



The development of the nursing profession in a globalised context: A qualitative case study in Kerala, India



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ABSTRACT

In the paper, we are looking at the relationship between globalisation and the professional project, using nursing in Kerala as an exemplar. Our focus is on the intersection of the professional project, gender and globalisation processes. Included in our analysis are the ways in which gender affects the professional project in the global south, and the development of a professional project which it is closely tied to global markets and global migration, revealing the political-economic, historical, and cultural factors that influence the shape and consequences of nurse migration.

The phenomenon that enabled our analysis, by showing these forces at work in a particular time and place, was an outbreak of strikes by nurses working in private hospitals in Kerala in 2011–2012.

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1. Background

Research in the sociology of the healthcare professions has tended to be conducted in a single nation state or as comparisons between two or more nation states (Abbott, 1988). However, globalisation is acknowledged to be an issue of central importance in contemporary sociology. Though there are numerous competing definitions of globalisation, in this paper we align ourselves with Robertson (1992) “both to the compression of the world and the intensification of consciousness of the world as a whole...” (p8). In terms of timescale, for the purposes of this paper, we are largely focussing on the ‘third wave’ of globalisation, since 1989. This third wave is characterised by its total global reach, mediated by advanced technology, with unprecedented levels of global migration. Dingwall (1999) argues that a globalised world will need globalised professions, not least as trust-building organisations in an increasingly complex world, with limited face-to-face contact.

In this paper we consider the relationship between globalisation and the professional project of one profession, nursing, in one Indian State (Kerala). As we argue below, nursing in Kerala is particularly strongly exposed to global processes.

1.1. Theories of professions and the professional project

There was a general re-alignment of sociological thinking on professions in the 1970s. Hitherto, analysis of the professions had been influenced by functionalist approaches, with its main emphasis on defining what a profession was, and delineating its social features. The (neo-Weberian) work of authors such as Larson (1977) and Abbott (1988) was part of a wider trend towards a more critical stance on the professions. Larson (1977) introduces the idea of the ‘professional project’. Rather than being altruistic social institutions, professions are viewed as pursuing their own interests. For Larson, the professional project includes programmatic efforts to secure professional status and social respectability, and to control jurisdiction of work, access to training, accreditation and, ultimately, to labour markets. In addition, the profession develops an ideology that justifies these privileges by appeal to professional skill and wider social benefit. Larson (1977) argues that the main focus of these efforts is the state, which is the principal agent in the creation and control of professions.

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Abbott (1988) points to the importance of other, competing occupational groups in the professionalisation process. For Abbott, professionalisation is an attempt by a group of workers to define a 'jurisdiction' over which they have a monopoly of knowledge, and can thus exercise control. This is only achieved through a process of struggle with other groups of workers: "*The history of jurisdictional disputes that is the real, the determining history of the professions*" (p2). One of Abbott's major contributions is that he shows how professionalisation is a dynamic process. Professional status needs to be defended, as well as achieved. Though Abbott is critical of Larson, claiming that her work places too much emphasis on the state, and pays insufficient attention to struggle with other professions, we believe these approaches can be fruitfully combined to analyse the professional project in a context where both state and competing professions are significant. An issue of importance, in a strongly gendered profession like nursing, is the comparative neglect of gender as an issue in these professionalisation theories, especially in terms of professional status (Witz, 1992). Equally, a limitation of most writers in this field is that the analysis draws principally on the history of the professions in the developed world.

Comprising the majority of healthcare workers worldwide, nursing is extensively integrated into contemporary processes of globalisation. The largest group of health care professionals who are working outside their country of origin or training are nurses, due in no small part to the worldwide shortage of nurses, across all health care systems (Yeates, 2009). As such, the professional project of nursing presents a significant and interesting case for analysis.

The professionalisation of nursing has been ongoing since its emergence as a profession in the nineteenth century. However, the pursuit of nursing's professional project has always been problematic due to the overwhelming influence of the medical profession. This has caused nursing's status as a profession to be questioned by *inter alia* Etzioni (1969) who characterised nursing (along with social work and teaching) as a semi-profession. For a subordinate profession like nursing, the professional project will necessarily take the form of a dual closure strategy (Witz, 1992). This entails an attempt to usurp the more powerful profession of medicine (by, for instance, taking on new roles which have hitherto been the province of doctors), while at the same time closing off nursing and its work to rivals of lower status. As we shall see, there is evidence of similar conflicts in our case study.

Gender has been shown to have a significant relationship with professional projects (Witz, 1992), with professions which are predominately female finding it harder to pursue a professional project than more male-dominated professions. This is due to gendered notions about what is appropriate behaviour for women in the workplace, women's careers and the status of work done largely by women (Witz, 1992). The status of nursing as a strongly feminized profession has particular consequences for its professional project. Davies (1995) shows how defining nursing as women's work devalues its importance and silences nurses in policy debates – while, at the same time, nurses are individually lauded for their work. Both historical and contemporary studies show how problematic this gendered status is for nursing as a profession. Reverby's (1987a,b) historical analysis of professionalisation by nursing in the USA makes clear the importance of gendered notions of, for instance, 'duty' in framing nursing's professional project. She shows how the tension between 'order' and 'caring' in the history of nursing in the USA, as well as a struggle between nursing elites and the 'rank and file' explain nursing's failure to achieve the professional status of other groups (1987a,b). Rankin (2009), focused on Canada, analyses the contemporary attack on nursing's professional project by New Public Management. However, these analyses of gender and professional projects have been conducted in the global North. The ways in which gender

affects the professional project in the global South has been explored indirectly by Nair (2010) who analysed the relationship between gender and collective bargaining by striking nurses, and George (2015) whose study of nurses' migration from Kerala to the USA shows the intersection of both race and gender with the migrant nurses' professional status. As we will show, globalisation can intersect with gender in ways that has perhaps surprising consequences for the professional project.

1.2. The study of nursing and its professional projects in the global south

The literature on globalisation and nursing in the global South takes as its principal concern migration (Kingma, 2006). As such, the main focus of this literature is the motivations and drivers of migration ('push' and 'pull' factors), principally economic and social (Prescott and Nichter, 2014). Because of its long-standing and substantial contribution to the migration of nurses, the Philippines has been the subject of several studies (Ronquillo et al., 2011; Lorenzo et al., 2007; Brush, 2010; Masselink and Lee, 2010). Though the main focus of this body of work is on the causes and consequences of globalisation for nursing in the Philippines, several points of contact with what might be termed a professional project can be discerned. The first of these is a strongly globalised nursing curriculum (Ortiga, 2014). Curricula for nursing developed in the 1970s in the Philippines and were strongly influenced by the explicit policy of the Philippine state to produce nurses for export (Percot and Irudaya Rajan, 2007), part of a wider response by the Philippine state to globalisation (Yeates, 2009). Second, a consequence of migration has been the development of a two-tier profession in exporting countries like the Philippines. Nurses who move abroad have high status and remuneration, whereas as those who stay at home often endure low wages and status, as well as poor working conditions (Ronquillo et al., 2011; Brush, 2010). Hence, in the Philippines, high levels of migration are thought to have caused a somewhat laissez-faire policy in terms of state regulation, as policy-makers assume that most nurses will leave the Philippines to work abroad.

Kerala, a state in South India, is also a particularly salient case for the analysis of globalisation processes, in that large numbers of nurses from Kerala have migrated to work both in the Gulf and the global North (Nair, 2012). The antecedents of migration for Kerala nurses include the historical legacy of the British Empire and longstanding trading links between Kerala and the Gulf. During colonial times, British missionaries attempted to redefine and professionalise nursing as a 'respectable' vocational career. British mission hospitals established Nursing Schools and recruited poor women or widows from predominantly Christian communities. Kerala nurses remain substantially Christian (Percot and Irudaya Rajan, 2007). Nurse migration from Kerala began during the 1960s, often facilitated by missionary networks but this was not an organized movement. Missionary nursing schools appointed Kerala nurses to senior positions, due to their faith, or English language skills. Also important in the development of nursing as a profession in India was the military, who also employed Kerala nurses preferentially (Nair, 2012).

The migration of nurses is clearly a gendered phenomenon, part of a global 'care chain' (Hochschild, 2000; Walton-Roberts, 2012; Thomas, 2008), though women's migration remains neglected analytically. Connell (2010) considers the impact of migration on countries within the global South, and analyses policy responses to migration by health systems in these countries, though without taking an explicit 'sociology of professions' standpoint. Iredale's (2005) paper analyses how the recruitment of migrant professionals in the Global North is a strongly gendered process, but

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