

deprofessionalisation, as opposed to increased professionalisation. Using medicine as a case study, the impact of these trends on doctors specifically is discussed from a neo-Weberian perspective in three societies with very different socio-political philosophies – namely, Britain, the United States and Russia. With due regard to methodological issues arising from comparative evaluation, it is argued that the pattern of professionalisation in the societies concerned is more divergent than convergent. An overview is provided of the patterns that have emerged as a result of the complex interplay between the professions, state and the market in each country. It is claimed that there is no necessary logic of industrialism as far as professionalisation is concerned or even any straight forward relationship between the form of professionalism and private and public sector settings. The implications for the public, including in relation to inequalities, of the different patterns in each of the models characterising the countries considered are also explored. These raise questions about best practice for the future in relation to medicine, as well as professions and citizens more generally.

Medical and nursing professional culture after thirty years of corporatization in the Italian healthcare system.

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In the last decades, the Italian healthcare system (as the majority of the European countries' healthcare systems) has been interested by processes of rationalization of governance structures, of administrative procedures and of professional practice. Effects and impacts of these innovations are mainly measured in terms of services effectiveness/efficiency. Nevertheless it has been reported how these structural changes have been accompanied by a vertical segmentation within the medical profession, including: clinical-physician (the professional), manager-physician (the administrator) and researcher-physician (the academic). These peculiar roles within the same professional profile diverge for power and influence on others, formal knowledge and professional duties. Analogue but less articulated differentiation can be identified within the nursing profession, where some people perform managerial tasks aimed at managing working activities and information spreading.

This paper discusses the results of a qualitative study carried out in an Italian healthcare organization, and aimed at investigating the impacts of these changes on the professional cultures (medical and nursing in particular). The empirical dataset is composed by thirty-three interviews with physicians and nurses in charge of managerial and academic responsibilities. Three main cultural frames emerge from the content analysis of data: the corporate-managerial culture, the clinical-professional culture and the academic-technological culture.

In this paper we will discuss these cultural profiles on details, identifying for each of them professional identity changes, social expectations and styles of leadership in both medical and nursing staff.

Constructing meanings of experience by health care professionals and patients

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The presentation discusses how co-operation between health care professionals and experts by experience is part of changing Finnish health care and the third sector. The aim is to analyse how the need for experience of citizens using health services is constructed between health care professionals and patients who act as experts by experience. This presentation gives examples of how health care professionals and experts by experience give meanings to the mental health and alcohol use. The aim is also to find out how experience of citizens was