation brought social services (for example, children’s day care and homes for the elderly) into the same planning and financing system as health care. Since then, the collaboration of social and health care has been emphasized at both local and national level. Until the end of the 1980ies, the development of the Finnish health service was marked by continuous growth and diversifying services. Regional differences in the supply and availability of services diminished and quality improved (Järvelin, 2002, p. 23).
During the late 1980ies and 1990ies, regulation by the State gradually decreased. At the same time, the possibilities for municipalities to choose how to organize social services and health care were further reinforced. In 1993, there was a major reform in the financing of health care, one of the most important steps in the deregulation process. Until 1993, the State had paid subsidies on health care, separately on primary health care and secondary care, allocated retrospectively according to actual costs and to activities included in the 5-year plan. After 1993, however, the subsidies started to be allocated to municipalities according to demographic and other need criteria.

The main objectives of the reform were to reduce central administration, to increase decision-making power and responsibility at the local level, to improve coordination of primary and secondary care, and to introduce incentives for efficient provision of care (Järvelin, 2002, p. 32). As regulation by norms further decreased, being almost nonexistent by 2000, steering through information became increasingly important for the government as a means of monitoring the health care system. Steering through information is understood to encompass policy recommendations based on research and evaluation, evidence-based medicine and protocols, education and training, performance indicators and other activities based on information development (Järvelin, 2002, p. 24).

At the beginning of the 1990ies there was also a major reform in the State administration of social welfare and health. The rationale for this was the simplification and streamlining of social and health administration, and the strengthening of social and health policy at ministerial level. In 1991, the National Board of Health and the National Board of Social Welfare, which until then had both been important in guiding State administration, were amalgamated into one organization and soon thereafter abolished. Several new State agencies and institutions subordinated to the Ministry of Social Affairs and Health emerged. They took over some of the tasks that had previously been the responsibility of the two national boards, and the rest were transferred to the Ministry (Järvelin, 2002, p. 24).

The developments in the Finnish health care system in the 1990ies were further marked by the exceptionally severe economic recession. The national economy was in great difficulties, and this was reflected in the health care system by numerous cuts in resources and unforeseen redundancies among health personnel (Järvelin, 2002, pp. 24-25). Unemployment and temporary work were the fate of nurses who had graduated in the 1990ies or of those who were returning to working life at that time. For nurses, the simultaneous increase in education and the end of welfare State expansion created a reservoir of labour that seems to find positions in the working life only in the beginning of the millennium (Santamäki, 2004).

Since the mid-1990ies, the national economy has been steadily growing, but growth in health expenditure has been virtually nonexistent compared to that at the beginning of the 1990ies (Table 5.5). According to Järvelin (2002, p. 25), the health care system seems to have survived the difficult times. No major changes that would have been caused by the recession can be seen in the health indicators. Also, the employment situation of health personnel has improved, and there are already signs of a shortage of health personnel in the future. Total health care expenditure amounted to €2 094 million in 1980, to €6 911 million in 1990, to €8 703 million in 2000 and to €10 671 million in 2003 (Statistics Finland 2004).

Table 5.5. Financing of health care expenditure (Statistics Finland 2004)

<table>
<thead>
<tr>
<th>Year</th>
<th>Public financing</th>
<th>Private financing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State Local authorities Social Insurance Institution</td>
<td>Households Other Total</td>
</tr>
<tr>
<td>1980</td>
<td>38,2 28,9 12,4</td>
<td>17,8 2,6 100</td>
</tr>
<tr>
<td>1985</td>
<td>34,0 34,7 10,2</td>
<td>18,0 3,1 100</td>
</tr>
</tbody>
</table>
Järvelin (2002) points to the fact that the Finnish health care system has long had the support of the population, both before and during the economic crisis as well as now. This has been shown both in international and Finnish studies. According to a survey published by the European Commission in 2000, Finland has the highest number of people satisfied with their health care system in the EU. More than 80% of Finnish respondents were satisfied compared with the EU average of 41.3% (Järvelin, 2002, p. 25).

**Organisation**

The Ministry of Social Affairs and Health directs and guides social and health services at the national level. It defines general social and health policy, prepares major reforms and proposals for legislation, monitors their implementation and assists the government in decision-making. The government decides on general national priorities and proposes acts to be discussed by the parliament. The Ministry of Education is responsible for planning and partially subsidizing the education of health personnel. In municipalities decisions on the planning and organization of health care are made by the health committee, the municipal council and the municipal executive board. The leading personnel of the municipal health centres are often also included in the planning and organization of health services. To improve the coordination of social and health services, the health committee and social services committee can be merged into a single committee (Järvelin, 2002, p. 29).

The main levels in the administrative organization of health care are central government and the municipalities. There is, however, another administrative level between these, the province. In the middle of the 1990ies there were still eleven provinces plus the Åland Islands, the latter having autonomous status. After a political debate they were merged into larger units, and since 1997 there are five provinces (and the Åland Islands). Each of them has its own provincial State office with several departments, one of them the social and health department.

The provincial State offices promote national and regional objectives of the central administration, and keep contacts with municipalities in their area. The social and health departments are responsible for guiding and supervising both public, specialized and primary health care and private health care, as well as assessing basic services. Their responsibilities include handling of appeals relating to health service provision. They also support and participate in various training and development activities. One of their responsibilities in social and health care has been the approval of capital investment plans. The country is divided into 20 hospital districts, each responsible for providing specialized medical care and coordinating the public specialized care within its area. Each municipality must be a member of a hospital district (Järvelin, 2002, pp. 19-20).

The most important ways of steering the health care system are now by means of information, legislation and experimental projects. Evidence-based medicine, local auditing and quality development programmes are also in growing use (Järvelin, 2002: 33).

The main milestones in the history of the Finnish health care and health care policy summarised by Järvelin (2002, p. 16) and Häkkinen and Lehto (2002) are brought together in Table 5.6.
Table 5.6. History of the Finnish health care system

<table>
<thead>
<tr>
<th>Period</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>First part of 20th century</td>
<td>Public general hospitals, tuberculosis hospitals and psychiatric asylums and a municipality doctor system were built.</td>
</tr>
<tr>
<td>1940ies</td>
<td>Municipal maternity and child centres were made statutory, and these free-of-charge services were based on regular contacts with public health nurses and midwives. Measures to treat and prevent tuberculosis (tuberculosis districts)</td>
</tr>
<tr>
<td>1950ies</td>
<td>Development and modernisation of the hospital system</td>
</tr>
<tr>
<td>1960ies</td>
<td>From the Mid-1960ies onwards the priority in health care shifted towards outpatient and primary care. Introduction of the National Health Insurance scheme. Strong increase in the number of medical doctors to be trained</td>
</tr>
<tr>
<td>1980ies</td>
<td>Health care and social services incorporated into the same national planning and financing system. ‘Population responsibility’ including ‘personal doctor’ system. Beginning of deregulation and decentralization</td>
</tr>
</tbody>
</table>

Health centres

A health centre can be defined as a functional unit or an organization that provides primary curative, preventive and public health services to its population. It is not necessarily a single building or a single location, but can be several locations; for example, maternal and child health care or school health might be provided at a separate location from the health centre doctors’ office. Large cities usually have activities organized at several places. Health centres are owned by one municipality or by several municipalities together. They do not aim to make a profit, since they are publicly owned and run.

There are approximately 270 health centres in the country (Järvelin, 2002, p. 55). The number and type of personnel in each health centre depends on the size of the population it serves and on local circumstances. The personnel consists of general practitioners, sometimes medical specialists, nurses, public health nurses, midwives, social workers, dentists, physiotherapists, psychologists, administrative personnel, and so on. They are employed by the municipalities (Järvelin, 2002, p. 56).

Hospitals

Secondary and tertiary care is provided in hospitals, through outpatient and inpatient departments. The range of specialized care varies according to the type of hospital. There are 5 university hospitals, 15 central hospitals and around 40 other smaller specialised hospitals. They are owned by federations of municipalities (i.e. hospital districts). There are only a few

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*There is no centralised State or private agency for the employment of health centre or hospital staff. E.g. a nurse looking for work needs to contact the institution/s.*
private hospitals, providing less than 5% of the hospital days in the country. The executive management of hospitals usually consists of a chief physician, a chief nurse and a director of finance (and/or administration), but there are variations, with larger hospitals having a more complex management structure.\(^97\) (Järvelin, 2002, p. 67)

Järvelin (2002, p. 67) refers to statistical data provided by WHO, which shows that from 1980 up to today, Finland has always had the highest number of nurses among the Nordic countries. One reason for this may be that in the past the number of doctors was very low and therefore more nurses were needed for various tasks, particularly as care was rather inpatient-oriented. Second, a large number of public health nurses are needed for the various roles in public health care, especially maternal and child health care, school health care, occupational health care, and home nursing.

**Personnel**

Table 5.7 shows the amount of Finnish health care personnel in 1980, 1990 and 1999. During this period, the number of physicians increased from 1.7 to over 3 per 1000 population. The number of general practitioners increased significantly during the 1980ies, from 0.3 in 1976 to 1.3 per 1000 population in 1990 and levelled out at around 1.6 during the 1990ies. The amount of nurses has continued to increase in numbers (21.7 per 1000 population in 1999).

<table>
<thead>
<tr>
<th>Health personnel</th>
<th>1980</th>
<th>1990</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>1.7</td>
<td>2.4</td>
<td>3.1</td>
</tr>
<tr>
<td>General practitioners</td>
<td>0.3 (in 1976)</td>
<td>1.3</td>
<td>1.6</td>
</tr>
<tr>
<td>Nurses</td>
<td>14.6</td>
<td>18.5</td>
<td>21.7</td>
</tr>
</tbody>
</table>

The majority of people employed work in municipalities. Up to the 1990ies unemployment among medical doctors and nurses was practically nonexistent, but the economic crisis changed that situation for nurses (e.g. Santamäki, 2004). Today, there is a shortage of doctors in the public sector, and a shortage of other health personnel is arising as well.

**Privatisation**

Private health care comprises mainly outpatient care, mostly in the large cities. The most typical private health care provider in Finland is a physiotherapy unit of 2–3 workers (about 1450 provider units). The second most typical provider is a medical doctors’ practice (about 1000 provider units). Some of the large provider units, a few hospitals and occupational health care units may have several hundred employees. The majority of doctors working in the private sector are specialists, whose full-time job is in a public hospital or health centre. The number of outpatient visits and number of health personnel in private health care have been slightly increasing after a decline during the recession. Private inpatient care forms about 3–4% of all inpatient care. The Private Health Care Act regulates the provision of private health services, the latest changes in the Act are from 1990 (Järvelin, 2002, p. 31).

**The education system in Finland**

The Finnish education system consists of comprehensive school education (the primary and lower secondary level), post-comprehensive general and vocational education (the upper

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\(^97\) In the 1980ies, there was a severe conflict concerning the rule of hospitals. Until the 1980ies, nurses and matrons were subordinate to the medical profession and under the supervision of the general management of the hospital that was run by chief physicians. Later the management structure of the hospital was changed in a way that the management of doctors and nurses was separated to two pillars, and many hospitals have now employed managers from outside the profession of medicine.
Education is arranged and governed in two streams: school education and adult education. All school education in all levels is tuition free.

In Finland, 99.7% of the age group complete compulsory schooling, which means that Finland has one of the lowest dropout rates in the world. The long-term objectives of Finnish education policy have been to raise the general standard of education and to promote educational equality. Efforts have been made to provide all population groups and regions of the country with equal educational opportunities. Special attention is being paid to the content of education and the methods of instruction, as well as to educational standards and equality. Increasing overall flexibility and opportunities for individual choice are considered important, and internationalisation has emerged as one of the key objectives (Ministry of Education 2005a).

The officially expressed future goal of Finnish education policy is threefold – to streamline the education system, to develop it in line with the principles of equity and lifelong learning, and to make it internationally competitive (Välijärvi et al., 2000, p. 53). The level of education in Finland has risen significantly since the 1960ies, and the younger generation is now especially well-educated. Young people are more likely to have gained a certificate, diploma or degree. In the 25–34-year age group, over 80% have at least qualifications at the
upper secondary level; the corresponding figure for the 55–64-year age group is 37%. Gender equality can be considered to have been achieved in Finnish education\textsuperscript{98}, and women account for nearly 50% of the workforce.

Most basic and upper secondary level institutions are maintained by local authorities and joint municipal authorities. Only about 1 per cent of basic level institutions are privately maintained. However, in 2003, 7.5 per cent of general upper secondary schools and 38.5 per cent of vocational institutions were privately owned. Since 1993, the State has gradually withdrawn from the maintenance of vocational institutions. Since the beginning of 1997, the State has chiefly maintained certain special institutions and what are known as language schools (French School and Finnish-Russian School), as well as teacher training schools operating in connection with universities (Eurydice database 2004). The local authorities, joint municipal authorities and private organisations receive State funding for establishment and operating costs. The criteria for funding are usually uniform irrespective of ownership. The State grants and pays State subsidies to education providers, which are responsible for the practical operations of their institutions (Eurydice database 2004).

The system of State subsidies for operating costs in the field of education and culture was reformed at the beginning of 1993, when there was a shift from financing based on expenditure to a system based on calculations. The system has assumed its current form through several transitions. In terms of funding for primary and secondary education, the average State subsidies account for 57 per cent and municipal contributions are 43 per cent of the costs. The criteria for funding are defined according to student quantities or some other performance indicator and according to the unit cost per relevant indicator. As a whole, the financing system levels out economic differences in the municipal income and expenditure bases (Eurydice database 2004).

**Preschool education**

The Finnish school system does not have any actual pre-schools, but pre-school teaching is provided at schools and day-care centres. Pre-school teaching means education provided in the year before children start comprehensive school. The aim is to improve children’s capacity for learning. In practice, children are taught new facts and new skills through play. There is legislation which requires all municipalities to provide pre-school teaching free of charge to all children aged six, but participation in such teaching is voluntary. Most six-year-olds now go to pre-school\textsuperscript{99}.

The objective of preschool education as part of early childhood education and care is to improve children’s learning conditions and to safeguard a sufficient level of equal opportunities for education throughout the country. The National Board of Education has confirmed the Core Curriculum for Preschool Education 2000 to be observed until further notice. The education provider prepares and approves a curriculum for education in compliance with the provisions of the Core Curriculum. The quality of education is evaluated at national and local levels (Ministry of Education 2005a).

**Basic education**

Compulsory education in Finland starts with comprehensive school, which generally starts in the year children turn seven, but it is possible to start school one year earlier or later based on

\textsuperscript{98} Actually there is a female majority of students in all secondary and tertiary level of education.

\textsuperscript{99} According to the Basic Education Act, provision of preschool education is an obligation on the local authorities and a right for families since August 2001. Preschool education for 6-year-olds comprises a minimum of 700 hours per year and it is free of charge. Children attending preschool education still have a subjective right to day care. About 96 % of the age group participate in preschool education and the participation rate is growing (Ministry of Education 2005a).
psychologist’s or physician’s statement. The average age groups starting school have been around 60000, but the size of the age groups is decreasing. In June 2005, 63 500 pupils finished comprehensive school; in August 2005, 57 500 seven year olds will begin comprehensive school (OAJ 2005). Every Finnish citizen is required to complete this education. Comprehensive school lasts for nine years and ends once a young person has completed the curriculum of the comprehensive school or when ten years have passed since the start of their compulsory education (Ministry of Education 2005a).

The school network covers the whole country. Comprehensive schools are primarily run by local authorities, with the exception of a few private schools. The government contributes to the financing of all of the schools. As a rule, transportation is arranged by the education provider for distances of 5 km and over. The number of comprehensive schools was 4130 in 1995 and 3578 in 2002 (Ministry of Education 2004). The diminishing number of schools can be related both to demography and demands of efficiency. The smallest schools have fewer than ten pupils, and the largest ones 900. The schools can develop individual profiles by focusing on some area, such as languages, mathematics and sciences, sports, music or arts (Ministry of Education 2005a). For children, the teaching and educational equipment are free of charge. In addition, pupils get one free warm meal a day. This tradition of free school meals goes back fifty years.

Pupils with learning difficulties get remedial teaching in addition to normal classes. Since 1997, educational authorities have been responsible for the education of all children, including those with profound developmental disability. The aim is to integrate special-needs education as far as possible into ordinary schools, but there are those who benefit more from separate special-needs education. Statutes determine the core subjects, which all pupils study. The government determines the national objectives for education and the number of classroom hours allocated to each subject. One distinctive characteristic of the Finnish comprehensive school is the number of languages studied. In principle, all pupils learn two languages besides their mother tongue, and have the option of one elective and one free-choice language (Ministry of Education 2005a).

Upper secondary school
After compulsory schooling, young Finns can choose between general and vocational upper secondary education (16-19yrs). Like comprehensive schools, some of the upper secondary schools also specialise in a particular subject; currently there are 50 specialised schools. General upper secondary education comprises a minimum of 75 courses, 45-49 of which are compulsory. The curriculum has been designed to extend over three years, but because there are no specific year-classes pupils may graduate in a longer or shorter time.

The upper secondary school ends in a national matriculation examination, which comprises tests in the mother tongue (Finnish/Swedish/Sámi), a foreign language, mathematics and general studies. In the last-mentioned examination, the student answers questions in one or several subject groups, which are: religion and ethics, psychology and philosophy, history and civics, physics, chemistry, biology and geography. There are two levels of examinations in mathematics, in the second official language and in foreign languages; in at least one of the compulsory examinations the more demanding level must be chosen (Ministry of Education 2005a).

The general upper secondary school network covers the entire country. The schools follow a national core curriculum, but recently the range of choice has been widened. Individual schools can cultivate a more distinct image. Some upper-secondary schools have a specialized curriculum, giving emphasis to the arts or some other field. Upper secondary school has traditionally constituted the main channel to university education.
Finnish vocational education and training is institution-based to a very large extent. Taught courses form the core of the programmes. In order to create closer cooperation between vocational education and training and the world of work, efforts are being made to increase the proportion of apprenticeship training to some 10% of all entrants. Upper secondary vocational education covers some 75 qualifications. The study programmes take three years to complete. They are designed for comprehensive school leavers and lead to basic vocational qualifications. All three years study programmes provide eligibility for institutions of higher education (Ministry of Education 2005a).

Higher education
The higher education system is made up of two parallel sectors: universities and polytechnics. The universities rely on the connection between research and teaching. Their basic purpose is to perform scientific research and to provide higher education connected with it. Students at universities may take a lower (Bachelor’s) or higher (Master’s) academic degree and also academic further education, consisting of licentiate and doctoral degree. Universities also arrange further education and open teaching (Ministry of Education 2005a).

There are 20 universities, ten of which are multifaculty institutions and ten specialist institutions. Of the specialist institutions three are universities of technology, three are schools of economics and business administration, and the remaining four are art academies. In addition, university-level education is provided at one military academy under the Ministry of Defence.

All universities engage in both education and research and have the right to award doctorates. The first university degree, which roughly corresponds to a Bachelor’s, can generally be attained in three years of full-time study and the higher, Master’s degree in five years, i.e. additional two years after the Bachelor’s degree. There is also an optional pre-doctoral postgraduate degree of licentiate, which can be completed in two years of full-time study after the Master’s degree. Full-time studies for a doctorate take approximately four years, following the Master’s degree (Ministry of Education 2005a). The polytechnics are usually regional higher education institutions which provide instruction in subjects from several sectors, and which emphasize a connection with working life. The degrees they provide are higher education degrees with a professional emphasis. There are universities and polytechnics all over Finland, and the ultimate aim is to ensure that all prospective students have equal opportunities for study, regardless of where they live (Ministry of Education 2005a).

There are altogether 29 permanent polytechnics. Most of these institutions are multi-sector establishments. The polytechnics provide instruction in the following sectors: technology and transport, business and administration, health and social services, culture, tourism, catering and institutional management, natural resources, the humanities and education. Degrees have a professional emphasis and take between 3.5 and 4 years to complete. In addition to theoretical studies, polytechnic degrees also require practical training in the workplace and a diploma project (Ministry of Education 2005a).

Adult education
Adult education, which is designed for the entire working-age population, has expanded rapidly in the past few years. General adult education is provided by independent sponsoring organizations and evening schools. Vocational adult education is given by all vocational institutions and, specifically, by vocational adult education centres. Adult education at

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100 It should be noted, however, that the great majority of students take a master’s degree as their first degree. In 2004, altogether 2717 Bachelor degrees and 12588 Master’s degrees were taken. (KOTA 2005)
universities comprises further education and open courses. Each university has a centre for continuing education (Ministry of Education 2005a).

**Finnish schools in 2003**

At the end of 2003 there were a total of 5 103 schools belonging to the Finnish education system operating in Finland (Table 5.8). In addition, there are some organisations that are not included in the school classification (such as continuing education centres) (Ministry of Education 2005a).

Table 5.8. Schools in Finland 2003 (Ministry of Education 2005a).

<table>
<thead>
<tr>
<th>Type of School</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive schools</td>
<td>3771</td>
</tr>
<tr>
<td>Upper secondary general schools</td>
<td>440</td>
</tr>
<tr>
<td>Comprehensive and upper secondary schools</td>
<td>37</td>
</tr>
<tr>
<td>Vocational institutions</td>
<td>240</td>
</tr>
<tr>
<td>Polytechnics</td>
<td>31</td>
</tr>
<tr>
<td>Universities</td>
<td>21</td>
</tr>
<tr>
<td>Vocational adult education centres</td>
<td>42</td>
</tr>
<tr>
<td>Specialised vocational institutions</td>
<td>42</td>
</tr>
<tr>
<td>Music institutes</td>
<td>91</td>
</tr>
<tr>
<td>Sport education centres</td>
<td>14</td>
</tr>
<tr>
<td>Folk high schools</td>
<td>88</td>
</tr>
<tr>
<td>Adult education centres</td>
<td>255</td>
</tr>
<tr>
<td>Study centres</td>
<td>11</td>
</tr>
<tr>
<td>Summer universities</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5103</strong></td>
</tr>
<tr>
<td>Finnish schools abroad</td>
<td>7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5110</strong></td>
</tr>
</tbody>
</table>

In 4 624 of the schools the language of instruction was Finnish, in 426 Swedish, 47 schools were bilingual (Finnish/Swedish), 2 were English, and in 2 schools the language instruction was other than these.

**OECD PISA 2003 results (source: Ministry of Education 2005b)**

The Finnish educational system with its comprehensive schools and university-trained teachers has provided pupils with capabilities of the highest rank: Finland came out top in the OECD’s latest PISA study of learning skills among 15-year-olds, with high performances in mathematics, science, problem-solving and reading.

**Restructuring**

At the time of the deep recession in the beginning of the 1990ies tendencies for restructuring of the welfare State strengthened. The welfare State was challenged by closer integration to

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101 There is a separate school system for the Swedish-speakers comprising some 330 comprehensive schools and over 30 upper secondary schools. (Ministry of Education 2005a).

102 Modified from Moore & Kosonen (2005).
global financial markets, ageing population, falling birth rates, and changes in family structures. Timonen (2003) sees a movement towards the Central European welfare State model in the 1990ies, when employee contributions were introduced or increased, some user fees were introduced in the service sector and private insurance was getting higher (individual pension schemes, health insurances). An economic depression hit the Finnish municipalities as their tax revenues and State subsidies declined

The central government sought to give municipalities more discretion over their expenditure during the 1990ies. At the same time municipalities have faced increasingly heavy burdens of obligations (Timonen, 2003). In education, decentralisation has been realised through moving the responsibility for compulsory schooling to the municipalities and schools by abolishing ear-marked money (Johannesson et al., 2002, p. 336). The earlier national curriculum for comprehensive schools was replaced by only guidelines in the 1990ies, which forced the schools and individual teachers to prepare the curriculum. However, there is now a trend back to State control in curriculum as Finnish National Board of Education prepared the new core curriculum for comprehensive schools from the beginning of autumn term 2006 (National Board of Education 2005).

The estimations of the impact of restructuring on the professions of nurses and teachers are somewhat vague. In the area of education, accounts of the change in educational policies have been published (e.g. Johannesson, Lindblad & Simola, 2002; Rinne, 2000), but empirical findings about the changes towards e.g. diversification and stratification of the school system, differentiated curricula, stronger parental choice, private competition or private funding are missing. In the area of health care, research on restructuring includes very few referrals to the changes in nurse’s work whereas quite a lot of discussion concerns the work of doctors.

Simpura et al (2001) have analysed the survival of the Finnish health care system. They noticed in their analysis that hospitals treating acute somatic diseases continued the growth of their output throughout the 1990ies, while sectors like home care of the elderly, care for substance abusers and psychiatric care experienced a marked decrease. Simpura et al (2001, p. 143) State that it is evident that strong professions, strong institutions and influential user groups could protect their interests whereas weaker professions, weaker provider institutions and marginal or excluded user groups lost in the competition for scarce resources (also Häkkinen & Lehto, 2002). While education is free of charge to all students, in health care customers and patients pay for some services, but the fees are subsidised and the cost of visiting a doctor in the public sector is much cheaper than it is in the private sector.

The long-term objectives of Finnish health policy have been to achieve the best possible health of the population and to reduce disparities in the health of the different social groups. Up to the 1970ies, policy issues that concerned the health care delivery system were mainly about building the service system and improving accessibility. The introduction of the Primary Health Care Act at the beginning of the 1970ies formed the basis for the further development of the health care system and health policy. In the 1990ies, developments in health care were influenced by ‘external’ circumstances: severe economic recession, the 1993 State subsidy reform, Finland’s membership of the EU and socio-economic turbulence in neighbouring countries. A broad policy of preventive health care is still being pursued, whereby it is urged that health should be taken into consideration in all aspects of public

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103 State grants to municipalities were repeatedly and heavy-handedly cut throughout the recession in the 1990ies. In the 1980ies State grants provided nearly half of the funding needed for the services. State grants were cut by about 7 % in 1992-1994 and by 10 % in 1994, and income from municipal taxes declined about 10 % in 1990-1992 (Timonen 2003, p. 114).

104 Some authors disagree with this conclusion. E.g. Simola, Rinne & Kivirauma (2002), Seppänen (2003; 2004) and Antikainen (2005) see clear indications or signs of restructuring in Finland.
decision-making. Nevertheless, the importance of efficient and accessible health services available to the entire population also continues to be emphasised (Järvelin, 2002, p. 89).

**History of nursing in Finland**
The birth of modern nurse profession can be placed to the end of the 19th century. In the first decades of the 20th century calling and self-sacrifice were features connected to nursing as a profession. The development of the profession is seen to be closely linked to the development of modern medicine and hospital institution (Rinne & Jauhiainen, 1988, 121; Sorvettula, 1998, p. 423).

The education of nurses as a practice arranged by the State started in 1889 on the surgical ward of general hospital in Helsinki. At first the education of a nurse lasted half a year, but was expanded a couple of years later to one year. Nurses were under tight control from the medical profession and State controlled education. Nurses were women, and as workforce were cheaper than men (Rinne & Jauhiainen, 1988, pp. 132-133).

The first trade organisation of nurses, Finnish Association of Nurses, was founded as early as in 1897. The association faced a language fight (between Swedish-speaking and Finnish-speaking nurses) in the 1920ies. The association had been fully Swedish-speaking and the Finnish-speaking nurses founded a new union, Finnish Trade Union of Nurses (Suomen Sairaanhoitajaliitto). It was as late as in 1966 that these two associations amalgamated to form the Finnish Trade Union of Nurses. The unification was followed by a strike when nurses with midwives, children’s nurses and physiotherapists started action after failing in wage negotiations. In the beginning of the 1980ies, a new trade union of health care workers (Terveydenhuoltoalan ammattiliitto, TEHY) was established. This union joined together previous unions of nurses, dental nurses, midwives, laboratory technologists, children’s nurses and physiotherapists in one large union. It should be noted, however, that practical nurses stayed in their own union and under another central organisation. Another strike followed in 1983, which brought some improvement to the wage level (Rinne & Jauhiainen, 1988: 134-161). In 1995, there was a strike with minor results.

The development and establishment of the nursing profession took place at the same time when the societal position of women started to change and the change took form e.g. in increasing proportions of women participating in paid labour. The 1950ies changed the arrangements in health care profoundly as central hospitals throughout the country were created, which increased the need of educated nurses and assistants (Rinne & Jauhiainen 1988: 137 and 156). In the 1950ies and the 1960ies a wide hospital network was created (hospitals, mental hospitals and institutions for mentally handicapped), and the 1970ies was a decade of the establishment of health centres after the 1972 Public Health Act.

The position of a nurse was subordinate to the medical profession. Some research in nursing science states that nurses have been independent professionals beside doctors since the start of the 20th century, but this view has been rejected in the research in other fields. According to Rinne and Jauhiainen (1988) the subordinate position of nurses lasted as late as the 1980ies, until a wide argument between the profession of medicine and

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105 The first trained nurses came from Swedish-speaking part of population, and the basic education of nurses was rather high from the beginning. The first male nurses registered in 1966 (Rinne & Jauhiainen, 1988, p. 137).

106 Suomen sairaanhoitajataryhdistys. The Finnish expression ‘sairaanhoitajatar’ referring to a nurse is an oldfashioned word that is not used any more. The word included at that time the ending –tar which indicates that nurses were female. Today in the Finnish language the word for nurse is sairaanhoitaja, from which the feminine ending has been removed.

107 The unionisation of midwives also started in the end of the 19th century (Rinne & Jauhiainen, 1988).

108 In Finland women gained the right to vote as early as in 1906.
nursing arose from the issue of supervision of work. Even if the nurse education was of high standard, the hierarchy was evident in the profession and specification into different areas had taken place, nurses did not have the same kind of autonomy in the care situations as the doctors did.

Legislation
The main laws and decrees defining the context of nurses’ work are (from Ranta, 2004):

- Primary Health Care Act 1972
- Specialised Medical Care Act (Hospital Act) 1990
- Mental health Act 1990
- Act on patient’s status and rights 1992
- Occupational Health Care Act 2001
- Act and Decree on Health Care Professionals 1994

Health care professionals include licensed professionals and professionals with a protected occupational title. Licensed professionals who are given the right to practise a profession by virtue of law include: physician, dentist, head dispenser, psychologist, speech therapist, dietician, pharmacist, nurse, midwife, public health nurse, physiotherapist, medical laboratory technologist, radiographer, dental hygienist, occupational therapist, optician and dental technician (17 titles). Only licensed professionals have the right to practise the said occupations. The National Authority for Medicolegal Affairs grants the right to practise upon application (National Authority for Medicolegal Affairs 2005).

Every person who stays permanently in Finland is without discrimination entitled to the care required by his/her state of health (Act on the Status and Rights of Patients). A patient or his/her close relative who is not satisfied with the care received and related treatment has the right to make a complaint to the director of the health care unit in question, who has to respond to it in a reasonable time. The complaint procedure facilitates investigation of treatment in the health care unit, which makes it possible to influence treatment as needed. If it becomes obvious, when the complaint is dealt with, that the care or other treatment of the patient may cause liability for patient injury, the patient shall be advised as how to initiate this. A patient ombudsman, who advises and assists patients in matters relating to the application of the patient act, is appointed for health care units. Making a complaint does not restrict the right to appeal to the authorities who control health care or medical care (National Authority for Medicolegal Affairs 2005).

Health care personnel are obliged to follow ethical principles and approved methods of work. Health care professionals are also obliged by legislation to maintain and develop their professional skills (Ministry of Social Affairs and Health 2004).

Supervision of health care professionals
The Ministry of Social Affairs and Health has the authority to issue general directions and orders concerning the activities of health care professionals. In addition to the National

109 By the end of the 1980ies, the management of hospital staff was changed in a way that nurses were under the management of a chief nurse.

110 The professionals with a training entitling to the use of a protected occupational title include: assistant nurse, orthopaedic technician, dental assistant, chiropodist, podiatrist, trained masseur, trained chiropractor, trained naprapath, trained osteopath, physiotherapy assistant, children’s nurse, practical nurse for social and health care, hospital and ambulance attendant, practical mental nurse, practical psychiatric nurse, practical nurse, psychotherapist, hospital physicist, hospital geneticist, hospital chemist, hospital microbiologist and hospital cell biologist (22 titles). (National Authority for Medicolegal Affairs 2005).
Authority for Medicolegal Affairs, health care professionals are supervised by State Provincial Offices who also supervise the activities of health care units. The principal statute directing the activities and supervision of health care professionals is the Act on Health Care Professionals, the purpose of which is to enhance patient security and the quality of health care services. Therefore, the competencies of all health care professionals mentioned in this act (and respective decree) and the quality of their professional practice are subject to supervision. (National Authority for Medicolegal Affairs 2005).

Those aiming to work as health care professionals in Finland must submit an application to the National Authority for Medicolegal Affairs to obtain the right to practise a profession. A person engaging in unlicensed activity as a health care professional can be sentenced to a fine or imprisonment (National Authority for Medicolegal Affairs 2005).

**Education of nurses**

Education of nurses was non-uniform until the 1930ies. The Act on the Education of Nurses was confirmed by parliament in 1929. The education of a nurse was established to be 3 years. In the same year, the Act on Practicing Health Care was issued. The act gave educated nurses a monopoly to practice nursing care. The post-war time in the area of health was time of expansion. More nurses were educated for the needs of tuberculosis hospitals and public health care. The 1950ies changed the arrangements in health care profoundly as central hospitals throughout the country were created, which increased the need for educated nurses and assistants (Rinne & Jauhiainen, 1988: 137 and 156).

In the 1960ies up to the 1980ies, the education of nurses took place in Educational Institutions of Nursing (later Educational Institutions of Health Care) and lasted 2.5 years. After that you could specialise in some field of nursing for a year; e.g. according to different fields of medicine like in surgical nursing or in medical nursing. Midwifery and public health nursing were also fields of specialisation. The education was renewed in the 1980ies in the renewal of secondary grade education. In the renewal the specialisation was included in the education of nurses. The education of nurses took place at upper secondary level, lasted 3.5 years and specialised nurses of four different fields were trained. In addition, public health nurses, midwives, physiotherapists, occupational therapists, dental nurses, laboratory technicians and radiographers were educated at the upper secondary level (Rinne & Jauhiainen, 1988: 159).

The following large renewal took place only ten years later when the polytechnics were established in the Finnish educational system in the 1990ies. The education of nurses nowadays takes place in polytechnics (AMK) that were established in the 1990ies as more practically oriented higher education institutions than universities (e.g. Nursing in Finland 2002). Two main degree programmes in nursing lead to degree titles of a Bachelor of Nursing (140 study weeks) and a Bachelor of Public Health Nursing (160 study weeks) . The objective of the degree programme is to educate nursing experts for health and social care. The studies are multidisciplinary with the focus in nursing science. The purpose of the degree programme is to provide nurses with an information base, which embraces both nursing science and other disciplines to enable nurses to act flexibly in the changing work

111 A nurse with a degree from another country must attach to the application a certificate of the compliance of his/her training with Directives No. 77/452/EEC, 22/453/EEC, and 2001/19/EC issued by a registering authority in the country where training was completed. (National Authority for Medicolegal Affairs 2005).
112 Assistant nurses (later practical nurses), children’s nurses, nurses for rehabilitation, mental health nurses, ambulance drives etc. were trained on vocational school level to the lower positions in the hierarchy of health care professions.
113 Harmonisation of the degrees is in process to follow the Bologna process. Study weeks will be abandoned as indicators of the length of studies and replaced by credits (study points).
environments of primary health care and specialized nursing sectors. The curriculum conforms to EU directives (National Board of Education 2005b).

Until 1968 in nurse education a curriculum accepted by the National Medical Board was used. After that the curriculum was accepted by National Board of Vocational Education (and later National Board of Education). In the renewal of secondary education in the 1980ies, the national grounds of curriculum were used in order to unify the content of nurse education and to guarantee the level of competence of nurses. At the beginning of the polytechnic reform in the 1990ies, the curriculum of nurse education was planned in national meetings. As the centralisation in planning of education has decreased, the polytechnics have developed self-evaluation and quality control. The length of polytechnic degrees in health care vary from 140 study weeks (e.g. nurse) and 160 study weeks (e.g. public health nurse) to 180 study weeks (e.g. midwife)\textsuperscript{114} (Ministry of Education 2000, 4).

The first public discussions about the need of a scientific base for nursing rose in Finland in the 1950ies. Since 1956 the Foundation of Nurse Education started to publish The Yearbook of Nursing, which is considered to be the scientific publication of nurse profession. The university level studies in nursing science were introduced in the University of Kuopio in 1979. In 2004, six universities offer education of health sciences providing the students with a master’s degree for example in nursing science or nursing administration. In 1981, there were 60 students in the University of Kuopio studying nursing science, in 1990 the number of students in health sciences had risen to 1 521. In 2004, 2 881 students studied health sciences in universities, 365 degrees were taken, and 90 percent of students were female (KOTA 2005). A university education qualifies the graduates to positions of matron, chief matron and nurse educator.

The attraction of nursing has traditionally been strong among young people, and there have always been more applicants for the training than can be accepted. In recent years, however, the number of applicants has decreased, although there is not yet a lack of qualified applicants (Laine et al., 2002).

**Further education**

It is common that employees obtain education on their own initiative\textsuperscript{115}. The development of professional skills and knowledge is seen to be necessitated by increased demands from patients and changing working life and operating environment. In the field of health care the importance of further education is emphasised in particular, because care practices are changing continuously with the rapid development of medicine, biosciences, health sciences and technology (Ministry of Social Affairs and Health 2004).

In 2003, Ministry of Social Affairs and Health set up a working group to prepare national recommendations for health care units. In the recommendations the aim of further education is to maintain, develop and deepen the professional skills and knowledge of health care personnel based on their education needs and the fundamental task and development of the operations of the organisation. The recommendation concerns health care professionals and other employees working in health care units. Particular attention is paid to the provision of further education and training within primary health care. In the recommendation, further education means systematic, need-specific short- or long-term education and training aiming to maintain, update and improve employees’ professional skills and knowledge in both

\textsuperscript{114} The content of education and degrees are regulated by the Act (559/1994) and Decree (564/1994) on Health Care Professionals and the directives set by EC (for nurses 77/452/ETY and 77/453/ETY and change directives 89/594/ETY and 89/595/ETY; for midwives 77/425/ETY, 77/453/ETY, 80/154/ETY, 80/155/ETY, 89/549/ETY and 89/595/ETY). (Ministry of Education 2000, p. 4).

\textsuperscript{115} Finland has the highest participation rate in adult education in international comparisons. 54% of the adult population participated in AE in 2000 (Blomqvist et al., 2002).
immediate and indirect work with patients and clients. The employees are responsible for assessing their need for further education and for participation in further education serving their own job tasks and organisation (Ministry of Social Affairs and Health 2004).

Demography
Rintala (1995, p. 45) presents statistics on the numbers of different professional groups in hospitals (specialised health care). From 1973-1991 all professional groups expanded and the increase was highest in personnel in finance, administration and maintenance. Similar expansion in all professional groups took place in primary health care as well (Rintala, 1995).

There is information available in statistics (1) on the total number of nurses, (2) number of nurses working or belonging to the workforce and (3) nurses working in municipalities. Thus, the figures provided in different institutions for different purposes are not comparable and are depending on the purpose and objectives of the institution in question. In addition, it is not always clear what is meant with the concept of a nurse, as there are several differentiated vocations in health care work. In the statistics provided by Ministry of Social Welfare and Health the information about nurses is embedded in the larger context of social welfare and health care. In the following tables, the relevant data on nurses that has been available for this report are presented.

Table 5.9. Estimations of total number of nurses 1970-2000.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of nurses</td>
<td>20000</td>
<td>26070 (98% women)</td>
<td>30000</td>
<td>62000***</td>
</tr>
</tbody>
</table>

* Rinne & Kivinen 1988; ** Santamäki 2004, *** Ministry of Social Affairs and Health 2001


<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>8330</td>
<td>12091</td>
<td>14141</td>
<td>15905</td>
<td>16443</td>
</tr>
<tr>
<td>- inhabitants per physician</td>
<td>575</td>
<td>413</td>
<td>361</td>
<td>322</td>
<td>317</td>
</tr>
<tr>
<td>Nurses</td>
<td>38480</td>
<td>49861</td>
<td>49141</td>
<td>59053</td>
<td>61265</td>
</tr>
<tr>
<td>Practical nurses</td>
<td>23330</td>
<td>34212</td>
<td>36382</td>
<td>30210</td>
<td>27239</td>
</tr>
<tr>
<td>Dentists</td>
<td>3330</td>
<td>4486</td>
<td>4761</td>
<td>4794</td>
<td>4587</td>
</tr>
</tbody>
</table>

Table 5.11. Number of nurses and some other related professions in municipal employment, 1990-2003 (Stakes, 2004; percentage of women, Santamäki, 2004).

<table>
<thead>
<tr>
<th></th>
<th>1990 (%women)</th>
<th>1995 (%women)</th>
<th>2000 (%women)</th>
<th>2003 (%women)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>19620</td>
<td>21900</td>
<td>27800</td>
<td>33400</td>
</tr>
<tr>
<td>Midwifes</td>
<td>230</td>
<td>730</td>
<td>1280</td>
<td>1560</td>
</tr>
<tr>
<td>Public health nurses</td>
<td>5230</td>
<td>5030</td>
<td>5290</td>
<td>5740</td>
</tr>
<tr>
<td>Matrons and ward sisters</td>
<td>7660</td>
<td>6900</td>
<td>6390</td>
<td>6070</td>
</tr>
<tr>
<td>Practical nurses</td>
<td>22200</td>
<td>21800</td>
<td>24600</td>
<td>30500</td>
</tr>
<tr>
<td>Assistants in care</td>
<td>24700</td>
<td>21000</td>
<td>16600</td>
<td>13300</td>
</tr>
</tbody>
</table>

116 In the end of 1999 the total numbers of persons holding degrees in health care work were: practical nurse (+ other equivalent degrees) 96188, nurse 60636, public health nurse 12941, midwife 4208, physiotherapist 10301, laboratory technician 6958, radiologist 3361, occupational therapist 1128, dental nurse 991, aid device technician 141, doctor 16833, dentist 5057, pharmacists 5911, psychologist 3989, speech therapist 840, nutrition therapist 270 (Ministry of Social Affairs and Health 2001).

117 4.7 percent of nurses lived abroad. (Ministry of Social Affairs and Health 2001).
It should be noted that information about nurses working in other types of employment than municipal are missing from the table above (e.g. State hospitals/military hospitals, jails, private enterprises, private medical units). In Nurse Survey 2004 (Partanen et al., 2005), 88 percent of the respondents (who were reported to represent the members of the Finnish Association of Nurses) were employed by municipalities, 6 percent by the private sector, 3 percent by foundations and 2 percent by the State. In 2000, one quarter of nurses worked in primary health care and three quarters in specialised health care (Table 5.12).

Nurses typically work on wards: 82 per cent of nurses in 2000 worked on wards either in primary health care (which is mostly care of elderly and patients with long term illnesses) or in specialised medical care (wards organised by the different specialised fields of medicine). Laine et al. (2002) found a similar result in their survey (n=3920) about intent to leave nursing in Finland.

Table 5.12. Nurses’ work places in municipal employment (Stakes, 2004)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of nurses working</th>
<th>Primary health care, outpatient clinics (% of nurses)</th>
<th>Primary health care, wards (% of nurses)</th>
<th>Specialised medical care, outpatient clinics (% of nurses)</th>
<th>Specialised medical care, wards (% of nurses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>19620</td>
<td>7.4</td>
<td>19.2</td>
<td>2.5</td>
<td>65.0</td>
</tr>
<tr>
<td>2000</td>
<td>27800</td>
<td>8.1</td>
<td>18.3</td>
<td>2.6</td>
<td>63.9</td>
</tr>
</tbody>
</table>

Laine et al. (2002) summarise the statistics provided by Statistics Finland as follows: In 2001, there were 120,000 employees working in the different nursing professions in Finland. Of them, 45% worked in hospitals, more than a third in institutional long-term care, and nearly one fifth in primary health care (out-patient care). The main professional categories were registered nurses, including also public health nurses and midwives, and practical nurses. The shares of these two categories were 48% and 47% of the active work force in nursing, respectively, while the share of nursing aides was 5%. The main employers of the nursing work force are municipalities: 80-85% of the nurses work either for municipalities or municipal federations (Laine et al., 2002, p. 146).

The work force employed in the public sector is ageing. This has been a worry in the public discussion. The raising average age of public sector workers is often used as an example of the ‘retirement bomb’ expected to happen when the baby-boomers retire before the year 2012. The average age of people working in the municipal social welfare and health care services has risen radically, and a large number of personnel will retire in the next few years (Järvelin, 2002, p. 69). The mean age of nurses working in municipalities was 36.6 years in 1990 and 40.3 years in 2000 (Santamäki, 2004: 156; Kuntatyönantaja, 2002).

Table 5.13. Age of health care staff in municipal employment (%) (Kuntatyönantaja, 2002).

<table>
<thead>
<tr>
<th>Age</th>
<th>-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical Nurse</td>
<td>7.2</td>
<td>21.4</td>
<td>39.1</td>
<td>32.0</td>
<td>0.4</td>
</tr>
<tr>
<td>Nurse</td>
<td>14.8</td>
<td>32.6</td>
<td>33.2</td>
<td>19.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Specialised nurse</td>
<td>7.9</td>
<td>26.3</td>
<td>42.5</td>
<td>22.9</td>
<td>0.5</td>
</tr>
<tr>
<td>Ward sister</td>
<td>0.1</td>
<td>6.9</td>
<td>35.3</td>
<td>56.1</td>
<td>1.5</td>
</tr>
<tr>
<td>Matron</td>
<td>0.3</td>
<td>6.3</td>
<td>29.8</td>
<td>53.1</td>
<td>10.5</td>
</tr>
</tbody>
</table>
According to Järvelin (2002, p. 80) nurses have an essential role in Finnish health centres. There are nurses with a general nursing education who, in addition to assisting general practitioners, have their own consulting hours for giving injections, removing sutures, measuring blood pressure and so on. However, nurses do not act as a ‘gate-keeper’ to the health centre doctor. Maternal and child health care are largely carried out by public health nurses who have specific training in preventive work. In addition to maternal and child health care, public health nurses are engaged in family planning, school health care, occupational health care, home nursing and health promotion activities.

**Work-life balance**

The working hours of a nurse (in municipalities) are defined in the general municipal agreement (KVTES). At the moment the hours are 114h 45 min in three weeks. Nurses are entitled to a yearly holiday according to the length of their employment in the public sector (varies from 24 days to 38 days a year excluding Sundays). Nurses’ work on outpatient clinics is mostly played out on weekdays and daytime (typically from 8 am to 4 pm). Work on wards is organised usually in a three-week rota to cover patient care 7 days a week 24 hours a day. On the wards, nurses typically work in three shifts, morning shift (e.g. 7 am – 3 pm), evening shift (e.g. 2 - 10 pm) and night shift (e.g. 9.30 pm to 7.30 am). More flexibility to the rota has been brought in the last ten years, and on certain wards nurses can choose to work longer hours a day and for example work can be organised to two shifts only allowing longer periods of free time.

The restructuring of the welfare State has changed the work life balance for many professionals in the public sector. The changes in the labour market have led to a situation where especially young female professionals are faced with temporary and short-term employment. In 2000, 30 per cent of nurses in working life did not have a permanent position (Santamäki, 2004). Santamäki (2004) approaches the changes in nurses’ employment in the 1990ies and relates the rise in unemployment to the larger change in the labour market due to the end of welfare State expansion. Nurses are the largest occupational group in health care and form one quarter of the personnel.

The figures in Table 5.13 show that the number of nurses has increased by 14 000 between 1990 and 2003, but the number of matrons and ward sisters has declined by 1500. Even if it seems that there is less administrative staff in health care work, the organisation of the profession has changed as well. The former position of an assistant ward sister has been abolished and workers from that position now hold a position of a nurse.

Laine et al’s (2002) study showed that intent to leave the nursing profession is not common among nursing staff in Finland. Altogether 86% of nurses (n=3920) had thought about leaving nursing sometimes during the previous year or never. In spite of various stress factors in nursing (haste, physical load, shift work, low possibilities to affect one’s work)
most nurses seem to be satisfied and motivated in their work. Only 6 percent of the respondents thought daily or weekly about giving up nursing completely (ibid).

**Professional knowledge**

In the introductory text for the edited volume of *Hyvinvointityön ammatit* (Occupations of welfare work) Henriksson and Wrede (2004) evaluate the research on different occupations that exist in the wide area of care. They State that the welfare State in Finland has created a special environment for the development of occupations in the area of social and health care. From the point of view of welfare work, the welfare policy can be seen to have been significant for all the occupations that aim to promote the goals of welfare. Occupational groups are understood as interest groups that aim to control their own benefits in the formation of the occupation.

Henriksson (1998) focuses in her research on the occupational development of health work and women’s action and interests as the basic elements of the Finnish welfare State, and analyses significant events of the professionalisation process of health work in Finland. According to Henriksson (1998) the core issues in the occupational struggles within health work are skill, education and definitions of vocations and hierarchies. In the professionalisation of health work, the differences between occupations have been stronger than for example in teaching or in social work. Health care work includes different kinds of occupations that are based on education provided on different levels, which has given women coming from different social strata opportunities to achieve positions in health work. Nurses are seen as one occupation in the complex hierarchy of health work and among the heterogeneous group of (female) health care experts.

In Finland, the research on nurses’ professional knowledge, competence and expertise has been vivid, and this research is described in detail in Moore & Kosonen (2005).

**Teachers**

**History of teaching in Finland**

The first seminar for elementary teachers was grounded in 1863 followed by legislation of elementary school in 1866 and foundation of National Board of Schooling (Koululyhiallis) in 1869. In the 1920ies, there were over 12 000 elementary school teachers in Finland (Rinne & Jauhiainen, 1988: 214). The Compulsory Education Act came into force in 1921, and from the Second World War onwards the educational system expanded rapidly.

Up to the 1970ies, the education of children was differentiated after four years in the elementary school to grammar school and secondary modern school and teaching was also divided into grammar school teacher and elementary school teacher (Nurmi, 1979). The education of teachers took place in seminars. After the war there was a lack of qualified teachers, and thus, there were possibilities for unqualified teachers to be appointed as teachers to enable the education of the large generations that were born after the war (Rinne & Jauhiainen, 1988: 214).

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121 Occupations can be understood as societal agreements about the content of work and the division of labour.

122 In various texts, especially in the early 1990ies the Finnish welfare State was seen as an ally of women (e.g. Julkunen, 1990). The welfare State provided care for the elderly and young children and thus created possibilities for women to work outside home. The welfare State offered women large opportunities to do the caring work as paid labour.

123 The professionalisation of teaching profession took place firstly within the upper classes in grammar schools and universities. The professionalisation of teachers was researched especially in the 1980ies and early 1990ies. Rinne & Jauhiainen (1988) analyse the professionalisation tendencies of grammar school teachers, ‘folk teachers’ (later elementary school teachers) and pre-school teachers. Konttinen (1991) focuses on the professionalisation of grammar school teachers among the professions of doctor, lawyer and priest.
The comprehensive school reform at the beginning of the 1970ies changed the earlier division of children to secondary modern schools or grammar schools as all children were to participate in the comprehensive school for nine years. At the same time, the positions of teachers changed. The former grammar school teachers were to form the new category of subject teachers in comprehensive and upper secondary schools and former elementary school teachers were to form the class teacher profession. The education of teachers was moved from the seminars and colleges of teacher education to university level education in the 1980ies (Rinne & Jauhiainen, 1988; Nurmi, 1979).

Class teachers mainly work in the 1–6 of comprehensive school (primary), whereas subject teacher education is mainly for those in forms 7–9 of comprehensive school (lower secondary level) and at upper secondary school. Teachers with subject teacher education may also work in vocational education and training and liberal adult education. Teacher education for both is provided by university departments of teacher education.

Teachers began to organise in trade unions in the late 19th century. National teacher organisations were established according to types of school and teacher organisations soon became pressure groups and assumed the role of promoting teachers’ interests. Although teachers started to get organised fairly early compared with other groups of civil servants, the organisations’ financial operating conditions were insufficient until the end of the 1960ies. These financial troubles came to an end in 1968 as a result of an incomes policy settlement. It was agreed that employers should collect trade union membership fees direct from salaries and then pay the organisations concerned. Membership fees collected direct from salaries created a base for the sound financial standing of the trade unions.

The move to a comprehensive school system was prepared in the 1960ies, and the implementation of the renewal in the whole country took place between 1972 and 1977 starting from the northern and eastern parts of the country. During the comprehensive school reform, the teacher organisations of general education institutions, originally established separately for each school form, joined forces to form the Trade Union of Teachers (nowadays the Trade Union of Education, see e.g. OAJ 2005). In the 1980ies, membership of the Union increased as university lecturers and teachers from vocational institutions followed suit. When teachers in early childhood education and care also joined the union at the beginning of the 1990ies, the membership covered almost all branches of education. The organisation promotes the interests of its member organisations by negotiating the conditions of service and influencing the preparation of legal provisions. The degree of organisation among Finnish teachers is very high in international terms. Full-time teachers are members of their respective trade unions almost without exception. 124 (Eurydice database 2004).

The administration and planning of welfare service provision was centralised from the 1970ies to the 1990ies. Stress was placed on the issue of equity in education, and a detailed curriculum for comprehensive schools (from 1970ies to 1990ies) was followed. In the 1990ies, The National Board of Education prepared the general ground of the curriculum, and the municipalities or the schools were to prepare their own curriculum based on these general guidelines. This was part of the general tendency to bring more decision authority to the institutional level combined with the obligation to evaluate the services provided. However, there is now a trend back to State control as the Finnish National Board of Education prepared the new core curriculum for comprehensive schools that has to be used in all grades of comprehensive school starting at the latest on the 1st of August 2006 (National Board of Education 2005a).

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124 The Trade Union of Teachers estimates that 95 percent of teachers belong to the union. (OAJ 2005)
Legislation

The Basic Education Act (Act 628/1998) defines the objectives of education as to:

- support pupils’ growth into humanity and into ethically responsible membership of society and to provide them with knowledge and skills needed in life
- promote civilisation and equality in society and pupils’ prerequisites for participating in education and otherwise developing themselves during their lives
- secure adequate equity in education throughout the country

The local authority has an obligation to arrange basic education for children of compulsory school age residing in its area and pre-primary education during the year preceding compulsory schooling. The extent of the basic education syllabus is nine years and pre-primary education and voluntary additional education is one year. The language of instruction and the language used in extracurricular teaching is either Finnish or Swedish. The language of instruction may also be Saame, Roma or sign language (Act 628/1998).

The basic education syllabus contains the following core subjects: mother tongue and literature, the second national language, foreign languages, environmental studies, health education, religious education or ethics, history, social studies, mathematics, physics, chemistry, biology, geography, physical education, music, art, crafts, and home economics. The provider of basic education is to provide religious education in accordance with the religion of the majority of pupils. In this case, religious education is arranged in conformity with the religious community to which the majority of pupils belong.

Pupils who do not belong to any religious community and who do not take part in religious education are taught ethics. The provider of basic education shall organise ethics education if there are at least three pupils entitled to it. A pupil who does not belong to any religious community may, at the request of his or her parent/carer, also participate in religious education (Act 628/1998).

The government determines the general national objectives of education, the distribution of lesson hours, the teaching of different subjects and subject groups and guidance counselling. The National Board of Education determines the objectives and core contents of different subjects and cross-curricular themes, guidance counselling and other education and the basic principles of home-school cooperation and pupil welfare under the purview of the local education authority (core curriculum) (Act 628/1998).

Pupil assessment is continuous. Information about a pupil’s progress in learning and his or her work and behaviour must be provided sufficiently often for the pupil and his or her parent/carer. The procedures for disseminating information are laid down in more detail in the curriculum. At the end of each school year, the pupil receives a report card indicating the pupil’s study programme and an assessment, either by subjects or subject groups, of how the pupil has achieved the set objectives and an appraisal of the pupil’s behaviour. The assessment is numerical or verbal. The scale of marking is 4–10. Grade 5 denotes poor, 6 fair, 7 average, 8 good, 9 very good and 10 excellent. The grade for fail is 4 (Decree 852/1998).

Education and work of teachers

Teacher education and training in Finland was established in the late 19th century in two main tracks: teachers for elementary schools were trained in seminaries and teachers for grammar schools were trained at universities. When the elementary school and grammar school were abolished in conjunction with the comprehensive school reform of the 1970ies, teacher education was also reformed and teacher education was brought to universities. In case of

grammar school teachers (in comprehensive school subject teachers) this meant reorganisation of their degree and further pedagogisation (Rinne & Jauhiainen, 1988: 194).

As early as 1970, the objectives of education for teachers at comprehensive schools and general upper secondary schools were redefined: teacher education was divided into education for class teachers and subject teachers. This division still applies today (Eurydice database 2004).

All education and training of teachers was transferred to universities in 1974 when the faculties of education and teacher training units were founded. Teacher education is provided by university faculties of education or other equivalent units called teacher education units. In 2005, altogether 8 universities provide education in the area of education. Education is provided by seven Finnish-language universities and by one Swedish-language university. Since 1995, kindergarten teacher education has also been provided by university faculties of education. Each teacher education unit has teacher training school(s) for teaching practice, experiments, research and continuing education. Teacher training may have either 1–6 basic education or 7–9 basic education and general upper secondary school, or all of these. They may also include pre-primary level (Eurydice database 2004).

At first the class teacher’s three year education was not planned to be a university degree, but this model was not realised (Vuorenpää, 2003, p. 269). A new degree programme became effective 1st August 1979. The new degree comprised of 160 credits was a higher university degree giving the class teacher’s degree an academic status (Vuorenpää, 2003, p. 269). A follow up committee was set to supervise realisation of the reform. According to Vuorenpää (2003, p. 270), the reform improved the status of teacher education, but there was strong criticism against e.g. the standard of graduate theses. In spite of the criticism, the degree reform was seen to improve the standard of teacher education.

Vuorenpää (2003) examines the development of Finnish teacher training from the 1970ies onwards, the changes in educational policy and the comprehensive school system. In the 1990ies the economic depression affected the development of teacher education, and demands were made to decrease its funding. The teacher training schools faced the threat of being discontinued. However, the schools started a period of intense development. Proposals for the structural development of teacher education were made and evaluation of teacher education was carried out. The proposal included a new degree statute, abandonment of degree programmes, new scientific studies and the structural development of the educational units. In 1995, a new statute was passed and it brought about a two-level degree in education: Bachelor of Education (120 credits) and Master of Education (160 credits). The lower degree for kindergarten teachers was given an academic status (Vuorenpää, 2003, pp. 270-271).

During decades numerous committees and commissions have given their views on the organising of supplementary education. They have all emphasised that supplementary education should form a continuum which would maintain the teachers’ professional development. However, this has not been realised as supplementary education is organised by numerous educational establishments. Every municipality is obliged by law to arrange three days of supplementary education to the teachers (Vuorenpää, 2003, p. 271).

At the end of 2001, the Ministry of Education published the Teacher Education Development Programme, which details recommendations for teacher education at universities and polytechnics and for in-service education. The recommendations cover issues such as applicant selection procedures, pedagogical studies and the status of teacher education. In addition, the Development Plan also presents an estimate for teacher education needs up until 2010. The implementation of the programme is being evaluated on an annual basis and through a national evaluation scheduled for 2005 (Eurydice database 2004).

A new two-level grade system is being introduced in 2005: the abandonment of the study week system in favour of the ECTS based study structure. One year of studies
equals 1600 study hours and brings 60 study points. The lower university grade requires 180 points acquired in three years and the higher grade requires two more years and a further 120 study points (Vuorenpää, 2003, p. 271).

Intake quotas for teacher education have been increased because, similar to other occupational groups in the public sector, members of the baby-boomers’ generation in the teaching profession are also retiring and the wastage rate will reach a peak in 2008–2010\textsuperscript{126}. The most considerable needs for additional student places in subject teacher education are in the following subjects: English, mathematics, Finnish as the mother tongue, Swedish as the second national language and computer studies. In addition, arts subjects will also require more teachers. Furthermore, the new time allocation of lessons for basic education will have an influence on demand for teachers; the number of lessons for mathematics and mother tongue will increase as a result of the new time allocation scheme (Eurydice database 2004).

Applicants for class teacher education are selected on the basis of an entrance examination. The entrance examination for class teacher education includes a written examination, an aptitude test and interviews. Some universities also include a group situation and an optional skills demonstration as part of their entrance examination. Admission requirements for kindergarten teacher education are mainly as for class teacher education (Eurydice database 2004).

Those wanting to become subject teachers apply to the respective university faculties and departments of their main subject (such as mathematics), following the usual procedure. Those admitted to a degree programme and aiming to be subject teachers will then apply separately for subject teacher education. Admission to subject teacher education is based either on aptitude tests alone, or on aptitude tests and the applicant’s study record. Several universities have ongoing experiments, where people apply directly for subject teacher education.

Teacher qualifications for general and vocational institutions were harmonised at the beginning of 1999. The same minimum of 35 credits of pedagogical studies is required of teachers for all types of educational institution (basic education, general upper secondary schools, vocational institutions and liberal adult education institutions), including basic and subject studies in education, subject didactics and teaching practice (Eurydice database 2004).

Pedagogical studies for teachers are completed within university departments of teacher education or at vocational teacher education colleges in conjunction with the polytechnics. The studies include basic and subject studies in education, subject didactics and teaching practice. Vocational teacher education is completed at vocational teacher education colleges. Vocational teacher education studies include basic studies in education, studies in vocational pedagogy and teaching practice.

Table 5.14. Number of students studying education in universities (% of women) and number of degrees in education (% of women), 1981-2004 (KOTA 2005).

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of students (% of women)</th>
<th>Degrees taken (% of women)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>7891 (na)</td>
<td>1708 (na)</td>
</tr>
<tr>
<td>1990</td>
<td>9825 (73%)</td>
<td>1523 (74%)</td>
</tr>
<tr>
<td>2000</td>
<td>13676 (81%)</td>
<td>2163 (84%)</td>
</tr>
<tr>
<td>2004</td>
<td>14413 (82%)</td>
<td>2176 (83%)</td>
</tr>
</tbody>
</table>

\textsuperscript{126} According to Luukkainen (2004) major losses to retirement from the teaching profession are anticipated in 2007-2013.
**Class teachers**

Students in class teacher education take the higher academic degree (160 credits), i.e. the Master’s degree, with education as their main subject. Students must be provided with the opportunity to complete a Master’s degree in the space of five academic years.

Class teacher education consists of basic, subject and advanced studies in education, subsidiary subject studies and teaching practice. Class teachers may provide instruction in all subjects in forms 1–6. They may specialise in teaching one or several subjects in their subsidiary subject studies. Completion of an extensive course in a subsidiary subject (studies in the teaching subject of at least 35 credits included in subject teacher education) will also give eligibility for functioning as a subject teacher in basic education (Eurydice database 2004).

The Master’s degree in class teacher education consists of the following study modules: language and communication studies, basic and subject studies in education, advanced studies in education, subsidiary subject studies and optional studies. Teaching practice may be included in basic, subject and advanced studies. Teaching practice consists of an orientation practicum as part of the subject studies in education and of an advanced practicum. In the orientation practicum, students familiarise themselves with teaching and pupils in the lower stage of comprehensive school. Students practise in pairs or alone at affiliated schools or at teacher training schools run by universities. They observe teaching; act as team teachers and practise teaching. In the advanced practicum, students are trained to teach different subjects, to plan lessons, to use basic forms of instruction as well as to assess instruction and learning. The purpose is to broaden the students’ idea of teaching and to familiarise them with different methods of carrying out the duties of teachers. Another aim is for students to find their own ways of functioning as class teachers and to become capable of developing their instruction and of taking independent, creative and justified solutions to problems, which may occur in teaching situations. In addition, the objective of the advanced practicum is to guide students in assessing their own work (reflection) and to support their professional growth.127 (Eurydice database 2004).

**Subject teachers**

The subject teacher’s degree is a higher academic degree with a scope of 160 or 180 credits and it may be completed in 5–6 years. The main subject is the subject the student intends to teach. Exceptions are students selected for subject teacher education in home economics and craft (textile work, technical work).

In subject teacher education, students are selected to those education units, which teach the relevant fields of science or the arts. Students aiming to become subject teachers study in accordance with the subject teacher programme in the faculty of their main subject. The education is organised so that the faculties’ subject departments are responsible for providing instruction in the relevant subject, whereas the department of teacher education is responsible for organising studies in education. These studies are completed at the same time and in interaction with each other. Subject teacher education includes 35 credits in pedagogy. People with a higher academic degree may complete separate pedagogical studies for teachers with a scope of 35 credits within a teacher education unit.

Subject teachers may be educated to teach the following subjects: religion; mother tongue and literature (Finnish, Swedish or Saami); Finnish as a second language; foreign languages; history and social studies; psychology; philosophy; ethics (only as a subsidiary subject); biology; geography; mathematics; physics; computer studies; chemistry; home economics; textile work; technical work; physical education; music; visual arts.

127 Qualified class teachers may continue their studies to achieve eligibility for providing special needs education, pupil counselling and instruction in specific subjects. (Eurydice database 2004).
Teaching practice takes place at affiliated schools or teacher training schools in universities. The training includes the following areas.

- teaching observation
- giving supervised lessons alone and/or alongside other teacher trainees
- subject-didactic group counselling, including discussion, planning and assessment meetings between instructors and teacher trainees to strengthen the trainee’s own identity as a teacher

In addition, teacher training schools provide all teacher trainees with pedagogical lectures, seminars and other teaching on schoolwork.

Professional Status of Teachers
Most teachers (94 per cent) work full time and hold tenured posts as municipal or State officials or employees. Teachers’ salaries are agreed nationally as part of collective agreements for State and municipal civil servants for the educational sector at intervals of 1–3 years. Positions on the salary scale are determined according to their duties and qualifications. Finnish municipalities have been divided into two financial capacity classes according to the cost of living; salaries in the first financial capacity class, including major cities and remote areas, are about 3 per cent higher. Years of service in public administration and teaching experience lead to increments. Various additional duties are compensated either by higher salary grades or bonuses (Eurydice database 2004).

The basic salary increases through seniority and years in service, but the difference between them is that periodic increments are granted in salary grades and regarded as being part of the basic salary. The amount of seniority increments accounts for about 5 per cent of the salary and they are payable after 2, 5, 8 and 13 years in full-time service. Periodic increments are payable after 5, 10, 15 and 20 years in full-time service.

The first two periodic increments are equivalent to one salary grade (3 per cent on average) and the last two correspond to two salary grades. If teachers give more lessons than the number included as part of their normal teaching duties, as specified in their collective agreement, they will receive overtime payments for extra teaching hours. One extra lesson per week is estimated to increase a teacher’s salary by about 3–4 per cent. The collective agreement for the educational sector also determines compensation for most other additional duties. Such duties may include e.g. directing a school choir, running the school library or looking after audiovisual equipment (Eurydice database 2004).

The initial monthly salary for class teachers with higher academic degrees in 2003 was approximately 1795 euros provided that they only teach the obligatory number of lessons. The final salary with the same number of teaching hours is about 2564 euros.

Working Time and Holidays
In addition to teaching, the tasks of teachers include planning of instruction and pre- and post-class work. Furthermore, the school’s internal development tasks and co-operation with colleagues, homes and other partners, such as staff in pupil welfare services, social welfare services and the local family counselling clinic, form an integrated part of teaching work. By virtue of the reforms of school legislation, effective as from 1999, pupil assessment has been complemented with tasks related to the evaluation of education. These tasks are the responsibility of all education providers, all educational institutions and all teachers. Most teachers’ working hours are based on teaching duties. Teaching duties vary between 15 and 23 weekly lessons according to the type of institution and subject. At vocational institutions,
weekly teaching duties amount to between 20 and 25 lessons. Some institutions define duties on an annual basis (Eurydice database 2004).

There are 185–190 school days in a year. Teachers are not obliged to be at school on those days when they have no lessons or other particular duties. Teachers are also not required to work without a specific reason during school holidays. In general education, the school year begins in August (the starting date may be defined at the municipal or even institutional level) and ends on the last working day of week 22. The school year is divided into two semesters. The autumn semester lasts from mid August until Christmas and the spring semester from early January to the end May. There is one week autumn holiday in October and one week spring holiday (= skiing holiday) in March.

At vocational and adult education institutions, the dates often differ from those mentioned above and the school year may be somewhat shorter. At Christmas time, there is a one- to two-week holiday, depending on the municipality (Eurydice database 2004).

Teachers may usually take their holiday when their pupils are on holiday. There is no defined annual leave, except for at those institutions, which follow overall working hours. The annual leave of teachers who have overall working hours is determined as the annual leave of civil servants. At all schools rectors have annual leave as other civil servants. The maximum leave is 38, 28 or 23 working days, depending on years of service.

**Work-life balance**

At general educational institutions, instruction may be given by

- class teachers, who mainly provide instruction for forms 1–6 in basic education, teaching all subjects, and who may also give pre-primary education
- kindergarten teachers, who may give pre-primary education in separate pre-primary classes
- subject teachers, who teach one or several subjects in basic education and/or in general upper secondary education and who may also work at liberal adult education institutions and as teachers of core subjects in vocational institutions
- special needs teachers and special class teachers, who may provide instruction for children in need of special needs education
- pupil counsellors and student counsellors, who may offer educational guidance in basic education and in general upper secondary education
- Head-teachers are also considered members of the teaching staff

The working hours of teachers (in municipalities) are defined in the Municipal Collective Agreement for Teachers (OVTES) that is negotiated between two parties, the Trade Union of Education in Finland (OAJ) and the Commission for Local Authority Employers.

**Changes in teachers’ work**

Since the 1990ies, more authority has been brought to the institutional level and individual teachers. This has been combined with the obligation to evaluate the education provided. In various studies and texts teachers’ work is described to be more demanding than before. E.g. Niemi (1998, p. 8) has stated in her analyses about the chances in teacher’s work that teachers face the changes as higher demands to give their pupils ‘building material’ for future, pupils in schools should also learn to learn actively and to learn to use new media and information technology and continuous change makes also teacher a learner. Kohonen and Kaikkonen (1998) follow the same line. They State that teaching is becoming more demanding due to structural changes in the society. The changes that are reflected in teacher’s work include for
example increase in inequality, change and uncertainty in families and working life, internationalisation and the restructuring of the welfare State benefits.

According to Jakku-Sihvonen (1998) the effects of the changes to teaching are:

- curriculum work: the renewal of the curriculum forced teachers to participate in creating the school’s own curriculum based on general guidelines
- information up-date work: cut-backs in funding led to recycling of the old books and teachers need to update the information continuously
- evaluation: expansion and duty of evaluation of schools and teaching puts pressure on teachers who need continuous professional education to fulfil their new tasks

Teachers talk about greater burdens of workload as goal steering and management by results are more time-consuming and demanding than work before. More work outside the classrooms like preparation time with other teachers and time in whole school activities is now required of teachers (Webb at al., 2004, p. 330). Simola, Rinne and Kivirauma (2001, p. 90) have stated that the professional profile of the teacher has changed from teaching and mediating information to all-inclusive taking care of the pupil.

**Demography**

In 2003, there were approximately 79 000 teachers and 55 000 other education staff. The number of teachers has increased 1.7 per cent since 2001. Education staff includes e.g. student counsellors, special needs assistants, school psychologists, school public health nurses, school doctors, librarians and administrative staff (Eurydice database 2004). Haven (1999) has presented a bit higher estimations on the amount of people working in the area of education: In 1996 there were some 157 000 persons employed in educational institutions and kindergartens, i.e. 8 percent of the employed labour force. Of the staff, around 81000 were teachers, which is 4.1 per cent of the employed labour force.

**Teachers in Finland in 1940-1980**

Table 5.15. Number of teachers 1940-1980

<table>
<thead>
<tr>
<th>Year</th>
<th>1940</th>
<th>1950</th>
<th>1960</th>
<th>1970</th>
<th>1980</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>15 967</td>
<td>22 499</td>
<td>31 171</td>
<td>34 201</td>
<td>38 161</td>
</tr>
</tbody>
</table>

The table concerns elementary school teachers and grammar school teachers, excluding subject teachers. Information on the year 1980 includes teachers in comprehensive schools and upper secondary schools (Rinne & Jauhiainen, 1988, appendix 3).

Table 5.16. Teachers and other staff of educational institutions and kindergartens in 1996

<table>
<thead>
<tr>
<th>Type of educational institution</th>
<th>Teachers Teachers as % of staff</th>
<th>Other staff Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergartens</td>
<td>8 737</td>
<td>26.3</td>
</tr>
<tr>
<td>Comprehensive schools</td>
<td>39 966</td>
<td>69.8</td>
</tr>
<tr>
<td>Upper secondary general schools</td>
<td>5 766</td>
<td>75.9</td>
</tr>
<tr>
<td>Vocational and professional institutions</td>
<td>15 063</td>
<td>58.6</td>
</tr>
<tr>
<td>Polytechnics (permanent)</td>
<td>1 019</td>
<td>79.6</td>
</tr>
<tr>
<td>Universities</td>
<td>7 115</td>
<td>28.6</td>
</tr>
</tbody>
</table>
The majority of the teachers in the regular education system were women in all types of institutions apart from the universities. Just under one third of Head-teachers were women, except in the new polytechnics, where a good half of the principals were women. Women made up 96 per cent of the kindergarten teachers.

The median age of the teachers in the regular education system and kindergartens was 43 in 1996. The oldest teachers were in the upper secondary general schools, where the median age was 47, and the youngest in the kindergartens, where the median age was 35. 80 percent of the comprehensive schoolteachers (including class and subject teachers) had either a lower or a higher university degree in 1996. The new class and subject teachers have all completed a higher university (Master’s) degree taking 5-6 years. Three out of four comprehensive schoolteachers under the age of 40 had a higher university degree in 1996.

**Teachers in Finland in the 21st Century**

Table 5.17. Teachers in 2002 (Statistics Finland 2005b).

<table>
<thead>
<tr>
<th>Institution</th>
<th>Principals and Subject teachers</th>
<th>Special teachers</th>
<th>Comprehensive school teachers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Women (%)</td>
<td>Total Women (%)</td>
<td>Total Women (%)</td>
<td></td>
</tr>
<tr>
<td>Comprehensive school</td>
<td>1 310 37</td>
<td>4 986 76</td>
<td>17 884</td>
<td>72</td>
</tr>
<tr>
<td>Upper secondary school</td>
<td>449 33</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Vocational institution</td>
<td>393 38</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Polytechnics</td>
<td>157 38</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total 1)</td>
<td>2 309 36</td>
<td>4 986 76</td>
<td>17 884</td>
<td>72</td>
</tr>
</tbody>
</table>

1) Exc. university teachers. 7 728 teachers work in universities (professors, lecturers, assistants).

According to Statistics Finland (2005b), there were 79 000 teachers and 55 000 other staff in comprehensive schools, upper secondary schools, vocational schools, polytechnics and universities in 2002. This is about 5 per cent of the total work force. The proportion of women of all teachers was 58%. In comprehensive schools, 72 % of teachers were women and in universities 39 %. 34 % of teachers were 50 years of age or older. 30% of comprehensive schoolteachers belonged to this age group and 41 % of upper secondary schoolteachers. The median age of teachers was 43 in comprehensive schools, 46 in upper secondary schools, 47 in vocational schools and polytechnics, and 45 in universities.

**Professional knowledge**

Teacher’s work and profession have been studied quite thoroughly in Finland. Research about teachers and teaching provides accounts, evaluations and reflections of the content and changes in teacher’s work. The research concerning professional knowledge of teachers is described in detail in Moore & Kosonen (2005).
Conclusion

Research on restructuring of the welfare State provides an account of changes that have taken place in arranging education and health care. The estimations of the impact of restructuring on the professions of nurses and teachers in Finland are somewhat vague. In the area of education, accounts of the change in educational policies have been published (e.g. Rinne 2000), but empirical findings about the changes towards e.g. diversification and stratification of the school system, differentiated curricula, stronger parental choice, private competition or private funding are missing. In the area of health care, research on restructuring includes very few referrals to the changes in nurse’s work and profession.

In Finland centralised steering in education and health care was drastically reduced in the 1990ies. Instead, the local administration’s decision-making powers were increased. The development has led to a situation where the position and importance of evaluation has been strengthened.

The education of nurses and teachers has moved from earlier seminars and institutions to universities (teachers) and polytechnics (nurses). The duration of education has lengthened and education science and nursing science have been developed and established to be essential contents of professional education. International standards have been introduced to the education of nurses and teachers.
CHAPTER 6

Discoursing working life and professional expertise in Education and Health Care in Sweden

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Introduction

A way to introduce the Swedish case is to relate it to predominant discourses on a welfare State in transition. In such discourses from the 1940ies - 1970ies, Swedish welfare State politics is characterised by a combination of equity strivings and centralised State governance. A breaking up from the earlier forms of political governance has taken place from the 1980ies, in terms of decentralisation and deregulation. Privatisation and market mechanisms have been introduced, at the same time as the State has parted with key economic governance tools in relation to detailed control of the municipalities. The 1990ies is considered to be a period of extensive discursive change in Sweden. The continuous restructuring of Swedish economy, characterized by an expansion of knowledge intensive production, a further growth of the service sector and a rise of the general education level, was intensified in this period (SOU 2000:7). The economic crisis, reaching its climax in 1992-1994, resulted in very high reductions in the number of jobs and in a historical rise of unemployment. Additionally, during the 1990ies Sweden witnessed substantial demographic changes, above all increasing numbers of immigrants and refugees seeking asylum, a further concentration of the population to a few areas while a big part of the municipalities were depopulated, and an ageing population. Finally, the entrance into the European Union in 1995 meant that another major structural change was introduced.

Understandings of multiple phenomenon and practices have been discoursed within this narration of general changes within the Swedish Welfare State, so also our understanding of our analytical subject; the working life and professional expertise of teachers and nurses. In focus are some condensed views and analyses of the ways in which these professions have been addressed in academic as well as policy literature and statistics since the 1960ies and onwards. We are presenting a national case study based on relevant literature about these professions and their contextual embeddings and our ambitions have been to achieve a more robust understanding of the complex issue of the transition processes in these professions and their institutions. We will take the constructive powers of representations as our analytical starting point, concentrating on reviewing policy documents as well as statistics and scholarly literature. Special attention is given to accounts about the professions and their institutional context and we assume that these accounts are inscribed with a capacity to have some potential effects on the professions and institutions in question.

However, not ‘all’ representations are given these powers and the ones that are do not operate on the powers of representation alone. Not only struggles over meanings and truth but also the dynamics, regulation and authority of the involved knowledge producing practices are vital for any attempt to change and regulate professions and institutions and for understanding the potential powers of representation.

In sum, representations must be understood according to a dual constructive axis; on the one hand according to narrative or discursive territories that give the addressed item its specific significances, and, on the other hand, according to the ‘mediums’ by which some specific accounts might be understood as ‘realized’ or ‘coming to life’. Thus, in our view, it is of equal importance to analyse both what ‘is said’ about some specific phenomenon
and the medium in which the views in question are authorized, legitimized as well as operationalised. The tremendous power of knowledge to shape, reshape, preserve and control what is ‘there’ and what might come into existence are in other words heavily contingent.

The overarching ambition with ProfKnow is to understand knowledge ‘at work’ among the professional actors of teachers and nurses. The potential productive and constructive power given to the concept of knowledge – which can not only be identified to be situated within these institutional settings, but also must be understood as actively ‘at work’ in the ongoing processes of stabilizing, changing and ordering the settings themselves - is in the project subjected of different analytical strategies, all related to the ambition to uncover what the actual constitutional framings of the particular knowledge ‘at work’ might be. From our point of view, we consider it a strong thesis that changes in the knowledge base of our studied professions (in terms of competence, capacities and epistemological orientations) must be viewed as a complex phenomenon, dynamically interrelated to structural as well as operational changes within ‘work’ itself and, also, interrelated to changes within the system of knowledge production generally (Gibbons et al., 1994; Nowotny et al., 2001). We will hold on to this methodological orientation also in this national case study. Based on a literature review of what can be considered to be a rather stabilized and authorized package of knowledge claims, the discoursing of contemporary histories of recent societal changes and reforms in health care and education in Sweden are put to the fore. We have studied available texts and national and international statistics and analysed recent policy documents dealing with institutional restructuring and professional acting and we have tried to outline the specificities and essentials that has been given to the professions and their political and institutionalembeddings. Included here are documents dealing with education of teachers and nurses respectively. What we present is a discoursed history of institutional change – a history written by many storytellers, with their different agendas and tools of fabrication. Of special interest for us are relations between institutional restructuring and professional knowledge. What meanings have been given to institutional restructuring and its relation to these specific welfare State professions, their position and their expertise and what further investigation needs can be forecast?

Design and objectives under study
A first objective presents summarising reviews describing structural characteristics of the Swedish welfare State and the addressed institutional systems, with focus of their changes from the 1980ies and onwards, usually considered to be an intense period of restructuring measures. A second objective is a likewise summarising review of education and training of teachers and nurses and with a special focus on the construction of curricula and the discoursing of ‘professional knowledge’. Our third objective is to give a summarising – and commented - review of the ways in which relations between restructuring of education and health and professional education and training might be understood. This is regarded as a way to situate notions of changing demands and expectations on professional knowledge at work in health care and education.

Structural characteristics of education and health care in Sweden
A huge number of policy documents have been presenting various views on the Swedish Welfare State and the attempts to govern and change it. Similarly, there are a large number of academic studies as well as statistics available that describe and analyse its rise as well as its transition. In sum, there is a mass of ‘voices’ in available documentation that on bases of their respective perspectives, objectives and methodological foundations have had the ambition to
write the history of the Swedish welfare State (literally as well as analytically); to classify it and to proclaim its internal rationalities, its controversies and specific problems.

What we are presenting below can be seen as a condensed version of such documentations, organised with the ambition to present structural specificities over time, as well as some key characteristics that have been given to the transitions and dynamics within education and health care generally. First, we give some general characteristics of the Swedish welfare State and its transitions according to the latest figures. Second, we will give an overview of some general characteristics of the two systems and the ways in which they can be characterised as transitional in terms of numerical and organisational characteristics, as well as characteristics of policy measures and reforms.

Each framing gives us different possibilities to picture ways in which the conception of the nation has changed (in terms e.g. of homogenisation and adjustment to supranational actors such as the EU) and been brought into representations of the constitutive process of the education and health care sector. Each framing (as well as their combination) gives us some different views on ways in which existing links of restructuring and professional expertise in Education and Health Care have been discoursed, and also possibilities for some alternative understandings.

**Sweden - Welfare State in Transition**

Historically speaking, Sweden is well known for its documentary powers; a national registration of its population that goes back to medieval times and whose richness in the production of indicators has grown ever since. Nowadays, demographic information, citizenship, education, residence, occupation, marital status, income, class, gender etc. are but a few things that are regularly registered by statistical bureaus and civic authorities and used for mapping the status quo and/or forecasting emergent trends. ‘Statistics Sweden’ (SCB) is a major actor for statistical data production and analysis and has successfully adjusted to European standards. It is a bureau with the mission to co-ordinate and support the official system of Swedish statistics and whose activities, besides register data, involve such things as for example dissemination, quality work, sample surveys, such as the Labour Force Survey and the Living Condition Survey. It is from the rich data banks of SCB, that we have chosen a few narratives of structural specificities of the Swedish welfare State.

As within other European countries there is in Sweden today an intense debate within welfare-State research on the difficulties to obtain trustful representations of the ways in which society works and functions. Most commentators agree that these difficulties are related to general societal changes on world scale bases, whose complex causalities challenge previous indicators for measuring welfare-State conditions. As a consequence, welfare-State research in Sweden now operates on the basis of a dramatic increase in indicators generally. Under the heading of Welfare the SCB site operates with six main categories: (1) Labour/Labour market, (2) Income/Salaries/Economy, (3) Family/Population, (4) Health/Nursing/Caring, (5) Education, and, finally, the additional category (6) Other Fields. A general tendency within SCB is a more critical view on the previous use (and misuse) of the GDP index and search for more trustful indicators than monetary ones, which implies a broader conception of welfare.

In an article from 2004, published by SCB, Joachim Vogel and Michael Wolf (Välfd Nr 1, 2004) show opposing pictures of welfare conditions in Sweden, depending on the type of index used. According to the GNP index, Sweden has a relatively low ranking (middle position) with the USA in the lead, but according to welfare index’ such as the Human Poverty Index, the Index for Social Progress and the Happy Life Expectancy Index, Sweden, together with the other Nordic Countries, is in the lead.
While this relatively positive picture of Sweden as a welfare State is still prevalent, the 1990ies has awakened awareness for its more shaky features. The concept of ‘un-welfare’ is commonly used and refers to differences in the distribution of income, health, housing etc. and also to more subjective factors such as trust and hope for the future. Declines and crisis in the welfare-State systems in the 1990ies is a general feature in the Western World, and Sweden is no exception.

Explanations of the crisis are dominantly searched for in two directions, both highly ideologically marked. According to the first, the crisis has been related to a dramatic increase in welfare State politics, with the result of an over-dimensioned public sector and low income differences. Increased gaps are here seen as motvator of necessary renewals; more flexible solutions and an increase in privatisation. According to the second, the crisis is only temporary and a return to previous condition is possible and depending mainly on political will and orientations.

However, the trend seems to be that despite an increase in economy and employment since the 1990’s crisis, gaps prevail and explanations are now dominantly searched for in terms of changed norms and instabilities within the traditional foundations of the Welfare State. Evidence for this argument could be found in figures showing new patterns of inequalities, where increased number within categories such as single mothers, young people, immigrants, refugees and homeless indicates new forms of exposures.

Despite – or as a consequence – of these changes, the support for Swedish welfare policy in the spheres of education, health care, employment policy and pensions remains strong according to SCB accomplished surveys. According to the same sources there is also a strong public opinion for continued State or municipal governance within the public sector and a weak support for privatisation. However, there is also a decline in trust about the sustainability of the Swedish Welfare State system, and an increase in additional and private pension insurances which points to a shakier picture of Sweden as a Welfare State (Svallfors, 2004). But, and in support of Esping-Andersen’s (1996) claim, the view that there has been only marginal adjustments, and not a paradigmatic shift, of the basic principles of the welfare system in Sweden (as well as in the other Nordic countries) can be seen in the theoretical orientations of welfare State research as well as within the fabrication of data within SCB, where for example the use of surveys are given an increased importance. The claim itself is maintained by reference to the providers, who still remain subject to centrally defined stringent norms, motivated more in terms of efficiency criteria and allowing services to vary more in accordance with differentiated client demands, than on basis of a neoliberal strategy of marketisation alone.

**General characteristics of the systems of Education and Health Care in Sweden**

**Education**

The educational system in Sweden has up to recently been considered to be a well integrated and rationally planned system with no dead ends, visible in such things as a strong and early tradition of policies of Recurrent Education and Lifelong Learning (Askling et al., 2001). It has, traditionally, also been seen as a system whose growth and transition over time overlap with the political constitution of the Swedish State and its homogeneities in terms of ethnicity, religion and language and its relative stability in terms of politics where the social democratic party has been a dominant actor for decades. While these stabilities are ruptured today, the organisational landscape of educational providers appears more stable in its institutional constitution. The dominant educational providers are; comprehensive school, upper-secondary school and higher education. Since long, and specific for the Swedish context, are the arrays of additional offer of educational opportunities for adults; for example the municipal adult education, the folk-high schools and labour market training. Recent SCB figures show that
half the Swedish population participates in education, but it should be noted that these figures are highly diversified in terms of educational kinds (Table 6.1).

Table 6.1. Number of students in various forms of education in 2003

<table>
<thead>
<tr>
<th>Type of education</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool class</td>
<td>89 500</td>
</tr>
<tr>
<td>Comprehensive school</td>
<td>1 046 000</td>
</tr>
<tr>
<td>Special school for mentally handicapped children</td>
<td>14 900</td>
</tr>
<tr>
<td>Upper secondary school</td>
<td>333 900</td>
</tr>
<tr>
<td>Municipal adult education</td>
<td>244 100</td>
</tr>
<tr>
<td>Special school for mentally handicapped adults</td>
<td>4 700</td>
</tr>
<tr>
<td>Centre for flexible learning</td>
<td>6 800</td>
</tr>
<tr>
<td>Swedish for immigrants</td>
<td>43 800</td>
</tr>
<tr>
<td>Undergraduate education</td>
<td>385 300</td>
</tr>
<tr>
<td>Graduate education</td>
<td>18 900</td>
</tr>
<tr>
<td>Advanced vocational training</td>
<td>17 635</td>
</tr>
<tr>
<td>Folk-high school (folkhögskola)</td>
<td>108 700</td>
</tr>
<tr>
<td>Evening study circles- common</td>
<td>2 500 000</td>
</tr>
<tr>
<td>Evening study circles- culture programmes</td>
<td>15 600 000</td>
</tr>
<tr>
<td>Evening study circles- others</td>
<td>768 000</td>
</tr>
<tr>
<td>Public labour market training</td>
<td>90 400</td>
</tr>
<tr>
<td>Job-related training</td>
<td>2 700 000</td>
</tr>
</tbody>
</table>

1) 2002. Source: SCB (2005b)

The nine-year compulsory school is for all children between the ages of 7-16 years. Besides the regular compulsory school, there are also Sami schools, special schools (i.e. programmes for hearing-impaired), and schools for students with learning disabilities. The three-year upper secondary school is non-compulsory, but around 98% of all children enter the school form after completion of the compulsory school. Upper secondary education is divided into 17 national programmes. Other public non-compulsory school forms are pre-school class, upper secondary school for pupils with learning disabilities, municipal adult education, and adult education for adults with learning disabilities. Until recently there were almost no independent schools in Sweden and the amount of students are still relatively low within this sector. The following table shows the number of teachers in municipal school and in the various school forms:

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128 A child my begin school at the age of 6 on request of the parents.
129 All children are entitled to a place in a pre-school class at the age of 6 years.
130 A person has the right to enter upper secondary school until the age of 20. After that, there are adult education programmes.
Table 6.2. Teachers in municipal schools in various school forms, Nov 2001.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsory school grade 1-7</td>
<td>44 700</td>
<td>35</td>
</tr>
<tr>
<td>Compulsory school grade 4-7</td>
<td>21 500</td>
<td>16</td>
</tr>
<tr>
<td>Upper secondary school, vocational</td>
<td>7 300</td>
<td>6</td>
</tr>
<tr>
<td>Upper secondary school, general subjects</td>
<td>19 600</td>
<td>16</td>
</tr>
<tr>
<td>Pupils with learning disabilities/special needs</td>
<td>10 900</td>
<td>9</td>
</tr>
<tr>
<td>Teachers, music/physical education/sports/arts</td>
<td>8 600</td>
<td>7</td>
</tr>
<tr>
<td>Teachers, handicrafts/home economics etc.</td>
<td>7 000</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Svenska Kommunförbundet (2002).

Taken together, the educational system in Sweden includes many actors, with various institutional histories and norms. Although the category of ‘teacher’ is relevantly applicable to all, not all of these institutional settings operate on bases of a likewise institutionalised teacher education training (e.g. the university). Professionalisation and specialisation from this point of view are concepts with clear limitations in scope. However, for all the general principles that have been governing education policy since the 1950ies are:

- all citizens should have access to equivalent education regardless of age, gender, social class, and geographic background
- all public education should be free of charge
- curricula and grades should be valid nation-wide

These principles are still valid, but have been discoursed very differently in policy and reforms and have led to different – but always somewhat disputed - measures over the years. What we see as indisputable are intimate relations between the discursive powers of policy and educational and welfare-State research, statistical accounts and analyses of education.

Reforming education

The discourse on education policy and reform are dominantly conceptualised according to organisational as well as political features. Norms and ideological standpoints have traditionally been seen as implemented into concrete actions, where the outcomes of a reform is understood as manifested (if not directly) in the operations and norms within schools and universities etc. Such a conception, if put into action, will colour not only representations of education and schooling, but also representations of the domains of policy and reforms as well. With respect to the discoursed story of educational reform in Sweden, this conception shows itself in a manifold of common classifications of educational reforms as well as commonly asked research question regarding why everything ‘went so wrong’.

In our earlier literature review (Gun-Britt Wärvik, 2005) some examples are given. The periods given by Lisbeth Lundahl (2002a) are interesting in this respect. In her classification she names the periods of restructuring as follows; 1945 – 1975: Construction of the modern welfare State – the strong State. (1975 – 1998; Recession and Reform, 1999 – 2002: Educational Problems Remain. Such a classification not only reads the main discursive powers within the reforms, but gives voice for a discourse that launches the promises, achievements and disappointment embedded in policy, as seen from the perspective of the activities within the State and the world around it. It is a narrative of a glorious past that now is regarded as obsolete in relation to the new financial realities in a globalised world.

Accordingly, and in the beginning of the 1990ies, in many policy text we find the echo of Sweden facing a deep economic repression with very high unemployment rates. In
the public discourse we can note an increased financial and a political pressure on the public sector to transform in accordance with what was conceived of as new political realities. The public sector as a provider of services and as a regulator becomes more strongly questioned than ever among influential political and economical actors.

Lisbeth Lundahl (2002b) characterises the Swedish education policy up to the end of the 1970ies as centralised and regulated. She argues that the reforms included regulating mechanisms such as detailed national curricula, earmarked State subsidies, and other regulations concerning organisation, resources, staff etc. In the following education reforms and State strategies are listed that are often depicted as related to deregulation of school and to decentralisation, or as Lundahl (2002b) (and others) write, a transition from governance by rules to governance by objectives. The chronology of education changes follows Lindblad & Lundahl (1999).

1. In the late 1970ies, the initiatives for what was regarded as necessary renewals became a responsibility for the schools. The State was still a strong actor and initiator of change but the teachers now got what was discoursed as the ‘possibility’ to influence the local developmental work. In 1976 the SIA-reform, ‘the internal work of schools’, also gave the schools a wider responsibility for pupils. Changes within the gender structure of the labour market, with an increase of women, became an incentive for prolonging the ‘school day’ and take care of pupils even after the class room hours.

2. In 1980 a revised national curriculum guide for the compulsory school (Lgr 80) emphasised decentralisation. The former curriculum guide (Lgr 69) was by this time criticised for being to steering, an aspect and a critique that also came to include the production of knowledge within text books (Carlgren, 1999). New systems of auditing was taken form and each school was from now on obliged to present a work plan for how to achieve the centrally formulated national education goals. Every school should be organised in work units and the teachers were expected to meet regularly in these work units. Local developmental work became the new model not only for development and renewals, but also for controlling school.

3. Since 1989, teachers are employed by the municipalities. This change is commonly called the ‘municipalisation’ of school and was strongly contested by the teachers. The ‘municipalisation’ also implies a more clear-cut division between the central level/State and the local level/the municipalities.

4. In the beginning of the 1990ies, the government decided that the State subsidies to the municipalities should be given as lump sums; the municipalities themselves should allocate the money to different sources. It has also been argued that the relationship between the State and the teachers is weakened when the municipalities become the responsible authority (Lindblad, 2005). The previous steering documents had prescribed how the teachers were expected to do their job. Now the State sets the goals but the teachers and the schools are expected to find their ways to fulfil these goals.

5. In 1991 a government committee was appointed with the tasks to make proposal regarding the public school system with a particular focus on the curriculum guides. In 1992 the committee made their proposal (SOU 1992:94). The new curriculum

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131 Also the rest of the school staff are employed by the municipalities.
132 The commission comprised curriculum guides for the compulsory school, the upper secondary school and the adult education.
guides should comprise national goals and not detailed prescriptions about the teachers work and a distinction is made ‘goals to strive for – give direction and ambition’ and ‘goals to reach – give a minimum level’ (Lpo –94, Lpf –94). The guide encourages teachers to use the teaching models they find necessary related to the need of the individual student.

6. A new marking scale is also introduced in that a goal-related grading assessment is replaced by a group-referenced marking system. The preschool got increased pedagogical responsibilities and a curriculum guide in 1998 (Lpfö 98). There is since 1998, a possibility for all 6-year old children to attend a preschool class. The curriculum guide of the compulsory school also comprises the preschool class and the leisure-time centres for school children.

7. The school monopoly is broken up in 1992 when a system of competition between schools on a quasi market is introduced. Independent schools on primary and secondary levels are established with tax money. The independent schools are open for all and there are no fees, a voucher system implies that all pupils and their parents can choose between different schools. Almost no private schools had existed in Sweden until now.

8. In 2003 the Swedish National Agency for Education gets an official mission to develop quality indicators. A school development plan presented in a government paper (2001/02: 188) points out that the quality audits should focus ‘…on the school level, the mission of the professional level is at the centre’. The audits can thereby also be regarded as tools to create (teacher) learning subjects. The teachers should change their dispositions to act and think in relation to evaluation results. A reflective way of acting and thinking is depicted as important.

Also in research we can find the representations of a transformation pressure that can be related to teachers ‘knowledge at work’.

The EGSIE project explored relations between education governance and social integration and exclusion. In a report from the project, and her analysis of policy texts related to education change, Lundahl (2000) points out that the texts explicitly include students, teachers, and parents that are ‘motivated, alert, inquiring, self-governing, flexible, responsible, and well-articulated’ (p 202) and she continues that ‘one may conclude that a need of special persons rather than special competences, are stressed stronger than earlier…’ (p 202). This also includes teachers even if the main focus was on (student) inclusion and exclusion. In another report from EGSIE, Lindblad et al (2001) categorize the Swedish case

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133 Independent schools can be defined as schools with other responsible authority than municipalities, county councils or State se for example (SOU 2002:121). Unlike the municipal schools, and independent school can have a religious emphasis.

134 The former double function of the Swedish National Agency for Education was thereby changed and the agency should from now on only concentrate on auditing. A new authority was established, the Swedish National Agency for School Improvement, to initiate school development and support some competence development.

135 The EGSIE project (Education Governance and Social Integration and Exclusion) was conducted with financial support of the European Commission, Directorate-General Research, and the Targeted Socio-Economic Programme.

as ‘the case of a welfare State in transition’ (p 325) and, among other things, a conclusion (p 326) is that: Teachers as well as students are constructed in new ways. Teachers are assumed to be rational technicians that do their professional job in a system that gives them more freedom to act. Students are well-motivated individuals that strive for educational success.

The aim of the thesis by Kajsa Falkner (1997) is to understand the restructuring within the Swedish compulsory school during the 80ies and the 90ies. She argues that the Swedish school can be described in terms of proletarianisation. One argument for this is that in the policy texts teachers are described as executors, not as both initiators and executors.

The researcher (education) Mikael Alexandersson (1999) argues that reflective practice is a complement to management by objectives but could easily become a rhetorical concept and together with management by objectives, a variant of control.

The researcher (education) Dennis Beach (2003) focuses on what was termed ‘a new school vision’ which here is a new discourse about professional freedom replacing steering by regulations in upper secondary school. The aim is to give a description of the way the discourse was reflected in practice in its local contexts in the view of the teachers, to identify key structural and referential aspects of difference in teachers’ views of education in relation to implications they see embedded for work in the vision, and to study what stands in the way of the realisation of social inclusion at the present educational moment. A key interest is ‘role contradictions’ and ‘erosions of professional self’. He describes a conflict between old values and a new vision, between old functions of selection and new educational ideas. Teacher voices are constituted between competing regimes of truth and concern a continual struggle over definition rights in the curriculum over what counts as valid teacher work and correct ways of approaching current curriculum ideas and new policy.

In her thesis, Marianne Dovemark (2004) studied discourses about the new teacher professionalism, what the image of school, education and its claims look like and how they are talked about and materialised by pupils, teachers and school managers. She points to contradictory structures where new education ideas in practice contributed not to renewal but to goal-negation. Solidarity and equality as targets of the new school are implemented in a school where competition and exclusion are a driving factor.

Transformation of the education system is also visible in statistical data. The following table illustrates the distribution of pupils, schools, teachers, and cost between municipal schools and independent schools respectively.

Table 6.3. Distribution of pupils, teachers and costs: municipal and independent schools.

<table>
<thead>
<tr>
<th></th>
<th>1998/99</th>
<th>2001/02</th>
<th>2002/03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of pupils, total</td>
<td>1 010 200</td>
<td>1 059 000</td>
<td>1 057 200</td>
</tr>
<tr>
<td>- Municipal schools %</td>
<td>96.9</td>
<td>95.0</td>
<td>94.3</td>
</tr>
<tr>
<td>- Independent schools %</td>
<td>3.1</td>
<td>5.0</td>
<td>5.7</td>
</tr>
<tr>
<td>Number of compulsory schools</td>
<td>5000</td>
<td>5100</td>
<td>5100</td>
</tr>
<tr>
<td>- Municipal schools %</td>
<td>93.2</td>
<td>90.3</td>
<td>89.4</td>
</tr>
<tr>
<td>- Independent schools %</td>
<td>6.6</td>
<td>9.6</td>
<td>10.5</td>
</tr>
<tr>
<td>Number of teachers, full time, total</td>
<td>76 400</td>
<td>82 300</td>
<td>83 400</td>
</tr>
<tr>
<td>- Municipal schools %</td>
<td>96.8</td>
<td>95.1</td>
<td>94.5</td>
</tr>
<tr>
<td>- Independent schools %</td>
<td>3.1</td>
<td>4.8</td>
<td>5.5</td>
</tr>
<tr>
<td>Number of teachers with teacher education, %</td>
<td>88.3</td>
<td>81.8</td>
<td>81.1</td>
</tr>
<tr>
<td>- Municipal schools %</td>
<td>89.1</td>
<td>82.5</td>
<td>82.0</td>
</tr>
<tr>
<td>- Independent schools %</td>
<td>63.8</td>
<td>68.0</td>
<td>67.3</td>
</tr>
<tr>
<td>Number of teachers, full time, per 100 pupils</td>
<td>7.6</td>
<td>7.8</td>
<td>7.9</td>
</tr>
<tr>
<td>- Municipal schools %</td>
<td>7.5</td>
<td>7.8</td>
<td>7.9</td>
</tr>
<tr>
<td>- Independent schools %</td>
<td>7.8</td>
<td>7.6</td>
<td>7.6</td>
</tr>
<tr>
<td>Total cost, million SEK (2002 price level)</td>
<td>56 049</td>
<td>65 803</td>
<td>68 294</td>
</tr>
<tr>
<td>Average cost/pupil SEK (2002 price level)</td>
<td>54 500</td>
<td>60 500</td>
<td>62 500</td>
</tr>
<tr>
<td>- Municipal schools</td>
<td>54 500</td>
<td>60 500</td>
<td>62 500</td>
</tr>
</tbody>
</table>
According to the Swedish National Agency for Education (Skolverket, 2003), the number of pupils in independent schools has more than tripled between the years 1994 to 2002. However, as the table shows, the proportion of pupils in independent schools is less than six percentages. The Agency also describes independent schools as heterogeneous with different profiles (related to subject, confession, language, ethnic groups etc). The average independent school pupil has better educated parents than pupils in municipal schools and a larger proportion has a non-Swedish background. There are also regional differences related to independent schools. Most of the schools can be found in the bigger cities and in the suburb municipalities. However, almost half of all municipalities have no independent schools. The table also shows that many teachers lack teacher education (around 20 percent in municipal schools and more than 30 percent in independent schools).

**Health Care**

The health care system in Sweden can easily be described as a complex web of specialisations related to diseases, organs, ages, gender, techniques, service functions, different providers, and different political levels etc. Different actors with their specific qualification provide measures ranging from general prevention to advanced acute surgery. All this is institutionally defined as health care. ‘A good health and good care under equal conditions for the entire population’ is an overall goal as defined by the Health and Medical Services Act of 1982 (SFS 1982:763). A good health care should be:

- offered on equal terms
- readily accessible
- founded on respect for the patient’s integrity and self-determination
- carried out in consultation with the patient
- promote good contacts between the patients and the health care personnel

The health care of today is often depicted as an organisation comprising three levels:¹³⁷

- primary care
- central county hospitals and district county hospitals
- regional hospitals

The division is made by taking the patients’ age, need of hospital care, the nature, the difficulty and the complexity of the visiting patients’ health related problems, and the responsible political level as points of departure. This is also a picture of a vertical hierarchy related to specialisation and qualifications.

Primary care is described as the basic level. People can turn to care centres (outpatient clinics) with their health related problems. Expectant mothers and children under school-age can follow programmes for preventive care with regular check-ups (almost all of them do so). Primary care also includes long term care of elderly, long term psychiatric care, and care of physically and mentally disabled. This kind of care often takes place in the

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¹³⁷ Examples on this are a report from Spri (Berleen, Rehnberg & Wennström, 1992) presenting the Swedish health care for an international audience, and also Falk & Nilsson’s (1999) textbook aimed for nurse education and other health care educations. Until 2000 Spri was a national governing body for planning and development of health care. Parts of the activities have now been transferred to other governing bodies. The three levels originates from a government commission named HS 80 (Hälso- och sjukvården inför 1980-talet)
patient’s home but also in nursing homes or group dwellings, not in acute hospitals. The county hospitals and the county district hospitals are for conditions that require (inpatient and outpatient) specialist hospital care. The most advanced, and highly specialised, care is delivered at the nine regional hospitals.

But there are also other ways to depict health care. The metaphor of ‘care-chain’ (vårdkedja) is often used to describe the patient’s way through the health care system and the communication between the different providers of health care. The researcher Kajsa Lindberg (2002) has studied care-chains as ‘local constructions of organising between organisations’ (p. 181) and with a particular focus on action nets. The levels in the vertical hierarchy are replaced by a horizontal chain. Lindberg writes: ‘to see caring measures as parts of a chain hooking on each other means to see the activity from a horizontal perspective’ (p.32). She dates the introduction of care-chain to the late 1980ies and a debate in a journal published by the Federation of Swedish County Councils (‘Landstingsvärlden’) and also gives the term an efficiency context.

Another way to depict health care is to take the different medical specialities as a point of departure. In 2000 the Federation of Swedish County Councils started to present statistics with an intention to make it possible to get a collected description of performances and what it has cost to carry them out (Landstingsförbundet, 2003). In their report from 2003 the different specialities are presented as ‘main group’, ‘field’, and ‘subfield’. Acute care is divided in six main groups (short term medical care, short term surgical care, undistributed short term care, geriatric care, psychiatric care, other). Each main group is divided into fields such as internal medicine, neurology, and rehabilitation. Two of the fields (internal medicine, and surgery) are further dived in nine subfields each. Other terms used to divide health care are specialised somatic care, specialised psychiatric care, and specialised care, inpatient care, outpatient care, home health care, visits, telephone guidance, car episode, hospital bed etc.

**Reforming Health Care**

The main employers of nurses are the county councils. Also the municipalities are providers of health care and accordingly employ many nurses. The State is responsible for legislation, education and research. All nurses, like all health and medical personnel come under the supervision of a national administrative agency, the National Board of Health and Welfare. The tasks of the Board include supervising, monitoring and evaluation of development. The Board issues the certification of registration of nurses (license) based on a passed study programme certification in nursing. Cases of malpractice are handled by the National Medical Disciplinary Board (Hälso- och sjukvårdens ansvarsnämnd), a government authority who’s chairman is a lawyer. The other members come from different health care sectors.

According to the sociologist Rolf Å Gustafsson (1987), nurses in Sweden are related to the rise of the hospitals. He dates the creation of nurses to the mid 19th century.

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138 A search at the webpage of the National Board of Health and Welfare (‘vårdkedja’) gave 8 500 hints (www.sos.se, August 2005). www.evrek.se (August 2005) gave 1 500 hints (in Swedish) of which many references was to development projects in the county councils and where quality, processes and efficiency are dominating. Examples: Örebro county council: ‘to develop a care-chain that not creates extra work. It should function with the available resources’. Dalarna county council: ‘a well-functioning care-chain makes the patient feel safe. The personnel on all levels know what have proceeded and what should be done after the actual procedure’.

139 ‘Att se vårdinsatser som länkar i en kedja som hakar i varandra innebär att se verksamheten utifrån ett horisontellt synsätt’ (p.32).

140 However, there are exceptions. The profession of midwife is often described as old as humanity itself (Hermansson, 2003).
and argues that the profession was fully established in somatic hospitals during the 1920ies.\textsuperscript{141} In his thesis, and from a historical-sociological perspective, he analyses the growth of what he calls the acute care model. He starts with an assumption that the ‘work organisation is constructed as if cure and medical treatment were the accurate and dominating goals in almost all kinds of work done by the staff’ (p. 419). The institutional care is dominating he argues, and also that great segments of the hospital staff are forced to a work content that is not appropriate for patients’ needs (p. 419) because of the organisational construction. The argument is that the patients’ need often is predominated by caring aspects but that the acute care model is build upon institutional medical care.

Over the years there have been several reforms aiming at changing the organisational structure and the responsibility of health care system. The responsibility for different health care sectors has been transferred from the State to the county councils and in the 1990ies also to the municipalities. In the following section the major reforms are listed giving a representation of health care restructuring with the responsible authority as the point of departure. The reforms can also be seen as examples of steering by State, even if the result is that responsibility is transferred to a local level.

1. 1928 – The county councils are obliged to provide hospital care.

2. 1959 – The county councils become responsible for outpatient clinics in the hospitals. Private beds and private fees to the doctors for inpatient hospital care are eliminated.

3. 1959 – The long term care of the elderly is transferred from the State to the county councils.

4. 1963-1967 – The psychiatric care is transferred from the State to the county councils.

5. 1970ies – The so called ‘Seven Crowns’ reform is implemented. The reform stated that the patients would no longer pay directly to the doctor for outpatient care, but a fee of seven crowns to the hospital. This also meant that no private practice was to be carried out within the walls of public hospitals.

6. 1972 – The county councils took over the district medical officers (provinsiallärkar-väsendet) from the State.

7. 1982 – A State commission that got the name HS 90 (Hälso-och sjukvården inför 1990-talet) particularly pointed out the importance of preventive care. Singles, unemployed, and immigrants are pointed out as risk groups.

8. 1992 – The ÄDEL-reform implied that the care of long-term patients was transferred from hospitals, provided by the county councils, to the municipalities. The municipalities were obliged to establish special housing for people who need this, such as service dwellings, and group dwellings. The municipalities also took over the

\textsuperscript{141} The Swedish Society of Nursing, a professional organisation for nurses, was established in 1910. The aim is presented as to promote research, development and education. Another association is The Swedish Association of Health Professionals (SAHP/Vårdförbundet). Swedish nurses, midwives, biomedical scientists, and radiographers are entitled to enter the association. SAPH negotiates pay and working conditions and according to the homepage (\texttt{www.vardforbundet.se}) ‘encourages its members to base their work on science knowledge and experience, and requires the university education to give the vocational role a clear professional identity as a basis for developing areas of expertise’. 

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responsibility for nursing homes from the county councils. It is here important to note that it was a focus on people in need of nursing care and/or rehabilitation in these reforms, not on medical treatment. The county councils still got the responsibility for patients in need of medical care given by a doctor. However every municipality must have one or more so called ‘medical responsible nurse’ (SOSFS 1997:10).

9. 1994 – The handicap reform – The municipalities are responsible for care of mentally and physically disabled.

10. 1995 – The psychiatry reform – The municipalities are responsible for long term psychiatric care.

The nurse profession is highly regulated. Also changes in legislation can be regarded as part of health care restructuring. In the following some laws and ordinances relevant for nurses are listed. These laws and ordinances give a representation of health care with the different professions and their different qualifications, tasks and obligations as a point of departure. They are also representations of steering by State (see www.sos.se).

1. 1958 – The title of registered nurse was given only to those graduated from nursing schools, ran or approved by the State.

2. 1959 – Only registered nurses could be recruited and employed as nurses.


4. Among other things, the Health and Medical Services Act also regulates the administrative authority between doctors and nurses. During recent decades, there have been some changes regarding who could hold the position as administrative authority. The 1962 Medical Services Act gave nurse administrators administrative authority for nursing care and they reported directly to the hospital manager. This dual leadership was ended when the law was changed in 1972 the nurse administrator was now not mentioned in the law text related to administrative authority, only the hospital manager, the hospital head physician and the department head physician. The 1982 Health and Medical Services Act (SFS 1982:763) stated that administrative authority could be separated from medical responsibility. Thus, nurses again could have positions including administrative authority, e.g. positions as hospital department managers. This again was changed in 1991 (SFS 1982:763 updated until 1991:424) when the title head senior physician (‘cheföverläkare’) was introduced. The administrative authority could now not be separated from medical authority. The same person should have the medical, economic and administrative responsibility. It was evident that only doctors could have this position. The last change so far was in 1997 (SFS 1982:763 updated until 1997:316) when the position head senior physician was replaced by a ‘manager’ (‘verksamhetschef’), the different authorities could be separated. This also means that not only doctors, but also nurses and people with other educational backgrounds, can have positions as heads of hospital departments or primary health care centres.
5. 1985 – A new patient record act (SFS 1985: 562) states that all licensed health care professionals must document the care of patients. This is a new obligation for nurses. All reports must be personally signed.

6. 1993 – ‘Provisions and general advice’ from the National Board of Health and Welfare (SOSFS 1993:20) particularly points out that nursing care must be documented and that this is a nurse responsibility.

7. 1998 – A law regulating health care professional activity. It covers obligations, qualifications and restrictions concerning the right to undertake certain measurements, discipline consequences and regulations about responsibility. 17 legitimised/licensed health care professions are listed. Nurses are among them and nurses also have a so called protected professional title (SFS 1998:531).

8. 2000 – Provisions and general advice from the National Board of Health and Welfare regulates the handling of medicine, including nurses’ obligations and responsibilities.


Over the decades, the number of nurses has been rapidly increasing. In 1949 the number of nurses was 11,869 and ten years later the number had increased to 20,885 (SOU 1962: 2). The expansion of the number of nurses was related to the rapidly expanding health care sector with an increasing number of hospitals and hospital beds but also to medical advancements. However, many educated nurses were not working in the profession. The marriage frequency and why married nurses stayed at home was seen as a disturbing problem. This phenomenon was attended to in a thesis by Hans Berglind (the first thesis about nurses) in 1968.

In the end of the 1950ies, a government commission (SOU 1962:2) was focusing on the shortage of nurses. A main target was that easily replaceable and cheaper auxiliary nurses should be a substitute for the better educated nurses and the mission was to investigate which tasks could be transferred from licensed nurses to assistant nurses, auxiliary nurses or other occupational groups. The ambition was to provide good care with a minimum of employees, and to rationally utilize the nurses. The caring of the patients was broken down to different work tasks and the nurses became logistics, administrators, and managers. The planning of the work was separated from the work with patients; a division of labour was created also in the hospital ward. The staffing of a somatic hospital ward mainly consisted of assistant and auxiliary nurses and with only a few licensed nurses.

The following table with data from Statistics Sweden shows a continued increasing number of not only nurses but also doctors. The decreasing number of auxiliary nurses/assistant nurses also point to changes in the hospital ward staff mix described in the report from the government commission.

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142 ‘Provisions and general advice’ is a type of documents published by the Board.
The staff mix and their qualifications have also been a research focus. A few examples are mentioned here. In the 1970ies Bertil Gardell & Rolf Á Gustafsson (1979) used the metaphor of the ‘assembly-line’ when they described the hospital organisation, or the ‘acute care model’. According to them the health care was planned and coordinated in the administrative hierarchy and carried out in the medical hierarchy where authority was distributed related to medical knowledge. Twenty years later the nursing researcher Solveig Lundgren (2002) describes a hospital ward with ‘all RN staffing’ and nurses characterised by ‘flexibility’ and ‘versatility’. The sociologist Gerd Lindgren (1992) describes doctors, nurses, and auxiliary/assistant nurses on a surgical ward as ‘three cultures of cooperation’ and named them ‘doctors, sisters, and girls’. In a follow up Lindgren (1999) noticed a shift. Among other things patients stayed for shorter period on the ward. She describes nurses as belonging to a co-worker culture (or ‘alliance-orientation’), characterised by individuality and striving to break down professional- and gender barriers. The researcher (economic history) Helén Strömberg (2004) used the concepts of curing, nursing, and caring to discuss horizontal and vertical division of labour.

The following table illustrates changes in number of hospital beds. In particular there is a decrease between 1990 and 1995 which can also be seen as an illustration of changes in health care organisation related to the three reforms in the 1990ies. People with a mental handicap now live in the community and old people in need of long term care are to a large extent treated in their homes. The changes can also illustrate medical advances and introduction of day surgery.

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In 1993, 816 hospital beds for specialised care were referred to other responsible authority than county councils (private providers, foundations, personnel cooperatives etc). 719 of these were in Stockholm, 73 in Skåne, 8 in Västra Götaland, and 16 in Västerbotten. These figures illustrate an uneven distribution of private providers between the different county councils. The following table shows visits to doctors in 2003 and is one way to illustrate the distribution between the two care forms.

Table 6.6. Visits to doctors in 2003 in thousands.

<table>
<thead>
<tr>
<th>Specialised care</th>
<th>Primary health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 084</td>
<td>11 765 of which 3258 was care produced by others than county councils</td>
</tr>
</tbody>
</table>

Private providers, foundations, personnel cooperatives etc.

Source: SCB (1973; 1983; 1997; 2005a)

Patients have a freedom of choice between the providers. The table also illustrates that the county councils are the most common provider.

Most of the county councils introduced some form of a purchaser/provider model during the early 1990ies. The different models got names such as ‘the Stockholm model’ or the ‘Dala model’. A fixed annual allocation to the hospitals and to primary care was replaced by payment according to results. An elected committee of local politicians forms a so called purchaser unit and formulates county council requirements on hospitals. The sociologist Casten von Otter (1999) argues that the idea is to increase the pressure on the workplaces with an emphasis on managerial accountability and professional autonomy but that the incentives for efficiency mainly seem to be directed to higher administrative and managerial levels. In her thesis in business administration, Maria Blomgren (1999) discuss the new economic incentives in terms of institutional restructuring implying fundamental shifts in socially constructed norms, values, beliefs, and ideals. She argues that the debate in a journal published by The Swedish Association of Health Professionals has changed the attitude from being sceptical to using and influencing the management accounting models. In a study of midwives Brorström, Hallin & Kastberg (2000) discusses a changed management model in terms of a conflict between professional norms and economy, and reduced space of action. Midwives stopped, reduced, and expended activities in relation to economic incentives.

In the beginning of the 21st century, an official report from a government committee (SOU 2003:23) stated that health care will never be able to fully meet all the needs of the citizens; priorities will always exist. In the report, the committee recommends that the development of health care should be steered toward open forms of care and to care as close to patients’ homes as possible, but also to preventive care. Integration of primary health care and other care, as in the concept of community health care, should be made as soon as possible. A variety of different private providers are recommended but not for such care that needs the resources of university or regional hospitals. The committee also concludes that the possibilities to create market conditions in the form of competing private providers are very limited and this is because of the need of coordination between providers and that the needs of

\[144\] The Swedish health care is financed by taxes, so is also most of the care delivered by private providers. However, health care is not totally free of charge for patients. Patients have to pay around SEK 80 per day for hospital stay. The fees for outpatient care to see a doctor varies between the county councils and can range from SEK 100 to SEK 150 for primary care and from SEK 200 to SEK 300 for a hospital outpatient visit or a private practitioner. A visit to a district nurse can vary between SEK 50 to SEK 100. There is however a high-cost ceiling of SEK 900 for 12 months. Health care for children and young people under 20 is free of charge. There is also a high-cost ceiling for medicine, no patient has to pay more than SEK 1800 for 12 months.
coordination are changing in relation to the current development of technology and treatment methods. The argument is that diagnoses and treatments that today require the major hospitals can in a future be possible to carry out at smaller hospitals or in outpatient care.

The specialisation, the different levels of health care, and the different kinds of providers are in focus in many debates and reports related to health care. The one mentioned above is just one example. A political and administrative dream is that all patients should be treated at the most adequate level in the so-called care chain with no overlaps and no unnecessary costs in a well-organised net of coordination, but the fact that the patients do not have a single disease but multiple of problems that do not follow the borders of the different care specialties causes trouble.

The county councils and their health care providers have made more or less extensive changes in their economic control systems since the 1990ies to be able to follow up care paths and to be able to handle the situation as a question of rational decision-making. But according to the economist and researcher Anders Anell (2004), there is a lack of cooperation between different categories of health care personnel and between primary health care, hospital care, and the municipalities. The result is that the patients are ‘carried around’ in the health care system. The health care activity is anything but stable he argues, and rapid technological development demands adaptation of competences and structures. The highly specialised care of today delimits and sorts out. A professional driving force among doctors to specialize and a following professional advantage/power, nowadays also concerns nurses. Anell describes a contradictory situation with an increasingly specialised and fragmented health care at the same time as there is an ageing population with multiple health problems and also a higher proportion of psychosocial problems.

A Government Bill 1999/2000:149 presents the government’s analysis of results of health care restructuring during the 1990ies, analyses of the present situation, and also contains a development plan. The focus is on (primary) health care and not explicitly on nurses. According to the Bill, the 1990ies reforms have turned the emphasis of health care:

- from inpatient to outpatient care
- from hospital care to homecare
- from public service to single individual and family

The Bill explicitly gives the patients a more active position in relation to the health care professionals. An idea related to the work of health care professionals has always been to mobilise the patients’ own resources, but this goes a step further. Patient involvement is not only for the benefit of the patient. On the contrary, the health care is outlined as dependent on patient involvement as a means to handle increasing demands from an aging population. Moreover, the health care community could expect future patients as persons with more resources than today. The patients can contribute to coordination of their own care and also influence organisation and working methods. The Bill states that increasing specialisation and possibilities of choice between providers have resulted in coordination difficulties since patients often have multiple health related problems. The patients can therefore not utilise a formally strong position as the right to choose between different providers, to get information about treatment alternatives, a second opinion from another doctor, and to choose between the

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145 The Bill was put forward by the Ministry of Health and Social Affairs and was accepted in 2000.
146 The reforms are described as not fully developed and the situation is depicted as an imbalance between commitment and capacity. Coordination, preventive care, patient involvement, prioritising, and a diversity of care providers are described as important aspects that should be included in the future health care. The development plan wants to improve the conditions for cooperation between primary health care and specialised hospital care. Regional centres for research and development should be supported.
different treatments. Structural constraints hinder involvement. Primary care is presented as a basic care level that should function as coordinator between providers and care levels, not as an organisational form. Prevention and health promotion should be systematically integrated in all contacts with patients and relatives, as this is not a fully developed aspect today.

Municipal primary health care is described as an unattractive work place. Too many of the employees do not have an adequate education and qualifications. The access to doctors, nurses, assistant nurses, and rehabilitation staff is too limited. New personnel are constantly recruited. Long-term sick leave and early retirement is common.

The following table illustrates the distribution of staff categories in municipal health care. We can see that the staff is dominated by other categories than nurses and that the number of employed by hour is high.


<table>
<thead>
<tr>
<th>Category</th>
<th>2002</th>
<th>Changes between 1995 – 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auxilliary/assistant nurses¹)</td>
<td>192 200</td>
<td>+11 800</td>
</tr>
<tr>
<td>Personal assistants¹)</td>
<td>16 000</td>
<td>+11 400</td>
</tr>
<tr>
<td>Nurses¹)</td>
<td>11 900</td>
<td>+2 100</td>
</tr>
<tr>
<td>Employed by hour</td>
<td>69 700</td>
<td>+10 000</td>
</tr>
</tbody>
</table>

¹) Staff employed by hour is not included in these figures.

Source: ‘Kompetensförsörjning inom vård och omsorg om äldre och funktionshindrade. Del II Faktaunderlag och beräkningar’ www.sos.se

Almost 60 percent of permanent staff members (excluding the licensed nurses) have a minimum nursing education at upper secondary school level whilst for those employed whilst the figure is 35 percent. The staff turnover is nine percent, and among nurses twelve percent. This is however not a new problem. A proposed solution is better leadership and education as a way to create interest for the work. Here can also be mentioned that the nurse researchers Kapborg & Svensson (1999) discuss nurses in municipal primary health care in terms of new competence demands that require them to make independent judgements and to take initiatives of there own.

Education of Teachers and Nurses

Introduction

The education of nurses and teachers respectively has changed in many respects during the last decades. Two higher education reforms, one in 1977 and one in 1993, have had an impact on the educations in that they became integrated in higher education. Before 1977 both nurses and teachers for the lower levels (grades 1-6) were educated at institutions that did not belong to the higher education system. Only the secondary school teachers had a higher education degree, usually in two main subjects and completed by a one year teacher training course.

In the 1960ies the number of university students was rapidly increasing.¹⁴⁷ A government committee started to prepare for a higher education reform in 1968.¹⁴⁸ In 1977, almost ten years after the committee was appointed, a new reform, H-77, was set into work. The aim was not just a change of the study programmes but to reduce social stratification in higher education. New groups that had previously not participated in higher education were to

¹⁴⁷ From 37 000 in 1960 to 120 000 in 1970 (Askling, 1998).
¹⁴⁸ U 68 (SOU 1973:2).
be recruited. Almost all post upper secondary education was integrated in the higher education system, also the non-academic study programmes. This meant that nurse and teacher education respectively now were called higher education institutions (Askling, 1998). A ‘link to research’ was introduced in their curricula.

‘Freedom, responsibility, and competence’ were the key words of the higher education reform in 1993 that got the name H 93. According to the Higher Education Committee appointed by the government, the words marked both a new approach and a return to what was called classic academic ideals. The new reform should prepare for a society described as changing and complex. One idea was to further strengthen the academic base and the link to research in educations with a non-academic tradition. The connection between basic education and research was regarded as very important (SOU 1992:1). The higher education act of 1993 (SFS 1993:100) replaced the former line system with a new degree ordinance. It was stated that academic subjects and study programmes should be based on a scientific ground and/or proven experience.

Changing conceptions of the model of the Swedish welfare State affected expectations on nurses and teachers in official texts. As Sverker Lindblad (1997) wrote: The institutions of the welfare State – built on principles predominant at the time when industrialization and democratization were developed – have become weaker and regarded as too old-fashioned. Citizens are regarded to have too small possibilities to influence these institutions. This is regarded to hold true for education as well /…/ (p.134).

Teacher education in transition
Teacher education has always been very closely connected to the different school levels and each level has had its own category of teacher: Junior level, intermediate level, and secondary/upper-secondary subject level. In 1974, a committee, LUT 74, was appointed by the Swedish government to undertake a review of teacher education. A central question was how to organise teacher education in order to promote societal progress (Gran, 1977). Goals and content of teacher education, the role of the teacher, how specialized a teacher should be in regards to subjects and grades, and also coordination of different types of teacher education were among the areas considered (Beach, 1995, 2000). Changing teacher education was seen as an effective means to develop the school and the society. A committee proposal was that research training for teachers should be emphasised, in particular the support of local research and development work. Another proposal was that the different teacher educations should be replaced by a more integrated course of comprehensive school teacher education. The idea was that teachers, educated in this proposed teacher education, would be qualified to teach at any level of the 9-year compulsory school (LUT 74, 1979).

Almost ten years later, the proposition of the Teacher Education Committee (LUT 74) formed the base for a new government proposition in 1985 (Proposition 1984/85: 122) and in 1988 a new teacher education programme was introduced around two new teacher categories: compulsory school teachers for grades 1 – 7 and compulsory school teachers for grades 4 – 9. Five years later it also became possible get a degree as compulsory school teacher for grades 4 – 9 by studying independent courses at the university and then entering a practical-pedagogical course.

In 1997, once again a new committee was appointed by the Government (SOU 1999:63) with the commission to analyse and change teacher education. The task was again

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149 2.5 years, focusing on grades 1-3.
150 3 years, focusing on grades 4-6.
151 4 years, focusing on grades 7-9, and upper secondary education.
152 3.5 years programme.
153 4.5 years programme.
broad and included aims, content, control, and organisation as well as the link to research. The first integrated teacher education was introduced after this in Sweden in 2001. The new education replaced twelve previous teacher education programmes. The new teacher education also meant to develop a stronger link to research, something that once was one of the reasons for incorporation teacher education in the higher education system in 1977 and that was also stressed in proposition 1984/85: 122 (Beach, 1995, 2000).

The 2001 teacher education reform represented in Government Proposition 1999/2000: 135 is of particular interest for understanding the dominant discoursing of teacher education today as it is a key document not only for understanding the new teacher education reform but also for understanding education restructuring in Sweden generally – including the conflicts between different communities of practice and the making of a new configuration for the organisation of work and the constitution of professional roles and identities within a more developed governing of schools and schooling for a new knowledge/learning society. The proposition was presented when Swedish higher education Swedish schools were in processes of restructuring.

Restructuring in higher education was carried out extensively in 1993 where the university departments were rendered similar to actors in a market struggling for customers in order to survive and where teacher education students represent income possibilities for these departments at a time when the slogan was: Teacher education is an undertaking for the whole university. A second context is formed by the demands put forward by school restructuring a decade earlier as manifested in the development plans of the conservative as well as the social democratic regimes during the 1990ies. In this school restructuring teachers are assumed to have competencies in the goal analysis, planning and evaluation of the school and to communicate with diverging cultures in the Swedish society. A third context occurring in this as well as other texts is the concept of a learning society and the increasing demands that teachers and students are meeting in this respect.

*Government Proposition 199/2000: 135 – A renewed teacher education*

This proposition was based on a State commission text on teacher education (SOU 1999:63) and comments from different invited actors (universities, teacher unions, political parties). The parliament decided in accordance with the proposition to implement the teacher education reform, the main ideas of which concerned abandoning the idea of separate curricula or education programmes for different kinds of teachers, which was regarded as an obsolete idea in the new millennium and with respect to the needs of the post-industrial, increasingly informational, knowledge society. Instead of separate educations for different categories of teacher, there is now a general intake to one programme, which produces specialisations and enrichments through successive choices by students in the lived curricula. This produces a structure comprising, finally, a one year general education component for all

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154 Early childhood education training (Fritidspedagog och förskollärarutb), drawing/art teacher, flight teacher, folk high school teacher, primary teacher, secondary teacher, upper-secondary teacher, domestic science teacher, PE teacher, music teacher, craft teacher, special needs teacher, careers teacher. 23 institutes of higher education had the right to issue a degree (SOU 1999:63).

155 This text points out how to make a renewal of Swedish teacher education and can be regarded as a way to change an existing community of practice where peripheral participants are becoming acknowledged and authorised in the teaching community. But it is also a text with the ambition to perform a change in this teaching community by means of pre-service as well as in-service education. Stated like this it can be regarded as a means to prepare for expanded learning in the teaching community. We are here focussing on one aspect of this and that is knowledge at work. Based on this we ask what representations of knowledge at work are vital in the text and what representations do we find of the context of this knowledge at work in terms of communities of practise?

156 ‘Renewed teacher education’ is a direct translation of the Swedish title of the Proposition (En förnyad lärarutbildning).
teacher students plus two to three years of selected specialisations and enrichments. The teacher students are assumed to be flexible and competent professionals that are key actors in the making of a learning society. After finalising their studies – including a half-semester thesis work – the teacher students are not only eligible to teach but also to enter research education in a new research domain or field created also by proposition 1999/2000: 135, educational sciences. Educational sciences are stressed in the proposition and large sums have been directed to the new field.

A main idea here is to increase the research connection in teacher education and to strengthen research relevant for teachers work, by including teachers as researchers and stimulating the production of doctorates for teachers at work in subjects termed ‘educational sciences’ and ‘educational work’. Moreover, there have also been parallel developments in the reorganisation of the means of financing research and development for teaching and teacher education at universities and university colleges, as well as changes in the local management of these activities through the enforced introduction (through Proposition 1999/2000: 135) at these sites of local managements boards of faculty or the equivalent for teacher education quality assurance, planning and research and development: examples include the Teacher Education Boards developed at most university colleges such as Trollhättan-Uddevalla, Skövde, Borås, Kalmar and the teacher education faculties developed at larger institutions such as Uppsala University, Göteborg University, Umeå University. A new funding body was also created in the Swedish Research Council (Vetenskaps Rådet) for financing specifically research in teacher education and teaching. This funding strand in the science council is called the Educational Sciences Research Committee.

How to understand knowledge at work in Proposition 1999/2000: 135?

Two very simple and related stories on teachers and their professional competences can be read from the Proposition. The first is a story about necessary adjustments of competencies in a rapidly changing society and demands of this on education – on teachers work and on lifelong learning. Teacher education has to consider and to respond to these changes. The second is about the omnipotence of the teachers in responding to these demands in an efficient way. It is as if the school and the teachers could counteract various emerging problems in the late modern society. A message is that teachers can make a difference in a learning society.

If we focus on the text in terms of representations of knowledge at work we find both underlying conflicts as well as attempts to create consensus in the text. There is not one voice that is talking but several, which demands a lot of plasticity in the terminology used. What we find in the text are several stories with their own plot and demands on teachers’ knowledge at work. We will here present five such narratives

1. A main idea is to build one professional community of practice in education by integrating different professional cultures. Instead of having different teacher education programmes for e.g. preschool teachers, leisure time pedagogues, primary school teachers, secondary school teachers, there is only one entry into teacher education and one exam for all teachers. In a word it is a story about regulation; how a set of distinct and divided teacher education programmes are replaced by one entry and one exam including a large amount of flexibility in study careers leading to different specialisations. It is not a story about deregulation but about changing regulatory mechanisms in terms of local flexibility in combination with State control of examination outcomes and the right of higher education to examine their teacher students. A more precise title for this story is ‘harmonisation’ – of a loosening up in one end and a tightening in the other end in terms of State control. (From a professionalisation point of view it is interesting to see how the control of teacher education turns into the hands of the universities concerning the teacher education process and into the hands of the State
authorities concerning the examination of the professional candidates). Such a harmonised teacher education makes it possible to increase the flexibility in teacher education since the earlier classifications disappear at the same time as a large number of specialisations and competence profiles appear for future teachers (p 15). Stated otherwise the harmonising processes produce preconditions for a new social division of labour in knowledge at work among flexible and specialised teachers that cooperate in teams who share a common set of knowledge and basic values but who differ in competences (p.16).

2. Having the harmonising tendency in mind we find a second story about the integration of different professional communities inside the educational system. A harmonised teacher education makes it possible to create arenas where students with different career prospects meet to gradually decide what kind of specialisation they want to achieve and on what level they want to work as teachers. We find notions of a common professional culture in the text: ‘all teachers have to deal with the same basic questions and problems independent of their own undertakings’ (p 7). We also find repeated statements concerning cooperation between different categories of teachers. Thus the student teachers should learn ‘…how to carry out pedagogical discussions in different teacher teams and between different categories of teachers’ (p. 19). However, such an integration of different professional communities of practice is apparently problematic. A very simple example: It is a problem for instance to have the same term for the young people that teachers are interacting with. In the preschool they are named children and in the school they are called students. Thus, we find the recurrent use of the phrase ‘children and students’ which from a linguistic point of view can be regarded as rather odd, but which is functional from the fact that we have different pedagogical communities. None the less, what we find is a strong demand of professional cooperation in Swedish schools – inside as well as between different school level and between teachers with different specialities. Thus, given the integration narrative, we are able to construct a strong demand of knowledge at work in terms of cooperation between professionals with different specialities.

3. A third story deals with different communities in terms of professional knowledge. This is an old story where we on one side have academia and on the other hand the teaching professions. As part of the higher education law education should be based on scientific knowledge as well as proven experience. In the text we can listen to the phrasing of these different communities – often in the same paragraphs. This is taken place in two ways. The first deals with disciplinary knowledge and school subjects. The introduction of didactics is regarded as a bridge here in order to make selections of content and in order to make theoretical statements possible to learn. This is regarded as a basic aspect of teachers’ knowledge at work ‘…basic competence is a resonance base for how concepts and principles in different subjects are to be organised in order to make learning possible’ (p.10). But what is significant in the proposition is the relation between educational sciences and teachers work. It is for instance argued that ‘…research on learning and teaching has to be strengthened and have a larger significance in teacher education’, that ‘…teacher education should connect to new research results and support a scientific attitude among the students’, and ‘…the scientific attitude has to be connected to the daily work of teachers and (bind) all moments in teacher education’. Thus, there are strong demands towards integration between two cultures of knowledge – that of science which should be made to have a practical relevance for teacher work and that of professional expertise that should get an increased scientific touch. Together these sources of professional knowledge are to produce a scientific attitude in the work of teachers. We can talk about integration between the academic and professional communities, which can be summarised in terms of scientification – and more precisely as what Nowotny et
al (2000) would call a mode 2 scientification where the context of application is highly relevant. Thus, it is also a story about the restructuring university and changing relations between science and society.

4. A fourth story concerns relations between teachers and students and their community. It is a story about changes in authority and respect and what is demanded of teachers here. It is argued that ‘… the work as a teacher is becoming more of creating personal meetings and less of carrying out the role as a teacher’, and that ‘… each teacher has to conquer and deserve their role and by that their authority. Authority is something you deserve in a democratic process’ (p.8). These statements concern a change in the teaching community and in the making of subjects (citizens) in late modern society. As a teacher you no longer have an automatic (guaranteed) social authority as a civil servant and as an extension of the State, not even formally. Knowledge at work is not about entering a professional role but entering personal-professional relations with students. The teachers are to create trusting and ethical partnerships with their students and parents (Dovemark, 2004). This means among other things that knowledge of teaching is transformed into knowledge about how to create conditions for learning and how to develop mutual respect between teachers and students in a multicultural society in an institution with a common value base. The demands on developing partnerships and respect is combined with a demand on teachers ‘…to challenge attitudes among children and youth and to present other cultural experiences, artistic languages and cultural meetings’ (p. 9). Here we find a teacher that not only knows how to cooperate but who is breaking with taken for granted conceptions and attitudes and who knows how to be avangarde in the making of the new integrated society.

5. These changing relations are also part of another story of building a transformed community of practise where the restructuring of the school organisation changes preconditions for teachers’ work and their knowledge at work. We find here demands of competencies in terms of ‘how to do goal analyses’, ‘how to organise learning processes’, ‘how to evaluate’, ‘how to decide to reach the goals of the school in cooperation with students and other teachers’, ‘how to apply the school law’, ‘how to understand how pedagogical processes are governed by rules and ideologies’, as well as ‘how to analyse pedagogical work from an organisational perspective’. In this transformed community of practise we assume there is a harmonised corps of integrated professionals with different specialisations who know how to work together in teams and in to cooperate with students and parents as partners in the making of the new school through the development of new activities and relations. What is at stake here is a transition of community of practice. In sum we can talk about a narrative of an ongoing modernisation of the communities of practice of schooling based on a new set of social relations, identities, tools, and meaning making activities. In this modernisation the State is not stepping back but is creating new relations with the school, the teachers, and consequently with the citizens.

To us the last narrative of modernisation is embracing the four others. Harmonisation, integration, scientification, and changing pedagogical relation are parts of a narrative of modernisation, where organisational restructuring is vital. In this narrative of modernisation we also find notions of a learning society and life long learning. It is argued that teachers should know how to ‘…create a basis for life long learning among the students’ and for themselves to ‘… start their own life long professional learning’. In sum we have a new configuration of the community of practise of schooling and as part of this a changing configuration of professional knowledge at work as well as a changing relation to the State. Considering educational restructuring and knowledge at work Proposition 1999/2000: 135 is a
key document not only to understand the new teacher education reform but also to understand restructuring education in Sweden – including the conflicts between different communities of practice and the making of a new configuration of work organisation and professional roles and identities which means a more developed governing of schooling.

The following table illustrates the number of applicants to Swedish teacher education and also the number of places in the teacher education programme.

Table 6.8. Number of applicants and number of places in programme, teacher education.

<table>
<thead>
<tr>
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<th>Places in programme</th>
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</tr>
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<td>1171</td>
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</tr>
<tr>
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<td>14992</td>
<td>8676</td>
<td>1.7</td>
</tr>
<tr>
<td>Spring 03</td>
<td>3499</td>
<td>1302</td>
<td>2.7</td>
</tr>
<tr>
<td>Autumn 02</td>
<td>14184</td>
<td>8642</td>
<td>1.6</td>
</tr>
<tr>
<td>Spring 02</td>
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<td>580</td>
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<td>Autumn 01</td>
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<td>7968</td>
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</tr>
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</table>


**Nurse Education in transition**

In the 1960ies, rapid medical advancements and expansion of health care together with the shortage of nurses was part of a problem description by a government committee that resulted in a changed nurse education and the development of a common education (SOU 1964:45). The committee pointed to that the current education was of good medical standard but administrative and managerial aspects should be strengthened. To this was also added a so-called overall view of the patients that not only paid attention to medical aspects. The previous 3-year education included a specialisation. The new education was divided in two parts: a 2.5 year basic education leading to a registration as nurse and a further education comprising one or two semesters. The idea with the delayed specialisation was to prevent a limited usability of nurses. A more general competence should counteract the recruitment problems. A nurse with general education could after a period of work choose between eight different specialisations. Further education was a preparation for work as a head nurse. The nurse researchers Erlöw & Pettersson (1992) name this period ‘the medical-technical ideology phase’ of the nurse profession and argue that nurses were taken from direct patient care to medical-technical and administrative aspects of work. Instruction was designed to prepare nurses manly for hospital care and not so much for ambulant care and prevention.

In connection with the higher education reform in 1977, a committee named Vård –77 was appointed. The committee described rapid medical-technological advancements and ever increasing demands for health care, particularly in the long term care of the elderly. According to Berit Askling (1987), an ambition with Vård –77 was also to change the view of nursing; the committee involved a critique against a fragmentized care with a lack of overall view of the patient. Not only should the medical aspects be paid attention to, but also social and psychological factors. The new education was expected to contribute to renewal of the nursing activity. Erlöw & Pettersson (1992) argue that Vård – 77 was the beginning of what they call ‘the holistic ideology phase’ of the nurse profession. Teamwork also became a new ideal of organizing health care work.

The reformed nurse education was started in 1982. The entrance requirement was changed. The idea of recurrent education was emphasised in that the nurse education
became a second step, built on the Care Line at the upper-secondary school level or a 1-year supplementary course. The study programme in general nursing embraced two years and was leading to registration as a nurse. Like before, the education could be followed by a specialisation (0.5-1 year).

The new nurse education should have a link to research but there still was no own academic field for nurses. However, the reform highlighted ‘nursing’ (omvårdnad) as a programme specific subject and a common base for all nurses, regardless of specialisation. The reform also implied that nurses started to enter research preparatory courses, and further on also entered research education within different academic fields such as medical science, education, sociology or psychology. In particular, this applies to nurse education teachers. There was also an attempt among many researching nurses to make ‘nursing’ a unifying research education subject (see e.g. Andersson, 1984). This idea was also strongly supported by the Swedish Society of Nursing and also by the nurses’ trade union.

The question about nursing as a programme-specific subject has been debated among nurse researchers. For example, in her thesis about the emergence of nursing research in Sweden, the researcher Ingrid Heyman (1995) points out that the Swedish term ‘omvårdnad’ is problematic because of its dual meaning ‘nursing’ and ‘caring’ and also that the meaning of ‘nursing’ and ‘caring’ is far from clear and that different standpoints on their definition have been taken by researchers. Another example of the debate is a research conference, arranged by the Swedish Society of Nursing (2000), where questions were raised about the boundary to other professional groups, and the distinction between nursing, caring, nursing science, caring science etc. Other questions concerned the theoretical base and the focus of the study subject and its relation to the profession. Is nursing/caring (omvårdnad) a general subject that can be studied by all or only connected to nurse education?

H93 introduced a new nurse education with nursing as a programme specific subject, leading to a Bachelor of Science in Nursing. The education of general nurses from now on comprises three years. The education reform was also a way to adapt to the EU rules regarding length of nurse education. The previous two-year education was too short to be accepted by EU. As before, there are different specialist educations for registered nurses, varying in length between 0.5-1.5 years.

In 1998 a change in the Higher Education Act introduced a new degree, Graduate diploma in Specialist Nursing. A main critique in an evaluation by the National Agency for Higher Education was that the link to nursing research and the competence of the educators must be strengthened and that nurse education should be integrated in State universities or State university colleges. Many nurse educations were still arranged by the county councils. The transfer to universities/university colleges was made during the later part of the 1990ies.

The ‘Competence Description’ published by the National Board of Health and Welfare (Socialstyrelsen 2005) is of particular interest for understanding of the dominant discoursing of nurses’ knowledge at work and nurse education. The document is a regulating document and an expressed idea is that the text should serve as a tool for supervisory follow-ups by the National Board of Health and Welfare and for the development of nurse education courses. The 2005 Competence Description replaces the former competence description published in 1995 (Socialstyrelsen, 1995). The reason is a new degree title as nurse specialist.

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157 The first unit for nursing research was started in 1980 in Umeå in the department of internal medicine.
158 Nursing can however be somewhat different between the different universities/university colleges.
159 ‘Competence Description’ is a document category that consists of recommendations concerning occupational skills, competence, experience, and ways of acting for regulated professions (Chiropractor, dental hygienist, dentist, doctor, medical physicist, midwife, nurse, occupational therapist, optician, pharmacist, psychotherapist, prescriptionist, psychologist, radiographer, and speech therapist are regulated professions in Sweden).
Both the 1995 and the 2005 texts have an explicit focus on nurses. As the titles say, the ambition is to describe nurses’ competences and they can thereby be regarded as means to capture nurses’ knowledge at work. Explicitly they should contribute to a good and safe care. The documents are related to regulations about specific qualifications for positions as nurse. The 1995 text includes an ambition to adjust the nurses’ competence to demands from restructuring of health care and nurse education during the 1990ies. The 2005 text is on the surface more an ambition to emphasise the need of an independent professional than adjustment to a wanted development. However, there are also claims about rapid knowledge development and that nurses must be able to cope with this situation by using and producing scientific knowledge.

A common context is ideas about rapid knowledge development and increasing demands on nurses. The 1995 Competence Description has an explicit connection to restructuring. A depicted context is the health care community as an arena of change and the subsequent need of competence adjustment. The health care structure is changing, responsibility is shifted over to municipalities and public health care is completed by private alternatives. Medical development gives new possibilities. Limited economic resources force change. Another context is the 1993 higher education reform and the renewal of nurse education. The new education was an adjustment to demands from the European Union. A nurse education should have a length of at least three years.

The 1995 competence description for nurses and midwives comprises 69 pages and is much more detailed than the 2005 document with its only 17 pages (the main text covers seven pages). The 1995 text has an explicit focus on nurses’ tasks and is divided in 14 sections, one introductory section for the registered nurse and following that, one section for each nurse speciality. The ethical point of departure, the overall view and the need of the patient is a foundation. Seven functions organise the description of the tasks and competences needed in the different specialities: 1) preventive care, 2) nursing, 3) examination and treatment, 4) information, teaching and supervision, 5) research and development, 6) planning and leadership, and 7) catastrophe readiness (katastrofberedskap).

The 2005 text takes an overall view of nurses and does not separate either midwives or the different other specialities from a general description. An ethical code and a scientific way of acting and thinking should build the base of the nurse’s work. Her (sic!) basic areas of responsibility are to promote health, to prevent illness, and to regain health. The practice is described as comprising three areas and these are organising the text: 1) the theory and practice of nursing, 2) research, development and teaching, and 3) leadership.

In the 1995 document the concept of competence is defined as related to knowledge and can be formal or real. Formal competence is the license. Real competence is not defined further. Under the seven functions different tasks are listed. Some areas are depicted as more demanding: Nurses who work in the specified areas should have a specialist education. Nurses who work night shifts should have enough experience. There will also be higher demands on nurses in a leading position with more managerial tasks. Specific groups

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160 The main part of the 1995 document is written by nurses and midwives appointed by the The Swedish Association of Health Professionals (Vårdförbundet). The National Board of Health and Welfare, the Swedish Association of Local Authorities, the Federation of Swedish County Councils, the Swedish Society of Nursing, the Swedish Medical Association, and higher education teachers have reviewed the text. A group consisting representatives from the Board and of nurses has worked out the 2005 document, one of the nurses is Dr Med Sc and one is a university professor. Nurses were also represented in a steering group as well as in a reference group. The texts are thereby written from within the profession but are reviewed and accepted by other health care community actors.
of patients, e.g. diabetes care or dialysis require specific nurse competence. Some nurses can also prescribe drugs in specified areas.

The 2005 document divides the three areas of practice in competence areas. Each competence area is further divided in ‘part competences’, listed as ‘ability to…’, meaning experience, understanding, judgement, and skills. This document also points to the heterogeneous nurses and their different need of competence but does not divide the competence description into different nurse specialities.

Three stories about nurses appear in the two texts:

1. The first one is about the nurses and the patient. Peoples’ need of care is a primary responsibility and a main focus of the nurse’s practice. A nurse should have good medical knowledge but an overall view and ethical way of acting is emphasised. The nurse she should always see to the patients’ best and defend their interests if necessary. The patient’s specific situation is determining for the need of knowledge at work. Preventive efforts and patient involvement is for the best of the patient. Here the nurse has the leading role, not the patient, but she should follow the patient’s wish and pay attention to the patients own abilities. The professional nurse should assess, plan, carry out/delegate, evaluate, and document what is the best for the patient in relation to the specific circumstances. She should also teach the patient and relatives in health related issues. Both documents are very clear on these points. Here we can recognise voices from the Health and Medical Services Act of 1982 emphasising the patient’s right and health prevention and promotion. This is therefore also a story about the teaching nurse.

2. A second story is about the nurse and professional development. The two documents here are different. The 1995 document highlights the importance of research and development work. The nurse should follow, make use of, and participate in research and development. She should also initiate and carry out development work. The document states that nurses must have a good professional knowledge and take part in competence development at work. The nurses should be given time and other resources for learning, and be stimulated to take part in development work in her area. The employer has here also a responsibility.

The nurse in the 2005 document appears as an independent professional in charge of patient care and of her own development. The researching, developing, and teaching nurse is not a product of employer responsibility but of self-regulation and independent analysis of her own professional practice. ‘A determining competence area for the nurse will be the ability to search for and use evidence based knowledge’. The text can here be related to ideas about lifelong learning and the knowledge society in a more explicit way than in the previous document. Rapid knowledge development in health care is outlined and subsequent demands on new knowledge. In particular, ICT, improved quality and cost efficiency are mentioned. Specific technical skills related to the different specialisations are not listed as in the 1995 document. But this does not mean that nurses are depicted as a more coherent group. Indeed, the motive to rewrite the description was the new specialist title and this is also connected to different positions in the specified areas. The idea is described as to present a general model for nurses that can serve as a common foundation. This is done by the ‘overall view’ and the ‘ethical way of acting’, as building blocks related to the three areas: 1) theory and practice of ‘nursing’ (Sw: omvårdnad), 2) research, development and teaching, and finally 3) leadership. This is a story about the researching and self-regulating nurse.

3. The third story is about nurses and the community of practice. Both documents are written with a focus on nurses. Nurses should supervise and teach personnel and student nurses as well as cooperate with personnel from other occupations and plan for and motivate the
patient. In the 2005 document the care chain and teamwork are made more explicit. Nurses should also have a ‘multidisciplinary view’.

Taken together, the three stories give voice for the teaching nurse, the researching and self-regulating nurse, and the ‘knotworking’ nurse\textsuperscript{161} including changing professional relations between different health care communities and between nurses and patients.

The following table illustrates the number of applicants to Swedish nurse education and also the number of places in the nurse programme.

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Females still outnumber males. The number of men graduating from nurse education between 1997 and 2004 varies between 13 and 14 percent (www.hsv.se).

**Professional knowledge at work – Concluding Remarks**

**Restructuring education and health**

In the following some aspects of similarities between restructuring education and restructuring health care, found in the analysed texts, are listed:

- Discourses about Swedish welfare during the 1990ies are coloured by what we can call the ‘something went wrong’ thesis. International welfare index’ often give Sweden a high ranking but as the concept of ‘un-welfare’ illustrates, there are also dominant discourses concerning decline in welfare and with a following decline in trust in sustainability of welfare. In texts related to both restructuring of education and restructuring of health care we can read stories about ‘something went wrong’, among other things giving up the idea of rational planning as a tool of reformation.

- We can find expressions of contradictory elements related to new forms of steering in both education and health care. ‘Management by objectives’ and ‘governing by result’ emphasise self-governing individuals at the same time as the same individuals should be controlled by auditing actions. For teachers we can see this in relation to changing curricula combined with introduction of quality audits where ‘the mission of the professional level is at the centre’ (Government paper 2001/02:188, p.28). For nurses

\textsuperscript{161} A term constructed from a play on the commonly used terms of ‘networking’ to connate communication-connective acts within actor-based communities of practice.
we can see this in relation to ideas about care chains and new management models emphasising economic control of the stream of patients.

- There are since the 1980ies discourses about changing relations to students and patients and giving them wider responsibility. The Health and Medical Services Act of 1982 gave the patients extended rights, among other things, the right to get information and that the care should as far as possible be carried out in consultation with the patient. Students and patients are also expected to be well-informed and place new demands on teachers and nurses and their way of acting. This is for example visible in teacher education reform as represented in Proposition (1999/2000: 135) and in the health care development plan (Government Proposition 1999/2000: 149).

- We find discourses about changing relations within and between communities of practice. Teamwork is emphasised and also coordination of efforts between different actors, within and outside the actual workplace. This might also be described as a discourse about ‘knotworking’, putting not the individuals but their coordinating actions at the centre.

- Transfer of responsibility to the municipalities from 1990 involves all teachers, but not all nurses since the county councils are still the main organiser of health care. However, a transfer of responsibility to local political levels is outlined.

- Tax funded independent schools and private health care (nursing homes, care centres, and hospitals) were introduced in the beginning of 1990ies. In both cases the municipalities and the county councils are still the dominating providers. There are also large regional differences. In some municipalities there are no private providers at all and in others several. These are mainly localised in the cities and city suburbs.

Discoursing teacher and nurse education in transition

Also the education of teachers and nurses share similarities but there are also differences:

- One idea expressed in documents concerning teacher and nurse education respectively puts forward ideas about professional education as a main road to change practice.

- Teacher and nurse education are highly affected by the higher education reforms in 1977 and in 1993, emphasising connections to research and also involving a transfer of education to universities or university colleges.

- For both teachers and nurses there are core disciplinary discourses in relation to their educations. Nurse education has a core subject (nursing – ‘omvårdnad’), teacher education as yet does not have a single core subject, though different alternatives have now taken form. Both nurses and teachers have now gained access to post graduate education and research training.

- Nurses are licensed as professionals by the national Board of Health and Welfare after graduation and only licensed nurses can hold a position as nurse. Teachers do not have this facility. We can also see from statistical data that around 20 percent of the teachers in municipal schools lack teacher education and more than 30 percent in the independent schools. Thus, considering teacher professionalisation discourses, current practices when hiring teachers show a gap in positions of these discourses.

- There are differences between teachers and nurses regarding specialisation. Nurse education comprises three years and gives all nurses a common educational ground. However, they specialise after licensing. The new nurse specialist degree from 1998 also marks the specialisation. The teachers have not had a common ground until the latest teacher education reform when twelve teacher education programmes were replaced by one teacher education. The new teacher education gives a common ground...
for all teachers but also a specialisation within education. There is also a variation in
length of education depending on specialisation.

Relations between restructuring of education and health care and transition of teacher
and nurse education
There are similarities in discourses concerning the reforming of teacher and nurse education. Professional accountability and responsibility is underlined in the education of the two professions as well as notions of teamwork. We can also note similar tendencies in discourses on professionalisation and scientification of work in teaching and nursing. Considering this as expressions of what is regarded as desired expertise there is a shift in current discourses, emphasising professional accountability related to new demands on work-load and expertise. However, we can also note a tendency to transformed centres within the discourse in question and it must be noted that the discourse itself still appears as fractured. This should be regarded as a main finding in the discoursing of welfare State professions.
CHAPTER 7

Case Report on Restructuring work life and Professions in Teaching and Nursing in England

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The first objective here is to present a summary review describing structural changes in education and healthcare since the 1960ies in England. In focus will be restructuring measures from the 1980ies onwards with special attention to professional actors (recruitment, competence, authority etc) and their positions. A second objective is to describe and analyse the professional education and training of teachers and nurses – characteristics of the structures and content with special focus on professional knowledge. A third objective is to examine relations between restructuring of teachers and nurses.

The presentation is in 4 parts. The first gives an overview of the periodicities of welfare provision including some statistical information. The second discusses the structural changes in education and teacher training in the relevant periodicities. The third presents the structural changes in health and nurse training within the periodicities. The fourth and final section briefly compares relations between teaching and nursing.

Periodicities of Welfare Restructuring in England
The restructuring of the welfare State in England can be seen as fitting into the following periodicities: 1960- 76: Progressivism and Expansion; 1976- 96 – The conservative years and Thatcherism; 1997 – 2005 – New Labour

1960- 76: Progressivism and Expansion
The early years of this period were characterised by a feeling of progressivism with a Labour government coming back to power in 1964 under the leadership of Harold Wilson, whose government was then re-elected in 1966. These Governments instituted a series of permissive measures, in keeping with the changing social climate, including decriminalising homosexuality and abortion as well as relaxing divorce laws. However, there were also deteriorating relations between the trades unions and the Labour Party and the devaluation of the pound in 1967 accompanied by sharp deflation and public spending cuts.

Between 1970 and 1976, the UK was led by two prime ministers: Edward Heath (1970-74); Harold Wilson (1974-76). Inflation came to be an increasing problem. In December 1973, strikes by the coal and electricity unions forced Heath to introduce a three-day working week. By the end of the summer of 1976, the economy was doing so badly the Labour Government was forced to seek a loan from the IMF, which was accompanied by harsh lending conditions, including enforced cuts in public spending. The economic situation forced the UK to restructure welfare provision and the system of bureaucratic administration based on professionalism and expert opinions came under attack from all angles.

1976- 96 – The conservative years and Thatcherism
By August 1977, unemployment levels had surpassed 1 600 000 in Britain and Labour unrest reached a peak culminating in the ‘Winter of Discontent’ in 1978/9 when several major trade unions went on strike. Following the 1979 general election, the Conservative Party stormed to power under the leadership of Margaret Thatcher. She was to remain in power until 1990 and the term Thatcherism was given to her leadership style and policies such as strengthening the powers of central government, curbing the powers of trades unions and local government and the active promotion of individualism, private enterprise and ‘the market’ in the public
sector. Thatcher attacked the power of local government and their role in provision of welfare – especially socialistic or so called ‘loony left’ councils were particularly abused. Local government expenditure and power was curbed by ‘rate capping’ and then the introduction of the controversial Community Charge (or ‘Poll Tax’) in 1989. The Thatcher government also advocated privatisation and sold off previously nationalised industries such as British Telecom, British Steel, British Rail and British Gas at well below their market values. Thatcherism is also identified with a strong tendency towards nationalism and especially the 1982 Falklands War.

Thatcher fell from power in 1990 as a result of cabinet splits over the issues of Europe, Poll Tax Riots and her autocratic leadership style. John Major succeeded Margaret Thatcher as prime minister and although considered an ineffectual leader, his government was punctuated by a series of significant events. Within months of taking office, Britain was involved in the first Gulf War. In December 1991, Major presided over an opt-out of the European Monetary Union for Britain and rejected the Social Chapter at the Maastricht Summit meeting of the European Council and in September 1992 speculation on the pound let to the stock market crisis known as ‘Black Wednesday’ when Britain was forced to pull out of the European Exchange Rate Mechanism. Major’s administration introduced the Citizen’s Charter, laying out standards for public services, which although received sceptically by the public at the time can be seen as psychologically significant as it increased public expectations of public services.


Tony Blair became prime minister in May 1997 in a landslide victory, giving Labour the greatest opportunity to reform the country since 1945. His ‘ideology’ was to be the Third Way, (Giddens, 1988). Labour aimed to introduce ‘joined up government’ and fuse the popular aspects of Neoliberalism (such as individual responsibility and a more competitive reward system with greater social equality). Blair’s election slogan was ‘education, education, education’. Under New Labour, England has enjoyed one of the longest periods of economic growth in the country’s history. Blair granted Scotland and Wales forms of administrative and political devolution as the millennium closed. However, many Labour supporters have been disappointed by Labour’s failure to turn back the clock on the marketisation in the welfare State, although spending has increased hugely in their second term. Despite disillusionment over the handling of the Iraq war, Blair won the recent general election and achieved a historic third term for Labour (May 2005).

Restructuring of the English Welfare State

Table 7.1 shows a selection of OECD Social Indicators for the UK and the OECD average.

Table 7.1. Selection of OECD Social Indicators (2002-3)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>OECD average</th>
<th>United Kingdom</th>
</tr>
</thead>
<tbody>
<tr>
<td>National income per capita (in $)</td>
<td>25 587</td>
<td>29 100</td>
</tr>
<tr>
<td>Age Dependency Ration</td>
<td>55.3</td>
<td>66.4</td>
</tr>
<tr>
<td>Fertility Rates</td>
<td>1.60</td>
<td>1.64</td>
</tr>
<tr>
<td>Employment (Women employment/ population as % of the working age population)</td>
<td>55.3</td>
<td>66.4</td>
</tr>
<tr>
<td>Unemployment (Total unemployment rate as % of the labour force)</td>
<td>6.9</td>
<td>4.8</td>
</tr>
<tr>
<td>Working Mothers</td>
<td>59.2</td>
<td>57.0</td>
</tr>
</tbody>
</table>
The population of the UK grew by 6.5 per cent from 55.9 million in 1971 to 59.6 million in mid-2003 and growth has been faster in more recent years.

Around one in five women currently reaching the end of their fertile life are childless. This compares to one in ten women born in the mid-1940ies. The population is getting older, with implications for welfare generally, but health and education in particular. Moreover, international migration is currently contributing approximately two-thirds of the UK’s annual population increase and there have been higher levels of both inward and outward migration in recent years than previously.

Spending on education and training has increased in England under Labour. This is shown in Table 7.2 (below) on (local and national) government expenditure from 1994 to 2004. Although Table 7.2 shows general elevations in expenditure, spending on tertiary education per student actually declined between 1995 and 2001 by 4% and the share of capital spending is now among the lowest in the OECD.

### Table 7.2. Government expenditure on education and training, 1994-95 to 2003-04

![Graph showing government expenditure on education and training, 1994-95 to 2003-04](http://www.dfes.gov.uk/trends)
Health spending shows similar tendencies to education. In the UK, 82% of health spending is funded by government revenues. Spending has varied over time, from a peak of 90% in the mid-1970ies to a low of 80% in the late 1990ies, when tax breaks were given as an incentive to take out private medical insurance. The government’s commitment to increase public health expenditure over recent years has seen public spending increase again (OECD, 2003). About 11% of people in the UK are now covered by some form of private health insurance - the majority of whom have this provided as a work-related benefit. The main benefit of health insurance is that it allows patients to ‘queue-jump’ NHS waiting lists for treatments.

Transitions in Education and Teacher Training

The structural changes in Education in England will be summarised, according to the periods outlined above, with special interest paid to teacher recruitment, competence and authority. This will be followed in each time period by a description of training of teachers with particular interest in their professional knowledge.

1960-1976: Restructuring in Education – Consensus, Progressivism and Expansion

The 1960ies and 1970ies are now viewed on as a ‘golden age’ in education where teachers enjoyed unprecedented professional autonomy in England. Lawn describes how this period of autonomy developed from the post-war era, where the gradual correlation of mass schooling, welfare and reconstructionist ideologies and professionalism produced an influential prevailing discourse in which teachers were seen as the bedrock of the new welfare society, as the foundation of the reconstruction of the economic system and as the guardians of the citizenry of the future (Lawn, 2002, p. 22).

The 1960ies zeitgeist with its meritocratic ethos and ideas of informal, child-centred teaching and learning emphasised the uniqueness of each child and their intrinsic interest in learning in a non-streaming humanist approach. In this environment, teachers enjoyed a high degree of autonomy and authority and were trusted to be competent. Local Education Authorities (LEAs) were encouraged to innovate within schools and there was a decline in the surveillance role of Her Majesties Inspectorate (HMI) and Local Education Authority (LEA) inspectors. New ‘open plan’ schools were developed which reflected the decline in whole-class teaching methods.

Although begun experimentally some ten years earlier, it was in this ‘progressive’ era that the suggested overall school structure was changed to create a comprehensive education system in England. The system of education in place before the 1960ies in England was a tripartite system established in the early 1940ies, where the school children attended was decided upon based on the results of an exam sat aged 11 or 12. Children who passed this exam (between 10-30% of children depending on the area) went to academic Grammar Schools, the rest mostly attended Secondary Modern schools apart from a few that went to Technical Schools. By the early 1960ies, public opinion was changing, the middle classes were expanding and Grammar schools were not. The selective system was perceived as failing - research cast doubt on theories of measurable intelligence and injustices in placements were seen to occur. There was inequality in geographical distribution of grammar schools and gender inequality as far more places were allocated for boys than girls. The talents of children were seen to be wasted with many leaving school early.

However, comprehensivisation can be seen as a lost opportunity in England. It was generally carried out in an ad hoc manner without geographical planning to ensure a social mix of pupil intake. This has had lasting implications today as it created a school system with large differences between schools in ‘good’ postcode areas and those in more socially deprived areas. Furthermore, England has always been a country fettered by an
archaic and very conservative class system, so compared to other European countries, comprehensive schooling came late in England and when it was introduced, in the Labour election manifesto of 1964, Labour were unable to compel LEAs to change over from the previous system. However, even when Labour won a bigger majority in the 1966 election with a clear mandate for comprehensivisation, they once again failed to do so, before falling from power in 1970. By 1974 when Labour came to power again, they still took no action and the tide of public opinion in favour of comprehensives was ebbing away under attacks from the Conservatives.

Many Local Education Authorities nevertheless decided to make their secondary schools non-selective. This often depended on whether the local council was controlled by Conservatives or Labour. By 1980, 80% of secondary age pupils were in comprehensive schools and a new ideal and a reality of secondary education for all had been created (Aldrich, 1982, p. 122). This piecemeal introduction of comprehensive schools and the continuation of some selective schools meant that the idea of having truly mixed ability intake was not achieved. In 1976 selection existed wholly or partially in more than half of LEAs.

From the 1970ies, teacher authority was being eroded and there was the beginning of a general disenchantment in education as a palliative of society’s troubles. Through the conservatives and the private media, economic decline and student unrest in England were blamed on progressive schools. The education system was questioned along with the activities and competence of teachers and there were calls from industry for a better skilled workforce. This instigated the so-called Great Debate of 1976. Prime Minister Jim Callaghan delivered a speech at Ruskin College, Oxford University warning about the current trends in education and questioning procedures such as the curriculum, discipline and whether teachers had sufficient experience and competence to make the new approach work. As Gillard (2004, p. 19) noted, Callaghan’s Ruskin speech was viewed with suspicion by the teaching profession which still held the view enunciated in 1954 by National Union of Teachers General Secretary Ronald Gould that democracy itself was safeguarded by ‘the existence of quarter of a million teachers who are free to decide what should be taught and how it should be taught. In 1976 Labour announced a dramatic turn to the right and a halt in comprehensivisation.

From the 1960ies a number of LEAs chose to change from two-tier (primary and secondary) to three-tier school systems (first, middle and upper schools) because of financial and logistical necessity. During this period higher education was expanded and LEAs were required to provide grants for living costs and tuition fees for home students.

Immigration began to be an issue from the 1960ies onwards in England and some LEAs began the policy of bussing children (e.g. Ealing, London in 1965) to other areas to prevent concentrations of immigrant children and supposedly helping more rapid assimilation. These children were discouraged from using their native languages in the classrooms. Later this approach was changed and various ill-co-ordinated initiatives were implemented combined with attempts to raise self-confidence with the inclusion of world history and black studies. Multi-cultural education emerged, stressing interdependence and contribution of all to the community. Some schools and LEAs began to realise that schools themselves were the problem with racist text books, teacher low expectation, and racist abuse and bullying (Aldrich, 1982). Table 7.3 (below) shows changes in overseas citizens in the UK since 1950.
Other developments during this period were the 1968 School Meals Agreement which ended the obligation on teachers to supervise children at lunchtimes and the school leaving age was raised from 15 to 16 in 1973. In 1974 an Assessment of Performance Unit (APU) test began for teachers. In 1974 the number of LEAs was reduced from 146 to 104.

**Reconstructing Teacher Training and Professional Knowledge: The teacher as the rational autonomous agent**

In the post-war period, most teacher training took place in teacher training colleges, but the Robbins Report of 1963 suggested that training colleges should become part of the higher education system and from 1965 universities began offering 3 year courses and post-graduate one year courses. An all-graduate profession was heralded. In 1965, five universities were offering B.Ed courses. By 1974, 23 universities were involved and 20 177 students had graduated. In 1947, 17% of teachers were graduates; by 1982 the number had reached 39%. In 1967, five regional technical colleges also began to offer teacher-training courses.

1960-76 can be summarised as the era of the teacher as a ‘rational autonomous agent.’ The practical, craft-based knowledge (Brown and McIntyre, 1993) of the teacher training colleges with their disciplines of educational culture changed in the move over to universities. Emphasis was now placed on traditional university disciplines of sociology, psychology, philosophy and history - while teaching and learning were undermined as a focus for scholarly study. These subjects came to be seen as a source of theoretical knowledge that provided a rational foundation for education practice, grounded in objective knowledge and thereby eliminating social bias and prejudice from the profession (Elliott & Doherty, 2001).

Teacher training expansion during this period was motivated by the desire to enhance the quality and professional status of teachers in an increasingly comprehensive system.

By the early 1970ies however, discipline-based teacher education began to be attacked from both inside and outside the teaching profession for being overly–theoretical, irrelevant, and impractical and policy makers were keen to attack teacher education and child-centred theories for impeding economic growth, but was also destabilised by changes in academia itself. The idea of objective knowledge was under attack. In this climate in 1975 the education researcher Lawrence Stenhouse (1975) proposed the idea of the ‘teacher as researcher’ in the context of school-based curriculum development, anticipating the growth of a post-modern critique of knowledge as the foundation of a rational society. He argued that the curriculum needed to pose philosophical questions about the nature of knowledge and...
produce concrete procedures for teaching and learning, enabling teachers to explore problems of interest to educationalists and be sensitive to the 'conditionality of practice' or contextual conditions of teachers. However, his vision of the curriculum as a means of teacher development though research was not sustained, although action-research was to have some effect on teacher education

Margaret Thatcher’s first Education Act (1979) gave LEAs the right to select pupils for secondary education at age 11 and repealed Labour’s 1976 Act. This was to set the tone for the conservative attitude to education. Restructuring was to be extensive and to include restructuring teachers themselves to produce a ‘standards driven profession’ (Elliott, 2002). Thatcher aimed to introduce New Public Management (new managerialism) to education.

The ideological agenda of the Conservatives was the supremacy of economic goals of society, especially the over-riding concern for England’s economic position in the global market. Education was viewed as a sub-system of the economy rather than a component of the welfare system. Parents were seen as consumers in the education market with the power to increase efficiency, effectiveness and productivity. The consumerism movement, participation in community affairs and demands for value for money and accountability gathered pace in education during the 1970ies and became one of the main planks of conservative policy in the 1980ies (Gordon et al., 1991, p. 98).

The Thatcher government education policies were openly contradictory in many senses and the period was in many ways a confusing one. One thing that was steadfast though was the government determination to weaken the power of local authorities and Local Educational Authorities (LEAs). An example was how the government famously abolished, the popular Inner London Education Authority (ILEA) - against the wishes of parents at the same time as the 1980 Education Act introduced a ‘partnership with parents’, giving parents power to choose schools and the right to appeal if they didn’t get the schools they chose: strengthening local influence. There was also an Assisted Places Scheme that provided public money to pay for children to attend private schools, which was manifested as allowing gifted children from the working classes to attend expensive schools and seemed to be in the working class interest at the same time as it was exactly the opposite, a way of channelling further public money into the private system to further weaken the public one. The 1986 Education Act was equally contradictory. It claimed to aim to strengthen parent power further and extend parent rights with regards to admissions by publishing exam results in order (formally) to ‘aid’ their school choices but was really only using the idea of parental interests to further tighten the monitoring of school performances. Finally, corporal punishment was abolished at the same time as subjects such as peace studies were outlawed from the curriculum and parent governors were to be made equal in number to LEA governors and were given greater responsibilities at the same time as head-teachers were given power to exclude pupils without consultation. This was a very confusing time indeed.

National Vocational qualifications (NCVQs) were set up in 1986 to promote vocational learning. Ordinary level examinations (O’levels) that had been previously taken at 16 were replaced with GCSEs.

The 1988 Education Act (or Baker Act) is the most important Act brought in by the Conservatives. It introduced the National Curriculum with achievement targets and testing at ages 7, 11 and 14 and league tables of schools. Many teachers saw this at the time

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162 Goodson (1993) discusses the effects of changes in teacher training. He sees that the post-war period of teacher training colleges and then university courses contained a balanced mission between theory and practical preparation for the classroom. Teachers learnt reflection, pupil learning, structure, administration in school and to question educational assumptions and understand sexism and racism.
as the government preventing them from creating their own curriculum, taking away their autonomy and turning them into service deliverers. Goodson notes that the imposition of a new centralised national curriculum could be seen as a national building device to help revive a floundering national identity (Goodson, 1990). Figure 1 (below) shows the overall structure of the national curriculum.

![Figure 1. The National Curriculum](http://www.dfes.gov.uk/trend)

The Baker Act included the right for schools to ‘opt out’ of the LEA system if the majority of parents voted for this and it also allowed this vote to be done by secret ballot. These schools received extra funding and were known as grant-maintained schools as they received a grant directly from a central government quango - in effect they were businesses funded from central government. However, when the funding dried up so did the applications to apply for GM status.

Other schools became Local Managed Schools (LMS). Previously schools had had control of their school books and materials budget while staff salaries and buildings were maintained by the LEA. Under LMS, the schools were given greater control of their budget. This meant the Head teacher role changed from educationalist to manager with accompanying tasks of recruitment, selection, employment law, building maintenance etc. School budgets were based on the number of students a school could attract. In ‘government speak’ this was so good schools should thrive and bad ones could be closed. School governors had legal responsibilities to implement the National Curriculum and control the budget. Services such as provision of school dinner and cleaning were contracted out to private providers.

City Technology schools were introduced – also with the aim of destroying the power of LEAs by involving private enterprise in education. A hundred of these Colleges were to be set up across the country, each funded by a business with spending higher than LEA schools. Only a few were ever established as businesses were not interested. The Act also included the infamous Section 28 which forbade Local authorities from ‘promoting teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship’. This was repealed in 2003.

Of great interest to teachers was the creation of the Office for Standards in Education (OFSTED) – a quango of private contractors inspecting schools and ‘naming and shaming’ failing ones. This was seen by many as attacking the authority and professionalism of teachers who were no longer trusted to behave professionally without supervision. However, the main thrust of the Education Act was to introduce market forces (supply, demand, competition and choice) into all levels of the educational system. By more heavily assessing schools and publishing the results of assessments in league tables, the government...
of the time believed it would instil competitiveness and enable parents and students to make informed choices about where to study. The 1988 Act also set limits for infant class sizes. It enabled LEAs and the Secretary of State to intervene in schools judged to be ‘failing’ by OFSTED - such schools would be given 2 years to improve or they would be closed.

The Thatcherite vision for education was deeply unpopular with teachers and was not pursued without resistance by the teaching profession. Changes were seen as attacks on teacher competence and as introducing more work for less pay. This led to protracted strikes from 1985-1987, the collapse of which can be seen as signalling the end of the era of power of teacher trade unions and also a symbolic moment in the breaking of teacher solidarity. From this time onwards there has been little resistance to educational restructuring. The 1988 Act abolished the national teacher negotiating machinery and a 1991 School Teachers’ Pay and Conditions Act determined that the Secretary of State for Education and Skills would now set teachers’ pay and conditions of service issues such as working time, without negotiation.

Educational restructuring did not end when Thatcher fell from power. John Major’s government continued to introduce changes which extended the market place initiatives and placed new responsibilities on head-teachers and schools. Measures included the attempt to phase out Middle schools, which were generally seen as expensive due to their relatively small size. Polytechnics were re-named universities so they could formally compete in the new higher education market place together with already established universities and the numbers of students in higher education were expanded.

Teacher Autonomy
The period 1976 to 1995 is the one when teachers began to loose the autonomy they had begun to gain in the previous period. Writing in 1994, Andy Hargreaves, summarised the period in this way: The British case of multiple, mandated change is perhaps an extreme one. It is extreme in its frantic pace, in the immense scope of its influence and in the wide sweep of its legislative power. More than anything it is extreme in the disrespect and disregard that reformers have shown for teachers themselves. In the political rush to bring about reform, teachers’ voices have been largely neglected, their opinions overridden and their concerns dismissed’ (Hargreaves, 1994, p. 6). Harris added that teachers are experiencing a loss of autonomy, worsening of conditions, loss of purpose and direction, destruction of health, increased anxiety and depression, lowering of morale and, despite a continued proliferation of policy rhetoric to the contrary, subjugation to increasing government and other external controls of schooling and curricula (Harris, 1994, p. 5)

Recruitment
The Conservatives were committed to cutting public spending. Many experienced and therefore expensive teachers were encouraged to take early retirement during this period as a cost cutting exercise. However, by the end of the conservative era, recruitment of teachers was becoming a problem, particularly in the secondary sector, and in response to teacher shortages, from 1989, untrained and unqualified staff entered classrooms, through the licensed and articled teachers’ schemes. These staff were trained on the job by teachers, and licensed after 2 years. Although numbers were small this, represented a fundamental retreat from the concept of an all graduate, all trained profession.

The recruitment of male teachers in particular was becoming harder. As shown in Table 7.4 (below) the proportion of women has been increasing in every phase and at each level in the hierarchy and across all subjects.
Table 7.4. Percentage of male teachers, England, 1976-2000

<table>
<thead>
<tr>
<th>Year</th>
<th>Primary %</th>
<th>Secondary %</th>
<th>Men %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1976</td>
<td>22.9</td>
<td>56.4</td>
<td>40.5</td>
</tr>
<tr>
<td>1985</td>
<td>21.9</td>
<td>54.2</td>
<td>40.5</td>
</tr>
<tr>
<td>1990</td>
<td>19.3</td>
<td>52.2</td>
<td>36.9</td>
</tr>
<tr>
<td>1995</td>
<td>17.7</td>
<td>49.3</td>
<td>33.8</td>
</tr>
<tr>
<td>1999</td>
<td>16.2</td>
<td>46.2</td>
<td>31.9</td>
</tr>
</tbody>
</table>

Source: (Hutchings, 2002)

A standards driven profession

Under the conservative government of the eighties, teachers and their professional knowledge were reconstructed as a ‘standards driven profession’ (Elliott, 2002). The conservative deregulators published a series of glossy pamphlets which were distributed to key individuals, asserting that State education was in crisis, standards were unacceptably low and it was essential to wrest control of teacher education away from higher education institutions in order to systematically control the production of teachers and improve attainment (Maguire, 2004). The enemy of standards was held to be the child-centred methods and progressive educational theories derived from sociological and psychological disciplines. Such values threatened traditional teacher knowledge of organizing the curriculum in academic subject categories, replacing them with curricula organized around ‘life-themes’, ‘topics’ and ‘human issues.’ However, despite the conservative rhetoric about reviving traditions, the Neoliberal agenda actually emphasised improving performativity and economically functional knowledge, which was also emphasised in their core curriculum – English (and mathematical) literacy, science and IT. Theoretical learning in teacher education was attacked as irrelevant and there was a ‘back to schools’ movement. Goodson and Hargreaves describe how what was taught in schools of education in universities as the professional knowledge needed by trainee teachers had become irrelevant.

Marginalized by status and geography from the rest of the university and from the schools beyond, they turned towards the university for identity and recognition (Hargreaves 1995). Their mission changed from being primarily concerned with matters central to the practice of schooling towards issues of status passage through more conventional university scholarship. (Goodson and Hargreaves 1996, p. 8)

In 1979 the HMI produced a Report and white paper and within 18 months the Council for Accreditation of teacher Education (CATE) was established which laid down rules by which courses of initial teacher training would be made subject to government inspection and could gain accreditation. Later, in-service training was brought under central control by specific-grants given to schools not universities, through the 1987 Specific Grants for INSET scheme. University education departments had to design short school based courses for easy packaging and delivery, such as school-effectiveness programmes. The emphasis in teacher education shifted in the 1980ties and 1990ies to the production of behaviours or competences that complied with requirements of the National Curriculum, as defined by the government.

A new quasi-government agency the Teacher Training Agency (TTA) was set up in 1994 to manage supply and resourcing of teacher education programmes. Inspection of courses by Her Majesties Inspectorate under OFSTED was stepped up 163. Teacher training

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163 Previously initial Teacher Training in HE had been funded by the Higher Education Funding Council for England (HEFCE). This change in responsibility for funding and the establishment of a State controlled inspection system effectively removed control of teacher education from Higher Education, even when it retained a large responsibility for its delivery (including the school-based component).
was increasingly influenced by the work of Donald Schön (1992) who introduced the concept of reflection-in-action as a means by which professional knowledge can be brought into the realm of professional decision making. Schön’s idea of the ‘reflexive practitioner’ was influential throughout the 1980ies.

**New Labour and the Third Way**

When Labour came to power in 1997 with the election slogan ‘Education, education, education’, many hoped they would usher in a new golden era. These people have been very disappointed; instead trust in teachers’ professionalism has been further replaced by the extreme technologies of performativity introduced in the previous era. New Labour’s educational policy is based on rhetoric of globalisation, competitiveness and modernisation. Teaching is to be restructured to deliver government prescribed outcomes.

There is great debate about the extent to which Labour policies can be seen as a break with, a continuation of or even an extension of what the conservatives started. There is also criticism of Labour ‘spin’, PR or control-freakery and dispute about the significance or superficiality of New Labour restructuring measures. West and Pennell for example argue that on issues of parental choice, admissions, school diversity, funding and testing:

> The Labour Government can be seen as having embraced the quasi-market with a similar enthusiasm to that of its Conservative predecessors although it has tended to emphasise social inclusion as opposed to competition. While it has attempted to soften the edges of the quasi-market it has not tackled some of its major deficiencies such as the power that schools that are their own admission authorities have to distort the admissions process. (West & Pennell, 2002, p. 206)

Mahony and Hextall (2000) emphasise Labour has continued the conservative theme of seeing education policy as one element of economic policy. Whatever the answer to this argument, there is no doubt that Labour has brought in a plethora of ‘fast policy’ changes for teachers – that churn out so quickly it is difficult for people to keep up with them. Think-Tank Demos summarise this as a barrage of externally imposed, randomly tried and badly managed initiatives that teachers had little constructive role in helping to shape (Horne, 2001, p. 9). This restructuring started as soon as New Labour came to power with the 1998 School Standards and Framework Act. This act reorganised the categories of mainstream maintained school into three: community, foundation and voluntary. Education Action Zones were introduced by the 1998 Act. These are clusters of schools in deprived areas working together with government grants and sponsorship from local businesses and assuming some of the functions of the LEA. ‘But in 2001 two reports – by the National Audit Office and the Institute of Public Policy Research – suggested that EAZs had largely failed to generate adequate private sponsorship or deliver on the promises made when they were setup’ (Gillard, 2004). As explained by Gerwitz et al., (2004) after some bad publicity, Labour admitted EAZs were not a main plank of their educational policy but had been hyped up to help disguise the introduction of Foundation Schools, in-case these

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164 *Community Schools* replaced County Schools. The LEA employs the school’s staff, owns the school’s land and buildings and has primary responsibility for deciding the arrangements for admitting pupils. *Foundation Schools* replaced Grant Maintained schools. The governing body employs the school’s staff and has primary responsibility for admission arrangements. The school’s land and buildings are owned by the governing body or by a charitable foundation. *Voluntary Aided Schools*: the governing body employs the school’s staff and has primary responsibility for admission arrangements. The school’s land and buildings are normally owned by a charitable foundation. The governing body contributes towards the capital costs of running schools; *Voluntary Controlled Schools*: the LEA employs the school’s staff and has primary responsibility for admission arrangements. The school’s land and buildings are normally owned by a charitable foundation.
were criticised for being privatisation by the back door. When EAZs received bad publicity, the policy was quietly shelved, demonstrating how spin, PR and policy-making are intertwined for New Labour and EAZs were re-designated as Excellence Clusters.

Labour moved onto their next initiative - Excellence in Cities (EiC). This programme targets deprived areas and provides extended opportunities for gifted and talented pupils, learning mentors and learning support units to tackle disruptive pupils. It provides money for establishing City Learning Centres (CLC). There are over 100 CLCs operating in EiC areas across the country. These provide State-of-the-art ICT-based learning opportunities for the pupils at the host school. EiC now includes Leadership Development which has become a major element with the establishment of the Leadership Incentive Grant. EiC was introduced in three phases from 1999 and covers selected primary schools in the 25 first phase partnerships through the Primary Extension Project. The government is expected spend over £700 million on EiC by the financial year 2005-06.

The Beacon schools initiative was introduced in 1998 to raise standards through school collaboration and the dissemination of good practice. The 1150 Beacon schools across England were identified as being amongst the best performing schools in the country, representing examples of successful practice that could be shared with others. The Beacon initiative was being phased out by 2005 and replaced by the Leading Edge Programme. The programme offers funding distributed via a lead school for use across their partnership to work on locally determined learning challenges. There are currently 205 partnerships in the Programme. However, many commentators for example Yeomans et al., (2000), point out the intrinsic contradiction in asking secondary schools to collaborate in a context in which they are in competition with each other for pupils and therefore funding.

New Labour has introduced ambitious literacy targets for every LEA school in England, with a rhetoric focussing on excellence, quality and a culture of auditing. A standards agenda designed to drive up levels of attainment across the system and create minimum standards below which no school will fall, has been the driving force behind change. A culture of auditing means creation of targets and tiers, set syllabuses, the introduction of key stages for age groups and bench-marking. These create a large amount of extra bureaucracy and assessment work for teachers. In primary education there has also been a theme of back to basics – to counter criticism that children were still leaving school without basic skills, and from 1999 national literacy and numeracy strategies have been introduced with compulsory daily literacy and numeracy hours.

These school initiatives are said by the government to be aimed at increasing social inclusion in education by stimulating students from non-traditional education backgrounds to commit to life-long learning, but the extent to which this actually benefits the students themselves remains open to conjecture. Also in 1998 the Teaching and Higher Education Act established the General Teaching Council (GTC), abolished university student maintenance grants and required students to contribute towards tuition fees at universities.165

Schools in difficulties have been targeted with several initiatives. For example, various failing Local Authority services have been put out to tender (Hackney and Islington) and even schools were handed over to private companies. Kings Manor School in Guildford was the first (Gillard, 2004). 1999 saw the start of the ‘Fresh Start’ scheme where so called ‘superheads’ were appointed to revitalise ‘failing’ inner-city comprehensive schools. Playing

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165 From September 2005 young people staying on at school or college have become entitled to Education and Maintenance Allowance (EMA) of up to £30 a week on an earn as you learn basis. After successful trials in parts of the country, EMA is now being rolled out nationally as part of the Government’s plan to encourage pupils to stay in education after the age of 16. All young people from households with an income of £30,000 or less will be eligible for a means-tested EMA payment of between £10 and £30 a week. It is estimated that just over half of all young people who remain in education in this age group will be eligible for EMA.
for Success (PfS) established in 1997 by the DfES in partnership with the Football Association Premier League, the Nationwide League, their clubs and Local Education Authorities (LEAs) has set up out of school hours study support centres within top football clubs to help motivate certain pupils with literacy, numeracy and ICT. The scheme was extended in 2000, 2002 and 2004, involving lower division football clubs and for other sports and currently 86 clubs have opened centres, benefiting around 100,000 youngsters so far.

The Labour government insist that the days of the ‘one-size fits all’ or bog-standard comprehensive are over. But the Standards not Structures mantra has meant that Labour are unwilling to stop selection by schools and are keen to introduce diversity instead. In Labour’s second term the 2002 Education Act allowed successful primary schools to opt out the national curriculum and it also encouraged more involvement of the private sector in State provision and brought in Specialist Schools. These were announced by Blair who stated hundreds of comprehensives would be turned into ‘specialist schools’, consigning the comprehensive system – the egalitarian dream of the 1960ies to history.

A Specialist Schools programme encourages schools, in partnership with private sector sponsors and supported by additional Government funding, to establish distinctive identities through their chosen specialisations. Specialist schools focus on their chosen subject area but must meet the full National Curriculum requirements and deliver a broad and balanced education to all pupils. Since the Programme’s inception in 1994, 1209 specialist schools have been designated across all areas of England. The Government has set a target to increase the number of specialist schools to at least 2000 by the year 2006, as an interim towards all schools becoming specialist schools.166

Labour policy of diversity of provision of education is attacked as in reality this is choice for parents to choose a school for their child (usually based on the wealth and wisdom of parents rather than any ability or effort of the child). Many commentators see that open enrolment advantages middle class children due to their greater levels of cultural capital (Bourdieu, 1992). Taylor et al. (2002) note, empirical studies show that parents from both ends of the social economic spectrum are participating in increasingly appealing when their child is not given their school of choice. They say this is possibly leading to a move from an ‘established’ market to a more ‘heated market’ with hotspots of frustration and expensive appeals from parents. Schools maybe forced to pay for failed applications in the future.

The most recent Labour White paper - Education and Skills - aims to restructure vocational training, rationalising the 3,500 vocational qualifications currently available and introducing 14 specialised diplomas covering a broad range of sectors and skills. All diplomas will include study in functional Maths and English. Diplomas will also be awarded to those that achieve 5 A*-C GCSEs that include English and Maths. Achievement and attainment tables will be amended to reflect how many young people meet this standard. This paper was accompanied by media discussion that this was a missed opportunity to bring in Baccalaureate style diplomas to replace GCSEs, and A’levels with the aim of harmonising qualifications with Europe.

New Labour rhetoric is strong on the importance of ICT. Their figures show they have had success introducing computers into schools.

Workforce Remodelling
‘Workforce Remodelling’ was introduced in 2003, following a report by Price waterhouseCoopers in March 2001 commissioned by the Department for Education and Skills

166 The 2002 act also introduced Advanced Specialist Schools to train teachers and introduced more vocational education from 14+. A controversial clause allows religious groups to take control of State schools, for example a £12 million Islamic secondary school for girls in Birmingham and a Christian evangelical school in Leeds. This act re-launched City Academy Schools attracting private sponsorship. The first schools opened in 2002.
This demonstrates the government does not trust the research being done in universities and feels the need to involve private companies when they want to take action. The report concluded: *Teachers and head-teachers work more intensive weeks than other comparable managers and professionals.* On an annual comparison, teachers work at similar levels to other managers and professionals.

- Teachers perceive a lack of control and ownership over their work, undertaking tasks particularly documentation – which they do not believe are necessary to support learning, or which could be done by support staff or by more efficiently using Information and Communications Technology (ICT). Some head-teachers and senior teachers also report perceived lack of ownership.
- Although in general teachers, head-teachers and senior teachers welcomed the spirit of many government initiatives, they felt that the pace and manner of change was working against high standards, that they were insufficiently supported to meet changes, and not accorded professional trust. This is notwithstanding the additional resources that in recent years have been made available to schools.
- Teachers feel that these pressures are added to by rising expectations about what schools can achieve and what they perceive to be deteriorating pupil behaviour and a lack of parental support to schools’. (PricewaterhouseCoopers, 2001, p. 1)

The DfES website is open in its aim to restructure teachers to ease this situation. It states,

> By restructuring the teaching profession and reforming the school workforce, we can reduce teacher workload, raise standards, increase job satisfaction and improve the status of the profession. (Department of Education and Skills)

Workforce remodelling is expressed as a means to these ends. The workforce remodelling reforms include, amongst others, the transfer of administrative and clerical tasks from teachers to appropriate support staff, the introduction of a new grade of Higher Level Teaching Assistants and the introduction of a reasonable work/life balance for teachers. Examples of tasks not to be undertaken by teachers from 2003 include, ‘Collecting money, investigating absences, processing exam results, managing pupil data and inputting pupil data’ (Department of Education and Skills).

Labour has announced *Building for Schools* (BfS) with the aim to rebuild or renew nearly every secondary school in England over a 10-15 year period, beginning in 2005-06. However, this plan involves some of these schools being built under the controversial Public Finance Initiative (PFI) scheme, where schools are owned (and in the future could be run) by private companies and leased back to the government over a designated period.

*Teacher Recruitment*

Under New Labour, teacher recruitment has become an increasing problem. Think-tank DEMOS, concludes that the teaching crisis in recruitment and retention in England is long-term not cyclical and has a bad effect on morale, while wastage is a huge problem with half of newly qualified teachers leaving teaching within 5 years. Teaching is the biggest recruiter of graduates in the UK and needs to recruit 12 per cent of the graduate population a year in order to maintain numbers.

The Teacher Training Agency has attempted to recruit onto PGCE courses a fifth of all geography and music graduates, over a third of maths graduates, 43% of all

linguists and 48% of theology graduates (Horne, 2001). Many investigations of motivations for entering teaching have been commissioned by the TTA. A systematic literature review of research about recruitment to initial teacher training by the National Foundation for Educational Research (Edmonds et al., 2002) concluded that trainee teachers say they choose teaching largely for intrinsic reasons (working with children; intellectual fulfilment and making a contribution to society) and feel teaching is believed to offers job security and intellectual challenge. The aspects of teaching that deter young people from considering it as a career are low pay, paperwork and dealing with disruptive pupils.

Financial incentives or bursaries have been used since 1986 to attract graduates into teaching, and in particular, to attract them into secondary shortage subjects. In November 1998 ‘Golden Hellos’ for maths and science postgraduate trainees were introduced. The main incentive payable to students in training is the Training Bursary of £6000 as well as exemption from tuition fees. An additional £4000 can be claimed for eligible postgraduates teaching in shortage subjects. Basic entry requirements for all initial teacher training (ITT) courses are GCSE grade C or equivalent in English and Maths and 2 A levels.

Feminisation
The feminisation of the profession is seen as a problem in England, where it is, widely publicised and treated as fact that more male teachers are the solution to boys’ underachievement. This can be seen as problematic, as it implies that women teachers are to blame for boys’ underachievement, which is demoralising and offensive (Hutchings, 2002, p. 5). Hutchings also notes TTA’s advertising campaigns have been strongly focused towards men with the recent slogan ‘every good boy deserves football’. Some men are discouraged from entering primary teacher training by negative perceptions of working with children and the moral panic surrounding paedophilia means the reputation of an early-years male teacher is questioned (Burn, 2005). Financial gain is also obviously an important factor. The Guardian newspaper, (21.8.00) reported that the new £6000 training bursaries increased inquiries from male postgraduates by 50%. However, as the proportion of male teachers continues to fall there is little evidence that any of these initiatives has yet had any substantial impact (Hutchings, 2002, p. 8).

Over two thirds of teaching posts are filled by women, including 7 out of every 10 classroom teaching posts, and nearly half of all full-time teachers are aged 45 or over with less than 20 per cent aged under 30. The majority of the male teachers are among the older teachers. Thus the proportion of women in the teaching profession is likely to increase simply through retirement. This is seen in figure 2 (below).

Figure 2. All teachers: age and sex 2002
Source: http://www.dfes.gov.uk
Men are disproportionately represented as Head teachers and in certain subject areas, such as maths, sciences and IT, as is shown below. While these patterns were found across the profession, there is wide regional and school variation. London and the South East are generally more affluent than other parts of England and have low proportions of male teachers (Hutchings, 2002).

Figure 3. Full-time teachers, by gender and grade in maintained nursery, primary and secondary schools, England, March 2003 (Thousands and percentages)

Source: http://www.dfes.gov.uk

As was started under the conservatives, opportunities for graduates to enter the profession and train on the job without completing teacher training have been increased with the TeachFirst Scheme, although the numbers involved are small.

Pay and Conditions
New Labour’s teacher restructuring has included a new reward and grading system and improved pay. Previously there was a relatively centralised national pay system where teachers were on a set salary, which rose automatically year by year in the early part of a teacher’s career up to point 9. The only exception was the allocation of 2 points for a good honours degree, plus additional points for extra responsibility. There was no distinction for ‘good performing’ or ‘poorly performing’ teachers and it was believed this encouraged teacher collegiality (Farrell and Morris, 2004). Now, teachers who pass a Threshold Competence Assessment can earn up to £31 000 without management responsibilities. Cambridge Education Associates (CEA), a private company previously specialising in school inspections, won the government contract to implement and manage the Threshold Assessment Scheme (Menter et al., 2004). Fast-track career progression has been introduced for teachers entering the profession with good qualifications. A new grade of teacher has been introduced - the Advanced Skills Teacher (AST) who can earn up to £45 000 without undertaking extra management responsibilities. Critics of this system say it creates a management versus workers divide in schools and undermines team working.

Under the 2002 Education Act around 1000 head-teachers were given the freedom to vary the curriculum and determine teacher pay and conditions. This means that for the first time since the 19th century, teachers’ pay can be linked to the results of their pupils in tests or their behaviour. Hill (2005) states this de-regulation will result in a general
worsening in conditions for the many, for example the use of temporary contracts without job-security and the exploitation of part-time (often women) workers. Pay will be forced down, apart from the few who receive performance related pay enhancements. Farrell and Morris (2004) describe the teachers’ acceptance of performance related pay as ‘resigned compliance.’ These changes mean there is increasing differentiation within the teaching workforce as well as within the broader education workforce. The pay-structure is summarised in Table 7.5.

Table 7.5: Pay structure for teachers

<table>
<thead>
<tr>
<th>Pay structure</th>
<th>Allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom teachers</td>
<td>Classroom teachers have the possibility of receiving extra allowances for taking on substantial management responsibilities or teaching Special Educational Needs (SEN) pupils. Schools also have discretion to give them (and other grades of teacher) a recruitment and retention incentive or benefit.</td>
</tr>
<tr>
<td>Leadership group</td>
<td>Leadership group comprises the head teacher, deputy head and assistant heads. Each is given their own pay range drawn from the leadership group scale. The head’s range will normally relate to school-group size.</td>
</tr>
<tr>
<td>Fast Track teachers</td>
<td>Fast Track teachers is an accelerated career development programme aimed at identifying and supporting teachers with leadership potential. Newly Qualified Teachers (NQTs) on the Fast Track programme whose first teaching post is a Fast Track post start one point higher on the main pay scale. All Fast Track teachers (except NQTs) receive a £2,000 a year recruitment or retention incentive for every year that they are on the Fast Track programme. Fast Track is fully funded and there are no additional costs for schools.</td>
</tr>
<tr>
<td>Performance management and progression</td>
<td>Governors are required to implement a performance management policy that ensures that the performance of all teaching staff is reviewed annually.</td>
</tr>
</tbody>
</table>

Source: (National Union of Teachers) [http://www.teachers.org.uk](http://www.teachers.org.uk)

Teaching Assistants

Another new Labour initiative that is fundamentally changing teacher identity is the army of teaching assistants that have been recruited to work in schools. They are employed to ease the burden on teachers and raise classroom standards. One of the biggest teaching unions - The National Union of Teachers (NUT) - has warned that teaching assistants only result in larger classes and unqualified people substituting for properly trained teachers.

The National Foundation for Educational Research (NFER) review of literature on the impact of teaching assistants in schools has shown that the pattern of a teacher accompanied by one or more teaching assistants working with individuals, groups and classes of pupils has become commonplace, especially in primary schools. However, researchers found that this is not necessarily leading to any reduction in teacher workload, or allowing extra time for them to concentrate on planning or preparation. Instead, it has given teachers additional responsibilities, as they need to manage and plan the work of other adults, in addition to managing the class (Lee, 2002).
**Burn out and stress**

Teacher stress is acknowledged as a problem in the profession. A survey of head teachers carried out by the National Association of Head Teachers (NAHT) in May 2000 found 40% of respondents reported having visited their doctor with a stress-related problem in the previous year. A study conducted for the *Times Educational Supplement* in 1997 found that 37% of secondary vacancies and 19% of primary vacancies were due to ill-health. A MORI poll of 2017 British adults conducted in April 2001 revealed that teaching is seen as hard, poorly paid and held in low public esteem. Pupil indiscipline and levels of violence in schools are sometimes seen as contributing to teacher stress, with the media referring to some young people as ‘feral children.’ The criteria for pupil expulsion are controversial in England. Head-teachers usually, but not always, have the authority to expel pupils.

**Teacher Authority**

The General Teaching Council (GTC) was established by the Teaching and Higher Education Act 1998, and the first Council began its work on 1 September 2000. Its aims are ‘to contribute to improving standards of teaching and the quality of learning, and to maintain and improve standards of professional conduct among teachers, in the interests of the public’. Pressure to create a General Teaching Council dates back to the nineteenth century. Some see it as fulfilling the long-held aspiration of teachers to have the same status as other self-regulating professions. Others however see its role of creating a compulsory national register of teachers as reducing professional autonomy.

However, it is widely acknowledged that the impacts of ‘fast’ policy cause unresolved tensions in the notion of teacher identities and that these can generate dissatisfaction with career and professional position. Whilst the ‘emotionality’ and ‘psychic pain’ involved in such processes are widely acknowledged to be general phenomena it is recognised that certain groups of teachers might well experience differential impacts. Identified trends are seen as the de-professionalisation, de-skilling and intensification of teachers work and are well documented (Apple, 1982; Goodson & Hargreaves, 1996; Harris, 1994; Lawn, 1996; Apple and Jungun, 1992). Troman (1997) sees primary teachers as divided between old professionals and new professionals who accept new political guidelines. He believes that teachers are still, however semi-autonomous. Goodson (2003) sees older generations of teachers as being autonomous whereas the new professionals are ‘technically competent’, comply with guidelines and directives and are therefore ‘deliverers’.

**A standards driven profession: summing up**

The idea of teaching as a standards driven profession has continued under New Labour and currently shapes teaching and teacher education in England.

What many would see as symptomatic of the de-professionalisation of teaching – namely, the increasingly dominant machinery of regulation becomes redefined within the language of professional standards as the very foundation of ‘professionalism. (Mahony and Hextall, 2000, p. 91)

Teacher training has been reformed so that much more time is spent in the classroom (24 weeks out of 36 for secondary teachers) doing teaching practice rather than at university with

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168 The GTC’s role is to regulate the conduct and competence of teachers in the public interest. Members of the public or the DfES can make referrals about teachers’ conduct. The GTC may decide to issue a reprimand, suspend, restrict or ban a teacher where the safety and welfare of children is at risk, or public confidence in the profession would be compromised. Panels for hearings are made up of two teachers, one lay member, and an independent legal adviser, and are held in public.
a loss of university and college influence. Professional horizons have been narrowed so improving delivery is the only desired outcome of professional training rather than theorising, which some see as de-intellectualising. Competencies are developed in the context of school experience and the underpinning knowledge in the context of time spent in the University.

Under New Labour, The Government Department for Education and Skills (DfES) has introduced a compulsory induction year for Newly Qualified Teachers (NQTs) in September 1999. It is the responsibility of the head-teacher to ensure that the NQT does not teach more than 90% of a normal timetable during the period, to allow their induction to take place. The head is responsible with the Local Education Authority in making the final recommendation as to whether the new teacher has passed or failed. There is a right of appeal to the General Teaching Council for England (GTCE).

There is increasing localization and an emphasised utilitarian nature in in-service and pre-service training. Although the numbers involved remain small, opportunities initially created by the Conservatives for graduates to enter the profession and qualify on the job without completing teacher training have been increased. Mature or experienced workers may be able qualify as a teacher by undertaking an employment-based Graduate Teacher Programme (GTP) and Labour have also attempted to introduce alternative provision of teacher training in competition with universities. There are around 130 providers offering initial teacher training (ITT) in England and Wales and Labour have encouraged groups of schools to join together to provide School Centred Initial Teacher Training (SCITT) to compete with universities. So far this has not been a success\(^{169}\), but they have also introduced the Registered Teacher Programme (RTP) employment-based training for people who have been in Further education for two years, which is more successful. These people will have to complete a degree before qualifying.

What it means to be an effective, competent teacher and their professional knowledge has become indissolubly tied to the definition of knowledge and knowing as designated within the National Curriculum and as evaluated in ‘practice’ via Ofsted inspections, according to Mahony and Hextall (2000, p. 85). Goodson (2003) describes how professional knowledge is lost in the restructuring process, especially when experienced teachers are forced to take early retirement, leaving younger teachers to struggle on in a community without elders. He identifies institutional memory loss and mentoring loss and the effect this has on recruitment and retention. He also compares classical professionalism (academicisation) with practical professionalism, where markets replace academic routes to professionalisation and teachers gives up powers of definition and autocracy, but are rewarded in the market with financial incentives, bonuses and payment by results for selected leaders and managers (Goodson, 2003). Elliot (2002) describes how in this process teachers’ subject experience becomes redefined in terms of economically functional knowledge. New Professionalism is defined not by knowledge of ‘disciplines of education’ or theoretical knowledge about the aim of education; but how to comply with the standards of functional competence as defined by the State. A report by the Think-tank DEMOS has noted a growing generational gap between recent entrants to the profession and more experienced teachers, who have either become fatalistic about change in education or

\(^{169}\) In London the TeachFirst Scheme, running since 2001, allows graduates to qualify on the job. The website for the scheme explains how London First and Business in the Community, two business membership organisations dedicated to community involvement, engaged management consultants, McKinsey and Company on a pro bono basis. The McKinsey team found that the number of excellent teachers in a school was one of the strongest predictors of improved pupil performance, especially in challenging schools. Inspired by the highly successful Teach for America programme, they recommended a programme targeted at top graduates, using the support of businesses and education leaders to bring additional excellent teachers into challenging London schools for two years (TeachFirst - Learning to Lead).
remain committed to teaching and prioritise improvements in working conditions over pay. In contrast, younger teachers, who are more instrumental and flexible in outlook are increasingly concerned about their pay and prospects as well as their opportunity for autonomy (Horne, 2001, p. 10)

To conclude, restructuring of education in England has been massive. Successive governments have systematically attempted not only to change the system but to restructure the teachers and their ethos. The marketisation of education has been continuing under New Labour and many commentators see the situation as ‘creeping privatisation.’ Within this atmosphere, the change of teachers from autonomous agents to teachers in a ‘standards driven profession’ has been attempted by governments and can be seen to have had some success with the younger generation of teachers. However, the extent to which it is internalised by the older generation is debatable.

Transitions in Education and Nurse Training

The structural changes in Health in England will be summarised, according to the periods described in Part 1, with special interest paid to recruitment, competence and authority. This will be followed in each period by a description of training of nurses with particular interest to their professional knowledge.

1960-1976: The Consensus Years

The National Health Service (NHS) came into being in 1948 with the principle that treatment is free at the point of delivery to all citizens according to their needs. The cost is met through taxes, National Insurance contributions and flat rate charges for prescriptions (unless exempt). From 1948, to its first reorganisation in 1974, the NHS was administered in three parts: hospital and specialist services, general practitioners and local authority health services. During the 1960ies, clinical and organisational optimism prevailed in the NHS, with an extensive building programme underway. However, the 1970ies economic crisis led to criticisms of the NHS for being too expensive. In 1974, a major reorganisation took place, the objective of which was to bring together three services into an integrated system for planning and delivering health care.

Within the NHS system, nurses have always made up the largest percentage of workers although they have never held the most power. There have also never been enough trained nurses and a third ‘portal’ of untrained staff has always been relied upon to make up numbers. In 1977 the Royal College of Nursing of the United Kingdom gained certification as an independent trade union.

The Apprenticeship model of Nursing and Professional Knowledge

The nursing ethos in England can be attributed to the famous nurse reformer Florence Nightingale who nursed in the Crimean War after which she returned to England and set up a nurse training school in 1860 at St Thomas’s hospital in London. Nightingale reformed English nurse training using a military model and her ideas formed the basis of English nursing for a century.

Nurse training at was carried out in Schools of Nursing attached to hospitals, where the idea of a vocation was central. Bradshaw (2001) outlines the set up of the National system of nurse training. She describes four key principles which she identifies as being the foundation for nursing from 1870-1970. These were the i) development of moral character; ii) the building up of technical knowledge, practical skills, routine, and procedures; iii) the authority, influence and supervision of the ward sister and vi) the induction into a professional
etiquette of relationships. The Sister was the pivot on which the ward functioned. She supervised and taught the nurses and was responsible for the quality of patient care. Nurses learnt loyalty, trust and mutuality – the professional etiquette. The apprenticeship, practice-based training style focused on biomedical knowledge, practical skill and personal character. Each student nurse had a practical record which accompanied her throughout her training and which listed the practical procedures that demonstrated her proficiency, such as procedures for performing a bed bath or mouth care or laying up a dressing trolley.

Ward routines were emphasised and seen as liberating the nurse from having to think about how to perform basic procedures. Confident that they were competent, the nurse was freed (theoretically) to focus on patients’ needs without worrying about doing the wrong thing. (Bradshaw, 2001, p. 187)

The apprenticeship model offered 2 or 3 year training and created two tiers of nurses, enrolled and registered nurses. Registered nurses include Registered General Nurse (RGN), Registered Sick Children’s Nurse (RSCN), Registered Mental Nurse (RMN) or Registered Nurse for the Mentally Handicapped (RNMH). Enrolled Nurses include General (EN(G), Mental (EN(M) Mentally handicapped (EN(MH)) categories. There was a national syllabus and exam, with detailed lists of learning requirements including anatomy and physiology and the nature of nursing and diseases. Midwifery education was normally undertaken as post-basic training at this time.

Nursing was seen as a united profession until the 1960ies. Nurses had been trained to carry the bedpan with pride as an emblem of service, but changes in the role of women and secularisation made this seem old fashioned and propagated in the interests of male-dominated medicine.

The bedpan was no longer the symbol of glory but the symbol of humiliation and servitude. Washing, cleaning away vomit and excreta were no longer seen as acts of virtue crucial to requiring goodness of character but menial commodities of relatively low marketable value (Bradshaw, 2001, p. 188)

The profession itself became divided as secularism grew in this period. By the 1970ies the philosophical shift away from the vocational tradition was clearly discernible, reflecting the changed values in society. Changes were recommended by the Briggs Report in 1972. It took 7 years from this publication to its implementation in the Nurses, Midwives and Health Visitors’ Act. The nursing profession had been a registered profession since the Nurse Registration Acts of 1919 and nurses were supervised by ward sisters and a matron, who assured quality under The General Nursing Council. However this was now replaced by the UK Central Council for Nursing, Midwifery and Health Visiting (UKCC) and their leaders were given power to regulate nursing in 1979. Its core functions were to maintain a register of UK nurses, midwives and health visitors, provide guidance to registrants, and handle professional misconduct complaints. A nurse registered with the UKCC was bound by the Code of Professional Conduct.

1976-1996: The introduction of the market

In 1979, the Conservative government with Margaret Thatcher at the helm declared a commitment to roll back the frontiers of the State. Complaints about the standard of service in the NHS in the early 1980ies led the Secretary of State for Health to ask Roy Griffiths (then General Manager of Sainsbury’s – one of the biggest food retailers in the UK) to undertake a total review of NHS management and to make recommendations for change. His
recommendations for consensus management teams to be removed and replaced by General Managers on contracts and incentive pay were implemented. This ended the bureaucratic-consensus, central command and control management of the NHS, with its generous arrangements for representing professional views. Nurse leaders pushed for nurse education to be moved into universities and for nurses to become more autonomous and independent from the medical profession. At the same time however managers became increasingly influential in determining nurses’ working practices, although this success was not duplicated with doctors.

In early 1988 intense publicity was given to problems such as shortages of beds and the high wastage rate of qualified nurses, which led to long waiting lists for planned surgery. Thatcher announced she would oversee a complete review of the NHS which resulted in the National Health Service and Community Care Act 1990. Before the reforms began a monolithic bureaucracy ran all aspects of the NHS. After the establishment of the internal market, ‘purchasers’ (health authorities and some family doctors) were given budgets to buy health care from ‘providers’ (acute hospitals, organisations providing care for the mentally ill, people with learning disabilities and the elderly and ambulance services).

To become a ‘provider’ in the internal market, health organisations became NHS Trusts, independent organisations with their own managements, competing with each other. The first wave of 57 NHS Trusts came into being in 1991 but by 1995, all health care was provided by NHS Trusts based on ideas from American health economist Alan Enthoven. It was argued this would lead to greater competition and an improved service. General Practitioners (GP’s) who opted into this system were called GP fund-holders and were created amidst controversy about whether this would create a 2 tier system with queue jumping.

No moves were made to totally privatise the NHS apart from dentists and opticians services. Some areas of service provision were contracted out to private suppliers in 1990 such as catering, laundry, cleaning and portering services and it was claimed this competition would secure more financial efficiency.

Developments in the final years of the conservatives under Prime Minister John Major included government initiatives which laid down the rights of patients in a Citizen’s Charter, including the introduction of maximum waiting times for treatment and the Named Nurse Initiative (where a named nurse acts as the primary practitioner for one patient throughout their stay in hospital and is responsible for their case). The Department of Health published tables comparing the performance of different Heath Trusts, for example their waiting times. It was symbolically important as it increased patient expectations.

In 1988, clinical grading for nurses was introduced aiming to offer a career structure that rewarded nurses in the clinical area for their level of responsibility and clinical skills. Previously, the only way nurses could progress further up the ladder was to move into management or teaching. Old nursing hierarchies were dismantled, with the aim of creating flatter organisational management, linking skills and competencies with promotion rather than time in the job. Half a million jobs had to be re-graded in 6 months.

In 1987 nurses took industrial action in an attempt to improve their pay and conditions. However a divide and rule situation occurred causing deep divisions as some hospitals tried to buy out nurses with golden handshakes. Little was achieved apart from disillusionment with the nursing unions. Nurse shortages started to be a problem.
The move into universities and implications for professional knowledge

The UKCC introduced a new scheme for nurse education in 1989, known as Project 2000 that was to totally change nurse education. The old approach had been increasingly criticised for its emphasis on the acquisition of practical skills at the expense of academic content and because students were frequently exploited, in fact receiving very little direction or support from experienced practitioners while carrying a heavy burden of responsibility (Lindop, 1999, Lindop, 1999). Project 2000 meant the amalgamation of the old schools of nursing into universities, the abandoning of the old centralised exams, entrance qualifications and curriculum. Project 2000 courses are of 3 years duration. Two schemes operate. One pathway results in the award of a degree in addition to registration. Students enrol for three years full-time and must pay tuition fees as well as living costs. The second pathway leads to a Diploma and registration (although they may later take a ‘top-up’ course leading to a degree level qualification). Diploma students receive a means-tested bursary during training which is more generous than the financial support received by degree students. Students take a common foundation programme lasting 18 months, followed by 18 months further in a specific branch of nursing (adults, children, and people with a learning disability/handicapped or mental health). The adult branch fulfilled the criteria for the EC Directive relating to the Nurse Responsible for General Care.

In project 2000 greater emphasis was placed on knowledge of holistic care, which was individually planned to meet the physical, emotional and social needs of the whole person, whether in hospital or in the community. There was less emphasis on medicine and more on psychology, sociology and health promotion. Students were now supernumerary. Project 2000 aimed to provide a nursing workforce of autonomous, flexible, ‘knowledgeable doers’ better equipped to respond to the complex demands of a changing health care system. The integration of nurse education into HE, prompted the proliferation and massification of postgraduate provision for the nursing profession during the 1990ies. However, the changes in nurse education had unintended consequences. Nursing students used to make up a significant number of junior staff on the wards. Taking students off the wards meant a loss of labour. Shortages had to be filled and a new post of health care assistant (HCA) was introduced (Buchan 1992). Before, nursing students could be exploited but now they complained of lack of learning opportunities and supervision (Mayne et al., 2004).

From the first half of the 1980ies, the leaders of the nursing profession sought to redefine the profession as one of ‘autonomous practitioners’. Nurse students were assigned to individual trained nurses when they came to the wards in a supernumerary capacity and the learning experience was unstructured. Ward routines were discarded in favour of flexibility and the individual nurse was personally responsible and accountable for his or her own practice. Professional etiquette was replaced by values of independence. Nurses were to be patient advocates rather than doctors’ helpers. The relationship of subordination to medicine was no longer seen as in the patients’ best interests. Feminism made the relationship between doctors and nurses offensive to some. The ethos of service and vocation was giving way to that of individualism. As the decade progressed however, healthcare was becoming increasingly technical and nurses came to take over many roles formerly undertaken by doctors such as administration of IV drug therapy, male catheterisation, suturing, defibrillation, cannulation and electrocardiograms. Nurses were also taking over GP work, including anaesthesia, endoscopy, radiology and minor surgery. Project 2000 had introduced the concept of Specialist Practitioners and a 1992 Act introduced Nurse Prescribing.

Bradshaw (2001) explores the different ideas of nurse training and professional knowledge. She describes 1981-1986 as the period of the ‘autonomous practitioner’, 1985-1999 where nurse education was dominated by ‘demonstration of competencies’; 1990-1999 as the ‘new professionhood of extended roles’ and from 1994 there have been growing
concerns over quality of nursing care as well as nurse shortages. However, as time went on, concern was expressed about nurses’ practical skills. Neither the UKCC or the English Nursing Board (ENB) defined competency and there was a problem for newly trained nurses on the wards to know if they were competent or not and there was a gulf between theoretical and practical training and no nationally set syllabus or set of procedures. By the late 1990ies, it was clear that there were some fundamental problems with Project 2000, in providing the professional knowledge that would make newly trained nurses competent.


Labour came to power in 1997 pledging to abolish the internal market in the NHS. The new approach in the NHS was to be based on ‘partnership and driven by performance’. Labour has been attempting to modernise the NHS and have introduced a huge series of financial and organisational alterations in policy. Labour had committed itself to the national spending plans of their predecessors for their first two years in power but since then substantial amounts of money have flowed into the NHS.

When they took power, Labour explicitly rejected the internal market but in reality they have left much of the architecture of the internal market in place: Trusts and Health Authorities remain and providing and purchasing healthcare continues to be subject to contracts between them. GP fund holding however was abolished and replaced by Primary Care Groups (PCGs) covering localities of about 100 000 people, who would now commission community and hospital services, and from year 2000, PCGs were encouraged to progress towards independent Primary Care Trust status (PCTs). These Trusts are formally managed by Management Boards of nurses, Health Authority members, executive officers and social services personnel, but GPs have lobbied to ensure they dominate them. By 2002, PCTs was established throughout the NHS. By giving GPs and patients purchasing power in the NHS it is hoped consumer choice will force up standards. PCTs have brought together groups of GP practices and taken a more collective approach to commissioning services. Labour has reduced the number of Health Authorities from 95 to 28 and Regional Health Authorities have been replaced by 4 Directorates of Health and Social Care.

Labour introduced five new quangos (Quasi None Government Organisations). One was the National Institute for Clinical Evidence (NICE) to assess the costs of new medical interventions and treatments and decide if they are financially worthwhile implementing nationally and another the Commission for Health Improvement (CHI) - later to become the Healthcare Commission, to assess and publish the performance of individual NHS institutions and award star ratings so the public can see if they are served by a 3-star or 0-star (i.e. failing) Trust. An NHS plan has also been drawn up with a newly established Modernisation Agency to develop National Service Frameworks to identify key interventions for services or care groups and a 10 year plan was announced in 2000.

Labour has continued setting targets for the NHS in a bid to reduce waiting times for patients, for example patients should only wait for 4 hours in A&E and 24 hours to see their GP. In 1999 Labour produced tables ranking Trusts by performance, based on operative mortality and re-admission rates. These were criticised for being crude and have since been made more specific and extended, for example targeting cancer care, heart disease and mental health. Market ideology has brought emphasis on service as well as public health, primary care and evidence-based medicine.

The Private Finance Initiative scheme (PFI) is being used in the NHS to build 15 new acute hospitals. Under PFI, a private sector consortium pays for a new hospital and the local NHS trust then pays the consortium a regular fee for the use of the hospital, which covers construction costs and the rent of the building. The cost of support services and risks are transferred (in theory and on paper at least) to the private sector. This means that most
new NHS hospitals will be designed, built, owned and run by a consortium or grouping of companies and that the NHS will employ some of the staff - mainly doctors and nurses - and will rent the building and other facilities from the consortium for at least 25 years. The appeal of PFI for the government is that the cost of the hospital does not appear as an immediate lump sum payment in public expenditure. Many commentators criticise PFI hospitals as being more expensive to run and privatisation by the back door (Gaffney et al., 1999). Patients are being offered a choice of the hospital at which they will receive their treatment.

A radical new initiative is the introduction of Foundation Trusts in 2002. Hospitals judged to be performing well by the government are given more freedom, legitimised by stating they will have closer community links. Wilmott (2004) concludes that the blueprint of the foundation hospital creates a set of relationships which are incoherent and mutually conflicting, and conceal a crucial relationship with the State.

Since 2002, Labour has been attempting to lower waiting lists by using the spare capacity of private hospitals (even ones situated abroad), overseas clinical teams for some services such as cataract operations, and new public/private partnerships for rapid diagnostics. In October 2003, the first independent treatment centre opened, followed by, in February 2004, two privately run mobile surgical units targeting areas with the longest waiting lists for cataract surgery. Thirty-four contracts for independently run centres have now been awarded, and the Government expects the majority of the new units to be up and running later in 2005. Extending the role of the private sector has however proved a slow process. So far, 16 thousand patients have been treated in private sector treatment centres, mainly by staff recruited from outside the UK, out of a total of approximately 5.5 million non-emergency operations. Since being re-elected in 2005, Labour has announced it wants 15% of operations to be funded by the State but carried out by private providers. An Independent Charity, the King’s Fund, analyses government progress in the NHS. Their report (The King’s Fund, 2005) audits New Labour’s efforts from 1997 – 2005 in meeting their own targets and concludes that in many areas services have improved.

**Target Setting**

Labour can be seen to have been pursuing market principles in a disguised form with a zest that surpasses the Conservatives and have set a range of ambitious targets that emphasise patient involvement and consumerism. Long waiting lists have been particularly targeted as they are a historical problem within the NHS. For example in 1988, 208 000 people – more than a quarter of all patients – were waiting for more than a year for inpatient or day care treatment. However, Labour has also pledged to modernize equipment, provide more beds and increase the numbers of doctors and nurses in the NHS. England has the lowest number of practising doctors for every 1 000 people of all developed countries (OECD, 2003). Pay is considered an issue. The NHS is currently changing its pay structure from *Clinical Grading* to *Agenda for Change*. It aims to pay staff based on their skills, knowledge and competencies with jobs designed around patients’ needs rather than prescriptive grades. Like care-chain in Sweden, as well as harmonising the conditions of service for NHS staff this is meant to create the conditions for new kinds of ‘actor-based’ jobs. Over a million NHS staff is affected from all categories, with the exception of doctors, dentists and senior managers.

**Pay and recruitment**

A newly registered nurse currently begins their career on a salary some 10% below that of a teacher and 14% below that of a police constable170.

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170 Royal College of Nurses: http://www.rcn.org.uk
The NHS is the main employer of nurses in England, but nurses also work in a range of other jobs and sectors. Non-NHS nurses are employed in several sectors outside the NHS. These include residential homes, independent hospitals and hospices, nursing agencies and public sector services (prison service, defence, medical service, higher education, police service, local authorities). A detailed, accurate identification of how many nurses are employed in these sectors is not currently possible. Independent care homes are the largest employers of nurses outside the NHS. In England the number of (whole time equivalent) WTE registered nurses employed in nursing homes more than trebled between 1985 and 1995. Over the same 10-year period the number of WTE registered nurses employed in independent hospitals and clinics grew by more than 20% from 6660 to 8037 (Buchan & Seccombe, 2004).

Recruitment of sufficient nurses has been a growing problem in England, despite ‘grow your own schemes’ and efforts to attract back staff. In 2002/03 9.2% or 30,000 registered nurses left the NHS. The worse shortages are in London and the South East. Despite this, the target set in England to achieve growth of 35,000 additional nurses between 2001 and 2008 is on track. However, as examined below, a significant part of this growth has been accounted for by increased numbers of bank nurses (temporary staff). One in ten (headcount) of the total number of NHS nurses in England in 2003 was a bank nurse.

A headline growth rate of 18% over the period since 1999 masks variations of –25% to +40% in different categories, and –10% and +21% in the main specialities. Failure to recruit sufficient staff means the NHS continues to be dependent on the use of temporary staff. The NHS is attempting to internalise more of the resourcing of temporary staffing with the creation of NHS Professionals (a new NHS-run nationwide source of temporary staff). An alternative source of staff recruitment is from abroad (Buchan & Seccombe, 2004).

Table 7.6. Change in qualified nurses by specialty in NHS 1999 to 2003 (headcount)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>1999</th>
<th>2003</th>
<th>Numerical change</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute, elderly and general</td>
<td>165,643</td>
<td>201,184</td>
<td>+35,541</td>
<td>+21%</td>
</tr>
<tr>
<td>Paediatric</td>
<td>16,689</td>
<td>18,437</td>
<td>+1,748</td>
<td>+10%</td>
</tr>
<tr>
<td>Maternity</td>
<td>16,689</td>
<td>18,437</td>
<td>+1,748</td>
<td>+10%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>38,999</td>
<td>44,728</td>
<td>+5,729</td>
<td>+15%</td>
</tr>
<tr>
<td>Learning disabilities</td>
<td>9,923</td>
<td>8,950</td>
<td>-973</td>
<td>-10%</td>
</tr>
<tr>
<td>Community Services</td>
<td>48,972</td>
<td>57,588</td>
<td>+8,616</td>
<td>+18%</td>
</tr>
<tr>
<td>Education staff</td>
<td>658</td>
<td>1,147</td>
<td>+489</td>
<td>+74%</td>
</tr>
<tr>
<td><strong>TOTAL QUALIFIED</strong></td>
<td>310,142</td>
<td>364,692</td>
<td>+54,550</td>
<td>+18%</td>
</tr>
</tbody>
</table>

Source: (Buchan & Seccombe, 2004)

In the early and mid 90ies in the UK, about 1 in 10 new nurses were from a country outside the UK. By 2001-2002, for the first time there were more overseas nurses added to the register in the UK. Nurse migration is not a new issue - it was raised by WHO more than 2 decades ago and the ethical aspects of international recruitment were raised at least as early as the 1940ies (Buchan and Seccombe, 2004).

Work permit data highlights the continued reliance on a range of source countries, especially the Philippines, India and South Africa Buchan & Seccombe, op cit.). The number of approved applications from India doubled from 2418 to 4802 between 2001 and 2003 and this may reflect a switch of recruitment activity. The Department of Health in England has signed bilateral agreements on nurse recruitment with four countries: India, Indonesia, the Philippines and Spain. The September 2003 dataset for England estimates that
16.4% of qualified nursing, midwifery and health visiting staff were from ethnic minority groups. Nurses are also leaving the UK to work abroad in increasing numbers.

Recruitment is not helped by the fact that the nurse population is ageing. In 1991 one in four (26%) of all practitioners on the nursing register was aged under 30. But, by 2002/2003 only one in eight was under 30. At the same time, the proportion of practitioners aged over 55 has grown from 9% to 15%. Almost 100,000 nurses on the register are aged 55 or older, and a further 75,000 are aged from 50 to 55 (Buchan and Seccombe, 2004).

Healthcare assistants

HCAs represent the most rapidly growing group within the NHS. According to the Royal College of Nursing the number of HCAs demonstrated a 46% increase between 1999 and 2002. This is a matter of concern in the light of emerging research evidence to suggest that quality of patient care is improved with lower rates of morbidity and mortality in hospitals which employ a high proportion of qualified nurses (Aitken & Patrician, 2000). HCAs have low pay and their roles are poorly defined, with overlap in responsibility with qualified nurses. Recent figures for England taken from the September 2003 NHS census show that the NHS was employing 30,057 HCAs. HCA numbers in England almost doubled in the six years from 1997 when 16,190 were recorded (Buchan & Seccombe, 2004).

Too posh to wash, too clever to care?

By 1999, it was clear that there were some fundamental problems with Project 2000 and Labour announced they were going to reform nurse education. A Health Act was introduced in 1999 which enshrined for the first time the duties of care and the quality which were now to be monitored by the Commission for Health Improvement who would set and monitor standards in the wards. The government also began to argue that the privilege of self-regulation should end for nurses. The UKCC had no powers to deal with professional incompetence (only misconduct) so nurses were seen by the government to be unaccountable.

The Nursing Council which was formerly run by nurses was forced to accept lay members. It also introduced in 1997 a requirement that nurses had to re-register every three years and in order to do so they had to demonstrate they had carried out some professional development. Then in April 2000 the government decided that the UKCC would be taken over by a new Nursing and Midwifery Council (NMC). The English National Board was also abolished and its quality assurance function was taken on board by the new NMC. The NMC is responsible for maintaining a live register of nurses, midwives and specialist community public health nurses.

The NMC has the power to remove or caution any practitioner who is found guilty of professional misconduct. In rare cases (e.g. practitioners charged with serious crimes) it can also suspend a registrant while the case is under investigation. The creation of this body is seen as introducing greater surveillance of nurses and taking away their professional autonomy. External lay membership of the nursing body was seen as necessary for the profession to be accountable and do its job of protecting the public. External examination of NHS wards and departments by outside agencies was also deemed necessary as nurses were not seen as being trusted or competent.

Nurse training was also restructured as many nurses and managers recognized that its academic nature did not prepare nurses practically and deterred potential recruits. The so-called ‘theory practice gap’ (Upston, 1999) relates to the tension between the theory and reality of practical nursing. The move into higher education had broken links with hospitals to the detriment of students and hospitals. There was no common core curriculum or set standard for registered nurse preparation.
A ‘new model of nurse education’ was piloted in September 2000 at 16 sites, focusing on the development of practical skills earlier on in training, better clinical placements, with better support from trained nurses with good teaching skills and from nurse teachers who practice nursing. Nursing education was now to fit the needs of the NHS, not the nurses’ professionalisation project. In the autumn of 2002, it was confirmed that Project 2000 was to be phased out of all training organisations by the autumn of 2002. However there is still no core curriculum in the new courses. Bradshaw (2001) describes 1990-1999 as the new professionhood of extended roles. She also notes that from 1994 there have been increasing concerns over quality of nursing care and nurse shortages.

*Nurse Authority*

The authority of nurses can be awkward to describe and can be contrasted to the more easily defined authority of teachers in the classroom. Hospitals are notoriously hierarchical institutions with cultural differences between occupational groups of doctors, nurses and others, including differentiation based upon specialisation, generation, educational background, employment status and feelings of [non]association with the organization (Fitzgerald & Teal, 2003). There are a plethora of clinical nurse specialities e.g. haematology nurse, ICU specialist, stoma nurse. To cope with treating the patient as a whole in this web of medical specialisations, nurse training now emphasises team working skills and multi-disciplinary team working. Nurses have power and authority from control of the day to day care for a patient. However this autonomy is restricted by increasing managerialism.

In 2000 the government listed 10 areas of potential responsibility that nurses could be taking responsibility for, including ordering diagnostic tests, making and receiving referrals, admitting and discharging certain patients, managing a caseload, running clinics, prescribing treatments, carrying out resuscitation procedures, performing minor surgery, triage and running of local health services. There are now over 200 different allied health occupations demonstrating how nursing practice has changed dramatically in the last 10 years with a whole new set of tasks and skills now considered to be nursing work. In 2000, following an announcement by Tony Blair, the Nurse, Midwife and Health Visitor Consultant role was established.

The shift towards undertaking tasks previously carried out by doctors and the creation of new roles has resulted in many of the core skills of nursing now being undertaken by health care assistants (Daykin & Clarke, 2000; McKenna et al., 2004). The nurses’ role in the management of health care assistants could be seen as a way they could gain more autonomy, alternatively nurses can seen by policy makers as cheap surrogate doctors. The trend towards primary care in England means the number of practice nurses, with their own type of autonomy grew by nearly 40% during the 1990ies.

*Quality of Care*

Quality of care has been seen to be a problem from 1994. Nurse training is derided for producing nurses that are ‘too posh to wash’ and ‘too clever to care’. In an effort to resolve this, Labour (re)introduced of the role of Modern Matron (Shanley, 2004). However, this has been criticised on the grounds that modern matrons do not have the power they need to be effective, for example sorting out management agreed cleaning contracts. Patients are frustrated with poor standards of cleanliness in wards and nurses are blamed for the rise of the MRSA superbug.

Some nurses express the dilemma that they went into nursing to care for people, but caring is actually valued the least of their skills. The percentage of drop outs on training courses is high and there are questions as to the appropriateness of the courses provided.
Nurse Burnout or Stress

A study by Britain’s health and safety watchdog has found that teaching and nursing, dominated by women, were the most stressful professions. The Health and Safety Executive, has found more than three in 10 nurses and four in 10 teachers suffered stress at work (Heath and Safety Executive, 2003/2004). The report also found that people between the age of 41 and 50 were more stressed than older or young workers. Experts said the increase in the threat of violence towards nurses and teachers had also contributed to rising stress levels in the profession. The NHS Security Management Service found 116,000 incidents of violence and aggression against health service staff last year, an increase from 65,000 in 1998/1999.

Professional identity and professional knowledge

Restructuring in England has had profound effects on professional knowledge of nurses. Warne and McAndrew (2004) describe the huge emphasis on target setting and auditing, with associated bureaucracy and paperwork in the NHS. Rafferty (1996) describes the ‘new knowledge regimes’ (health economics, health services research and evaluation or outcomes research) that started in US in 70ies and have come to Europe via various consultancies and organisations set up to promote the ideas. Focus on auditing has led to the biomedicalization of knowledge in medicine - probabilistic knowledge is used to improve clinical performance and replaces individual professional’s knowledge as the foundation for clinical decision-making. So Managed Heath Care (delivering of healthcare in a way that also manages costs) has changed knowledge and the meaning of medicine and care. Evidence based medicine (EBM), clinical practice guidelines (CPG) and health technology assessments (HTA) represent ‘best practice’ as opposed to other kinds of evidence, such as personal experience. Rafferty (1996) also notes that the excessive paperwork is said to be for quality assurance but it also plays a role in a culture of surveillance and blame.

Whereas nurses were once able to think of themselves as people with a vocational service, they now have to think in terms of nursing labour (Hunt & Wainwright, 1994; Bradshaw, 2001). Caring has been commoditised and illness, disease, disability and infirmity are market opportunities, altering relationships with clients for nursing. Nurses are increasingly using standard care packages which are used in the US, as the basis of insurance reimbursement. A given medical intervention for example, is rated at a fixed cost and the hospital and physicians must beat that cost if they are to show profit, whatever the individual circumstances of the case. The ratings reflect the detailed analysis of work performed by providers judged by insurers to be efficient (Dingwall et al., 1988)\textsuperscript{171}.

Nelson and Gordon, (2004) argue that nursing is consistently presented as a practice without a history, constantly reinventing itself within new professional and technical realms. This raises recurrent problems in the construction of a contemporary professional identity and search for social legitimacy. Constituting new nursing knowledge and practice as discontinuous with the past produces a sense of historical dislocation and hampers nurses’ attempts to gain status and legitimacy. By accepting continual changes to their role, the core function of nursing has become obscured and, despite assuming medical tasks, the occupation continues to be seen in terms of a role that is subordinate to and dependent on medicine.

Parkin (1995) has suggested that the drive for conformity with other professions and the push for superior knowledge hamper the ability of nurses to interact with patients. Nurses need a substantial knowledge base, but this should be balanced by the ability to perform the practical side of nursing. Many nurses feel dissatisfied as they are taken away from caring. Other writers have focussed on professional knowledge as caring – an altruistic

\textsuperscript{171} Meanwhile, there has been a major shift in decision-making within healthcare from when professionals when ‘knew best’ and patients deferred to their professional knowledge and judgements to today’s self-informed, internet-quoting patients (Coulter, 2002, Muir-Grey, 2002).
activity which emotionally benefits nurses and those they care for (Woodward, 1997) as a form of emotional labour (Smith, 1992). But Smith notes there seems to be a link between giving emotional labour and occupying the lowest status (Smith, 1992). Nursing has always had a particularly gendered identity and a number of nursing skills are seen as natural female attributes rather than competencies or knowledge that is developed through professional education and practice (Evans, 1997; Salvage, 1985; Witz, 1992).\(^{172}\) Davies (1995) puts forward the idea there is an alternative path for nurses seeking status for nursing and emphasises the professional knowledge of caring skills, team and service work. Davies restates Waerness’s point that caring values are lost once they are incorporated into formal education because the emphasis is on gaining scientific knowledge. Waerness argues that science is embedded in masculine thinking and that, because of the gendered nature of science, caring cannot attain full worth (Waerness, 1992). Some nurses have attempted to articulate a form of nursing that incorporates perceived gendered knowledge and skills, such as ‘presencing’ (Brenner, 1984) and therapeutic nursing. However, these gendered skills are not exclusive to nurses and pursuing this approach to defining nursing work and achieving professionalisation can be seen as problematic. Nurse training traditionally focused on care, patients and service. This was abandoned in the 80ies and 90ies and replaced by ideas of ‘autonomous practitioners’ and ‘competencies’. Vocation seems to have been replaced to an extent by the professionhood of extended roles. However, this approach puts off many would-be applicants who were attracted to care-giving in the first place and persistent shortages lower morale (Bradshaw, 2001).

Conclusions

The two professions share intrinsic commonalities such as operating in an increasingly marketised, individualistic workplace and undergoing large scale government imposed change. Furthermore, both professions are composed of a high proportion of women. This has always been the case in nursing whereas teaching is becoming increasingly feminised. Teaching and nursing were also both seen as vocations in the 1960ies, but due to restructuring from the 1980ies onwards and societal changes, they have become infused with ideology of choice, efficiency and standards.

Recruitment deficits have intensified pressures in both professions with nurses especially relying on overseas recruitment to make up numbers and both professions report suffering considerable stress and burnout. Moreover, both teaching and nursing unions attempted to improve pay and working conditions in the 1980ies with strikes, the failure of which were watershed years in the decline of the influence of the unions in the workplaces.

Both professions have experienced problems. Teacher training was attacked as irrelevant in the 1980ies and reformed, whereas teaching moved into HE in the early 1990ies, casting off its old image as a medically dominated profession. In teaching this has lead to creating the Newly Qualified Teacher Status where teachers are not registered until they have worked for a year in a school. This is also being discussed in nursing with many hospital Trusts bringing their own training schemes for newly qualified staff. Both nurses and teachers’ roles seem to have been extended due to restructuring, with increased opportunities and responsibilities for some but increased stress for others. Teachers and nurses use management skills to work with classroom assistants and nurse assistants. Society changes such as the growth of ICT also effect both professions.

\(^{172}\) Witz describes how these factors have contributed to the occupational position of nursing as well as considering how doctors use occupational closure to retain their powerful position in health care.
CHAPTER 8

Welfare State Restructuring in Education and Health Care: Summarizing General Developments in Teaching and Nursing and Teacher and Nurse Education

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Introduction

Developments in teaching and nursing in the countries in the project show both significant differences and distinct similarities across the period focussed in our research. Differences tend to run from two or three different sources. One of these concerns which bodies or organisations have had the main responsibilities for organising and running teaching and nursing and teaching and nursing education, and what their main problems and priorities have been. Here the State and the church have been the most commonly mentioned actors along with (more recently) private enterprises and (regarding influences on policy writing rather than practical management and delivery) supra-national bodies and (international) organisations such as the OECD and various other NGOs. However, geography is another issue, as are national economic structures (infra-structures of welfare for instance) and forms of government (including military dictatorships, parliamentary elected party governments based on proportional representation). These things all mean that it is impossible to identify a general European concept of teaching and nursing that has developed consistently across the partner countries. The only thing that is consistent at this level is difference, at least up until the most recent, neo-liberal era, in wake of key historical events, such as Irish independence, the civil wars in Portugal and Greece and the downfall of the Fascist dictatorship in Spain. Spain is a study in itself. There are 17 (partially) autonomous regions in Spain that all reasserted local independence and autonomy in education in particular, after the fall of the Franco regime. Basque and Andalusia spring to mind, but in all regions there are movements, sometimes quite significant ones that re-assert a right for local autonomy.

Privatisation has dominated increasingly in all partner countries, but with some important differences in terms of ‘dialects’ of privatisation (modes, means, measures, forms, intentions, problems and solutions) and extents (in terms of both breadth and depth of reach).

173 Regarding the church influence, Catholicism and Protestantism (as well as fractions within them) are important distinctions, with patterns of differences showing between the catholic south and west and the protestant north and between the Lutheran Sweden (and Finland) and the ‘more fragmented’ Protestantism in England and Wales. However, the religious aspect is often ignored or downplayed, despite it having direct influences on care and education supply and education ideology and content, as in Ireland, and also influencing many aspects of social and cultural life. Theories on relations between Protestantism and rational capitalism as discussed by Weber are one example, where Lutheran Protestantism is described in terms of its importance for both bureaucracy and production. As Enö points out (2005, p. 69), Luther expressed work as a calling (pace the continual reference to calling, vocationalism and altruism in the case studies) and stressed that ‘subordinates’ should know enough to accept their position without challenge and should ‘accept their place’. This was emphasised above the evangelist notion that incites the poor to struggle for freedom and justice.

174 The contours of the Spanish case study are reminiscent of comments in Jones (2005, p. 231) who writes that ‘the late modernisation that followed the death of Franco took a compressed form (as) the classic features of social democratic reform were almost from the start combined with neo-liberal emphases (and) the reforms of the 1980ies involved a compromise with a strong religious sector.’ This compromise licensed State-subsidised, privately controlled provision as a central aspect of the national system and although various social forces and actors have on occasions ‘fought to prevent the extension of subsidy and the strengthening of institutional differention’ they have done this ‘without seeking to change the basic tenets of the settlement’. Differences in this sense embrace similarities.
In England privatisation is both broad and penetrates deep into the heart and sole of the service sector as a set of accomplished facts whilst in other countries (notably Finland and Sweden in particular) other features tend to dominate, such as decentralisation.

There are certainly reasons for these differences. Schooling and health have long been deeply inscribed in the political spaces of the folk-home concepts of Nordic democratic welfare State identities and with respect to social and national bonding according to the case studies (see also e.g. Gordon et al, 2003; Lappalainen, 2003). Moreover, as also Englund (1996) in Sweden and Lappalainen (in Finland) suggest, the politics of welfare State (decommodified service) expansion pursued in these countries in the 60ies, 70ies and 80ies were underwritten by an ideology of political citizenship and equality of opportunity that gave primary recognition to education (and other services) as sites of democracy, solidarity and democratic identity formation. As in France as described by Jones (2005) the welfare State was not only seen as a technical mode for delivering public services and other goods to citizens but was also a site of development for bonds of social solidarity and identity. These projects may contribute to, as suggested in the Finnish case, resilience toward privatisation.

The concept of the (welfare) State as a common (political-democratic-participatory) project including the development of services, or as a guarantee-deliverer with respect to service supply (i.e. owner-producer-supplier) or as a medium for free trade in services represents a key difference with respect to conditions of teaching and nursing and the career and identity possibilities of teachers and nurses in the case study countries. However, there are also other interesting differences to consider within the divisions (State-Church, Protestant-Catholic, dictatorship-elected government, public-private) mentioned above. Mentioned in the Portuguese case study is the distance between Rome and the catholic countries in the south-west (Spain and Portugal), where the church has only seemed to hold a fairly weak yet still noticeable grip, although with some modifications that have allowed first a popular-political development regarding citizenship rights and State responsibilities with respect to public services to develop and then increasing privatisation with no strong opposition. However, there is ambiguity here as the linear distance factor in relation to religion is contested by other disclosures from the case studies. For instance church involvement in education and care is at least as equally obvious in the Irish context across the researched period as it is in Spain and Portugal and is also significant in Greece. Moreover, in Ireland religion has to be considered also in relation to a colonisation issue and the country’s relationship to protestant England – the colonising State. Maintaining an independent religion separate to the protestant Church of England was important as a marker of national identity and separation.

‘Democracy’, totalitarianism, politics
Differences and variation are talked about mainly above. But there are also important similarities as well between the partner countries with respect to developments in the professional/occupational fields of teaching and nursing and their respective management, financing, evaluation and other practices according to the case studies. For instance, all countries in the partnership have experienced greater or lesser degrees of (some form of) totalitarian government across the researched period, even though this is something that may have been experienced in different degrees of meaning, at different times and over different durations, and this ‘totalitarianism’ has of course impinged significantly, but also to some degree differently, on how service professions have been conceived, managed and conducted. Shifts from totalitarian regimes to democratic government occurred later in some countries than others. Totalitarian political rule can be described as quite brief and emergency related in some cases (e.g. wartime Britain, Sweden and Finland) but longer and more comprehensive in others (Franco regime in Spain, Military dictatorships in Greece and Portugal). Moreover,
what we mean by totalitarianism can actually be importantly differently nuanced. Hannah Arendt has considered this issue with respect to two classically archetypical representations of totalitarianism, the dictatorships of Nazi Germany between the two major European world wars in the last century and Stalinist Russia in the period preceding and following WWII.

In *The Origins of Totalitarianism* Arendt (1958, 2nd edition) examined how the dictatorships of Stalin and Hitler were different from all earlier authoritarian power structures and discovered that the totalitarianism of the kinds evidenced there had become possible only because the States in question had a developed bureaucracy or national administration, access to modern technology and a political organisation that alienated everyday life and political life. Arendt was a proponent of forms of direct democracy where thought and political activity were directly related. All other conditions were, in her view, substantively (i.e. both theoretically and empirically) prone to totalitarian tendencies.

In the senses described above all countries (and even supra national political organisations) with a propensity to separate life and political control (i.e. all organisations with a political organisation other than direct democracy) can be prone to totalitarian tendencies and can fall under totalitarian control. Moreover, totalitarianism can also take different guises. McMurtry (1998) for instance describes neo-liberalism as totalitarianism in a monetarist form; which is perhaps ironic given the expressed aims and roots of the neo-classical economic theory that gave rise to neo-liberalism; and in his terms totalitarianism is very much present in/on the current political map of Europe and is indeed beginning to dominate there, after having already conquered the North American continent and the UK. Furthermore, his suggestions are that in the present global political climate, neo-liberal (economic) totalitarianism is becoming confused with (and mistaken for) democracy and that this will have (and is having) catastrophic consequences for economic and other forms of equality and the environment. In some partner countries movements from totalitarian political governments to governance via the creation of controlled markets have been swift, marking in a sense a movement from political totalitarianism (one party police States and military dictatorships for instance) to the monetary totalitarianism of neo-liberalism as rapid. In others there has been a long period of evolution

Colonialism

Another (common, as influencing all partner countries in some way) issue mentioned in some of the case studies is that of colonialism, where the meaning generally described is the annexing of one set of territories by a nation State or power ‘whose’ normal and previous geographic territories did not include the territories in question. However, through case study content it also becomes clear that we are all colonised to some degree (be it by the

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175 Some partner country governments, such as New Labour in the UK and the recently elected conservative government in Portugal, have claimed to temper economic neo-liberalism with social welfare considerations such as welfare expansion and social inclusion, and have spoken about a form of *neo-liberalism with a heart*; a caring neo-liberalism. However, there is little concrete evidence in any of the case studies of a positive material relationship between expanded social welfare or inclusion and neo-liberal policies. Heart-full neo-liberalism seems to be only a rhetorical concept. As suggested by Ball (2003) neo-liberal restructuring seems to have negative impact on welfare standards and practices generally, not the least with regard to social inclusion and solidarity. Sennet’s (1999) discussion of the ‘corrosion of character’ springs to mind also in relation to some case study descriptions, regarding how employees whose employers cannot construct bonds of trust, loyalty and commitment because of the conditions and constraints (ideological and economic) of neo-liberalism, are engaged in discontinuous careers in flexible capitalism and calculate the risks (involving perceived benefits and disadvantages) in moving from one occupation and employer to another and the negative impact of this ‘nomadic form of existence’ on identity and familial relations in society. These sources of stress (and even perhaps identity disorder) are signalled through the case study reports in the present project to be a significant problem for professional educators and care-givers that have been insufficiently factored into the current equations of representation in policy making and professional education and training.
classification systems of modern rational bureaucracy, the categories used in major institutions for processing individuals and practices, the ideologically saturated representations provided by the for profit media via newspapers, television and other outlets, or the economic interests of major corporations and capitalisation projects). This is important, but even so some countries have been major colonizing nations in the modern era (England, Spain, Portugal) whilst others have seen themselves colonised by their nearest neighbours and now European co-States (Ireland and, although their freedom came earlier, Finland). There are efforts within education in formerly colonised nations to reassert national identities. This is apparently done both in the face of; and sometimes even in the guise of; globalisation and multiculturalism (see also e.g. Lappalainen, 2003).\(^{176}\)

The colonisation issue is reflected in education language and education system formation and aims according to the case studies, as well as in curriculum content and policy and the (global) recruitment to the professions researched. This is spelled out in several case studies but is very plain through descriptions in the English one, which describes how England has previously and continues also presently to import nurses from former colonies. However, this ‘importing practice’, which drains other (poorer) nations of their human resources and production surplus, has now been taken up even by other countries in the present sample, in fact all of them, with the possible exception of Greece. Added to it nowadays is also a new tendency for medical/treatment/health-tourism, which sees ‘richer’ (as in economically wealthier) countries subsidising or paying for overseas treatment for its own patients in poorer countries where treatment costs are lower. The Caribbean States have long been plundered in these fashions by the US, now England (primarily using India) is setting the same practice as a standard for Europe, in a form of ‘welfare practice’ which is taking place despite the extremely well known and well-documented difficulties the new-supplier States have in securing reasonable living, employment, health, transport, infra-structure and education standards for their own citizens first. Moreover, as the practices are run primarily by private organisations they are carried out without returning any significant economic value back to the broad (public) national economy of the States in question. Woe this parasitic status as a new standard of European welfare supply.

**Professions and higher education**

Common definitions of professions in each of the partner countries posit a distinct relationship between occupational practices and scientific knowledge (usually corresponding to research and education in the universities or other higher education institutions) and professional status. Put at its simplest, in order to be socially (legitimately) regarded and officially (legally) accepted as a profession (both generally and by an official professional body) an occupation (and occupational category) has usually required at least a university basic degree (i.e. Bachelor education equivalent) in the partner countries. This is visible in the professional education context described for each country and the way in which training for work in the respective fields of teaching and nursing have successively become higher educations (in universities or specialist colleges or polytechnics) there, where with all a distinct relationship between science and the professions on the one hand and between basic and applied research on the other has been established. As suggested in the partnership application to the EU, ‘professional’ education has in this way become a key aspect of

\(^{176}\) Another issue less focussed but perhaps no less important is how some fractions within some countries notably still see their countries (or regions) as still colonised and organise movements (both within and by way of education) both for and against political revolution and acts of military or paramilitary uprising that are labelled terrorism by central governments. Also significant for the case studies is the political and scientific perspectives of their writers (as neo-Marxist, post-structuralist, interactionist) and their views on the politics of restructuring in relation to colonial issues and how they should be represented.
professional control for the State as this education, at least formally, defines and packages ideas about good professional practice. These ideas may be contested but they are at least formally supported by science and developed and delivered in scientific establishments. Moreover, although this link between occupation/profession on the one hand and science/universities on the other seems to put professions (and professionals) into a dependency relationship with scientists and universities/higher education, what seems to be a dependency relationship is in some senses perhaps symbiotic with some advantages and some disadvantages for both sides.

One disadvantage noted from the case studies for the professions and perhaps for professional knowledge development as well is that the production and reproduction/mediation of occupationally/practice-valuable, practically useful knowledge is formally taken out of the ‘hands’ of professional workers (who are described as ‘proletarianised’) and out of the workplace and placed in the ‘heads’ of the knowledge workers in the ‘halls’ of university institutions (Beach, 2005). The advantage of this is though that in this relationship the occupation(s)/profession(s) obtain a higher social value and prestige than they may otherwise have done as the knowledge produced has a socially legitimated and officially recognised quality control stamp put on it, by being ‘tested’ and judged in terms of scientific standards, which regardless of how they are actually constructed *de facto*, have a high *de juro* social status and level of basic acceptance and belief associated with them; rightly or wrongly (Mulkay, 1989; see also Hallstedt & Högström, 2005, who discuss similar issues with respect to social pedagogical work in Ireland, Norway and Holland). In short, the educations provide work opportunities and economic supply to the universities and the universities provide qualifications and formal status for professions and professional knowledge.

Each case study has made some kind of reference to this ‘pendulum of power’ between professional practice fields and higher professional education in the professions in question. As Magali Sarfatti Larson (1978), one of the most internationally influential researchers on professions puts it, professions are links between relatively high levels of formal education and relatively desirable positions and/or rewards in the social divisions of labour and in this sense are examples and elements of the development of a knowledge society based on formal scientific knowledge: the *expert society* in the terms of Giddens. Moreover, although to some degree in each case study professional stability or status by virtue of science and ‘scientific education’ is put under threat by post-modernism and post-modern deconstructions of science as narrative (inspired usually by the works of Derrida and/or Lyotard or their apostles) that have fuelled a recent critique of science as a moder(ist) project, some stability never the less remains.

However, there is also a good deal of ambiguity here as well. For instance, after careful analysis of the case studies a first tentative statement about teaching and nursing could be that these two *occupations* in the research partnership never really became professions in the senses implied by the higher education relationship and if they have this is only in part and only in the final third of the previous century: earlier for some countries (e.g. Sweden, Finland) and later for others (e.g. Spain, Portugal), and with ‘backward movements’ recently in still others (e.g. UK). Furthermore, there are also challenges to the idea that the occupations in question are becoming more professional in these terms. This is because, firstly, the idea of a separate university science (and education) as the mother of professional knowledge for nursing and teaching (particularly teaching) is highly contested and extremely contradictory and uncertain in some partner countries and because the relocation of knowledge production and delivery to universities is both inconsistently completed across the partnership and in each partner country and, in some cases is in some respects already being reversed. The two professions, as is suggested in several of the national case studies, are often referred to as
semi professions, ‘semi-autonomous occupations’, new service professions or welfare professions for these (but also possibly other) reasons.

Eliot Freidson’s (1986) definition of professions casts further light on this issue. According to Freidson professions have 1) *officially accepted knowledge* that is grounded in abstract concepts and theories, 2) an *internally monitored and controlled degree of differentiation of labour* linked to a qualification hierarchy, 3) *extended control over the labour market* (including control over professional recruitment and the education, qualification and licensing of professionals), and 4) *some control over an education* for work that is delivered *through the universities* rather than through engagements in the common labour market and/or its training agencies (Freidson, 1986). Brante (2005) uses Freidson’s classifications but also goes several steps further in his presentation and speaks of professions in terms of the following nine categories. These categories have informed the present analysis but they are not used as a means of structuring the write up as other issues emerged as more pertinent; not the least the issue of commercialisation. Never the less, all of the categories are attended to in some way, but some more clearly so than others:

1. The use of skills that are founded in/supported and informed by scientific knowledge
2. Formal education and training in these skills (in higher education)
3. The guarantee of professional competence by the use of (university) examinations
4. The development and appropriation of a code of ethics to guarantee professional integrity
5. The practice of professional services in a common interest
6. The development of professional (autonomic) organisations to monitor practice
7. The development of a sense of identity and common values among professionals
8. The development and use of a common language not easily accessible to ‘outsiders’
9. The employment of extreme forms of social selection into the profession

These nine categories imply that there are core contents of knowledge for professional work and education as well as high levels of material and economic investment from public funds into professional development and professional knowledge development. And these things are all apparent in respect of case study content, where it is clearly also suggested that there is also broad public support for the ‘existence’ and practices of the professions (a general view of them as needed and socially valuable), for the development of an infra-structure for the production of discourses of and about the professions and professional labour as well as support for ‘professional monitoring’ and control over access and critique. However, material investments and developments recently also confound this image. Actual investments in research and development in ‘nursing science’ and ‘education science’ are low when compared to similar investments in medicine and technical areas in all countries and whilst professionals have traditionally had a right to ‘a final say’ on professional matters in contact with other individuals and groups, this has only ever really applied to teachers (or for that matter nurses) in their contacts with the lower social classes, and even this is described as coming under threat through post-modernism, a broader availability of knowledge and increased levels of general education in society in relation to teaching and nursing education.

The nine categories figure inconsistently therefore in the descriptions of the development of teaching and nursing (and teaching and nursing education) in partner countries, where they have always existed only in terms of degrees of development and only in contested forms. For instance, both of the signified professions have associated with them skills and knowledge that is ‘collected’ (in the sense of Bernstein, 1990, 1996) as a classified discipline (e.g. Educational Science/Utbildningsvetenskap in Sweden) that is beginning to be formed in each country (or has for some time formed) as a foundation for university basic and higher degrees (B. Ed., M. Ed., Ed. D./Ph d Ed. Sci), but levels of development of and
investment in the production and maintenance of this knowledge is very low in relative terms in comparison to other higher professional education areas (dentistry, medicine, engineering). Moreover, other aspects of the profession and professional development, such as the development of a collected code of ethics, fair similarly inconsistently. With the exception of codes of professional conduct for nursing (such as the one recently taken in the UK) there are few specific national codes of ethics for either profession in any of the countries except Finland and social selection into the professions is quite ‘low’ in relation to social class background. This is quite significant.

From a sociological point of view power, position, politics, division (vertical and horizontal) of labour (and power relations) and social and production relations are important class-markers and means for social groups (such as professional associations) to maximise gains and rewards from and interests in society that limit (at the same time, but not necessarily consciously and deliberately at the individual level) such possibilities for other groups. Professions are associated with (both positive and negative) status and status passages exercised in the interests of their particular group in relation to others. High social prestige and status was once guaranteed by a university education but the relationship seems to have become more and more sociologically ambiguous in the new millennium. Once a guarantee of social closure, university education and professional qualifications now seem to be sites of (and not just outcomes or markers of) class struggle in a class society. One thing then that has not been developed is the class-less system of professional governance. The class system is reproduced and not challenged by higher education (and higher professional education) according to the case studies (also Beach, 2005).

Higher education as and social closure

Social closure could be expressed as the material, historical and cultural power within societies to prevent social status and upward mobility for large sections of the population by protecting access to privileged positions and thereby guaranteeing social status for other (admitted/identified) groups. This is how universities are often described as operating historically, from their outset, in the propagation of a dominant class’s self-assumed and politically appropriated right to control the national State interest juridically, ‘spiritually’, economically, militarily, intellectually and ideologically, as an aspect of the constant class (and gender) struggle in society. These ‘ideas’ still bear up today! There are today, as there has been in the past, incredibly tight correlations between social class position, biological sex and economic and social status that in the past three to four hundred years have been aided (if not fully guaranteed) by exclusive (often educational) organisations.

In modernity the school system became a key part of this equation (see e.g. Baudelot & Establet, 1971; Bourdieu & Passeron, 1977). For instance in England the elite public schools (and later the grammar schools) for many years fulfilled the activity of social closure, which is now accomplished through the use of private schools and upper- and middle-class choice systems (Ball, 2003), whilst in other countries the official post elementary institutions, such as the Swedish läröverk (and later the Gymnasium) did so. More recently however especially the modern Universities and polytechnics have taken over again, according to case study content, even though this role is becoming more and more ambiguous through its more internal character, not the least with regard to professional education and training for nurses and teachers. This applies particularly if we read the national statistics concerning social selectivity and recruitment, as what the case studies suggest is that although

177 Codes of ethics are more common for nursing than teaching. There is a code of ethics for the International Council of Nurses (ICN) and a new statutory body for the UK, the Nursing and Midwifery Council (NMC), has a code of professional conduct. Also the Trade Union of Education in Finland and the Finnish nurses association have their ethical codes and the TUEF has also an ethical council. Developments are similar also in Spain.
there is to a certain degree some visibility of social closure mechanisms in the national cases through the inclusion of university/higher education as a necessity for professional qualification, the statistics available (for instance on class, gender, ethnicity and income) in relation to access/membership to and licensing of professions and professionals over time, show the de facto levels of social closure to be quite low and becoming lower for the professions in question in our research, as are the direct economic rewards from having a higher education qualification in these professions. Teaching and nursing educations are becoming increasingly less socially select (i.e. distinguished) at the same time as they are becoming increasingly university based in an expanding university system, to the degree that we could almost begin to say that university education, which up until the late seventies and early eighties (in UK, Finland and Sweden and slightly later in the other countries), was ‘highly’ socially selective and thus a key instrument in the processes of social closure, isn’t like this any more (with the possible exception of Greece). Social reproduction is now taking place across the divisions of this institution rather than between it and the rest of society.

This has bearing for both professional knowledge in teaching and nursing (which has in sociological terms become more of an occupational knowledge of the lower social classes rather than a social and professional class status marker) and professional status (which has fallen and is brought into question not only by higher social elites but also by the broader media and the mass of the population)\textsuperscript{178}. These are issues of social structure in the sense of Bourdieu related to the maintenance of distinctions within/of a social order. The authority and status of the professions/occupations of teaching and nursing and the professional/occupational identity of teachers and nurses are socially challenged rather than authoratively accepted and culturally-politically reinforced.

**A new dynamics of professional education, knowledge and social control**

The suggestions above situate the two professions we are researching right in the middle of a new social dynamics of education, where higher education has been incorporated into the institutional apparatus of mass education according to the case studies, so that at the same time as teaching and nursing educations have become part of the European higher education systems, these systems have found their position as a direct mediator of high social value called into question and have become systems that can signal low social esteem and status as well as high, depending on which education and education for which profession a student becomes a part of and at which site (Beach, 1995, 1997). Some sub-fields of higher education in the less renowned and respected universities and polytechnics of Europe have become social class status traps in effect that can lead to no jobs at all or jobs (such as pre-school teacher or nursery nurse) that carry low social status and low pay.

The university as a site of internal differentiation in terms of class and exclusivity is a beginning trend in some countries (e.g. Portugal) but is a well established social fact in some others (e.g. England, Sweden), where what we can see is also that although length of education and an emphasis on formal qualifications and performances in examinations may still correlate – to a ‘degree’ - with high social prestige or status (the longer the education the higher the status) there is increasing ambiguity. For instance in Sweden some upper-secondary teacher education programmes are as long as the teacher education in  

\textsuperscript{178}In the nineties and the new millennium across Europe and through admission into universities of ‘new’ social categories through higher professional educations of the kinds we are researching (Beach, 1997), the basic level of the university sector has become involved in an education ‘of the mass of the population’ and could almost be regarded now as a general part of the ideological State apparatuses. Social closure through social selection into educations now take place ‘within’ the institution and between its programmes and faculties, not between it and the rest of society. The professions we are researching have relatively low levels of social exclusivity and, particularly with respect to early childhood education/pre-school and infant/junior teaching, predominantly recruit from the lower and lower-middle social economic categories not the upper ones (also Enö, 2005).
Finland (where teaching is also a high status profession) and as long as most engineering educations and basic medical education in Sweden too. But upper-secondary teachers definitely do not (now-a-days at least) enjoy the social status of either their Finnish colleagues or their Swedish engineer and medical practitioner cousins! What they do enjoy though, as do upper-secondary school academic subject teachers in all countries in the partnership, is higher social status (usually, and also often pay) than their school colleagues from the lower-secondary and primary school. However, what this clearly correlates most distinctly with (according to the case study statistics) is social class origin (and also gender). Length of university education itself does not explain much on its own.

Rethinking the higher education professional status couple
The presence and length of formal university training/education - previously generally considered to be highly salient factors for conveying professional (and social) status - are called into question by the case studies and the line of reasoning adopted above, where it is suggested that there is a distinct ambiguity to be considered in the university-social status couple. However, this is not the only ambiguity apparent in this relationship in the case studies. A further ambiguity is that the link between the university and professional/occupational qualifications in teaching and nursing may also perhaps be becoming less emphasised in the partner countries in the movement toward a so called knowledge economy or knowledge society. This applies particularly in some instances, like the UK for instance with regard to teaching, but also these days in Sweden and other members of the sample (Ireland, Greece, and Portugal) for both professions.

Validation centres outside the university system have been set up in several partnership countries according to the national case studies, as NGO’s in some countries (the TTA in England for instance) and as part of the national and local State in others (e.g. some of the municipal councils in Sweden), that convert what is attributed to be (and is at least termed) real competence acquired from the workplace and ‘outside’ formal education into university credits ‘toward’ a university course or programme and that thus allow ‘life- and working experiences’ outside of higher education ‘to count’ inside the calculations of formal knowledge skills and capabilities in ways that actually reverse a prior relationship with respect to ‘qualifications’ and were hardly even conceivable previously. England offers a good example. In the Conservative Government initiated opportunities for graduates to enter teaching and qualify on the job, mature and experienced workers were able qualify as teachers by undertaking an employment-based Graduate Teacher Programme (GTP). Similar projects exist on an experimental level in other countries, such as the in Sweden recently publicised action learning and validation (ALV) project run from Borås University College. But as yet there is no national legislation for this kind of work.\textsuperscript{179}

What is described here is a different vision concerning new developments in the professional knowledge field than the commonly provided one concerning ‘real competence’

\textsuperscript{179} These are significant developments that signal the way university education (and research) is becoming challenged by alternative knowledge sources and knowledge organisations. In a broader (economic) and more long-term perspective, conditions are being created in which the university can become one among several alternative purveyors of knowledge competing for client interests and commitment on an education and skills market. This will have (and is having already) significant consequences for professionals, professional knowledge and professions’ educators. Through these kinds of developments the former two become commodity products that are packaged and merchandised for sale on a market and the latter two risk no-longer being (partially) autonomous agents working in a welfare (or common public value) interest but will instead become objectified factors of production in the living flame of labour power inside care- and education- for-profit organisations. In these situations professionals ‘improve’ their knowledge and skills through education by consuming commodity products (knowledge packages) that are primarily chosen as a means to improve employability not professional capability, as already described in the case studies of Ireland and Greece.
and the significance of new concepts of life-long and life-wide learning. These concepts are now common in the partner countries according to the case studies, with regard to professional education and learning discourses and they, like the discussion in the previous paragraph, also imply that the automatic relationship between universities and professional status is no longer unquestionable. However, what is significantly different is the introduction of a new economic factor into (re)presentations of the (life-long and life-wide) professional learning equation: learning is now something that is engaged in against payment and in order to get a job. This is important because the case studies suggest that the pressure to introduce, maintain and also extend and constantly renew specialised forms of knowledge and training in the professional training equation for teaching and nursing is at least consistent if not increasing over time across all countries in the partnership and that it is only the university monopoly that has been questioned and ‘threatened’ by other social actors and by the ideological talk and texts of neo-liberal politic(ian)s and the media, where the clarion call in it's most extreme form is one that questions all kinds of public service monopoly (usually on the basis of insufficient evidence and ideological flame), that extols the virtues of (usually corporate) enterprise and private investment and that claims that only diversity and competition can promote dynamism. These ideas interpellate in different ways at the individual level, but all of these elements of (clearly neo-liberal) discourse (perhaps deliberately) oppose the idea of a single comprehensive service system (including the university) and a single (university based) education and training monopoly and seem to work in the interests of economic investors and private ownership first and foremost. The situation is unquestionably complex, but some things are consistent.

**Considering common patterns and suggestions**

Both nursing and teacher education in the countries in the partnership have followed some common patterns, some of which are also broadly suggested above. These include firstly incorporation into higher education, secondly a characteristic reflexive turn in views about professional knowledge and thirdly a (re)privatisation of interests through the extension of professional learning to life-wide specialisation processes and packages produced in/by public-private partnerships and organisations. However, before this there was another fairly consistent general trend in respect of an ongoing ‘struggle’ between science and everyday labour (the conceptual and connotative spheres in Laclau’s terminology; 1997) over what constituted the main source of knowledge for would be professionals. A substantial part of the respective courses in professional training reflected this struggle and respective distributions have perhaps refracted various historical resolutions and working compromises in relation to it (Beach, 1995, 2000). One content referred to specific education disciplines (i.e. subjects) and corpuses of knowledge such as Pedagogy, Psychology and Sociology of Education, in relation to teaching, with in some cases also some moral philosophy and school curriculum subject studies (Mathematics, Physics etc) and medicine and biology in nursing. These were combined with classroom or ‘ward’ experience from teaching/nursing practice in local schools and hospitals within teacher and nursing education, and finding a balance in these components has never been easy according to case study contents. Continual problems are reported in most countries. Spain is one example as is Sweden (particularly according to its most recent teacher education evaluation published in early spring 2005).

**Theory and practice relations**

The training/education provided has differed extensively between different education categories, countries and over time as well as across national institutions, despite sometimes quite extensive central legislation. Sometimes practical training is suggested to be offered in an almost symbolic way, but in other cases has been the central parameter in the framework of
the teacher/nursing education curriculum. Whatever the case may be however, there are always tensions in respect of the balance of professional/practical studies components and the ‘theoretical’ subjects as well as regarding the nature of the practical component itself and who should have the responsibility for ‘delivering’, monitoring, evaluating and examining it (Beach, 2005). This was also pointed out recently in an evaluation of teacher education in Sweden (HSV, 2005) but is also suggested in Portugal and Greece (Stamatos, 1999; HSV 2005: 19R) for both nursing and teacher education.

Not withstanding the above, there is a surfacing view in the case studies that what constitutes professional knowledge for teachers and nurses (i.e. theoretical-disciplinary knowledge and/or practical knowledge) is converging to some degree, not only in line with the economic interest factor and the production of life-long and life-wide learning packages mentioned previously, but of course this is of significance, but also in line with other features. These changes are suggested in some countries (e.g. Portugal) to correspond to Campos (2000, p. 95) notions about professionals being represented as more than just civil servants - who can follow external rules - or technicians who are able to use standard practices whilst unaware of the specific context they are acting in. To be professional one must be able to analyse situations and produce the practices that are anticipated to lead to the best quality ‘treatment/development’ process and results. This is a special kind of knowledge of praxis.

Thus a new discourse is present across both professions and their respective educations in all case study countries reflecting new understandings of professional needs and a new professional knowledge base. This discourse emphasises risk and responsibilities as well as freedom and autonomy, where ever present is also what has become known as an evidence based ‘best practice’ criterion of professional knowledge; a concept that is increasingly being used in policy texts across the partnership, where ‘professionals’ are represented as agents capable of evaluating and reflecting on their practice in a way that increases their competence and improves practical outcomes. Again knowledge is placed at the core of the ‘becoming professional’ equation, as important to promote the growth of professional reflection over context-driven activities and as important for shaping performance profiles and developing foundations for increasing autonomy, but also present (as stressed in the Swedish case study) is that in line with other changes actor-based-networks are now placed at the centre of education and care policy writing and representations.

The abstract(ed) knowledge base

One point of consistency in the case studies then is the introduction in education (policy) discourse of the utility, need and value of praxis knowledge for professional work. However, also present is that this higher/abstract/packaged knowledge element of the knowledge/training requirement for (higher) professions has only been occasionally demanded previously with respect to nursing, teaching and also other professions (basic medical and subject knowledge has been seen as important, as has routine practical skills and a humanist ethic, but a higher epistemic professional knowledge is inconsistently – but always historically weakly – represented in professional education according to the case studies), and has only recently been stretched to cover both the professions researched in the present investigation and all the European countries this research is being done in.

To make this point clear, both the teaching and the nursing professions today, in all partner countries and also ‘world-wide’, are claimed to have a collection of professionally specific abstract concepts and a specific (and again in some extent abstract) body of relevant knowledge and skills that are ‘essential to the occupation in question’ and this knowledge is said to have both clinical and scientific (epistemic) foundations and be reproduced (and


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necessary) in basic training programmes. This is something they share in principle with all professional and semi-professional occupations. However, also consistent is that the professions in question have been formally anticipated through recent national (and European and even global) policy to ‘base practice’ on scientific evidence and foundations that as yet do not really exist as formal bodies of knowledge and the professions are, therefore, being asked to trade in (or off) something ephemeral and as yet literally unprincipled. This is happening at the same time as universities are being privatised and challenged by other knowledge organisations for the right to deliver and develop such knowledge and associated skills and concepts and may be an aspect of post-modern developments as discussed in relation to post-industrial societies in the introduction to the work package\textsuperscript{181}.

In other words, knowledge is becoming a commodity that everyone has to have at the same time as private organisations (quite often consultants but increasingly corporations) are taking an increased share in the packaging, delivery and economic valorisations of this knowledge as an aspect of private consumption in private interests paid for by public money. The patterns here vary a little over time in respect to the professions we are concerned with in the countries in question but they do suggest some clear possible beginning trends in this direction: sometimes mainly (but never only) in discourse (e.g. Sweden, Finland, Portugal) sometimes also emphatically in practice. In the economic era of (information/knowledge) capitalism, higher/abstract (packaged) knowledge is ‘marketed’ as essential, ephemeral and available also in/through ‘smaller’ flexible packages from multiple sources and is extensively described as ‘needed’ according to the case studies in order to get (and/or keep) a job at all (in societies like the ones the research is being done in), not just a special job with an associated social status. Now that knowledge can be marketed to a broad population across a broad life span in economic interests at the same time as this population is no-longer needed to generate raw labour power for nationally located industrial production, knowledge has become ubiquitous, privately ‘produced’ and reproduced, increasingly short-lived, more uncertain, competitive, textual, performative, contested and above all also therefore an increasingly consumed commodity factor of production itself.

From collectivism to individualism and new bases for social cementation

Suggested above is that although economic commoditisation is highly pervasive through, across and within the professions we are researching, according to the national case studies it is not the only development of interest and neither is it un-contradicted\textsuperscript{182}. Other issues are

\textsuperscript{181} However, the university-professional knowledge relationship was not fully prevalent in the beginning of the classical professions (such as Law and medicine) either and was not emphasised at all when these ‘professions’ had lower social status than at present. University knowledge it seems became a key factor of qualification and status first during the modern era (after the establishment of a technology and an administrative infrastructure) and was at this time posited as essential for occupations to ascend to the status of higher professions. Now the status of the universities is questioned as is their right to singly guarantee competence. At the same time competence has become a commodity that can be traded on a market in private economic interests. Again there is a technology and administrative infrastructure but the incentives are economic. One form of totalitarianism seems to be beginning to be replaced by another.

\textsuperscript{182} However commoditisation is still extremely interesting in its own right. The development of welfare services and a welfare State are generally regarded as examples of social de-commoditisation in forms that are normally described as resilient, at least to a degree, toward restructuring. But this may be misleading! The development of the welfare professions has always leaned heavily on the objectification of work, firstly through socialisation of domestic labour and secondly through the (re-)privatisation of public service production. In fact collectively the case studies may suggest that the welfare State was a necessary intermediary in the production of welfare services as public (broadly available and ‘mass-consumed’) commodities. This means that at the present moment we are describing, in relation to the ‘established’ welfare States (Sweden, Finland and previously the UK), at present an emphatic commoditisation of welfare services (sometimes primarily ‘discursive’ sometimes also material), and in relation to countries like Portugal and Spain, the development of a market welfare society almost as a first step in broadened service availability. The same applies to a degree to Greece, but not in exactly
also important. One of these is the degree of association or level of affiliation in a national trades union or its ‘professional’ equivalent, of the professionals and the professions we are researching. This has already been mentioned as something that has helped professional groups like doctors (and lawyers) maintain authority in the face of post-modern insurgency and it has, for nursing and teaching, differed across the sample countries and professions as well as over time in each respective combination of country and profession, with concomitant suggested effects on professional power (autonomy, status) and identity. There is for instance in all countries a medical association controlled by the profession itself that can revoke a professional license for medical doctors. However, there is no equivalent body for nurses (who are licensed professionals in some countries but not others) or teachers (who are not professionally licensed anywhere except, to a degree, Finland), with this signalling something of a lack of relative autonomy for the occupations in question. There are teacher unions in each country and nurses too are often members of a branch trade union. But this is not the same thing as a professional licensing body or association. And the levels of membership vary in respect of country, profession and time. Teachers and nurses thus seem to have the characteristics of what we could call semi-autonomous workers from the working classes (predominantly) who ‘police’ and ‘patrol’ the ideological, physical and psychological health of the rest of the class fraction in the interests of dominant classes with little access to the kinds of cementing forces that could help them to build a solid classless profession capable of transcending and transforming existing class structures. This is an issue with massive consequences for their own professional identities, lives, careers and well-being as well as the identities, commitments, life-possibilities and well-being of those they care for and educate.

An issue of relevance here then is what holds the occupations/professions together socially, materially and ideologically in the countries across the sample when access to structuring resources of social cementation (professional licensing body, high levels of collectivisation, other cementing forces) are lacking. I have already mentioned the economic interests and neo-liberal agendas described through the case studies as external factors (and ideology) that help to produce and spread concepts and discourses that can work as ‘bandwagons’ for the neo-liberal project on the one hand or as crystals to ignite and unite resistance to restructuring on the other. But these are general not national issues, although they do have national specificity and national characteristics (also Jones, 2005). However, there are also some specific, national issues as well. Sometimes temporarily and sometimes with more longevity specific national issues have created a particular national professional identity holding the profession(s) together that hasn’t travelled across nation State boundaries.

Specific forms of national education obviously play a role here. But within them there are also other things as well, that in a sense use education as a means and medium in a wider project, such as for instance for Sweden and Finland, the political projects of nursing and teacher educations (and then also teaching and nursing) within the folk-home concept of State Democracy and national identity, and for Ireland and Spain (in particular, but also to a degree Portugal and Greece for similar reasons of political identity struggle tied up with religion and national identity) the religious identity politics of teacher education and the political intentions of professionals in post-revolutionary contexts of national sovereignty. But these are (as stated) national and to a degree ‘historical’ developments, not pan-European and contemporary factors. So what else might there be?

the same way. Ireland seems to be developing a market concept of service supply rapidly in the spaces between State provision – which has never been universal– and church supply – which to a degree has. So what is thus being described across the case studies is a complex tapestry illustrating different aspects and combinations of a mitigated neo-liberal intervention into (restructuring of) professional service delivery, professional service work, professional identities and professional service education and training.

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Perhaps positive commitments toward ‘higher forms’ of scientific or disciplinary content knowledge in a struggle for professional recognition may now work in this way, as a kind of socially cementing practice, as is perhaps expressed as the intention with respect to the new common content area in Swedish teacher education, according to the Swedish case study, since the most recent teacher education reform act in 2001 (and in other countries – with the exception of England - at about the same time)\textsuperscript{183}. Can this ‘struggle’ for an established (establishment supported and accepted) common knowledge base and moral philosophy of practice, England excepted, work as a unifying factor?

Greece, Portugal’s and Sweden’s most recent teacher education reforms seem particularly interesting to study in these respects, even though this is for slightly different reasons. For instance in Sweden there is now a research tradition (and subject) in the universities, which is meant to reflect and lead development in professional action by being a knowledge area of which is firmly praxis based. This is formally expressed in the most recent government proposition for teacher education and the subject involved is called Education Science in some places and interestingly (perhaps imaging the already established subject Social Work) Education Work in others\textsuperscript{184} (which should prove to be important if the supposedly Wittgenstein notion of what you call a thing being important for what it ‘becomes’ is significant). Can the struggle for an epistemic knowledge base for the two professions across Europe be a common unifying factor now and in the future either on its own or in conjunction with other unification factors such as a professional self-image and professional ethos? The case studies provide to a degree diverging suggestions here.

Professional knowledge becomes, in the discourse above, an emergent factor of interest in two very different kinds of project (also Beach, 2005). On the one hand professional knowledge is described as a key concept in the development of a ‘useful’ practical-professional, socially shared and culturally recognised identity; this is perhaps its ‘cultural or cultural-professional use-value’ as a social cement and cultural inscription on the body of society as a whole. On the other it is a factor of interest in projects of economic and symbolic accumulation and exchange; i.e. direct and indirect economic (and social) valorisation, which is perhaps an ‘economically objective (i.e. fetishised) value form’. This is a common plight of all cultural commodities in capitalist societies according to Willis (1999), which are always caught up in this kind of field of tension in the determination of value between common cultural uses as tools in the work of socially useful labour and economic exchange as tools of productive labour. But it makes the knowledge factor into a site of struggles over meaning and dominance between economic and common cultural interests in relation to professional development and professional knowledge development. Economists and politicians seem presently to be primarily crafting policies that are designed and/or intended to generate conditions for the reproduction of productive labour. This seems possibly to distress and frustrate teachers and nurses who are more committed, emotionally, practically and in terms of their education and training, for the practice of useful labour.

Some case studies suggest the economists are winning this ‘battle’ (see also Carlson, 2004). But in fact the outcome of this struggle is as yet undecided if we look at case study contents (in all countries with the possible exception of the UK where things seem to have become pretty commoditised). It is the struggle itself that is a key common factor. A

\textsuperscript{183} There have been efforts in this respect earlier in England. These efforts were not just abandoned however, but also insulted and attacked by Tory education politics, politicians and policies there in the mid eighties. Some teacher educators in England are still committed to the vision of organically intellectual, epistemic professionalism but there is no longer a strong professionalisation movement and what ‘movement’ there is lacks official political and broad social support according to the suggestions of the English case study.

\textsuperscript{184} And similar developments are occurring also in teacher education, with the exception of the UK, where this development of a theoretical knowledge concept was ‘outlawed’ in the eighties.
struggle for dominance in relation to meaning and definition of knowledge development and use (issues of hegemony) between competing forces (blocs) of individual-economic and social-cultural-collectivity interest in the production of ‘agency’ is the key factor it seems signalling the characteristics of the move to a knowledge society. The two professions are very much caught up in this struggle (Beach, 2005).

A common knowledge base and the public-private domains
Although the question of the cementing function of a new knowledge base finishes up in ambiguity and contestation, there does seem to be a kind of common, practical, moral philosophy or professional ethos operating in each profession in each country according to the case studies; at least if we look ‘inside’ descriptions of professional communities at work and inside descriptions of professional education courses. And, moreover, this professional ethos; which is primarily an angelic one based on a rather ideological understanding of each of the professions as an altruistic pre-occupation for the salvation (cure, care, education/cultivation) of others, who are given opportunities to improve their life (and/or life-style) through the work/interest and care/effort of professionals who unselfishly help them to (re)take or (re)make possibilities for what we could call ‘a good-life’ (Beach, 2003, 2005); is almost the same for each profession. We could call it an angelic (self-)image that is propagated in social and educational practical as well as theoretical discourses – both formally and informally – in that it is (according to the case studies) equally well projected in both nursing and teaching as it is in the education and training programmes for these professions. Hellberg (1998) has done research bearing on this issue through her analysis of professional types and recent changes in professions in relation to issues of altruism contra utilitarianism, where she constructed two distinctly different ideal types of professions. These were L-professions, where L represented ‘Life, and T-professions, where T represented ‘Technical’. Doctors and Lawyers she associated with the L category and engineers and economists with the T.

The context(s) of the professional knowledge base in L and T professions
Hellberg described L professions as humanistically oriented in the sense of their having an altruistic self-image and value base and stated that they worked more within a public rather than a private interest (although of course with great variation: a variation that also carries over today into the professions/occupations we are researching). She also described the L-professions as working within the State bureaucracy and using the State education apparatuses and legislation in order to certify professional status and close professional fields to outsiders. As suggested already, according to the case studies the State provides a general (comprehensive, basic) education for professionals (first ‘pre-professional’ in school and then professionally foundational in public universities), through public funds and private organisations (although often subsidised by the State – through transport and other infrastructure elements, materials, ‘housing’, specialised facilities and even – increasingly so – direct purchasing) then often sell packaged specialisations for targeted niche groups. Private organisations rarely seem willing (despite myths to the contrary) to take high risks or to subsidise a general, broad and quite expensive education for the broad mass of any population according to the case studies, but are willing to exploit established infra-structures and patterns of consumption that can help guarantee easy profits (McMurtry, 1998). This provides a context of publicly funded production and public-private development and exploitation of the professional knowledge base. The point here is not that this form of exploitation/use is

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185 Teaching and nursing are however as stated earlier very open professions with regard to social class and very feminine in terms of gender recruitment, particularly with regard to less technical nursing fields. Nursing in Sweden, Ireland and Portugal was only first made open to men at all in the second half of the previous century.
ubiquitous however. There are alternatives. The point is that the pattern is becoming perhaps more common according to the case studies.

T-professions are conceptually different to L-professions. T-professions were described by Hellberg as more utilitarian than L-professions and within them professional practice was said to be legitimated more on the basis of formal merit (high examinations through the universities and even professional associations) and titles controlled outside of the State bureaucracy. In the T-professions professional practice was said to be oriented (generally) more to (legal and personal) individuals (private companies/corporations and ‘other’ private individuals) and supply was described as organised through a ‘market-like’ structure of services (a quasi-market) of which the clients were a part. Developments in teacher- and nursing education and day to day work practices recently seem in several senses to be moving closer to this kind of situation. However, having said this, the empirical cases presented through the case studies seem really to be hybrids (as perhaps the NH Trusts in the UK and Capio in medi-care in Sweden and now also globally).

Employing the knowledge base in productive labour
In all partner countries the teaching and nursing professions are characterised as professions with the local (as in Sweden for teachers), county/regional/district government (as in Sweden or UK for nurses) or national State (as in Portugal for teachers) as the main employer. However, also common is that many of the stories from the case studies have been stories that have spoken about periods of fast growth of the public sector in some part of the period in question; earlier in some countries and later in others; and varying for the two professions; that have been fundamental in preparing a (sometimes very solid sometimes less solid) public infra-structure of care and education: first for public use but later (and increasingly) for private takeover. Again a pattern of (first) public investment and (then) public-private takeover and valorisation occurs.

Discourse has been a commonly used tool for softening up any organisational resistance against this conversion process. Moreover, as each case study points out, teachers and nurses are more and more often found working in the commercial sector in all countries in the partnership, sometimes even by choice today, as private nursing and teaching are well-established in each country, even though usually the State is still the major employer in each national case. With Greece as one clear example, private tutoring is a well recognised emphatic part of each country’s grey economy. And of course (State) educated teachers and nurses work as well in the private sector in capacities other than nurse or teacher. Professional education, particularly in-service specialisations, is also increasingly a private (and even often ‘personal’) investment issue according to the case studies.

In other words, whilst we perhaps must concur with Brante (2005) concerning Hellberg’s analysis that both teaching and nursing would at some time or another in all the countries have been classified as public service L-professions executed for public good, in recent years, with the ever increasing advent of technical knowledge and new-media materials, privatisation and marketisation (i.e. extensive forms of direct and indirect commercialisation) these professions are taking on board increasing levels of private interest and T-characteristics (i.e. are becoming ‘hybridised’). This is in line with what the Swedish case study emphasises as an economic discourse that is emerging in which service professionals and their ‘clients’ are increasingly defined and described as rational subjects who choose, create, purchase/consume and manage appropriate welfare practices under contingent circumstances according to their own self-perceived needs and interests as self-interested, reflective, thinking, responsible individuals.

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186 The Bologna project is a current example in higher education.
There has been a particular emphasis on this kind of discourse in the post-eighties period as the professions have come increasingly under economic (termed New Public) management. As suggested in the case studies from England, Spain, Finland and Ireland, education and care have increasingly become not just discursively positioned but also materially treated as sub-systems of the economy rather than as components of a political-democratic-welfare-system (folk-home) project. Moreover extended commercialisation is evidenced in the UK even at levels of public research in education and care, by the example of PricewaterhouseCoopers in March 2001 being commissioned by the Department for Education and Skills (DfES) to evaluate working conditions and workplace changes for teachers and head teachers. This private organisation was brought in to evaluate privatisation in education, suggesting both the government emphasis on neo-liberal ‘competition’ and the market and it’s distrust in public organisations to carry out the evaluation at hand.

**Expansion and recession**

All the countries in the sample have gone through periods where the economic development of welfare supply was strengthened and where official political discourses stressed the relation between welfare and above all democracy to facilitate expenditure in the public sector. In Sweden this took place fairly early, as it did in the UK and Finland, although with different emphases between the tendingly liberal democratic/humanist; and always fiercely contested from the old-conservative right; conceptions of the welfare State role in the UK – always in the majority conceived as a distributor of services rather than a solidarity project compared to the more social democratic emphasis of a folk-home project of political commitment and socialisation in the Scandinavian countries (see also Gordon et al., 2003) and France (2005). In Spain and Greece welfare State developments came slightly later, with Ireland somewhere in between, and were always really primarily economically conceived endeavours for distributing services as part of a modernisation project rather than being questions connected solidly to a notion of political-social-transformation 187.

The oil crisis of the early seventies and the high dollar rate at this time affected the partner countries and their welfare/service expansion ambitions in many, but also different ways according to the case studies, as whilst global and national economies (then as now) were very much tied up with (post Breton Woods) American economic interests, there were different degrees of embeddedness in this ‘global economy’ for each nation State and parallel developments within the State agendas that also impinged on national priorities at these times of economic shortage. One thing that was common generally (but not absolutely universally) was that inflation was high and productivity low at this time, causing State budget deficits to grow alarmingly, with this leading to demands on the public sector, such as those reported in the UK, Sweden, Greece and Spain, to become more cost-effective and save money. And in this vein the mid 1970ies is a period that is generally written on as one of a general (global) service/welfare recession that affected the development of teaching and nursing in all countries in one way or another.

However according to the case study reports, this ‘darkness’ of development is, as stated already above, not universally true across the partner countries and is also directly contradicted by local/national instances of significant magnitude that have been reported on in case study content. Both Portugal and Finland for instance provide alternative investment pictures of these kinds. In Portugal, following the civil war, attempts to expand education took place in the seventies as part of a commitment to float a classically social democratic political

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187 In Sweden, the number of employees within the public sector more than doubled between the years 1940 and 1965, as particularly more and more women entered the labour market, and education and health care grew at the same time and offered work opportunities for these women outside the home. In Greece, Portugal, UK, Finland and Spain this growth came later.
infra structure and economy despite the oil crisis. And in Finland, through its economy being less distinctively tied directly to the US-dollar oil economy, the seventies saw an extension of welfare. In Finland recession struck later at the time of the collapse of the Soviet Union, its main trading partner. Economic alliances and trading agreements with the Soviet block helped guarantee oil supply and stabilised the Finnish economy in the seventies.

The two examples above however provide only one of several contradictions of a common historical conjuncture of development regarding the seventies as a period of welfare recession provided by. There are also others. For instance the problems of infrastructure spoken on in the case studies which meant that in some cases the intentions and developments of reform didn’t fully reach all of the population. In Portugal for example the expansion of education became a mainly urban factor that didn’t reach countryside regions in the same way as it did the more intensively populated areas, something suggested also for Ireland, Spain, Finland and Greece in similar time periods, but also a factor previously in Sweden and the UK, highlighting thus the question of urban versus rural development significant in rural sociology. Between these differences are though also some general continuities relating to tensions between political agency, global economic structures and the idea of markets and how they condition relationships between citizens, communities, politicians, the State and social goods (Castells, 1998). Particularly autonomy contra dependency (and on who or what) of development is significant.

Urban-rural and other social and demographic distinctions

Tensions of development between urban and rural reaches in society is something noted (although not necessarily stressed) in most case studies to some degree, where it is suggested that the professional conditions of labour and at times even education (e.g. rural medicine and district nursing) for the professions varies (temporally and generally) with respect to these categories. This variation has also been noted and analysed in rural sociology and continues to exist, not the least with respect to the urban and rural reaches of the different and partially autonomic regions in Spain, but in general there is now at least a platform of education and care available in all regions in all partner countries. This historical infra-structure of broad availability has also pre-gone the introduction of private alternatives and when it has not, private introductions have been heavily State subsidised in initial stages of development. Current service conditions in several case study countries demonstrate this at present, in that public choice and private initiatives proliferate primarily first and foremost in tightly populated and relatively economically robust regions.188

The pattern of public investment in the development of an infrastructure foregoing privatisation and the creation of markets is a common feature in the case study contents as is also provincial-capital and city-countryside patterns of distinction with respect to issues of public choice and private investment. Public choices and private investments proliferate in central/urban (rich) communities and private companies rarely invest in building up a public service infra structure outside of these reaches, except in cases of subcontracting

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188 As Stated already, private organisations aren’t interested in investing heavily (and with great risk) in the development of infra-structures as much as they are in using ones already in place that have been shown to fulfil an economically exploitable purpose. However, also worth noting here is that strong welfare State infrastructures usually only exist in countries with a strong industrial production base and a politically active, well organised, broadly supported and progressive trade union movement. These organisations have been necessary to break down in the neo-liberal insurgence and attacks on them have generally accompanied neo-liberal politics and may even be seen as an integral part of the same. The UK, previously, but now too also Sweden and Finland provide clear examples of this: strong and politically well organised trade unionism supports a resilient welfare State, an attacked and crumbling trade unionism seems able to (and also literally to) culminate in an attacked and crumbling welfare State. The trade union factor is possibly under-emphasised at present in accounts of welfare restructuring and its effects (see also Jones, 2005).
from the public sector, which also therefore then has the final economic responsibilities (and liabilities) for the projects in question; at least practically. These are key distinctions in the professions/occupations and for professional/occupational development and identity in the partner countries at the present time. In Finland for example, in the context of shrinking cohorts and tightening economy, the regulations concerning grouping of school students have been abolished and the number of rural secondary schools has decreased dramatically. Over 1300 comprehensive schools have been closed down since 1990 in rural areas and poorer parts of some cities. In Sweden State-funded independent schools appeared first in 1992, greatly increasing the number of ‘non-governmental’ schools available and the number of such schools grew rapidly in cities in particular in the first five years. Freedom of choice was said to characterise the introduction of these schools and the notion of diversity creating dynamism and development was emphasised by the right-wing government of the day. However, in reality freedom of choice only applied to students with highly competitive grades, with this creating what could be termed low-status suburban, bottom-range schools that were drained of motivated and successful students, which at the same time also became the only option for students with low grades. Class-rooms emerged where learning conditions were severely impaired, since support needs far exceeded the resources available there (Broady & Börjesson, 2002; Arnman et. al., 2004).

Commercialisation
The tendency toward commercialisation is according to the case studies the most obvious issue that has been apparent in all countries recently. It has occurred from the late 1970ies in some instances (e.g. the nursing and care associated with commercial and cosmetic medicine and laser surgery in England and later, in the 80ies, also Sweden, and the establishment of commercially run nursing agencies in these periods in England). But particularly from the mid-80ies onwards what is appearing through the case study data is evidence of an extensive conversion process where the social and physical infra-structures of general care and education that have been developed through major public investments over the last twenty to fifty years in each country as matters of national (and sometimes also political and directly democratic) commitment, are being opened up toward private ownership and investment (also Dovemark, 2004). This massive conversion of public wealth into private (material and symbolic) economy is the most tell-tale feature of the present with regard to health-care in

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189 These things represent the country-city and the class markings of professional service availability and their 'natural' fluctuations within a market system which therefore definitely does not operate in every citizen’s equal interests. In emphasis we could point to Piia Seppinen’s (2003, 2004) investigations of school choice in the biggest Finnish cities. Seppinen found that half of the age group transferring to the 7th grade (in the comprehensive school) had applied for a place in another catchment area school in the capital city (Helsinki) and that also on average one-third of those in other big cities also did so. And there were also patterns of clear social selection, in that choices were more commonly made by the upper- and upper-middle class students rather than students from the lower social economic group(s), a point noted previously in the UK (Ball, 2003) but now also significant in Sweden, Ireland, Greece, Spain and Finland. Private school selection has urban upper-, upper-middle and middle-class markings according to case studies, as does the availability and ‘exploitation’ of private nursing alternatives. The wealthier classes are exploiting the market actively whilst the poorer are subjected to the effects of upper- and middle class choice, such that even where this direct class-based selection process is not immediately and directly obvious equality is still a problem. There is now a market in schools and health (including municipal, county and or private schools and hospitals). This is operating often more emphatically in cities than in the countryside and is having some serious effects on class and regional equality. Although it isn’t yet an issue of clear profit interests and incentives in most partner countries, privatisation is thus still an issue social class and equality in all of them.
particular, but in some cases also ever increasingly education in the countries we are researching, particularly higher and other forms of post-compulsory education. However, it must not be forgotten that commercialisation in education and care was also apparent long before the present era of restructuring and the direct delivery of education and care as an economic goods, through other forms of commercialisation in the knowledge and health-care economy: most notably education and nursing/medical supplies (books, drugs, technology – including information technology, consumables, cleaning, transport, architecture and in some cases even administration); and that in this sense what is evidenced from the 80ies and 90ies onwards is not just commercialisation per se, but rather an extension of the commercial exposure of the public sector to private economic interests as a site for economic valorisation by the owning classes. This has not necessarily been the way politicians have motivated changes. Modernisation (e.g. Spain, Ireland, Greece, and Portugal) and the development of efficiency through competition, diversity and decentralisation (UK, Finland, and Sweden) have! But the new concepts of life-long learning and the extension of formal learning into early childhood (particularly through private suppliers) and, simultaneously, late adulthood, has also culminated recently even in the sale and purchase of private services in the public sector and the transformation of the education and care labour relation to the capitalist value form of labour with a subsequent replacement of the (social and liberal) democratic concepts of modern (welfare) services on the one hand (England, Sweden, Finland) and the religious ethics of (family and) care (Spain, Portugal and also Ireland) on the other, in each case by a common (post-modernist) discourse of neo-liberal ‘development’.

In some senses what seems to be appearing is a ‘new-consumerist and corporative’ concept of teaching and nursing that is effecting the conditions of labour for professionals, in some cases in the extreme. This has been put explicitly in the Greek case study (but see also Beach, 2004, Beach & Carlson, 2004; Carlson, 2004 and Wass, 2004, with regard to adult education in Sweden) in relation to the 1992 neo-liberal reform introduced by the political right in the restructuring of the National Health System on principles of public choice theory. Freedom of choice between public or private health care was the basic concept of the reform and National Health workers were able to opt for a part-time contract and thus work ‘privately’ as well as ‘publicly’ in national hospitals and Health Centres that became independent from the hospital administration. What these professionals may not think of in circumstances of conversion from public service to private enterprise though is how, in these processes of transition, public service employees cease to be public officials performing a public function for a public good in a shared project. For although they may still prefer to both see and describe themselves in these ways (i.e. as performers of ‘socially useful labour’ rather than ‘an objectified part of productive labour’) they nevertheless become objective factors of production in a private organisation run for private economic interests. This is a significant transformation of labour relations in the professions in question that seems at this stage to be a general European (global?) trend. Moreover, massive amounts of public wealth have been put into the education of public service professionals. Even this wealth (this form of public capital investment) is privatised in the conversion processes described here.

The creation of market solutions in public services is generally officially (politically) expressed as signalling a victory of capitalism over other social formations. But in the light of the case studies this idea of a so-called capitalist triumph can be fiercely contested as a symptom of the decline of capitalism not its superiority. Such a notion has been

190 It is this that gives restructuring its current dominant forms. As Dale rightly points out (1997) restructuring can be motivated in a number of ways and can take different forms and have different dialects in different national (and even regional) contexts. Consistent, legalised extortion through the infra-structures of colonisation established recently for private economic interests through neo-liberal restructuring however seems to be leading to more consistencies in restructuring today than before.
presented in the executive summary linked to work by Thorpe & Brady (2003) and Beach (2004) concerning the domination of capitalism by the material interests of finance capital; an abstract and parasitic form of capital that destroys its host (also McMurtry, 1998). As Thorpe and Brady have written (op cit), the sphere of finance capital is circulation and global markets and these authors emphasise that if or when these markets are in crisis, finance capital becomes forced to feed on things like pensions and the public sector, which is also the case just now in each and every country in our partnership. In Thorpe and Brady's view, the dominance of finance capital today thus explains the very clear contradictions between government policy and actual change. Finance capital requires a flexible and sufficiently fit workforce (for labour power exploitation) not an educated or comprehensively healthy one (for its own sake) and it will not pay for a general, worthwhile education or health for the majority of individuals. Indeed quite the opposite, suggestions are that the interest of finance capital is fetishisations of care and education (as well as both care and education training) so they may be objectively economised and eventually directly profited from. New forms of medical-(treatment)-tourism that are developing in partner countries speak clearly to this issue. In these circumstances low cost (overseas) production is exploited for profit in the west at the expense of comprehensive health and education supply in the deliverer countries.

The UK case study spells out the exploitation of education and care (and teachers and nurses) in private interests very clearly and the effects of the processes of neo-liberal economic restructuring behind this exploitation there are also very clear. These are a generally poor average standard of welfare (at home) compared with other countries with comparable levels of economic development and massive class differences in the services availed of by citizens. Furthermore, in England (but also elsewhere, such as in Sweden) the suffering class fraction is often blamed for its own feeble service demise, by service availability becoming something that is discursively re-articulated in relation to notions of individual choice and responsibility (public choice theory) and materially relocated in accordance with this, inside new delivery concepts such as client promoted actor networks or ‘care-chains’ where the customer is said to be responsible and to have more control (Dovemark, 2004). The irony of ironies here is that in this situation the welfare/service arrangements that were once promoted as instruments of solidarity and redistribution now function as instruments of division, derision, discipline and denial (Beach, 2004; Beach & Dovemark, 2005).

New managerialism
Parallel with the ‘parallel’ transformation of the labour relation in the professions in question, rhetorically toward self-regulation, responsibility and liability and materially toward the development of conditions of objectified labour for private accumulation, has, according to the case studies, also been the introduction of new management strategies for controlling the professional labour process and helping ensure accountability in the name of a struggle for effectivity in service delivery: a way of making economy count more in education and care. New Public Management (NPM) came to the fore in this vein in the 1990ies, earlier in some countries like the UK and later in the Scandinavian countries, and was ‘imported’ from the private sector to the public. The use of NPM involves setting up ‘precise’ indicators for the evaluation of productive units in which results are interpreted, integrated and contextualised by Boards and independent NGOs or specially constituted committees and consultative bodies that produce recommendations for the improvement of the public service system for the Ministry responsible for implementation processes, based on explicit evaluations. These measures are generally claimed to increase internal efficiency through

191 Such as in Greece in 1997 where hospitals became governed by managers according to criteria of cost-effectiveness, efficiency and rationalisation in the allocation of resources.
economic incentives and strategies; such as internal price-setting, the development of quasi-markets and buyer-seller relations and the introduction of control technologies based on management by objectives and the introduction of individual salary scales and variable pay to replace centrally (union) negotiated fixed pay scales, all of which have figured in the recent official political discourses in each partner country with regard to ‘controlling’ teaching and nursing.

The shift to neo-liberal discourse and NPM in teaching and nursing in the partner countries has not emanated exclusively from right-wing governments according to the case studies. Even though right wing politicians have in the main been the ones who have argued that the solution for the crisis of traditional mass schooling and bureaucratic models of education and health-care provision lies in reductions in State intervention through the introduction of private ownership and industrial management models and techniques that (are said to) emphasise effectiveness, bench-marking and sharpened quality criteria, all of which are ‘traditionally’ industrial and private management (upper/controlling class, top-down and right wing) control technologies, centre (and even centre-left) parties (but rarely trade unionist ones) have often given consent and sometimes even active support toward their use in the public sector (Beach, 2004). The right-wing term for neo-liberal developments in the (welfare) State is ‘the empowerment of civil society’. The left term is the introduction of mechanisms which alienate and objectify labour (and workers) and express and ‘effectivise’ the exploitation of labour power and common resources. The current facts from the case studies seem to most clearly support the left-wing interpretation.

The economic conversion of public services to private is taking place quite clearly at present in all countries in the sample according to the national case studies and seems to seriously affect public interests, such as teacher union and State surveillance over schools and their teachers in favour of private ones. Several technologies of development are involved. They include the introduction and reinforcement of (micro) individuated accountability mechanisms, including school performance league tables and performance related pay incentives, the evaluation of individual institutions and their staff according to standardised measures and the further diffusion of national examinations as an individual performance control measure. These legislated changes, the stated purpose of which is to raise standards ‘by supporting and improving teachers’ have been introduced throughout Europe according to the national case studies, but more so in some countries (e.g. UK, Spain) than others. They have resulted in the introduction of assessment regimes linked to accountability systems; such as Ofsted; where each teacher is set systematically reviewed measurable performance objectives. The official discourse in case study countries is that teachers’ benefit from these measures in several ways, particularly in terms of job satisfaction, career development and progression (Sikes, 2003; see also DfEE, 2001). However, on second

192 The shift in left-wing or left-centre political parties is noted in several countries in relation to welfare policies and has been analysed by researchers such as Fairclough and his associates in the UK with regard to New-Labour education policies (Wass, 2004). It is pointed out in the English case study where an anticipated retreat from neo-liberalism after the Labour Party election victory in 1997 did not ensue. The same can be said of Sweden after the return to power in 1994 of the social democrats and even more so in their earlier return to power in 1982 after six years of center-right coalition government, where it was in fact the social democrats than began to experiment with the use of neo-liberal economic policies and ideas in welfare reform.

193 This is one of the issues lifted in the Portugal case study where the institution of a new model of school management and administration is the most visible sign of a neo-liberal political attempt to regulate State intervention in education. This is the domain of policy making where the State’s strategy of involving more actors in the definition of school policies and in the regulation of school governance and performance is more explicit, with a key role reserved to what is termed individual consumer control over education. According to the Portuguese case study Education Minister Roberto Carneiro himself stated that this project was one of more society and less State, a point made recently also in Sweden by the opposition spokesman on education for the liberal-conservative coalition parties, Björklund, as well as by the leader of the liberal party, Lejonborg.
glance, this seems to be far from the case. Schools in all countries are increasingly failing to recruit sufficient numbers of qualified teachers (particularly at the primary level) despite the introduction of financial inducements, teacher morale is at low ebb in countries where these ‘incentives’ are more prominent, and retaining teachers has become an increasing concern (Woods & Jeffrey, 1997; Woods et al., 1997; Lindqvist, 2002; Beach, 2003). Focussing on the UK. Troman (2005, p. 2) has written on this issue in relation to teaching as follows:

Performativity reforms in educational policies in Europe have been accompanied by low teacher morale and increasing stress levels. Gardner and Oswald’s (1999) large-scale survey of job satisfaction in a range of public sector occupations indicated that the ‘dissatisfiers’ of primary teaching may be beginning to outweigh the ‘satisfiers’. A recent National MORI survey (Woodward, 2003) reported that 30% of those teachers polled indicated their intention to leave teaching in the next three years. Despite reporting record levels of recruitment in 2003 (NUT, 2003) the Teacher Training Agency notes that one third of those students achieving Qualified Teacher Status for primary teaching do not enter teaching (TTA, 2003) and of those who do 40% leave within three years (Woodward, 2001). The numbers of teachers leaving at all stages of their career has risen throughout the 1990ies (Smithers & Robinson, 2003) with those who exit seeking either modified low-commitment work in education or leaving teaching altogether. Smithers and Robinson (2003) citing the current DfES Statistics of Education: School Workforce in England 2002 Edition (p.9) show that 290 100 qualified teachers aged under 60 were not working in schools. Of those, 82 700 had never taught. In terms of teacher wastage, the DfES, in 2000-2001... reports rates of 16.4 per cent and 9.0 per cent for turnover and wastage respectively, indicating a steep rise in the number of teacher resignations from 1998 to 2001.

Troman’s statement echoes warnings by other researchers that the teaching profession, certainly in England and Wales, is facing a crisis, post-restructuring, of alarming proportions. However, perhaps this problem exists even more broadly in the rest of Europe as well, for it is clear from the case studies that the conditions of burn-out, dissatisfaction and professional flight are beginning to develop in several countries. Teachers and nurses have had to cope with radical changes in role, work culture, performance accountability, autonomy, structure, curriculum, and also with the pace of change. All these things have had major implications for their professional/occupational identity, commitment and career.

**Combined steering-models**
The introduction into public management of industrial management control technologies (i.e. NPM) has not led to the redundancy of teacher and nursing education as a viable (and much used) means for controlling professions by the State in the partner countries according to the case studies, nor has it occurred in complete absence of State involvement. Moreover, as discussed in the case studies from Sweden, the UK and Portugal in particular, cooption rather than (economic) coercion is a control technology that is used extensively (for instance through the use discourses of professionalisation that have co-opted Swedish teacher unions through the employment of concepts extended professional autonomy and responsibility) and what we are seeing then, is the emergence of combined modes of steering in the form of hybridised, co-opted, government mediated and mitigated market technologies. Some control through cooption and value mediation within teacher and nursing education and the professional associations/unions, some via economic control and market mechanisms, some through new public management in teaching and nursing and some through continued bureaucracy.
The UK has had over two decades of combined steering. Other countries, such as Spain and Ireland, have only more recently begun to employ combined steering modes. And Portugal, Spain, Ireland, Sweden and Greece are all also good examples of hybrid forms of control according to their case studies. In Portugal for instance, although there are some fairly extensive examples of NPM emerging, programmes of initial and in-service education still proliferate and are not being shortened or circumscribed, and the in-service training of teachers is still defined both as a legal right and as a duty of professional teachers and nurses in partner countries according to official statistics.

The official aims of in-service training/education are also significant. In each case study these appear to concern the updating and the improvement of professional activities, the promotion of applied research and the dissemination of educational and care innovation. Portugal serves again well as an illustration. The Juridical Regime of In-Service Teacher Training was established in 1992 and subsequently updated in 1996 and in 1999 and stipulates that in-service training can be conducted either by higher education institutions or by Training Centres that are managed by school associations. Similar measures are also currently in place in Spain and Ireland. Teachers choose their training in relation to nationally established priorities, this training is free of charge and contributes to significant portions of development of the knowledge base in the professional field and it is available through different channels from and within different organisations, with different relations to the State and its citizens.

Decreased collective modes of control and new knowledge interests
Increased commercialisation, decreases in collective forms of control and a struggle over the (re)production of knowledge between economic and professional-cultural-identity interests are suggested through the case studies to be main common tendencies at the present time regarding nursing and teaching (and nursing and teacher education) in the countries in the partnership. Moreover, also suggested is that the new modes of control of public sector professions, professional practices, knowledge and institutions noted in conjunction with them have not been interpreted to imply a straightforward abdication of State interest and control, but rather only a weakening in traditional collective modes of regulation in favour of a market idea that the State is also trying to control (also Beach, 2004; Beach & Dovemark, 2005; Hill, 2005). This seems to apply to both professional fields in the present investigation in all countries and has also been suggested previously in relation to public library and information services; in Sweden by Jonsson (2003) and in Britain by Ruth Rikowski (2005). It is very clear in the case of nursing in Portugal and Spain. However, both practices and knowledge and also teachers and nurses and pupils and patients are redefined in the changes in and of master discourses in each country that have accompanied this situation. As the Swedish case study emphasises, in ‘new’ master discourses teachers and nurses have become resources of learning and care, and pupils (or rather parents more often) and patients have increasingly been defined (and acted towards) as customer-consumers who are required to make informed selections from a range of available services from private organisations for private consumption subsidised (or sometimes paid for entirely) by public funds (McMurtry, 1998; Beach, 2004; Wass, 2004; Dovemark, 2004).

At a surface level the linguistic shifts, concerning descriptions of teaching and nursing as work and the new professional/occupational identities of teachers and nurses, from professional worker to learning or care resource in new actor-based or actor centred networks (or ‘chains’) of education and care, seem not only innocent but also even quite progressive and democratic, which has helped ‘co-opt’ teachers and nurses and teacher and nurse professional associations and organisations in the ‘neoliberalising project of the State-private line’ as a professionalisation project (Beach & Carlson, 2003). But on closer consideration...
things are more problematic as at the same time; and even as part of the same ‘package’ of ideas, public services are not only presented as necessarily contracted out to private providers through the introduction of a market model of delivery with roots in the world of business and the expressed intention of making service supply more economically effective based on the extremely ideological claim and myth that markets have been shown to be the most efficient and democratic means of distributing general goods to individuals who need and desire them and that services should therefore also be deliberately altered so that the market can become the ultimate arbiter of what is included in them as well, this situation is also discursively motivated as the only realistic solution currently available (Ball, 1993, 1994, 1997, 1998; Dale, 1997; Whitty et al., 1997, 1998; Whitty & Power, 2003; Gordon et al., 2003). But this myth about the virtues of the market is not objectively true and moreover, the idea of regulated markets is also problematic. The idea of the free market is of a self-regulated system that is free from State interventions. The introduction of a State controlled (or managed) market system – to make markets work better - actually flies in the face of the market and is a contradiction of the basic idea of markets.

The moving-mosaic-like discursive and practical extension of the regulated market as a solution to the problems of the service sector (i.e. increased commercialisation in linguistic and other social practices) is the general trend above all other trends at the present time according to the case studies, even in the cases of Portugal and Sweden, where market mechanisms for ensuring the regulation of public policies are said to have not yet been extensively introduced and commercialisation is described as yet as only a case of discourse not material practice. Recent attempts by Portugal’s Minister of Education David Justino in the 2002-2005 conservative government that sponsored the public dissemination of national examination results in the 12th grade and the production of school league tables based on these results goes some way toward this though and there is now, both in Sweden and Portugal, some competition for students between schools and therefore at least also some informal school choice processes. However, contrary to other countries where governments (as in the UK) have radically substituted their previously centralised models of State regulation for market-driven models, market initiatives are adopted selectively in Sweden and Portugal in order to improve or to introduce adjustments in particular aspects of the operation of an ongoing model of bureaucratic regulation (Beach, 2000, 2003). Commercialisation is particularly clear however in all partner countries if we include auxiliary functions (e.g. cleaning, IT-services, catering, book and materials supply, evaluation) in education and health-care domains.

**A very conservative initiative?**

Examples of the introduction of the new market discourse in Portugal come according to the Portuguese case study from the Durão Barroso government (Law 31/2002). This is a conservative party government which, like all conservative governments in partner countries, has defined a system for the organisation and evaluation of health care performances and education and schooling (from infant schools to secondary schools and higher education), in

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194 Neo-liberal restructuring becomes a rather questionable and ambiguous project in line with this reasoning, as it becomes an example of the ‘tamperings’ of government in service production and delivery in rather controversial and contradictory ways that involve direct political influences in production and delivery that the introduction of markets is supposed to render superfluous. It is a form of political intervention into public welfare in private interests rather than a living exemplification of the fundamental ideas of a classically liberal market ideology: an exploitation of the original ideas of a liberal market in an attempt to reconstruct the world in line with certain preconceived interests. Neo-liberal economic politics legitimise and legalise privatisation, outlaw public monopolies and pave the way for direct corporate involvement in service production and delivery in the name of profit (McMurtry, 1998). Neo-liberal economic politics is thus, according to the case studies, an apparatus that above all else is involved in the conversion of common life values to private economic wealth.
the public, private, cooperative and solidarity sectors of the educational and health care systems in much the same way as was propagated (not the least by the former Tory Secretary of State for Education Sir Keith Joseph) during Margaret Thatcher’s second period of office as Prime Minister in the UK. There are, that is, similar discursive and material tendencies in this respect in all case study countries, in that market models are usually initiated by conservative (right-centre) governments as a response to their commitment to privatisation and entrepreneurialism and involve the labelling of alternative models as unnecessarily bureaucratic and ineffective.

In other words, that neo-liberal restructuring in education and health was introduced in Portugal by a conservative government is probably not a coincidence. The same has applied also in Spain, Greece and the UK, and in fact it is almost always the right wing that suggests that service markets are necessary in order to promote the quality of the service system, including its organisation and its levels of efficiency and effectiveness, and it is almost always the same right wing that suggests that control is also highly necessary in order to ensure the availability of information for the working and management of the same system and to guarantee the credibility of the performance of its institutions by helping to introduce and promote a culture of continuous improvement based on institutional competition and evaluation of the degree of accomplishment, the performance of governing bodies, the achievement of (health or knowledge of) patients and students and the practice of a culture of collaboration among the members of the educational or health-care community.

Some governments in the partner countries, such as Blair’s New Labour one in the UK, have claimed to try to harness – as some social democratic experimenters in Sweden say they did in the early eighties – what they felt were positive features of neo-liberalism to a democratic welfare project. These governments and experimenters speak of neo-liberalism with a heart – Giddens’ third way. But what if neo-liberalism doesn’t have a heart? What if the capitalist context of neo-liberal markets really, principally implies a license for unlimited greed and economic expansion, as some critics like McMurtry (1998), Harvey (2003), de Siguiera (2005) and Thorpe and Brady (2003) argue, where the only really important benchmarks of quality for founders and owner-deliverers are constantly increasing profit margins and the smiles on the faces of stockholders (Beach, 2004)?

This fear scenario would seem to fit the pattern of global developments. Neo-liberalism has expanded into new areas in its increasing global/international efforts (i) to discover and exploit as many sources of value as possible that can be converted into economic forms and (ii) to allow for the accumulation of these economic forms by capitalists as the capitalist value form above all forms, that of economic capital (Beach, 2004). Furthermore, although this situation is idealistically defined from the neo-liberal right in other terms (such as in Greece, Portugal, Sweden and the UK, in terms of increased competition leading to dynamic challenges, increased quality, extended professionalism and greater levels of freedom of choice and efficiency) these terms are openly ideological and very easily contested once the actual concrete historical choices made in the ‘new systems’ are analysed in terms of their material consequences for students, patients and service workers. What has resulted in the countries where neo-liberal market structures have existed the longest and become dominant are systems that ‘act’ towards education and health as ‘private’ issues and that are (subsequently) both highly differentiated, extensively privatised and significantly class-biased with respect to who reaps the benefits (Ball, 2003; Dovemark, 2004). What characterises

195 Moreover, this form of restructuring, it must be remembered, was instigated first in response to initiatives from extremely right wing economic organisations (World Bank, WTO, GATT), who have since then also sponsored its global spread. This is the history of neo-liberal economic restructuring, even though social democratic governments that have followed conservative initiators have not been able to (or may not even have tried to) reverse restructuring tendencies.
these systems in other words is an alarming complexity in financing (USA is a horror example) and massive class differences in the standards and content of education and care ‘chosen/consumed’ by individual citizens.

**Economic objectification and its contradictions**

The conversion of other value forms (including physical labour) to economic forms (such as capital) and the accumulation of economic forms of value by an increasingly small number of owner controllers of wealth (and now welfare) is barely contestable at all at the present time. It is an obvious and incontrovertible trend in the countries in question and world-wide. But neo-liberalism is even affecting the very curricula and care content of the schools and hospitals in the partner countries. For instance, in both Ireland, Spain, Greece, the UK and in Portugal the school curriculum at the post-primary level has been suggested in the case studies to have increasingly moved from a social democratic values curriculum – such as the one set up in Portugal after the revolution - toward a technocratic and economic one that puts science and technology, as well as schooling in general, at the service of the economy and productivity and where gradually school knowledge has come to be defined and practiced as an economic good according to an economic model. However, even teacher training has succumbed to the technical and economist paradigms in some instances according to the cases studies in Greece, UK and Spain and nursing-care is now administered *economically first* in all partner countries across the entire project.

What is actually suggested here is that the public services (focussing on nursing and teaching in particular) in the countries within the present partnership have become increasingly fetishised commodities within the global capitalist, silent (although not always so) revolution, where professionals now provide a living labour power as a fuel for the furnaces of the direct capitalisation of education and care. This applies despite, as in the Portuguese case and in Sweden, Ireland and Finland, the rhetoric concerning flexibility and deregulation that accompanies it being said to be somewhat ahead of actual practices and policies. But what is also being suggested is that we need to ask whose interests this ‘development’ has really worked in where it has been employed, because what is certainly clear from the case studies is that they give good grounds to question the ‘common official claim’ that such changes as have been made to public services have really benefited the general common interests of efficiency and ‘quality’ for ‘consumers’ by providing services of better quality, without wastages and at lower costs. What has resulted instead, in principal in every case, seems to be increased costs, greater wastage and the re-appearance and/or deepening of substantial class distinctions.

Considering the costs of services, generally costs have risen for consumers, post-neo-liberal restructuring, according to suggestions from the case studies. This is very obvious in the case of other privatised services such as water supply for instance, as

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196 For instance teaching, as in the Greek and UK case studies (but also Beach, 2004, Carlson, 2004 and Beach & Carlson, 2004 concerning adult education in Sweden), education restructuring seems to contribute to high professional unemployment rates, increases of private sector teaching, uncertainty and competition for entering the profession, de-professionalisation, erosion of professional autonomy, proletarianisation, (re)commoditisation in the service sector, the introduction of competitive working conditions and professional stress and burn out. These negative developments are at times masked but they can never be fully hidden. For instance, in the case of nursing, the obvious restructuring that has taken place in the system of health care provided in Finland has coincided with a period of professional development and ‘emancipation’ from the dominance of Medicine, but at the same time the profession is being stratified in other ways in terms of its internal organisation. Nurses and their professional organisations in Europe were ‘recruited’ into the project because of its perceived value in their emancipation plans from a dominating and exploitative class fraction (of doctors), but at the same time they surrendered power to managers and economists. Moreover, the same applies in Ireland. Only when profits have been secured first have other benefits also followed. Profit is the driving force of decision making by law in corporate organisations too of course.
documented well by Gustafsson (2001), dental care and electricity supply, but is becoming increasingly clear with regard to medical treatment and care and education, particularly in higher education in England (the most neo-liberal of the countries in the partnership according to the present case study data and also work package 1). Cosmetic and other ‘luxury health’ services have both expanded and become more expensive per unit-cost at the same time as they have become increasingly privatised.

Class distinctions in education and care have not either been positively influenced (in the sense of being evened out) in the countries where this has recently still been a main aim (e.g. Portugal, Greece, Ireland) and have once again increased in countries where an earlier parity of care and education was beginning to seem to develop through welfare services (Finland, Sweden). In some areas, such as dental care for instance, this new inequality has risen to the extent that the dental hygiene of the poor in Britain and Sweden has fallen below the measured standards of the third world, because of poor dental treatment on the one hand and bad diet (primarily high levels of sugar intake) on the other. In other countries such as Greece, Ireland, Portugal and Spain, inequalities in access to health services have intensified due to the steady increase of privatisation coupled with the fiscal crisis of the social insurance systems, and it is estimated in the Greek case-study that around 2.4% of Greek households risk bankruptcy because of catastrophic health expenditure.

However, having said this it must be recognised that class distinctions are not a product of restructuring, even though they are affected by it. As O’Hare (1994, p.12) cited in Sugrue (1996) put it, narrowly based education systems like the Irish one (but this applies also and equally well to the education systems of all the partner countries according to national statistics and the case studies) principally serve well only a minority of those that pass through them. This is suggested also in analyses by Baudelot and Establet (1971), Poulantzas (1974), Bowles (1971) and many others since then (e.g. Bourdieu & Passeron, 1977; Willis, 1977; Anyon, 1981; Beach, 1991, 2001; Dovemark, 2004). These education systems educate an elite who then go on to perpetuate the system because they are the ones who get to control it, and the systems also insult and humble the majority, who leave them condemned as second raters or outright failures (also Dovemark, 2004; Beach, 1999, 2001).

Provider stress is also an issue raised in the case studies in relation to the objectification (and increased managerialism post-commercialisation) of the education and care systems in the partner countries. Experts have said that falling pay-levels and increases in the threat of violence have contributed to these rising stress levels. For instance in the UK, the NHS Security Management Service found 116 000 incidents of violence and aggression against health service staff last year, an increase from 65 000 in 1998/1999 to support this idea. But according to the case studies a more formidable source of stress is likely to concern how nurses and other health care personnel have to handle situations where they have to prioritise limited resources in meetings with patients of different ages, cultures, social backgrounds and different phases of life. According to the law in partner countries care and education should be made available on equal grounds according to needs, but through relative reductions in staffing levels, reductions in patient and pupil contact time and increased work loads (except for in the deeply private sectors where the class divisive effects of cost-transfer kick in to compensate), individuals who are trained to educate and/or care have to learn how to cope with denying it instead and this is suggested to be deeply stressful for them (Woods et al., 1997; Lindqvist, 2002; Dovemark, 2004; Nordanger, 2002). Every day teachers, nurses and doctors in the public sector find themselves in contexts where they have to decide who will get education help and/or care, who will have wait and who will have to do without the best available levels of these services for economic reasons and conditions of culturally created shortage that ais valorisation in the private sector.
Multi-skilling is a concept that has been introduced to help agents and agencies to cope with maintaining levels of supply as far as possible (see also work package 1). But even here the economic factor means that costs come first. Moreover, other negative trends also exist, such as the new tendency that has transformed teachers’ further education in Greece to a ceaseless chase of certificates in an attempt to guarantee professional security, but that creates yet another stress moment in the workplace. Further education in Greece has, according to the case study, been purposefully interconnected to the discourse of lifelong education and the discourse of quality and effectiveness, but in the work context for teachers, education has come to consist substantially of a way of securing a position in a ‘multi-skilling’ profession and on the work market generally. Again any job, not just a challenging specific job – the myth of new capitalism – will do (also Willis, 2000).

The above discussion brings us to another two obvious general points that have emerged through analyses of the case studies, these being the contradiction noted between government policies (rhetoric) in the countries in the research on the one hand (regarding the professions in question) and the actual outcomes of care and education in these same countries, and the tensions this brings about for people who are still being ‘trained to care’ or ‘trained to educate’ ‘out of time’ with the actual conditions in teacher and nursing establishments in these countries, on the other. However, even a third point emerges. By training agents to care (or educate) and then setting them in situations where what they have to cope with is how to deny care (or education) most of the time, professional education and educators may be helping establish conditions of stress that, in combination with the general pressure of work in an economically pressured, new-management controlled, alienated labour context, may contribute to increased levels of burnout, increased flows out of the profession and higher levels of sickness leave (Woods et al., 1997; Lindqvist, 2002).

As suggested in the English case study, Rafferty (1996) has described the emergence of new (objectifying) knowledge regimes in the health service (such as health economics, health services research and evaluation or outcomes research) that started in the US in the 70ies but that have come to Europe via the various consultancies and organisations that have been set up to promote these ideas, and she has also suggested how a focus on auditing has ensued and led to the bio-medicalisation of knowledge in medicine, where (economic) probabilistic knowledge has replaced individual professional knowledge as the foundation for clinical decision-making. These things create time (and knowledge) demands and also speak to the issue of alienation at work; all of which are potential stressors at the workplace. A new parallel to bio-medical economic knowledge of educational neuroscience is beginning to appear that could condition economic planning in education in frightening ways.

In Sweden for instance, according to the Health and Medical Services Act (1982:763), every citizen is entitled to the best available standard of health care on equal conditions regardless of social class and geographic factors, based on an ethical platform of respect for each individual’s dignity and equality. But this is no-longer taking place. And that it isn’t has also been politically acknowledged. Recent policy statements say for instance that the patient with the greatest need shall be given priority, but according to a recent government commission (SOU 1999:66) it is now openly acknowledged that the goals of health care can never be completely fulfilled. For instance in the UK, Labour have recently introduced the National Institute for Clinical Evidence (NICE) to assess the performance of individual NHS institutions and award star ratings so the public can see if they are served by a 3+ or 0 Trust. Moreover, other negative trends also exist, such as the new tendency that has transformed teachers’ further education in Greece to a ceaseless chase of certificates in an attempt to guarantee professional security, but that creates yet another stress moment in the workplace. Further education in Greece has, according to the case study, been purposefully interconnected to the discourse of lifelong education and the discourse of quality and effectiveness, but in the work context for teachers, education has come to consist substantially of a way of securing a position in a ‘multi-skilling’ profession and on the work market generally. Again any job, not just a challenging specific job – the myth of new capitalism – will do (also Willis, 2000).

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Stress, sickness and burn out correlate often according to case studies such as that of the UK example, with prevailing ideologies of mistrust within and toward professions, in which the authority and professionalism of workers are attacked and anti unionist tendencies proliferate. Pace again the English case study and its report on how the 1988 Education Act abolished the national teacher negotiating machinery and how the 1991 School Teachers’ Pay and Conditions Act allowed the Secretary of State for Education and Skills to set teachers’ pay, and conditions of service issues such as working time, without negotiation.

All partner countries have experience of the effects of restructuring at the present time as increased commercialisation to some level or another, according to suggestions in the case study reports. Most of these effects also seem to have some significant negative consequences for conditions of employment, social relations at work, stress at work and general standards, and in relation to the education sector, despite obvious counter cases (such as in Ireland and Finland where the profession is still highly socially rated), this has led researchers to argue that (in this case) teaching (though the same could be said in some countries, Finland and Spain perhaps, for nursing), though constantly valorised in ‘official knowledge’ as vital to the new economy, is now a profession which more and more people want to leave and fewer and fewer want to join, with this representing a crisis of disturbing proportions for our public economies which, as the case studies point out very clearly, are increasingly being forced either to employ ‘un-educated’ workers or to drain weaker national economies of their qualified labour power and cultural/economic capital (see also OECD, 2003). In this scenario the purported flexibility and freedom of choice for consumers claimed as the virtue of neo-liberal reform is (ironically and paradoxically) resulting in the absence not the increased availability of qualified care and education to choose from; particularly for the poor; and an increase in stress and sickness for care-givers and educators in the public sector as well as serious problems for the knowledge base of professions worldwide. However, this picture is also in a way problematic as a representation of the effects of restructuring, because at the same time as restructuring is contributing to reductions in quality across the board of public education and care availability, including its conditions of supply and the health-status and workplace knowledge and learning of its deliverers, it is at the same time leading to the production of very different conditions for the wealthier few who are able to exploit (as both suppliers, workers and recipients of education and care) the private sector. What is consistent for commercialisation is profit first (which is even protected by international company law), increased class differences in delivery and increasing differences in the conditions of labour for employee categories.

But am I not guilty here of over-determining the developments in terms of their economic forms only? Surely new developments such as multi-skilling and the development of competence portfolios can be seen to extend the professional skill-base and both explicate and extend the levels and breadths of knowledge relevant to the profession? Of course they can! However, at the same time they can also be seen to align with marketisation and a repositioning of professional boundaries. This is suggested in the Irish case study with respect to nursing, but is also noted with respect to the nursing professionals in the UK, Sweden and Spain, where historically role enrichment for the nurse has occurred through an extension of medical tasks to this group, such as intravenous drug administration in Ireland, England, Sweden and Spain and the inclusion of educational preparation for nurses for this role, who now no longer require certification of their ability to fulfil these tasks and are allowed to administer ‘non-prescription medications’ and intravenous preparations without reference to a medical practitioner (O’Sullivan, 1984; Department of Health, 1996b as cited in Condell, 1998). However, this measure, it must be remembered, is also far cheaper for employers than

(Heath and Safety Executive, 2003/2004). People between the age of 41 and 50 were more stressed than older or younger workers, suggesting thus a possible generation issue.
employing more doctors and is also being carried out by a weaker collective who are more easily managed and controlled. Moreover, the marketisation of healthcare skills also means that professionals are more accountable. Elaborate paperwork is now included in their duties and new professional categories of nurses have been seen to emerge under the term too posh to wash and too clever to care. This is felt to be mainly in response to an increasingly litigious society – which is perhaps also a symptom of privatisation - rather than being an emerging sense of professionalism.

Globalisation questions

The tendency toward commercialization; suggested above to be a common general trend noted across the partner countries in the case-study reports; is an issue that has been written on also by others, such as Glenn Rikowski (Rikowski, 2002), who signalled out the World Bank, IMF and GATS initiatives as significant in this equation. Rikowski wrote, based on information gleaned from the EU GATS Infopoint, that it appears that ‘services (like education and health-care) (are) lost to the GATS policy of commercialisation and private solutions’. For primary education, he noted how 20 countries had already committed themselves to GATS disciplines in 1994, while for secondary education 22 countries took the plunge, as the EU is GATS-committed for both levels (Rikowski, Glenn, Schools and the GATS enigma. School of Education, University College Northampton. November, 2002).

The WTO and GATS are also presented as a significant force in the transformation of public services in line with private interests by de Siquiera (2005), who pointed out that the open offer of educational services is not developed by neo-liberalism (as is often claimed), but is instead put at serious risk through the existence of national regulations that are designed to open up education to for profit organisations and international capital. According to de Siquiera in the medium and long term this can seriously compromise the availability and quality of public welfare, which is also what the case studies might be beginning to indicate. De Siquiera considered in particular the plight of countries with less well developed service infra-structures than the European Community average (and the countries in the present sample), but suggested also that in all countries national regulation in the interests of capital are harmful to the practices of services as a public good, which should therefore not be made subject to the WTO’s world-wide sanctions in ways that allow business groups to exploit public resources and other benefits for their own private interests (also McMurtry, 1998; Harvey, 2003). She adds that should GATS succeed, it runs the risk of converting services from being a subjective public right, in the senses conceived of in welfare discourses, to a process of simple economic exploitation. Although this is not indiscriminately what the case studies are suggesting is happening, it is never the less a pending threat in the countries concerned according to the same sources.

The point about GATS is how, as for instance Rikowski (op cit) and Hatcher (2001) have noted, service systems are opened up to multinational investment and privatisation schemes, outsourcing and ultimately big-business takeover. As also Jones (2005, p. 231) suggests, GATS and organisations like the OECD and EU ‘provide a policy repertoire and an incitement to action’ even at the same time as education (and health) remain activities primarily (but decreasingly so in the west) still directed at the level of the nation State. This accounts also for why, as suggested by the case studies, processes of privatisation and change have occurred in different forms and at different rates in the different countries in the partnership. In Jones’ words ‘changes in the relationship between collective social actors within particular State forms depend upon the nature and strength of the social forces that assemble, as it were, around such forms, and seek to shape their character’ (ibid.). State based political actors contribute significantly (in the process) to the broader assembly of forces.

What is suggested by the case studies to emerge in partner countries is that the ‘global economic’ perspective of the WTO and GATS is becoming apparent in a loss of cultural diversity and local values. A process of cultural homogeneity seems to be emerging (at least as a discourse) through all the stories constructed by the different national case-study writers. This homogeneity seems also to be strongly conditioned by a global economism. Notwithstanding this however, an emergence of movements opposed to this tendency is also
Globalisation is in this sense suggested to ‘produce’ some general trends, but at the same time the ‘juggernaut view of globalisation’ (accepted generally as the outward global transfer of patterned interactions between agents, nodes of activity and sites of power and the movement of physical artefacts, commodity products, finance, people, symbols, policies, tokens and information across global time and space in the reproduction of the obdurate social relations of capitalist production, Castells, 1998) can also be challenged (Green, 1999; Dale, 1997, 1999), because although there does seem clearly to be empirically founded suggestions of common qualitative changes in the nature of national and supranational relations of education and care, and increasing convergence in the (welfare) professional practices of teaching and nursing (and their training systems) in favour of commercial interests, there is less evidence of a passive acceptance of and a simple and uniform acquiescence to these processes at the level of education and care structures and in the personal attitudes, values and interpersonal strategies of care-givers and their associations; at least according to the case study contents. This means that although the commonly identified mechanisms of policy borrowing, common learning, harmonization, dissemination, standardization and installing interdependence at the political level that are generally described (in line with analyses of GATS and WTO policy) as leading to a global spread of the interests of capital in the welfare sector do exist (Rikowski, op cit.; McMurtry, 1998; Robinson, 1996; Whitty et al., 1998; Allman, 2001), they are also questioned, unevenly interpreted and approached and at times also opposed (Dale, 1997). These issues are picked up and re-interrogated in the case studies in terms of how restructuring actually seems work in national policy contexts and will be further examined in subsequent work packages.

Restructuring professions and the professional knowledge base

Dellgran & Höjer (2005) describe professionalisation in four distinct ways. These are (i) as a collective process related to (or describing) the common efforts of a particular group of practitioners to attain status and authority, (ii) as a societal process related to developments within the State or society (particularly in the case of welfare professions connected to the ‘evolution’ and ‘transformations’ of the welfare State), (iii) as an individual process connected to the diffusion and learning of specifically valued individual skills and knowledge and (iv) as a socialisation process connected to the ‘identity’ and ‘value’ formation of individuals, often through higher education. Closure was a concept mentioned earlier in the analysis of such professionalisation processes.

To reiterate, closure means basically ‘the process of mobilising power in order to enhance or defend a groups share of rewards or resources’ (Murphy, 1984, p. 548), as a matter of constructing and preserving class interests (Hallstedt & Högström, 2005; Parkin, 1979) through the control of property and property rights on the one hand and the control of credentialing organisations on the other. The latter is commonly argued as essential in the process of professionalisation through the production of knowledge that is accepted and made legitimate by universities and other higher, professional education institutions (Beach, 1997, 2005). What is suggested by the case studies though is something quite different to this. Rather than closure through ‘closed-circuits of reproduction’, exposure (opening up) of the professions, professional work and the professional fields in question to economic exploitation is the major issue of importance (see also work package 1). And given the class-

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202 This would have been even clearer if France had been included in the sample.
composition of these groups even the possibility of discussing the situation as one exhibiting the old-fashioned concept of class warfare is possible to awaken.

Brante discerned four different types of professions; those of capital, of the welfare State, of the free professions and the academic professions (1990). Teaching and nursing would seem to belong (at first glance) primarily to the welfare State professions, and certainly did previously belong to this category in countries that developed social and liberal democratic concepts of the welfare State, such as the UK (to a degree, but never without strong opposition and constant threat from conservative quarters), Finland and Sweden (see e.g. Gordon et al, 2003). However, according to the case studies, both of the presently investigated occupations/professions have a more complex relationship to the rest of society (and to the State) than this, in relation to both that which James (2004) has described as the McDonaldisation of work and that which Rikowski (op cit) refers to as the capitalisation of welfare provision/delivery in the development of a new (neo-liberal) welfare society (also Dale, 1997). We could in these circumstance still choose to label the work of teaching and nursing as professional work, in the sense that there are still (and these are still evolving) concepts (such as curriculum, didactics, care/’omvårdnad’) and professional frameworks for analysing work and communicating results from such analyses in education and ‘training’. But there have been important differentiations within the labour corpus and these have ‘resulted in’ hierarchically ordered categories of workers on the one hand and processes of the economisation of tasks within the evolution of new-management structures of service delivery and control on the other.

The case study from England, notwithstanding the position of the UK at the forefront of neo-liberalism in education and health care in the partner countries, is worth considering in more detail here. As Hargreaves (1994) put it. The British case of multiple, mandated change is perhaps an extreme one. It is extreme in its frantic pace, in the immense scope of its influence and in the wide sweep of its legislative power. More than anything it is extreme in the disrespect and disregard reformers have shown for teachers themselves. In the political rush to bring about reform, teachers’ voices have been largely neglected, their opinions overridden and their concerns dismissed (Hargreaves, 1994, p6). This has had serious effects on teachers’ professional identities as well as their career (vocational) commitment. As also described by Woods & Jeffrey (2002) and Troman & Woods (2001) teachers currently express a loss of autonomy, worsening of conditions, loss of purpose and direction, destruction of health, increased anxiety and depression, lowering of morale, and, despite a continued proliferation of policy rhetoric to the contrary, subjugation to increasing government and other external controls of schooling and curricula (Harris, 1994, p. 5).

These characteristics have also been noted in the case studies and in work package 1. They are expressed explicitly in Spain, Portugal, Ireland and Greece but also to a slightly lesser extent in Sweden and Finland, which perhaps because of their strong concept of the welfare State may be able to offer more politically organised (from for instance the trade union and left-political party and municipality directions) and even emotional resistance, which may be highly significant for what can be assumed to in reality ‘hold the professions together’ in these countries and countries like France (Jones, 2005). For despite professional flight and tensions at work with increasing levels of sick leave, something still seems to work to provide some kind of inducement into the professions and some sort of cement for their value based agendas. We must remember that recruitment isn’t falling everywhere, it is increasing in parts, and that not everyone leaves the professions once they’re in – in fact less than a third do in some countries.

One of the things that could be suspected to keep people in their jobs according to the case studies and recent research on labour market conditions and values, could be a media driven fear about unemployment and the development of an attitude, particularly
amongst the young of the lower economic classes that now seem to be being increasingly recruited to the professions in question, that any job is better than no job at all and that teaching and nursing are also better than many other jobs. This idea, although not strongly picked up by the case studies, is still quite commonly expressed, as is the alternative notion of an altruistic (vocational) commitment that helps motivate the category of care-provider in question (be this in education or nursing), who might therefore be expected to stand up in the face of adversity in order to carry out vocational commitments to care for others. This notion is picked up on in every case study, as is a third suggestion, that there is a developing common core of professional knowledge in teaching and nursing respectively that will provide professionals with the concepts necessary to understand their situation, how to cope with it and even how to help improve it. However, there are good reasons to reject the third explanation according to case study materials and current research.

The first reason to reject this common suggestion about a unifying professional knowledge being taught in universities/colleges that can provide a professional cement concerns the content of what is taught. According to the case studies this ‘professional epistemic content’ doesn’t actually (unquestioningly and clearly fully) exist yet (Beach, 2000, 2005). There is no common epistemic professional knowledge base and, moreover, the knowledge components that are present instead of (or in the stead of) this component (practice fields and fields of theory) actually pull in clearly different directions. Bio-medical science and care-giving-practice’s moral philosophies of practice are examples from nursing education. Subject theory (and discipline content like neuro-physiology and cognitive psychology) and practical components from teaching studies provide examples from teacher education. Second, neither of these two types of content are adequate for basing the whole range of professional actions (including professional thinking) on (Goodson, 2003; Goodson & Hargreaves, 1996; Beach, 2005); this is also evidenced in the case studies by the pendulum swings (pendulum of power) in relation to them, where it is clear that things like (cognitive) bio-medical science fails to relate to the (philosophical and) practical aspects of care and that this, in its turn, fails to address the value of strictly disciplinary knowledge (ibid.)

Vocationalism and altruism are also advanced by the case studies as a significant ‘holding-together-factor’ and are also continually presented as key issues in the professional value base. Might these, eventually even in combination, hold the professions together and, if so, in whose or what interests do they do this?

There are problems though even with vocational-altruism as the professional cement of the two professions. First, as the UK and OECD research cited earlier made quite clear, this altruism seems to have been seriously undermined recently by restructuring and particularly new managerialism (OECD, 2001; Woods et al., 1997; Troman, 2005; Lindquist, 2002). Second, although there is a myth of a common altruistic commitment of care professionals (and professional educators) and although this myth is reproduced in policies and some research reports, there is no concrete evidence of it being visibly ‘collected’ in

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203 Together with ‘migrant’ labour from overseas countries. This applies particularly in nursing. The UK seems to be the emphatic importer.

204 As suggested in the Irish case study in relation to the report of the Working Group on Primary Pre-Service Teacher Education (Government of Ireland, 2002c) student teachers tend to adopt the view that the way to learn more about teaching is through trial and error, not careful thought and scholarship and there is very little engagement with the theoretical principles necessary to understand such social and ethical issues in teaching as how children learn, how curriculum decisions might be guided, and how pupils’ thought processes might influence teaching methods. Furthermore, although it is generally argued (e.g. Zeichner et al., 1996) that student teachers value teaching practice above other aspects of their education, interaction with experienced teachers, while potentially fruitful, is suggested in Ireland but also Sweden to tend to lead students teachers to become conservative in their approach to the complex challenge of teaching. Instead of responsibility and reflection, acquiescence and conformity to school conventions and routines become the norm (also Beach, 1995, 2000).
curricula in the education practices and ‘framing’ of programmes in higher education. Furthermore, the idea of the contradiction of altruism is particularly compelling when we refer to the descriptions of changed working conditions in case study materials from all countries in the present partnership, which all signify powerful contradictions toward altruistic value practices as a professional cement in work-a-day care/education provision.

Altruism is continually contradicted on a day to day basis in wards and schools across the sample according to the case study materials, as in each country professional teachers and nurses are constantly called upon to decide less what care is needed and how it should be given, than how to ‘effectivise’ care/education (actually by withholding it) under circumstances they have little control over. This is an issue of managerialism and economic expediency not (vocational) altruism and it is not chosen freely but imposed. Furthermore, not only is it not (vocational) altruism in these senses, it is also diametrically opposed to and in tension with this altruism as the decisions about how to be effective reflect practices in which professionals decide less on how to provide care and more about how they can find ways to accommodate what care they can give into the economic management frameworks of new infra-structures, with this involving more ‘deciding how to deny care’ rather than give it.

Nurses and teachers in all countries in the sample are involved in these practices of denial on a daily basis according to the case studies. They involve them in coping with managerialist structures that deny autonomy and the right to decide how much time and care can be given and that force professionals to select pupils or patients for special attention of kinds that at times amount to no effective care at all in ways that undermine the power of self-definition, social responsibility and the capacity of professionals to expand the scope of their practice for themselves (also Enö, 2005). Given the current content and expressed aims of professional training and professional commitments, there is therefore a ‘tension’ in the knowledge base of the profession that may be a source of stress for working professionals. As also Enö has written (2005), the demands to become engaged in something at the same time as an element of distance is employed represents a conflict in itself, but the point here is that the conflict can also help generate feelings of guilt and ontological uncertainty that in combination with structurally imposed limitations can lead to apathy, absence of job satisfaction and even high levels of stress and burn-out (see also Lindqvist, 2002 and Nordanger, 2002). All of these things have been noted in case studies in the UK, Ireland, Greece and Spain to some degree, particularly among teachers, particularly primary teachers. They have also been pointed out in research in other countries.

There is no critical knowledge in the professional knowledge base or professional training described in the case studies that highlights and makes problematic the above desperate situation and source of stress for working professionals. This is clear by firstly the brief content analyses of professional training curricula provided in the case studies, which all state that a critique of the current political economies of education and care are absent, and also by the absence of such an analysis in practice amongst professionals and professional organisations, which is also hinted at in at least some of the case studies. However, this absence is obvious also with respect to outcomes. Any critical (particularly political, ideological and economic) analysis of the tensions of the present situation would surely have to result (as to a degree recently in Farce, according to Jones, 2005) in a revolt on the part of those involved, as this analysis would surely show that it is not a general lack of money/capital that stands in the way of a good standard of care for all – as is generally claimed by the promoters of neo-liberal solutions - but rather the way capital is accumulated off the backs of professionals (and the uncertainty, desire, fear and suffering of those they care for) and then used in an uneven distribution of caring resources.

This issue is also touched on in the case studies from Ireland and Spain, which both suggest that one of the weakest aspects of professional education for teachers is the lack
of pedagogical training that could prepare teachers better for the social diversity and complexity to be found in classrooms. It suggests that an angelic ideology of practice (as a professional myth) and perhaps a somewhat deluded belief in the good of one's practice (a false altruism) is all there is beyond exploitation in labour that holds the day together for most teachers and nurses. Little wonder then that they feel stress. Teachers and nurses are positioned in an alienated service system which, by virtue of their insufficiently reflected and unproblematised values and commitments, they are in an essentially unrecognised and irreconcilable conflict with. Their pragmatic efforts to resolve this irresolvable tension is what holds the profession together. The price they pay for this is stress, unrest, and, ultimately eventually also professional burn out it seems.

Much recent research on restructuring suggests there is an emphasis on professional coping in ways that lift forth the Aristotelian concept of phronesis (Claesson, 1999) as a possible common foundation of professional(‘)s knowledge. Moreover ‘phronesis’ is seen as an important basis for innovation and professional action in research from partner countries (see e.g. Kroksmark & Johansson’s 2005 article in the journal Reflective Practice). It also fits the descriptions of common core content from professional education/training establishments and national policy in the case studies and it places emphasis on a situation (or contextually) dependent action orientation to professional knowledge, rather than critical analysis. Furthermore, as improvisation not criticism is generally suggested as the key characteristic of practice and practical wisdom in phronetic knowledge, it is also in keeping with the ‘needs of (capitalist) culture (and development)’ in the present situation as it helps students and practitioners to avoid having to confront conflict theories and carry out a critical analysis of their working context and conditions and therefore provides exactly the kinds of ideological cement needed for the profession as it stands: i.e. a theoretically contradictory one based on consensus ideology to help people cope with their frustrations instead of challenging them and what may lie behind them (Beach, 2005). This kind of ‘coping’ knowledge is finally also fully concomitant with the evidence gathered in the case studies.

But how well does phronesis really define valuable orientations and actions for teachers and nurses today in the countries investigated? It seems to satisfy the professionals’ needs of a positive identity and in this sense ‘is good’. But at the same time though it seems to serve these professionals very badly as a foundation for understanding, taking control over and eventually even changing practices. Actual practices seem, according to the case studies, to be driven by the tensions (and resolutions) between individual commitments to care (altruism, a desire) and economic intentions to exploit care and these commitments as productive labour (Beach, 2005)\(^\text{205}\). These tensions match those described with respect to the knowledge factor. Both practices, value-related and knowledge-related, seem to be caught up in contradictions and struggles for identity between the interests of cultural-professional-use-value and economic valorisation or commoditisation.

Rethinking the professional-knowledge-relationship on the basis of the case studies
So much for the inadequacy of the practically communicated components of the knowledge base of the profession (i.e. vocational altruism and phronesis) for professional understanding and ultimately professional control and development, but what about formal (disciplinary) knowledge from the university subjects conveyed in universities. Can we not also question the value (and for whom) for professional work, professional knowledge and (ultimately)

\(^{205}\) Willis (1999) describes this as a plight of all cultural commodities in capitalist contexts where there are always two constant presences in the articulation of cultural power; genuine human use value and economic exchange value. This is suggested also in the case studies from Ireland, the UK, Greece and Spain in particular, where conflicts between clientelist relations and sectoral interests are said to constitute one of the main characteristics of the formulation of education and health-care policy alike.
professional development of this de-contextualised knowledge (also Beach, 1997, 2005)? There are a number of reasons for asking this question. First of all, the ‘idea’ that such ‘scientific/cognitive’ knowledge can be valuable (alone) for practice is based perhaps mainly (or at least partially if not heavily so) on the construction and maintenance of a social myth of the value of the enlightenment tradition (of science) in its modern form as part of the modern project of social development (Lave, 1988; Säljö, 2000; Beach, 2005).

Before the enlightenment, personal identities, knowledge, the social order (of things) and dominating social narratives, were mediated through tradition(s) that were often enforced through the use of overt power, military violence and the kinds of compliance brought about through ignorance and a fear of divine or other forms of retribution (Säljö, 2000; Alvesson & Deetz, 2000). The post-enlightenment promise was for an end to this kind of domination (which Kant called a self-imposed exile from personal freedom) through the development of an autonomic subject who gradually obtained enhanced degrees of liberty on the basis of the rational holding that it was felt would be possible to develop from an ever-increasing fold of scientific knowledge. This is the lynch-pin of the scientific core of professional education suggested by previous research and the present case studies for the science-professional practice relationship (also Brante, 1990, 2005). But this promise has not materialised. It is mainly mythical (Mulkay, 1989) and can also be considered as a key aspect of political domination within a class struggle (Beach, 2005).

A second ground upon which to develop a criticism of the ‘universal’ idea of a ‘natural’ link between the disciplines of ‘science’, professions and ‘development’ is in relation to the way theory and practice are treated in higher education institutions – both ‘historically’ and presently, as described in the case studies. According to the case studies theory (in this case as established by science and represented in/through scientific disciplines) and practice (in this case as the physical duties of professionals) are often treated (and named) in national policies and education programmes as two fundamentally different forms of knowledge in professions and for professional work (Brante, 2005; Beach, 1995, 1997, 2000, 2005). Theoretical studies are said to be formed through objective and systematic investigations that provide descriptions of complex relationships that portray (but are not identical with) the ‘realities’ they relate to, in that they represent abstract explanations, models and generalisations that are learned through reading and other forms of symbolic manipulation. Practical knowledge is said to be more ‘subjective’, less structured, more concrete, to relate directly to a specific context and to be communicated through activities connected to the use and ‘exercise’ of particular contextual (and physical) abilities and skills (Selander, 2003; Carlgren, 2003; Beach, 2005). But when we look at the ways of ‘doing theory’ in schools and hospitals, what is actually suggested is that these are also very much contextual, mainly physical practices (such as reading, counting, drawing, discussing and writing things) and that, moreover, the ‘physical work’ of practitioners is thoroughly thoughtful (cognitive) as well (also Lave, 1988). This means that the ‘distinction’ between theoretical and practical knowledge (and then perhaps also between doing theory and doing practice)

206 The enlightenment was meant to mark the victory of rationalism over the darkness of authority through birthright and position, and a victory over powers that were based on the enforced acceptance of traditional values or ideology but, as critical theorists such as Adorno, Horkheimer, Habermas and Marcuse and post-modernists such as Foucault, Derrida, Deleuze and Laclau have all pointed out (Beach, 2005), the modernising project of the enlightenment has never been able to sustain this myth, as it too was built on an ambiguous authority, the sedimentation of mythical values and beliefs and the use of various forms of violence (all be them mainly symbolic ones). There is, quite simply, a dark side to the enlightenment, which the critical theorists and post-modernists have shown to favour the domination of the world by an empowered group and a normalisation of their right of to rape it of its resources and ‘desertify’ it, dominate (other) men, women and animals and exterminate indigenous peoples across the globe for purposes of profit, in the name of progress (Mulkay, 1989; Noske, 1997; McMurtry, 1998; Kanepalli Kanth, 1999).
seems somewhat questionable and constructed (also Beach, 1997) and that it is legitimate to ask by what means and in whose (or what) interests this construction has been established. This is a question that is well worth asking. Unfortunately though, it is outside the vista of the present overview analysis.

What isn’t outside the scope of the investigation though, is the point expressed in the case studies that university culture is fragmented and divisive in its relations to teaching and nursing as professional practices. Formosinho (2000) was quoted in relation to the Portugal case as stating that a subject specialisation (in relation to teacher education) may not be the most adequate context to foster attitudes of interdisciplinary perspective taking or multi-professional work. In Formosinho’s terms a university culture based on curricula as juxtapositions of individual courses may not be the most adequate context to foster a global vision of teaching in our mass schools, a university culture based on departmental compartmentalisation may not be the most adequate context to develop theory-practice integration skills leading to a more reflective practice artistry or to team working and a university culture based in feudal fragmentation may not be the most adequate context to foster attitudes of co-operation sharing and collegiality. Quite simply, the university might not be the best place for fulfilling the formal aims of higher professional education (Beach, 1995, 1997, 2000, 2005). This recognition may have formed a spark in the sixties and seventies for the creation of polytechnics (such as in Finland and the UK) and higher technical colleges (such as in Sweden with the expansion of its ‘högskolor’). However, neither Formosinho nor the case studies generally suggest that professional education should be abandoned to practical training regimes in schools in ways like those common in the UK recently. Tensions between different cultures inside the university are a problem, as is the domination of ‘practical’ cultures by theoretical ones (see also work package 1). But these problems should be challenged not given up or economically (and politically) deepened and exploited.

**Some possible (but definitely speculative) conclusions**

There are some obvious conclusions to be drawn from the case studies and some less obvious ones. Amongst the obvious is the issue of commercialisation. Teaching and nursing, and their respective forms of professional knowledge, are being increasingly drawn into privatised production relationships and new managerialist regimes. Another obvious tendency is the continued female presence within the professions of nursing and teaching (as nurses and teachers) and their continued domination within/by management (and ideology) that is increasingly male in its social make up and masculinising in its socialising tendencies (also Gannerud, 1999). These things are issues that will probably be even more visible in the ethnographic studies and life-history analyses.

One of the more subtle conclusions connects to issues of professionalism and professional knowledge written about for instance by Jean Lave (Lave, 1988, pp 23 – 44) concerning the problematic domination of understandings of the world, and of professional needs in particular, by the alienating concept of ‘learning transfer’ that separates physical actions and mental processes (i.e. praxis) in accounts of learning and the relations between education and workplaces. As Lave signals, the distinction between theory and practice and theoretical and practical knowledge is arbitrary at best and perhaps rather suspect (Allman, 1999, 2001; Brante, 2005; Selanders, 2003; Carlgren, 2003; Beach, 1997, 2005) and this recognition leads to perhaps one of the main points emerging from the case studies, which is that the orientation and form of change in teaching and nursing (and its professional knowledge) in the countries we have studied has appeared to depend on mainly three things. These are the State of the ‘welfare’/service system of immediate history (as e.g. conservative, liberal, religious, or corporate, social democratic welfare State or voluntary system), including its most basic epistemological values and the ways these have been externalised in artefacts,
technologies and social practices. These principles of organisation help form the primary constituents of culture that condition the predispositions of individuals as they form what Bourdieu (1996) has termed the repertory of actual and virtual possibilities and spaces of project recognition and realisation for them. Material history, available cultural positions, social relations and the use of symbolic and material (including economic and military) force are all significant factors here (Beach, 2000, 2005; Gustafsson, 2003). This ‘recognition’ shows something of the challenge facing National and European welfare when we set this up against the cultural background of global(ising) neo-liberalism.

National policy statements relating to such things as capacities to take personal responsibility by choosing and evaluating activities proliferate in the present moment in all countries. However, whilst this ‘new idealism’ describes an increase in delegated responsibilities to the local arena more generally and symbolically ascribes value to self-determination and ‘actor-based’ or centred chains (or networks) of practice governed ‘locally’ by rational reflection, independence and freedom of choice, in the available empirical evidence discussed in (and in relation to) the case studies, there is a tension between this idealism and a second discourse (of economic performativity), which is deeply engrained in the formal culture of the official society of each partner country (as well as globally). There is also little evidence of a positive relationship between the two according to the case studies in this work package and the research review carried out in the previous one.

Deregulation, privatisation and educational policy borrowing – although ‘variously’ discussed in the case studies - clearly present some main global trends at the present time, but the particular forms that policies take are still determined also by the specificity of national context and history to some degree (Walford, 2001). In this sense neo-liberal global restructuring is a strong influence, but not a fully determining and absolutely irresistible force, as whilst neo-liberalism is the kernel of current political economic doctrine and has become manifest at the level of macro-economic decision-making (Rikowski, 2002; Robinson, 1996; McMurtry, 1998; Dovemark, 2004; de Sequeira, 2005) in each country in the present sample according to case study evidence, at the same time the possibilities for State intervention are still relatively strong according to the same sources and this means that the general orientations of market-driven systems (including decentralisation, the local management of schools/care, community participation in governance and the introduction of private sector techniques and strategies of management) have often been introduced more in discourse than in practice and also to some degree (slightly) differently in both discourse and practice. There is still a possibility for resistance.

207 The idea is that there have until recently been few significant commonalities in the developmental trajectories of the professions of teaching and nursing in the partner countries. Recent developments are more similar in that firstly there has been an awakening toward a principal of service democracy in line with political democratisation or secularisation processes followed by a later embrace (material and discursive) of neo-liberal policies. The latter occurred particularly once an infrastructure of care had been sufficiently developed that private organisations could become extensively interested in exploiting. Periods of right wing government and post monetaristic (post-modern/post-industrial) experimentation in public planning in the seventies and eighties globally have helped to cement these similarities. In this sense the professions have been developed to some degree everywhere as public services (later in some countries and with a shorter trajectory/life-span in some countries than others) within different organisational frames and political contexts and from different initial starting points. Recent developments abandon the principles of public ownership. Education and care have increasingly become commodities.

208 Teacher resistance, such as that in France as reported in Jones (2005), is one example. Jones describes the teacher actions of spring 2003 as located in controversies over decentralisation, job-cuts and pensions. The protestors detected behind government projects ‘a bigger impending threat – a profound decollectivisation of the school’ and their action was doubly inspired ‘by a vision of an achievement undermined by social crisis and placed in political danger’ and by the will to guard the frontier between one system of values and another. The slogans of the 2003 teacher action were ‘the school is not a business’ and ‘education is not for sale’. They were
Portugal in particular, but also Sweden, Ireland, Spain, Finland, Greece and even the UK still command many aspects of the regulation of the educational and health care systems and the profile and the development of their respective professional education and training programmes. This creates thus the conditions of what the Portugal case study suggests is a **mitigated neo-liberalism** characterised by **contradictory and ambiguous elements** that have not produced the outcomes that were anticipated by their advocates and promoters; which certainly seems to characterise the evidence of this work package. **Hybridisation** is visible in the way policy measures are adopted and as suggested in the case of Portugal and Greece in particular (but also Sweden, Finland and Spain), what seems to figure most is a **mosaic composition** in the way new measures coexist with traditional modes of collective (and State) regulation.

England seems to be the most neo-liberal country in the partnership according to the case study materials, and can be termed as the advance guard of the neo-liberal zeitgeist in Europe. Privatisation and the introduction of measures that are described as aiming to guarantee a fair market have been implemented there since the eighties and also evaluated and ‘refined’, and also characteristic is that subsequently class differences in the degree and character of education and care ‘received’ by ‘clients’ have escalated to levels approaching those characteristic in the US, despite highly technically refined production facilities being available that could be used to provide a high standard of care and education for all.

However, all the case studies actually converge significantly on this point and suggest to some degree that, as also pointed out by Jones (2005, p. 22), citing Crouch (1999), the most energetic point of social power emerging in the late 20th century is that of globalising capitalism and that this power is significantly altering the theoretical, material and political interests in services that had emerged in previous periods. As quoted by Jones (p. 229) Crouch writes ‘a mid-century compromise prevented the strong forces of capitalist industrialism from gradually invading all community institutions which did not correspond to their rationalistic goal-seeking ends, and suggests that the work of prevention was embodied in the welfare State and in modes of social citizenship as the means by which underprivileged classes secured an attenuation of class inequalities. Now there is, according to the case studies, instead a commencing large scale expropriation by private capital of public assets, aided by State power and smoothed by public discoursing in what Ball (2003) has termed (paraphrasing Engels) the ‘commodification of everything’ (Jones, 2005, p. 230). But as Ball, (2003, p. 178) quoting Nagel (1991), also points out, any political theory that merits respect must offer an escape from this kind of ‘self-protecting blocking out of the importance of others’ and this is something that the kinds of neo-liberal choice theory underpinning modern social politics definitely do not seem to offer. Current neo-liberal social politics are thus unworthy of respect according to the case studies and are a dread for the future of a truly human society. Through them care and education have become incorporated elements of a symbolic economy for the configuration of status and advantage and of a material economy based on the extraction of surplus value; an element of potlatch in the senses of the concept as developed by the anthropologist Marcel Mauss in which the gift of care and education are offered and destroyed in the same instance, in the signification of power, privilege and status and perhaps above all the generation of profit interests.

These kinds of developments are perhaps clearest in England at the present time in the professions in question, but are also forming an emergent trend (more recently and even perhaps reluctantly) in the other neo-liberalising countries in the partnership, as are the changes in the conditions of labour that are rapidly becoming key major headaches or problems of education and care workers in the public sector. There is in England an
emphatically wealthy private sector where high technology, purpose built or highly adapted environments and an economy that purchases greater portions of time for clients and caregivers exists alongside an increasingly pressured public service. Woe the exportation of the English model to the rest of Europe as a new European standard.

Finally, phronesis seems to be characteristic of the current knowledge base of professionals in nursing and teaching in the countries in the partnership, which I would suggest on the basis of the case studies is not conducive to their interest of understanding, critiquing and ultimately changing the professional situation in democratic directions at the present time. Phronesis is more concerned with practical wisdom and coping with the vicissitudes of the professional work context. It seems to be a rather reactionary and consensus oriented perspective that is out of tune with the need of professionals with respect to understanding the context of the valorisation of services and the plight of service professionals and clients in the era of neo-liberal economic restructuring in the service sector.

What may be needed instead is a conflict perspective and an emphatic influx into the professional knowledge base of (ideology and political economy) critical discourses that may enable professionals and would be professionals to both suspend and deconstruct the current dominant ideology in discourse and material practice in a quest for a more rational or more reliable knowledge in the sense of Weber’s rational sociology of understanding. This quest fits well also with critical theory in a post Marxist re-theorisation of this rational sociology, where such knowledge always pre-supposes an operation of rupture and a disarticulation of ideas from the connotative domains to which they appear to be linked in the form of a misleading necessity. As expressed by Laclau (1997, p. 10), any approximation to the concrete presupposes conceptual articulations and not the mere exposition of the logical properties of a simple conceptual whole, where the more concrete is the analysis, the more theoretical determinations must be included in it in a progressive process of abstraction.

Phronesis seems unlikely to help professionals gain critical distance from the world of action of socially and economically organised and managed practice in present day schools and hospitals in class based, hierarchic, racist and sexist societies, where integration, solidarity, authenticity and the development of a democratic basis for care are ruined by an increasing introduction of profit first models. The realisation of aims such as those of solidarity depends on the deconstruction of two historically dominant ideologies in their most fetishised forms and a reconstruction of services on a socially transformed cultural base. Phronesis doesn’t deal with such political and ideological questions as this. It ignores them and this is dangerous. The meanings and procedures of health and education in Europe are the focus of as yet undecided conflicts, but despite being as yet finally un-decided, a new service settlement seems to be emerging in which an economised version of services has a distinct lead over other forms in the practices and discourses of those involved and particularly those in power.

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