

Book reviews

David Tavares (2007). *Escola e identidade profissional: o caso dos técnicos de cardiopneumologia* [School and professional identity: the case of cardiopulmonology professionals]. Lisbon: Edições Colibri.

Written from a sociological perspective, David Tavares's work is largely based on his doctoral thesis in educational sciences. It essentially involves a case study of a group of cardiopulmonology professionals, questioning the influence of school organization in the development of their core professional identities.

As the author himself points out, Tavares' work represents a first incursion into a territory previously unexplored by Portuguese sociology and an emerging discipline in the field of healthcare. Studies of a similar nature — on the medical and nursing professions — have proliferated in recent years.

In the 1970s, Berger and Luckmann (1989) examined the social construction of reality, concluding that primary socialization agents constituted the basis for the formation of the individual identity and the definition of decision-making criteria. However, as the authors underlined, the cognitive and ideological matrix evolves in continuity, since the absorption of values, norms and rules continues throughout the life of the individual, accompanying his or her participation in new contexts of interaction. In the same decade, Fiedberg (1988) and Bronfenbrenner (1983) argued that it was necessary to analyze structures of action in a systemic and ecological manner, since the various social systems offered individuals frameworks of intelligibility for the choices they made, and thus the legitimacy of these choices was dependent upon stimulus and negotiation.

David Tavares effectively explores what is a highly complex educational and professional context. An examination of his work, which the reviewer recommends,

allows us to identify three structural dimensions of equal value and interest to the reader.

The first of these dimensions is the heterogeneity of training and professional background. As the author points out, cardiopulmonology professionals are one of the eighteen different socio-professional groupings comprised in the diagnosis and therapy career. Their functions and activities are embodied in their career status; they include technical activities addressing the function and anatomic-physiopathological capacity of the heart, blood vessels and lungs, as well as specific diagnosis and therapeutic activities, in the fields of cardiology, respiratory medicine and thoracic surgery. Professional content further encompasses activities related to electrocardiology, echocardiography, infusion, respiratory function tests, invasive techniques and vascular ultrasound.

The second dimension which the author identifies is the diversity of identity-forming matrices. As a heterogeneous grouping, cardiopulmonology professionals cultivate what the author defines as “plural identities”, characterized by the compartmentalization of professional socialization processes, which are accomplished in distinct contexts (formal educational institutions, hospitals) operating according to different, “often contradictory” rationales; each context generates its distinct socialization dynamic “with different effects on the identity of the actors”, as the author underlines.

The third dimension is the hegemonic influence of biomedical paradigms. Subjected to the pressure of professional communities which increasingly acknowledge the benefits of “plurality” in medical treatment and the importance of human dignity as a factor in health, the biomedical paradigm is weaker in its more technical and technique-oriented facets. Nevertheless, the trend towards globalization and the “rampant” proliferation of information in the biomedical area are beginning to question a “third way”, which reconciles the more orthodox

wing with the biocultural approach. In this sense, the need to see identity from a pluralist viewpoint becomes more important. The trainee does not form his or her identity in a cognitive vacuum. Festinger (1954) pointed out that all the knowledge, opinions and beliefs of the individual with regard to him/herself and to others take shape in a context of successive comparisons; this is why we accept the notion according to which identity is formed via a succession of processes of integration and differentiation, in the unity or the diversity of the very contexts in which it is formed — facts which inexorably lead to paradox. On many occasions, as Erickson points out, it is these paradoxes and contradictory messages which explain suspension or diffusion on the level of identity.

Tavares' study gives visibility to a process of affirmation of cardiopulmonology professionals as a group capable of constructing and preserving autonomy in a complex context in which biomedicine tends to exercise its hegemonic power — in this particular instance, autonomization processes tend to assume characteristics which are distinct from those identified among the nursing community. As the author reminds us, since the changes observed in the teaching of cardiopulmonology favour the recognition of specialized skills, they form an important basis for the development of autonomy and for processes of professionalization, both aspects which fuel the identity-forming process. Changes in basic training (an aspect which in this professional area looks sure to give rise to some debate) have given visibility to clinical components and to specific, cross-disciplinary theoretical components, and this looks likely to facilitate the recognition of cardiopulmonology professionals for the quality of the training they possess and for the specific field in which they operate.

In the course of his research the author observed that the definition of professional identity is subject to the principle of limited rationality, insofar as formative matrices of an unconscious nature, and the more conscious rationales which inform decision-making, are influenced not only by the position occupied by the individual in his or her context, but also by his or her past experience. These effects of position and disposition, which were explored by Boudon, allow us to understand why the identity of cardiopulmonology professionals does not reflect the characteristics of an almost hegemonic identity existing within the context of empirical action.

As Tavares points out, the technological aspect lies at the centre of the group's identity, and is a traditional point of reference in the practice and the skills of the cardiopulmonology professional. It generates forms of identification, and is consubstantiated as a structural feature and an arena in which the identity of cardiopulmonology professionals, whose activity essentially revolves around techniques of diagnosis, finds its expression. However, Tavares points to significant changes underway on the

level of group identity, which is no longer restricted to the technological aspect but is now growing to encompass the diversity of cross-disciplinary skills and stimuli from other areas of knowledge. Tavares therefore does not observe a linear relation between the technological character of professional activity and professional identity: which tends simultaneously to express the “technological” and “cross-disciplinary” aspects, a fact which can perhaps be ascribed to a multi-disciplinary formation open to other areas of knowledge such as healthcare science and the social and human sciences.

Tavares invites us to contemplate the complex relationships of power and knowledge that exist in healthcare organizations. He notes the traditional dominance of the medical paradigm which secured for the professional group under examination the power to control, direct and evaluate the work of the other socio-professional groups with which its own work is articulated. Tavares rightly identifies a current trend he calls a “partial decline of medical dominance”, which is manifested in reduced control over working processes as a whole, in changing forms of employability, and in an increasing submission to administrative power.

Tavares goes on to describe the context of change in which the process of expansion, qualification and professionalization of cardiopulmonology professionals occurs, via the progressive acquisition of characteristics which are generally ascribed to other, adjacent professions. He explains why the changes observed in the teaching of cardiopulmonology have given impetus to the process of professionalization of cardiopulmonology professionals; notes the recasting of the skills of the socio-professional group; changes in the core features of the identity of the group; the diversification of areas of activity; alterations on the level of professional practice and conceptions thereof, driven by the younger generations of professionals; recognition of the field of knowledge of cardiopulmonology professionals, and the emergence of new parameters for the legitimization of the socio-professional group and the construction of specific professional projects.

The author recalls how the school as institution acts as the driving force behind professionalization processes, disseminating knowledge and defining a strategy for the teaching of cardiopulmonology. Furthermore, the school as institution is not alien to the process of expansion of new areas of specialization and the consequent enlargement of the scope of intervention; it attempts rather to impose unity in teaching methods and to counter the compartmentalization and insularization of knowledge which exponential progresses in knowledge and technology have wrought in the healthcare sector.

Tavares underlines how changes in the professional field have led to a recasting of the skills of the socio-professional group, with a shift in focus away from the

practical skills acquired through experience and towards the area of analytical skills. In this respect Tavares cites the principal changes which have been occurring in the teaching of cardiopulmonology since the latter half of the 1990s.

The paradoxes — the complementary or often contradictory relationships obtaining among the different mechanisms of socialization — are examined too. Tavares points to what he calls “crises of legitimacy” among the different processes of socialization. For example, the mismatch between the image (and the reality) that most graduating students have of the profession and that which they acquire in the course of their work, once they have begun their professional activity. He describes the context in which the process of socialization occurs: it is multidimensional, incapable of reduction to partial explanations, multiple in the kinds of learning it imparts (the “social noise” of the conflicts between the different agents and arenas of socialization). Socialization cannot be reduced to mechanisms of social reproduction, seen as the methodical transmission of cultural and symbolic tokens of belonging, from older to younger generations, with the objective of socially integrating them. Tavares concludes that although it is based on a set of common structural features, the identity of cardiopulmonology professionals is nevertheless unstable, in a permanent state of flux. For example, he identifies differences of substance in the formation of the operative categories of “younger” professionals. But both younger and older generations are living through times of accelerated change, characterized by the increasing power of the user, by quality certification processes, by the enlargement and increasing complexity of the forms of intervention in the area of healthcare and by changes on government level to healthcare organizations. Tavares concludes that the identity of cardiopulmonology professionals is intimately linked to one particular area of activity, electrocardiology, but that this fact may well be changing too, not least because the visibility of this area itself is on the decline.

To paraphrase Rui Canário in his preface, one of the merits of this work of investigation is that it yields results which confirm the importance of the school, responsible for the initial stages of professional formation, as an arena and a phase of socialization in which the process of identification — the appropriation and interiorization of the values which structure professional culture, development of a sense of belonging and affiliation to the peer group — takes form. However, this primary socialization in the context of initial training does not explain all the phenomena present in the formation of professional identity. The structural elements of professional identity (or identities) are in a constant state of transformation, as the result of the exercise of the profession in a real context. This forces us to accept that an investigation into

professional identity must necessarily address working contexts, insofar as changes in identity and changes in the sphere of work are co-dependent.

Now that the issues have been set out in this way, we can see an affinity with the sociological perspective on identity advanced by e.g. Claude Dubar. Put in the terms used by Dubar, we might say that identities are socially constructed, as the products of successive formal and informal processes of socialization which simultaneously occur on the formal and informal levels, implemented by the action of different social structures. Identity finds expression in the affirmation of operative categories.

David Tavares has produced a work of quality which will clearly stand as a reference point for subsequent research in the same professional area. And yet, as Rui Canário observes, this study also belongs to a “line of research which, addressing the processes of professional formation (initial and continuous) as an integral part of wider and many-formed processes of professional socialization, seeks to build intelligibility out of the complexities which are formed between learning a profession, exercising it in real working contexts, and the construction of professional identity”. Approaching its subject from different methodological angles, this study offers a gateway to the spatial and temporal arenas in which personal identity is formed, stressing the importance of a coherent, analytical approach which questions both organizations and phenomena of an individual nature.

Writing in 1997, Rui Canário argued that the appearance of studies focussing on the articulation between formation and identity processes undergoing construction, reconstruction or affirmation reflect the importance which formation has assumed in the healthcare sector. Since then, many studies by researchers from the healthcare sector have in some way acknowledged a “crisis of belonging” with regard to traditional categories of representation in the professional field — in this way contributing to our understanding of how new operative categories come into being and configure themselves within a given context — healthcare — which is undergoing profound change.

As a closing remark, I would point out that the integration of healthcare technologies in higher education, the quality of the training given, and the emergence of new expectations for postgraduate studies is contributing, and will continue to contribute, to the emergence of new parameters for the legitimization of the socio-professional group. Meanwhile, new (or rather, old?) challenges are looming: the assertion of a status and role different from those now existing, processes whereby increasing autonomy can be secured, and the affirmation of a range of autonomous skills. As Tavares observes, educational capital in this way finds material expression as the key resource mobilized in the search for new ways to legitimize the socio-professional

group. We cannot forget, however, that the sense of identity is characterized by a perception of unity and temporal continuity. Thus, and since the task of the “I” is to perform a synthetic function, working contexts will continue to play a fundamental role in psychological mobilities and the definition of professional identity.

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