

Beyond 'blue-collar professionalism'

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Beyond 'Blue-Collar Professionalism': Continuity and Change in the Professionalization of Uniformed Emergency Services Work

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Abstract

The sociology of professions has so far had limited connections to emergency services occupations. Research on emergency occupations tends to focus on workplace culture and identity, often emphasizing continuity rather than change. Police officers, firefighters and paramedics have their historical roots in manual, technical or 'semi-professional' occupations and their working lives still bear many of the hallmarks of blue-collar, uniformed 'street-level' work. But uniformed emergency services - like many other occupations – are increasingly undergoing processes of 'professionalization'. The organizations in which they are employed and the fields in which they work have undergone significant change and disruption, calling into question the core features, cultures and duties of these occupations. This paper argues that sociology of work on emergency services could be helpfully brought into closer contact with the sociology of professions in order to better understand these changes. It suggests four broad empirical and conceptual domains where meaningful connections can be made between these literatures, namely: leadership and authority; organizational goals and objectives; professional identities; and 'extreme' work. Emergency services are evolving in complex directions while retaining certain long-standing and entrenched features. Studying emergency occupations as professions also sheds new light on the changing nature of 'professionalism' itself.

Introduction

Advanced capitalist society is widely associated with the progressive improvement of scientific technology and practice, with several decades of commentary on the rise of a knowledge economy (Kerr, 1963 / 2001; Reich, 1991) or a society dominated by technical experts (Abbott, 1988; Eyal, 2013; Scott, 2008). But contemporary societies are also associated with a profound sense of unease and decline. Neoliberal capitalism is associated with intensified social exclusion, poverty and inequality, with welfare states often underfunded and incapable of providing effective public welfare. Innumerable sources depict widespread precarity, exploitative working conditions, a mental health crisis and a breakdown of social cohesion (Bude, 2018; Granter et al 2015; Maharidge and Williamson, 2013; Putnam, 2015). Society is ever more technically sophisticated yet continues to feature isolation, ill-health and deprivation.

These two seemingly polarized directions of social change - increasing professional and technical competence alongside a growing sense of social crisis - are strongly reflected in the highly particularistic world of uniformed emergency services. The primary duties of emergency services occupations such as police, fire and ambulance services are the maintenance of order and the protection of public safety, health and well-being. The technical capacity of emergency responders has continued to expand, yet at the same time emergency organizations and professionals have faced extreme challenges relating to growing and changing demand, and intensifying confusion about their core duties and functions. The very notion of 'emergency' is itself increasingly contested as more and more elements of everyday life are starting to resemble emergencies because of ongoing crises and shortages elsewhere in society (family breakdown, chronic poverty, hospital overcrowding, housing shortages, inadequate schooling, limited social care). Everyday life in neoliberal capitalism is increasingly portrayed via discourses of risk and vulnerability.

In an era of widespread anxiety, crisis and emergency (Bude, 2018; Caduff, 2017), and of growing public skepticism and criticism of experts and expertise (Eyal, 2019) the symbolic roles and purposes of emergency workers are highly valued. First responders seem to possess 'special skills' which 'have endowed them with power, prestige and authority' (Caduff, 2017: 5). 'Resilience' and 'preparedness' have become major businesses, as public and commercial organizations, cities, governments and trans-national institutions confront the risks of mass casualty incidents such as terrorism, pandemics, flooding and wildfires (Caduff, 2017: 12). More is being expected of emergency services organizations to better coordinate and respond both to major incidents and to the growing volume of more mundane but often complex social, health and 'vulnerability' needs. Emergency services are facing the need to adapt and learn, to update their practices and working cultures, to face increased public scrutiny and to become more 'businesslike' and 'efficient' in a restrained funding environment (Noordegraaf, 2015: 197). They need to engage in inter-agency working and collaboration across the emergency services and into other government agencies such as city administration, primary healthcare, social care, public housing, mental health, probation, social work and education. They need to become knowledge-driven organizations, working not according to traditional custom and practice associated with bureaucratic, command-based, uniformed operator cultures of loyalty, discipline and servitude, but to 'evidence-based' protocols developed out of scientific research. They need to act with discretion and judgment. They must account for their decisions, actions and processes. In short, they need to become 'professional'.

Yet scholarly research on professions and professional work has thus far had only tangential connections to emergency services professions. A very large criminological and sociological literature exists on police and policing culture, often focusing on classic sociology of work themes such as operator discretion, canteen culture, rites of passage, dirty work, and exclusionary practices relating to gender and ethnicity (Moskos, 2008; Loftus, 2009, 2010; Prokos and Padavic, 2002; van Maanen, 1973, 1975; van Hulst, 2013; Waddington, 1999). In recent years some parts of the policing literature have explored the various meanings of ‘professionalism’ in policing where the traditional features of police culture are being modernized or eroded (Charman, 2017, 2019; Holdaway, 2017, 2019; Kiely and Peek, 2002). The research base on the work of paramedics and firefighters is smaller. Research on ambulance work includes Boyle and Healy (2003); Corman (2017); Granter et al (2019); Metz (1981); Mannon (1992), McCann et al (2013); Seim (2017); Tangherlini (1998), and Wankhade (2012). Sociological literature on work and organization in firefighting includes Chetkovich (1997); Desmond (2007, 2010); Kaprow (1991); Hassard (1991); McCarl (1976, 1984); O’Neill and Rothbard (2017); Tracy and Scott (2006); Woodall (1997) and Wright (2008). This literature provides rich description of various sociological aspects of emergency occupations (extreme work and stress, coping strategies, gender, ethnicity, uniformed identity), but much of it pre-dates contemporary discussions of the professionalization of uniformed work and has little to say to current debates around the hybridization and adaptation of professions and organizations (Currie et al, 2015; Muzio and Kirkpatrick, 2011; Muzio et al, 2013; Noordegraaf, 2015).

This paper explores the ways in which sociological research into the nature and culture of emergency services work can be brought into a closer dialogue with organizational research on professions and professional work. It focuses on police, fire and ambulance services as the three most prominent uniformed emergency services.¹ Literatures exist on other emergency services such as lifeboats (O’Toole and Grey, 2015) and mountain rescue (Lois, 2003), often covering the significant volunteer sector that has a long history in emergency work. All of these emergency-related occupations possess clear parallels to other uniformed occupations, such as military organizations and even to other forms of mobile technical service work in commercial fields such as transportation, logistics and communication (Barley and Orr, 1997; Orr, 1996), where the term ‘professional’ has long been used in a ‘folk category’ meaning (Freidson, 1986: 35-37) as a mode of behaviour and a signifier of high-quality service (Barley et al, 2016).

We argue that there is strong potential for scholarly research on professions to feature mobile, uniformed and technical occupations in more depth in future. These occupations have never enjoyed a great deal of formal status in a hierarchy of professions (Abbott, 1988; Wilensky, 1964), and have usually been classified as technical occupations, or ‘semi-’ or ‘para-’ professions at best, having never acquired the ‘traits’ of a profession (Ackroyd, 1996). This is largely because technical occupations usually lack the means to establish ‘exclusionary social closure’ (Murphy, 1988) that provides license to practice to the exclusion of other groups. The specific means that semi-professions and technical occupations have typically lacked include control over their knowledge base, formal training programmes, and self-regulation (Muzio et al, 2013: 702). But there are reasons to believe that uniformed services’ pro-active, localized, rapid-response work has risen in

¹ These designations differ across societies, with paramedic services often provided by fire departments and by commercial organizations. Technically speaking, ambulance services in the UK do not enjoy the legal status of an ‘emergency service’.

status recently and could become more prominent given the growing demand for crisis management, emergency preparedness and emergency response. This is especially important given that the established, elite professions such as law and architecture - where the work is predominantly cerebral and often remote from the client - are arguably being threatened by developments such as offshoring, artificial intelligence and machine learning (Susskind and Susskind, 2015). Like nursing and other caring and welfare occupations that have traditionally suffered from low social status and have lacked social closure (Abbott and Meerabeau, 1998; Yam, 2004), the active, embodied and physically immediate nature of emergency services occupations could insulate them from these dynamics, potentially allowing them to further develop and prosper. The meanings of professionalism are changing (Muzio et al, 2013; Noordegraaf, 2015). The traditional exclusionary model whereby an occupation would attempt to secure monopolistic closure over a domain and its labour market (Ackroyd, 1996; Freidson, 1970; Johnson, 1972; Murphy, 1988) is not always viable, and should not be considered the only 'true' form of professional work or the only means whereby society can acknowledge professionalism.

The paper opens by reflecting on our own prior work on paramedics and ambulance services, as a way of introducing the current paper's focus on understanding uniformed occupations as a form of professionalism. In doing so we discuss Donald Metz's idea of emergency services as a form of 'blue-collar professionalism' (Metz, 1981), a powerful and enduring idea but one in need of updating. We then move on to discuss four specific domains that have the potential to be useful empirical and conceptual sites where research on emergency services could be brought into a closer discussion with the sociology of professions (such as Noordegraaf, 2015) or the sociology of expertise (Eyal, 2013). As we shall see, all four of these areas are linked in various ways to classic issues associated with the employment of professionals in large bureaucratic organizations, the growing hybridity of professional work, and the interplay between professionalism and managerialism (Currie et al, 2016; Llewellyn, 2001; Muzio and Kirkpatrick, 2011; Noordegraaf, 2015).

'Blue-collar professionalism' revisited: Reflecting on the changing world of paramedic services

We published our first piece of writing on ambulance services back in 2013, based on fieldwork conducted between 2009 and 2011 (McCann et al, 2013). It portrayed the occupation of pre-hospital ambulance response as a very tough environment, perhaps a site of 'extreme work' (Granter et al, 2015), where staff faced stress, conflict and demand overload. We described a complex and contested occupational and clinical field that was a hostile climate for the pursuit of 'professionalization', at least if one understands a 'profession' in the traditional sense - as an occupation with a strong degree of social closure, where its members enjoy elevated levels of authority and control over their work, and high levels of pay and occupational prestige (Ackroyd, 1996; Freidson, 1970). We referred to the pioneering sociology of ambulance work by Donald Metz (1981), in which he described ambulance paramedics and technicians as 'blue-collar professionals', a paradoxical construction that captured the occupation's weak status but skilled and committed membership. Metz described ambulance work as a job that, while very demanding, poorly understood, and poorly-paid, afforded significant degrees of operator discretion and was heavily imbued with social meaning. This characterization is in some ways still accurate even in quite different locations and historical periods.

Our 2013 paper also referred to Wilensky's famous article on 'the professionalization of everyone' (1964) which is pessimistic about the prospects for all occupations to achieve the kinds of closure and reward enjoyed by, for example, doctors, accountants or architects. We advanced a similar argument suggesting that, despite the considerable efforts of the College of Paramedics (a professional association that developed in the early 2000s), the organizations that employ paramedics (NHS ambulance trusts) are unlikely to be sympathetic to paramedics' claims for an enlargement of autonomy and clinical scope of practice, and are rather more likely to continue 'sweating the employee asset' in their attempts to hit very demanding, management-driven, performance targets. While our paper did discuss some important clinical improvements such as the broadening of scope of practice and the rapid growth of membership of the professional body, its overall emphasis was on front-line continuities and frustrations rather than on progress.

On reflection, areas of our 2013 paper on paramedics could be considered excessively downbeat. The paper focused on many of the daily organizational problems and conflicts associated with the pre-hospital world and did not cover some of the recent developments that have taken place since the early 2010s. It is important to highlight the significant strides that the paramedic profession has made in recent years, which arguably makes allusions to 'blue-collar professionalism' outdated. Membership of the College of Paramedics has grown rapidly. While we reported an approximate figure of 3,700 members in 2012 out of 17,913 registered paramedics, by 2018 its membership had passed 10,000 out of a total of around 26,000 registered paramedics. The College is likely heading towards gaining Royal College status more in line with other UK clinical specialties and Allied Health Professions. Certain advanced paramedic roles are now licensed to prescribe. The HCPC - the government body that regulates Allied Health Professions – has recommended a change to the registration criteria such that a degree-level qualification is now a requirement for the registration of new paramedics.

In some ways now is the best time in history for UK paramedics in terms of their enhanced clinical capacity, pay and status, employment options, education credentials, and public profile. Similar processes of augmenting the occupation's status are taking place elsewhere, such as in Australia where all paramedics became nationally-registered professionals from September 2018. The American Paramedic Association launched its Paramedic Manifesto in April 2019. Academic research on ambulance practice is expanding rapidly, including some important policy-relevant projects, such as the UK's Ambulance Response Programme that has resulted in a change of emphasis in triaging calls to focus on clinical need rather than speed of response (House of Commons Committee of Public Accounts, 2017: 11). Updated studies on the sociology of ambulance work are starting to emerge (Corman, 2016, 2017; Granter et al, 2019; Seim, 2017), as well as detailed studies about the nature of paramedic education and professional status (Givati et al, 2018). The professional status and clinical capacity of paramedics have substantially improved in recent years.

But other, quite severe, problems continue to plague paramedics and ambulance services in the UK and elsewhere. Ambulance crews have always enjoyed a relatively high degree of discretion given the mobility of their work, and their clinical scope has recently expanded. But their autonomy is also restricted in important ways (Corman, 2017). Management of ambulance services has a strong 'background' presence, allocating calls, tracking vehicles, gathering data and measuring 'performance' (Corman, 2017). To a large extent, paramedics are 'controlled' professionals, although many who move into supervisory and middle-management roles, could be considered 'hybrid'

professionals or 'organizing' professionals (Currie et al 2016; Noordegraaf, 2015). In addition to the powerful managerial influences in the organizations that mostly employ paramedics, there is also a wide array of clinical and regulatory bodies that set the clinical standards and operating protocols of the pre-hospital world, meaning that paramedics themselves, while now possessing important inputs into these protocols and the knowledge base, are not fully in control of their own profession's direction of travel (McCann et al, 2013).

The daily working experience of ambulance response remains very unforgiving. The volume of UK emergency calls has grown around 21% from 2013 to 2017, now reaching a total of over 11 million per year (Association of Ambulance Chief Executives, 2017: 7). Efforts to inform the public about appropriate times to call for an ambulance as against seeking other forms of medical assistance, advice or self-care seem to fall on deaf ears. Until recently ambulance work strongly prioritized rapid response and transportation of patients to 'definitive care' (hospitals), but today's crews are increasingly upskilled and empowered to treat patients at home or at scene, and to take fewer of them to overcrowded hospital A&E units (Weyman and O'Hara, 2019). Ambulance emergency operation centres also increasingly offer more advanced 'hear and treat' models where an ambulance response is not required. Recent figures suggest that around 38% of calls to 999 that did require a vehicle to respond were resolved and discharged on the scene with no need for onward transport to an A&E unit (Association of Ambulance Chief Executives, 2017: 7). But the sheer volume of calls, the near-collapse of the broader social care system, and the chronic lack of hospital bed capacity are all causing severe pressures for ambulance services. Very slow patient handovers at hospitals are a major recent concern, tying up crews at EDs and creating delays estimated at 700,000 hours per year of lost ambulance activity (Association of Ambulance Chief Executives, 2017: 8).

Operational pressures clearly affect employee morale. Burnout, poor mental health, physical exhaustion and injury, and early retirement through ill-health are legendary in the paramedic world (Brewis and Godfrey, 2019; Mildenhall, 2019). Brian Maguire's research in Australia suggests that the paramedic role is the most dangerous job in the country, with risk of serious injury seven times higher than the national average working population and twice that of police officers (Maguire et al, 2014). Poor workplace relations, such as a blame culture, bullying, mistrust, harassment and just generally poor standards of management have long been notorious parts of the ambulance environment (Care Quality Commission, 2015; House of Commons Committee of Public Accounts, 2017; Hyde et al, 2016; Mind, 2016). Fear of reprisals, a hierarchical power structure and the absence of a culture of openness, learning and reflection are probably behind both the large number of gross misconduct hearings in UK ambulance services and the disproportionately high proportion of paramedics who self-refer to the HCPC compared to members of comparator professions (Health and Care Professions Council, 2017). Staff shortages also major current issue (Association of Ambulance Chief Executives, 2017; National Audit Office, 2017). With their skills in demand, many paramedics have quit NHS ambulance trusts to find more supportive employers. In a similar way to the experience of UK police (see Charman, 2017), some ambulance staff complain that degrees are too expensive and impractical for mid-career staff, meaning that genuine educational opportunities are difficult to take up and that certain roles can't be filled.

So while our portrayal of UK paramedics in 2013 was in parts perhaps overly pessimistic, it remains true that ambulance services face major structural challenges in organization, skill mix, employment culture, staff wellbeing, leadership and capacity. Significant recent progress has been made, but still

we see major disagreements and inter-organizational conflicts over the structure, strategy and future of the service.

With a sensitivity to the possibilities of rapidly-changing structures and the complex interplay of professionalism, managerialism and organizational control, the paper proceeds to explore four domains where the sociology of uniformed occupations can usefully intersect with the sociology of professions, namely: 1) leadership and authority, 2) the goals and objectives of emergency work, 3) cultures and behaviours, and 4) extreme work. We argue that a broad series of changes are enveloping emergency services organizations, affecting them in different ways and at different rates. It is important to note that the pursuit of 'professionalism', while a potentially important end in itself, is unlikely to be a panacea that will result in dramatic improvements to everyday working life in emergency services. Across many public service occupations the pressures of commercialization, technological change and government scrutiny are changing the overall meanings of 'professionalism' (Leicht, 2018; Noordegraf, 2015). The intensity of competition, scrutiny and the need for enhanced standards of service mean that emergency services are compelled to pursue professional projects. In important ways they are increasingly moving beyond 'blue-collar professionalism' and towards professionalism in a more general and established sense as providers of complex, expert services. But the outcomes and meanings of professionalization will likely remain far from certain, just as they are becoming increasingly unclear for more established professions (Leicht, 2018; Reed, 2018).

Leadership and authority in emergency services fields

Management, leadership and authority are fundamental issues in the emergency services field. But there is considerable fuzziness and disagreement around their nature, in keeping with long-term debates around the managerial control of professions employed in large organizations. A 'command' culture has been the traditional management approach in uniformed services (Joseph and Alex, 1972). But can such an approach be appropriate in 'professionalizing' organizations? Many reports into disasters or major incidents have uncovered weaknesses in command and control, rank-driven mentalities. Forensic detail on these matters is available in such works as the 9/11 Commission's report, the various inquiries into the Hillsborough disaster, and a range of academic writing, such as Charles Perrow's work on 'normal accidents' (1999), Scott Snook's pioneering work on military 'friendly fire' incidents (2000), or Diane Vaughan's study of the loss of the Space Shuttle Challenger and its crew (1996). There are many examples where authority was unclear, lines of communication were blurred, blocked or crossed, where decision-making was contradictory, vague, rushed, made in parallel by different agencies or sub-groups of the same organization or simply non-existent. The stated purpose of a command structure is to focus attention and eliminate confusion. But at many of the most complex emergency scenes it sometimes fails to achieve this purpose.

Despite many efforts to better coordinate emergency work through inter-agency collaboration and re-writing of doctrine, it seems inescapable that the nature of emergency work often requires street-level improvisation and professional discretion, especially when first responders arrive on scene. Professionals and technical workers often complain that rule books, technical manuals and standard operating procedures are sometimes unhelpful and that each particular case requires experiential reflection and improvisation (Barley and Orr, 1997; Orr, 1996). Uniformed, rank structures can be

inimical to free thinking and improvisation that working ‘on the streets’ often requires (Lipsky, 2010). Doctrine can get in the way of critical thinking, flexibility and adaptability. It can also be used by organizations and employees to close ranks (‘we followed procedure’; ‘we’ve not seen anything like this before’; ‘we’ve not been given the right training’). Rank structures can be abused in efforts to conceal wrongdoing, belittle input from below and silence whistleblowers. Rank and hierarchy can magnify senses of mystique and heroism surrounding emergency work, and to communicate to those outside this particularistic culture (such as politicians, judges, victims’ or patients’ advocates) that they ‘could never understand the realities’ of uniformed emergency work and so should not intrude with their unrealistic claims for organizational reforms or culture change.

The argument that rank and command are needed in order to establish a clear chain of command at complex emergency scenes is also not very convincing when one considers that a large proportion of what ambulance, fire and police services do cannot be classified as emergency work. In UK ambulance trusts, fewer than 10% of calls are for time-critical or life-threatening emergencies.² A huge proportion of daily blue-light work is much more mundane, such as low-acuity, unplanned primary care callouts (see Brewis and Godfrey, 2019), as well as most of the work that goes on at HQ: a white-collar world of meetings, planning, budget-setting, training days, culture change seminars, diversity management, community policing, fire safety inspections and corporate communications. As befits the deep complexity and growing hybridity of professional organizations (Noordegraaf, 2015) uniformed emergency services are increasingly confronting the degree to which their organizations require a rank structure, clear doctrine, and direct chains of command versus the need for a more open, more white-collar ‘professional’ or even corporate structure and culture.

As with any large organization, front-line emergency workers often complain about poor standards of management (Caless, 2011; Moskos, 2008). Experienced and respected sergeants, watch managers or clinical team leaders don’t necessarily make the best middle or senior managers. Concerns about too many ‘insiders’ getting to senior positions and thereby reinforcing ‘old-school’ working cultures are behind the government’s move to encourage employment diversity and allow ‘direct entry’ to senior ranks in UK policing. The introduction of elected Police, Fire and Crime Commissioners aims at improving emergency-sector governance and accountability and ending the ‘mono-culture’ that has traditionally dominated UK emergency services organizations (Ashworth, 2019). There have been repeated calls for much more in-depth inter-agency working in order to effectively tackle the entrenched social problems that generate many emergency calls. Such changes are in line with mainstream business and management prescriptions that attack ‘bureaucracy’, encourage ‘boundary-spanning’ and promote ‘culture change’ to make organizations supposedly more responsive, more collaborative and less change-averse.

Clearly there are well-established issues and problems with command and control managerial cultures. But a powerful case can also be made that emergency organizations should not abandon this *modus operandi* completely or replace it with some kind of general, white-collar, managerialist form of ‘leadership’. Command and control can be appropriate. If the most competent, skilled, compassionate and respected people are in the right roles, and when the organizational culture is supportive and capable of learning rather than being abusive, exclusivist and authoritarian, then a

² <https://www.sheffield.ac.uk/news/nr/ambulance-service-care-research-response-times-1.749097>

command structure can provide clarity, structure, lines of responsibility and what the quality control guru W. Edwards Deming called 'constancy of purpose'. It can also provide role models and career headroom. As we have seen in the private sector, removing mid-level managers and embracing 'flexible' and 'agile' cultures can be debilitating, creating confusion, role overload and the destruction of stepwise career paths. Removing middle ranks is supposed to encourage faster decision-making and eliminate waste. But it also widens the span of control and enlarges workloads at each level, meaning it can be impossible for overstretched staff to ever see the next manager above, let alone meaningfully interact with and learn from them (Hassard et al, 2009; Osterman, 2009; Sennett, 2007).

Bureaucratic structures can also perform important structural and cultural roles. The cultural memory and symbolic artifacts of emergency occupations tend to emphasize sacrifice, duty and a bearing of protecting the vulnerable. They include military-style uniforms and insignia, or national flags on uniforms, buildings and vehicles. Dates such as Remembrance Day or 9/11 are ceremonially marked. Some literature that focuses on uniformed, action-oriented and 'heroic' discourses basically elides the philosophies and working practices of first responders with those of military personnel (see, for example, Graen, 2013). It seems unlikely that command and rank will ever be expunged from the culture of emergency services.

As with other professional organizations, leadership and management in emergency services feature a complex mixture of influences, complicating management authority. Front-line workers criticize managers for having either too much or too little street-level focus, sometimes simultaneously! Some managers are characterized as 'died in the wool' uniformed people who rely on rank and experience, are resistant to change, dislike outsiders, have a bullying style and are poor listeners. Others brought in from outside or who have made a career of administrative duties are not respected by street responders because they are 'never seen out on the road'. Ambulance services are increasingly clinically capable, but continue to suffer from chronic problems around professionals not trusting or respecting senior management. Tired and resentful voices at ambulance stations the world over claim that 'they' – the managers – have 'lost touch with the realities' of life on the road. Firefighters gossip about members of the senior leadership team who've 'never been to a major fire'. In policing, senior officers without requisite street-level experience are labeled 'politicians'.

As in many large organizations – and especially in the public sector – we hear repeated frustrations over the degree to which professional employees are micro-managed by the New Public Management systems of performance measurement, targets and standards, and that management increasingly mistrusts professional discretion and judgment, and dislikes variation in practice and delivery (Bevan and Hood, 2006; Carter et al, 2011). Facing longstanding difficulties of trust and legitimacy amid an environment of intense operational pressure, management and external regulators have strong imperatives to stake their own rhetorical claims about what 'professionalism' is, perhaps to recast it so that its meaning is simply 'compliance'. Today's version of 'professionalism' is often not something that has exclusively developed out of the self-organizing of experts in the pursuit of social closure, but is rather something imposed from above on employees of an organization (Evetts, 2011). This 'new professionalism' is often treated with suspicion by operators as it has emerged from without and is often alien to traditional custom and practice. This is 'professionalization from above', and it often comes in the form of managerialism: paperwork,

systems, compliance, scrutiny (Klikauer, 2013). If emergency organizations and occupations are to genuinely professionalize, then it is important that the expert professionals themselves have a large degree of scope and input into the professionalization process, otherwise we will likely to see the classic problems that emerge when New Public Management initiatives are imposed in a top-down fashion that alienates front-line professionals and causes dysfunctional outcomes (Carter et al, 2011; Diefenbach, 2009).

In the UK paramedic and pre-hospital emergency world, the relationships between professionalism, managerialism and leadership are highly complex. Ambulance professionals do have some input into shaping their own future, and this is a significant change from recent history in which they had very little. The key here has been paramedic education (Givati et al, 2018). Paramedic training and education has shifted out of NHS trusts and into Higher Education Institutions (HEIs) and the College of Paramedics has played a central role in developing and certifying universities' educational curricula (Harris and Fellows, 2019). Like in other forms of technical work (Orr, 1986), finding a balance between classroom and practical learning is a challenge, and frontline experience is vital to paramedic education. The College has significantly expanded its influence via its certifying role over HEI courses and this is potentially a powerful way for professional bodies to assert themselves over the future development of their field.

In contrast to the paramedics, the professionalization of policing has been more of an imposition from above, and has tended to be regarded with more suspicion by rank and file officers. Police tend to regard their own standards of practices as already 'professional' without the need for university courses and qualifications, and they complain that they are already over-regulated. Many are skeptical about proposed policy turns towards 'evidence-based policing' and 'police science' (Weisburd and Neyroud, 2013) as reflected in the increasingly detailed 'standards and guidance' issued by the College of Policing, a body independent of police forces. Government and other stakeholders such as regulators and victims' groups often describe the police as resistant to change and hidebound by outdated ways of working. The field is in flux as the professional boundaries between the realms of health, crime and disorder, poverty, mental illness, preparedness and resilience are increasingly vague and porous (Commission on Mental Health and Policing, 2013).

The rhetoric of 'leadership' has stepped into this uncertain frame as government bodies attempt to reassert control over public professions. In almost all large organizational settings, the concept of 'management' has largely been replaced by 'leadership' (Ford and Harding, 2007; McCann 2015) - at least rhetorically - mostly because the latter term contains appeals to the ideals of ethics, self-sacrifice and professionalism, rather than on control and coercion. 'Leadership' also connects more easily than 'management' to notions of continuing professional development, evidence-based medicine or evidence-based policing, as 'leadership' allows for 'leaders' to be competent, expert professionals in ways that 'management' usually does not (O'Reilly and Reed, 2011). Notions of 'leadership' can also be readily 'cascaded' down the hierarchy, to the level of individual professionals and (in our case) first responders. Vinzant and Crothers thus advocate a culture change whereby frontline responders are given heightened levels of trust and discretion, as they become 'street-level leaders' rather than Lipsky's (2010) 'street-level bureaucrats'.

At the top, effective 'leadership' in the upper echelons of emergency organizations supposedly entails quiet, self-effacing, ethical practitioners, rather than entrenched hierarchical behaviours of

the traditional ‘top brass’. Such changes might be welcome to many in the emergency services world given the limitations and unpopularity of traditional command structures. But it is all too easy for top management to claim that their organization and their leadership cultures are compassionate, ethical, authentic and empathic. It is much harder to actually demonstrate this in everyday practice when organizational resources are so constrained, where morale is low, where there are stretching targets to hit, and where external scrutiny over performance and behavior is so intrusive (Ford and Harding, 2017; Learmonth, 2019).

There remains much confusion over how best to manage, lead, and measure the performance of emergency organizations. We require more in-depth understandings of the complex and contested nature of emergency services leadership and management, taking full scope of the ways in which discretion, professionalism and authority are understood, from senior leadership levels down to street level (Lipsky, 2010; Maynard-Moody and Musheno, 2003). As we show in the next section, confusion over operational goals and objectives is far from unique to uniformed services, and has long been a feature of professional work more generally.

Goals and objectives of emergency work

A layperson might assume that organizational objectives are relatively clear in emergency-focused organizations: firefighters extinguish fires and rescue the public from danger, police officers enforce the law and help to provide justice for victims of crime, and paramedics respond to medical emergencies to treat patients and provide onward transportation. In an interesting paradox, the ‘core business’ of uniformed emergency services (as traditionally understood) is closely connected to some of the most basic traits of professionalism as discussed in the classic functionalist ‘traits’ literature as ‘stabilizing elements in society’ (Carr-Saunders and Wilson, 1933: 497), or ‘moral fibre, [...] fairness, knowledge, and altruism’ (Muzio et al, 2013: 702).

Emergency services workers occupy nearly unique roles in society, allowing access to all kinds of societal areas (physical and emotional) that are closed to those employed in more ‘ordinary’ settings (Metz, 1981). They have long enjoyed governmental license to drive on emergency lights and sirens, treat patients, detain, arrest and charge suspects, attack fires or extract casualties, as shown in their artefacts and symbols such as uniforms, equipment, warrant cards, and (for some) in augmented legal protections. The work has also featured high level of intrinsic interest and discretion, high levels of public esteem and comparatively generous employment conditions relative to other blue-collar and craft occupations. Chetkovich (1997: 7-8) describes firefighting as ‘the greatest job in the world’ – an epithet that often circulates these highly meaningful workplaces into which social values of public service and sometimes heroism are projected (Halberstam, 2002). On the other hand, these occupations’ historically blue-collar roots and their relatively limited knowledge base and educational credentials have led to their systemic undervaluing compared to other professions such as legal, architecture, and indeed medicine, where professional control over status, pay, autonomy, boundaries, and knowledge-creating and curation are of a much higher magnitude (Abbott, 1988; Friedson, 1970). Emergency occupations today are attempting to enhance their status by reconfiguring themselves as professionals in the sense of white-collar, evidence-based, and university-educated providers of complex, expert services.

While the core business of emergency services might seem self-evident, in reality blue-light services' goals and objectives – and especially the various management systems used to measure progress against these objectives – are far from clear and today are more hazy than ever. The 'core missions' of police, fire and ambulance services are changing, and the boundaries between such categories of work as emergency care, primary care, vulnerability, mental health, preparedness, resilience and order-maintenance are in flux. Austerity measures and demand overload are forcing many emergency organizations to reconsider their priorities, but doing so in practice is fraught with difficulty as it requires broad, multi-agency agreement as to what are the essential, non-negotiable, core activities of each party. Often no such agreement exists.

If an organization cannot isolate its core objectives then how can management effectively measure progress against them? This is a long-standing problem in professional domains where work tasks are complex and discretionary. Historical precedents are well known, such as the debacles surrounding 'measurements of progress' in the U.S. war in Vietnam (Daddis, 2011). Operational metrics continue to be described as 'junk' and 'broken' in contemporary military conflicts (McCann, 2017). Measurements of crime and disorder, arrests and citations are famously 'gamed' by officers, police organizations and politicians (Bevan and Hood, 2006; Moskos, 2008). Public sector organizations are especially exposed to the requirement for outsiders to measure and intrude upon their daily operations, as the metrics of success or failure are supposed to provide accountability to the taxpaying public (Redden, 2019). Weak-looking performance numbers affect the funding and prestige of organizations and threaten senior managers' careers. In an era in which private, third-sector and social enterprise organizations are increasing attempting to take over the running of services from government monopolies, it is becoming ever more important for public sector organizations to get their metrics to tell a story of success, potentially opening the door to distortion, gaming and other forms of metric-related malpractice.

Public administration as a discipline has focused on gaming, goal-displacement and target-fixation for many years (Bevan and Hood, 2006) and these issues are likely to remain very relevant to uniformed services. As 'big data' and other calculative practices proliferate further into everyday life via social media, body-worn tech and machine intelligence, a recent body of academic literature has developed a 'sociology of quantification', or 'critical data studies'. Works such as *Metric Power* (Beer, 2016) and *The Quantified Self* (Lupton, 2016) have opened up new debates about the changing nature of measurement and data themselves. Metrics 'are central to how [our] lives are ordered, governed, crafted, and defined' (Beer, 2016: 4).

Critical data studies is a rapidly-developing area of sociological, organizational and managerial research and there is significant potential for further research inquiry into how these technologies, systems and practices frame, shape and impact on the work of professions and uniformed services. Michael Corman's sociology of Canadian paramedics (2017) contains some very useful discussions of 'what matters' in street-level work. Management information systems such as sat-nav tracking and electronic patient records potentially shift the ownership of the meaning of ambulance work away from paramedics and towards managers and supervisors, as the vast complexity and human interaction involved in patient care are problematically reduced into pieces of 'actionable data' or 'business intelligence'. Used insensitively, such technologies have the potential to further alienate street-level professionals from their supervisors and managers and to stoke further conflict about the meaning and purpose of emergency work, just as we have seen in other professional domains

such as medicine, law and architecture (Leicht, 2018; Reed, 2018). There is considerable scope to further explore how new technologies are shaping, constraining or transforming professional work and the goals and objectives of professional organizations. As we shall see in the next section, the entrenched culture and intensified social meanings associated with uniformed occupations are likely to make these conflicts particularly intense.

Persistence and change in professional cultures, behaviours and comportment

The particularistic operator cultures of emergency services make them especially interesting sites for the sociological study of work, organization and management. Take, for example, the opening gambit of Peter Moskos' brilliant ethnography *Cop in the Hood*:

‘Most days I don’t miss being a cop; being a professor is a better job. But I do miss working with people willing to risk their life for me. And as a police officer, I would risk my life for others, even for those I didn’t know, and even those I didn’t like. That’s part of the job. [...] Danger creates a bond.’

(2008: 1)

Emergency occupations emphasize toughness and resilience in organization, body and mind. The voluminous literature on police culture is grounded in sociological assumptions about the training, education, and embodiment of certain modes of working and living, often drawing on social theory traditions such as Bourdieu's 'habitus' and what Weberian scholars often call 'comportment' (see du Gay, 2015). Stereotypically masculine, working-class, collective, action-oriented norms of a 'blue brotherhood' (Moskos, 2008: 1) represent very long-standing and entrenched elements of police working life. Similar versions are manifested in fire and ambulance organizations; indeed these cultural elements are often cited as powerful influences that make these occupations resistant to change (Chetkovich, 1997; Courpasson and Monties, 2017).

Various external bodies have repeatedly called for culture change and behavior change in emergency services, especially in policing which forms the largest employment population of the blue-light world, and the one with the highest degree of authority and powers over the general public. Internal career routes to the formation of a police officer, firefighter or paramedic are in decline (especially for the latter), as the responsibility for education moves increasing into HEIs. As a higher proportion of the emergency services population has a graduate background, one might expect the more uncompromising elements of the traditional uniformed, masculinist, 'boots on the ground' culture to wane. Perhaps this will mean the overhang of bullying, secrecy and toxicity may become less pronounced. Employment discrimination and abusive behaviors based around differences in gender, sexuality and ethnic origin have a long and notorious history in emergency services organizations (Chetkovich, 1997; Prokas and Padavic, 2002), and are being addressed by outside interventions and internal policy changes. The effects of diversification and professionalization could signify profound changes to the nature of uniformed work.

Culture change is also affecting emergency services organizations via the progressive blurring of the jurisdictional boundaries between them. Governments have pursued 'blue-light integration' or the 'closer working' of fire, police and ambulance organizations to find cost savings and to better

prepare for multi-casualty incidents such as terrorism and major disasters (Ashworth, 2019). Research into professions and organizations often indicates that hybrid and multi-agency working is increasingly common and is fraught with complexity (Currie et al, 2016; Noordegraaf, 2015). Strong official impetus for 'blue-light integration' is often visible at senior levels through governance changes and the development of new protocols, joint training and preparedness exercises. Blue-light integration has also progressed in piecemeal fashion at 'street level' by co-locating fire, police and ambulance staff at shared premises. But the overall movement towards integrating the services has been limited, partly because organizational, political, professional and managerial structures are so complex. At the time of writing UK ambulance services (as a part of the much larger NHS) have been left substantially separate, with Fire in some regions brought under the auspices of the new Police, Fire and Crime Commissioners. Fire and Rescue probably has the most uncertain future of the three UK services. But in keeping with the experience of many other professions, all are grappling with uncertainty about what might be considered their 'core' business amid budget cuts, governance change and inter-agency working.

While emergency services operator culture might be especially intense, other professional groups such as nurses and midwives also possess strong forms of habitus and powerful occupational identities (Croft et al, 2015; Mackintosh et al, 2014; Noordegraaf, 2015: 191; Witman, et al, 2011). These identities are rooted in particular cultural and occupational histories which invite in-depth historical explanation. We still lack powerful explanations of how emergency occupations have moved from manual and technical work into much more complex professions. Fellows and Harris (2019) provide a very helpful insider account of the development of the British paramedic profession, but we need further in-depth research if we are to better understand the organizational histories of uniformed occupations and their experiences of professionalization. This would help to build a clearer picture of where they might be headed, and could be a powerful way to bridge organizational and sociological research on occupations and professions. How and why have particular developments occurred? What are the controversies surrounding 'border skirmishes' between various professional jurisdictions (Abbott, 1988) in times of change and adaptation? What and who have been the drivers (or blockers) of professionalization? Where are emergency service occupations headed next in an era when professional work is threatened by privatization, commercialization and austerity measures, while also being potentially reshaped by automation, big data, and machine intelligence (Susskind and Susskind, 2015)? Viewed in these terms, again we see that the issues facing emergency occupations are common to many other professional groups.

Organizational, physical and mental extremes

Professional and white-collar roles can be personally rewarding while being very demanding (Buchanan et al, 2013; Granter et al, 2019; Hassard et al, 2009). Overstretch, both personal and organizational in nature, has become increasingly severe in emergency services, compounded by financial stress and austerity (Noodegraaf, 2015: 196). Police and ambulance services have in recent years faced very substantial growth in the volume of emergency calls as well as growing complexity and ambiguity over their nature. Fire and Rescue organizations, on the other hand, have tended to face a reduction in fire callouts, mostly because of improved fire prevention and safety standards (Department for Communities and Local Government, 2013: 11-15). With policing and ambulance

organizations struggling to meet callout demand, fire is facing an uncertain future, often having to confront budget cuts, organizational change and job reductions as a result. Several governmental reports (such as Sir Ken Knight's 'Facing the Future' - Department for Communities and Local Government, 2013) have argued that the Fire and Rescue Service needs to adapt to these demand changes by assisting other emergency services and by reducing headcount and budgets.

In England and Wales, current total police staffing levels are around 123,000 officers, 61,000 staff, and 27,000 other operational or potentially operational staff such as PCSOs and special constables (Home Office, 2017: 5). Officer numbers have fallen by around 20,000 since 2010. Around 8 million 999 calls are made to the police every year (College of Policing, 2015: 3). Non-crime related calls account for around 83% of this call volume, including requests around vulnerability and safeguarding (such as missing persons). Police organizations have been placed under intense government scrutiny to improve their understanding and response to issues such as community mental health, modern slavery, domestic abuse, and stalking and harassment (College of Policing, 2015: 9). Amid staff and resource shrinkage, police organizations have had to reprioritise their core business, with the emphasis of much police work shifting from crime investigation to preventing 'threat, harm and risk' (Charman, 2019).

NHS Ambulance trusts in total have 32,400 employees, of which around 27,000 are in operational response roles (National Audit Office, 2017: 18). The service as a whole receives around 11 million emergency calls, a figure that has been climbing nearly 10% per year (Association of Ambulance Chief Executives, 2016). A very large proportion of these calls (around 95%) are not life-threatening emergencies (National Audit Office, 2017: 13). Ambulance providers have increasingly been expected to widen their commitment and expertise to handle lower acuity urgent and unplanned primary care while also finding ways to safely triage and divert calls to ensure enough capacity to respond to the most serious medical emergencies.

In 2018 Fire and Rescue Services employed 42,000 full-time equivalent firefighters, with operational firefighter strength around 34,000 – the latter figure down around 16% on 2013 numbers (Home Office, 2016: 2, 4). Fire and Rescue services typically mobilize crews to over 540,000 incidents per year, (down by 200,000 compared to ten years ago) of which around 30% are fires (Department for Communities and Local Government, 2013; Home Office, 2018: 4). This comparative lack of callout activity has meant that Fire and Rescue services have faced budget cuts and staff reductions. Fire organizations in the UK have also redefined their roles, such as trialing the dispatching of fire personnel to medical emergencies to assist the ambulance service. Fire service attendance at medical emergencies grew from an average of just under 16,000 incidents in 2012-13 to over 34,000 in 2015-16. This development has mostly been very unpopular with firefighters, and the Fire Brigades Union (FBU) has largely opposed it on the grounds that these new duties lie far outside the core business of a firefighter, and new responsibilities have often been taken on without improvements in pay and employment conditions. Such was the surge in pressure for fire crews suddenly having to deal with a quite different form of operating that the FBU withdrew its conditional support for some of these medical response programmes and the rate of fire service response to medical emergencies is again falling (Home Office, 2018: 16). Sickness absence among

fire responders (often due to poor mental health) has risen considerably.³ Over 4,000 Fire staff left the service before retirement in 2015-16 (Home Office, 2016: 2), something that used to be rare.

Staff shortages and recruitment and retention issues have also hit ambulance services hard. Recent reports have claimed that around one in ten paramedic vacancies routinely go unfilled (National Audit Office, 2017: 16). Qualified professional staff are moving to other workplaces that might be less demanding, such as GPs surgeries, private operators or part-time 'bank' contracts. New providers are moving into emergency services territory in a context where many government-run monopoly providers face credibility problems. Some of the core duties of government bodies are moving over to private providers and this trend seems likely to accelerate (Brown, 2017; Klein, 2008).

Police forces have complained about falling officer numbers under austerity conditions. Signs of resource shortages affecting police performance and public safety are becoming increasingly clear. Police are unable to respond to all calls, de-prioritizing what should be basic, fundamental parts of their work, such as responding to household burglaries (Bacon, 2019). There are many examples where the police are too overstretched to follow up on investigations and are simply forced to drop lines of inquiry, despite the clear risk of harming the police's credibility with the public.

Confusion over an organization's core purpose and challenges to its operating capacity raise the stakes yet further for employee stress. Burnout is not only the result of exhaustion and repeated exposure to distressing scenes. It is intimately tied to worker frustration about a lack of discretion and control over their work (Granter et al 2019). Emergency response work will always to some degree involve exhausting shift patterns and the potential of stressful, emotionally-laden incidents. Performance management, scrutiny, budget pressures, and changes to prioritizing mean that emergency workers are also increasingly facing strains relating to autonomy and job control. Emergency work has always been potentially stressful, but when combined with new and severe organizational pressures, this clearly poses a major challenge to the genuine 'professionalization' of these occupations.

While poor mental health and sickness absence are very significant issues for blue-light services, emergency response professionals tend to be robust characters. Back-stage, informal coping and mentoring strategies provide significant forms of mutual support (Boyle and Healy, 2003). There is also another element at play, connected to the dedication and duty of serving the public and of being a witness to suffering. There is a kind of nobility bound up in the roles and expectations of emergency response (McCann, 2018). Mark de Rond's work on doctors in warzones (2017) is a powerful piece of writing that explores the complex philosophical entanglements involved in working in and around death and violence. People carrying out this kind of work often become highly philosophical, better able to put what they see into perspective. While recognizing the sadness, randomness and absurdity of death, deviance and destruction, emergency workers also want to be useful; to be able to use their skills, abilities, comportsment and experience to help patients, families and victims of crime. Amid the conflict and strain of working life in an emergency-related organization, they want to do good in the terrible situations in which people sometimes find themselves. In our own work, this complex negotiation of the risks and the rewards of emergency

³ BBC News, 2017, 'Fire staff on long-term mental-health leave up by 30%', 17 September

work led us to draw on Stephen Lyng's notion of 'edgework' (Granter et al, 2019), an idea usually associated with voluntary risk-taking in contexts outside of paid work such as extreme sports or other intense, risk-filled recreational activities. The edgeworker seeks experiences that, through their physical, emotional or kinetic intensity, somehow possess more 'meaning' than the more mundane activities of an increasingly 'managed' modern society (Lyng, 1990; 2014). While we do not want to characterize emergency workers as reckless thrill-seekers, notions of meaning and validation seem to play central roles in the habitus of uniformed work, and remains central elements of their own distinct version of professionalism.

In order to fully understand emergency work as professional work we require further reflection into its *contested meanings* (Granter et al, 2019), especially given operational pressures, the roll-out of management-driven quality standards and discussions over what 'a genuine emergency' or 'real police work' actually looks like. Emergency organizations have always triaged their demand; screening out, downgrading and diverting some of the work that comes their way. But what happens when resources are so short and prioritizing so strict that tasks once considered 'core' fall away, and where other provider organizations (such as Fire and Rescue) have to redefine themselves and move into roles that they are not historically attuned to (Braedley, 2015)? Emergency organizations have very limited spare capacity to the point where, for example, police officers complain that their force has become 'purely reactive', unable to plan ahead and police pro-actively. Everything is mobilized to hit demanding response time targets and standards, meaning limited time for training, resilience, development, thinking, and reflecting. A truly 'professional' organization would surely retain spare capacity and not regard it as a luxury? Emergency occupations have fought hard to augment their skills, change their culture, raise their standards and build their status. But contemporary demands are so severe and management control so tight that some emergency organizations run the risk of 'de-professionalizing' (Reed and Evans, 1987) their expert workers.

Conclusion

Wilensky (1964) famously asked if all occupations can 'professionalize'? Abbott's magisterial study of *The System of Professions* reminds us (1988: 30) that there is a 'breathtaking diversity of profession life', and that exclusionary social closure cannot be a defining feature of all professions. There is certainly a sense, therefore, in which all occupations can become professions. And in an increasingly competitive and skeptical environment that holds an ever-present risk of the degradation of status and influence, all occupations are probably compelled to try. Technical occupations such as emergency services pursue professionalization projects amid different scales, timelines and conditions, using varied approaches. Bringing the literatures on uniformed occupations and professionalism together helps to take us beyond older notions of the *extent* of professional status (full, semi, para-, etc), and allows better appreciation of the different *forms* of professionalism that exist and are developing, with different versions of professionalism conferring varied effects on their members and on wider society.

Amid current discussions about hybridity, new professions, controlled professions and organizational professions (Evetts, 2011; Currie et al; 2016; Muzio and Kirkpatrick, 2011; Noordegraaf, 2015), it seems likely that discussions around discretion, public service and autonomy will remain central to how we understand professional work (Evans, 2016; Lipsky, 2010; Maynard-Moody and Musheno,

2003; Zacka, 2017). Uniformed, street-level responders often possess strong degrees of autonomy and intrusive powers. While professional license and discretion will always need to be closely scrutinized, there is a danger that professionalism under conditions of managerialism and austerity is recast simply as 'compliance'. All occupations exist in a social realm increasingly dominated by market logics, in which managers and managerialism become the 'organizational profession *par excellence*' (Evans, 2016: 279; see also Klikauer, 2013). While some accounts of professionalism emphasize new possibilities engendered by processes of adaptation and hybridity (Currie, et al 2016; Noordegraaf, 2015), there are also reasons for pessimism about the future of professional discretion. As neoliberal trends continue to gather force, professions can expect to become more overtly subordinated to managerial demands for compliance (Leicht, 2016) and potentially-questionable new forms of 'standards', 'leadership' and 'continuing professional development'. The 'New Professionalism' (Evetts, 2011; Reed, 2018) that market-driven conditions deem tolerable is a decidedly weaker form of professionalism than that described in classic literature of the 1960s-1980s (e.g. Abbott, 1988; Freidson, 1970; Murphy, 1988; Wilensky, 1964).

Neoliberal governance provides strong potential for the managerial, organizational (and possibly corporate) 'capture' of professions, including public ones (Leicht, 2016; Reed, 2018). Public services in various jurisdictions face the threat of privatization and new competition as seen, for example, in the controversial role of private equity funds owning 911 response organizations in the USA (Ivory et al, 2016), and the rise of new forms of clinical commissioning in the UK. So controversial have the latter been that the term for the new commissioning bodies was changed from 'Accountable Care Organizations' to 'Integrated Care Systems' (Charles, 2018), perhaps because the former terminology sounded too much like systems in the USA which are widely criticized for putting financial interests above those of patients. Many analysts suspect that changes in UK healthcare commissioning will provide enlarged scope for commercial operators (Hyde et al, 2016). Powerful professions are far from immune to the forces of change and disruption.

What action options do emergency services occupations have in their pursuit of enhanced professional status under these neoliberal conditions? Even as the skills and expertise of emergency operatives are increasingly in demand, their prospects for enhancing professional status do not seem especially strong. A central problem is that emergency professionals are typically employed in organizations facing severe operational pressures and dominated by the logics of managerialism, metrics and marketization. These pressures and logics intensify the risks of de-professionalization. Employed in public sector organizations that are usually in some distress, uniformed responders are likely to remain 'controlled professionals' (Noordegraaf, 2015), facing continual struggles to defend and expand their discretion, autonomy, technical competence and status in the face of intensifying organizational control, government scrutiny, and the budgetary pressures associated with neoliberal market economies. Downward pressure on employment conditions, discretion, and training and education opportunities is likely to be even more intense for emergency workers employed in for-profit organizations (although regulation and scrutiny might be comparatively less powerful).

Nevertheless, what emergency services workers have in their favour are two traditional 'traits' of professions; government-reserved license to practice, and very powerful norms of public service. Technical occupations (Barley and Orr, 1997) or 'semi-professions' such as fire, police and ambulance services have faced a long road towards gaining professional prestige and occupational closure, but the ever-expanding logics of neoliberalism have the potential to break apart

occupational closure and expose all professionals and organizations to market competition and managerialist governance (Klikauer, 2013). Emergency organizations need to adapt, develop and work more closely with other social services, while guarding against market-driven intrusions into their jurisdictions (such as private uniformed service providers undercutting service standards, pay and conditions).

In terms of public service ethos, emergency services professionals tend to enjoy a high profile and are often highly respected by the public.⁴ Retaining high levels of public esteem requires great efforts to continually improve the standards of service provided to the public, and the avoidance of scandals, failures, corruption, or malpractice. Standards are not easy to maintain. Even if the worst kinds of scandal or malpractice are avoided, falling operational standards due to organizational pressures and budget cutbacks have the potential to badly undermine public trust in emergency services.

If emergency services are to build on these traditional strengths of government license and public service to seek out further professional gains, then one possible route is through the pursuit of 'institutional entrepreneurship' through professional associations (such as developing and certifying educational curricula, (see McCann et al, 2013)). For this to be effective, however, professional associations need to retain significant degrees of autonomy and must be genuinely representative of occupational members and their interests. Attempts to impose new standards or to form new professional or certifying bodies from outside occupational ranks are more likely to take the form of compliance demands that restrict discretion, and are likely to be met with skepticism, resistance and declining morale.

The scale of change affecting emergency organizations and professions is significant. Research on the field of emergency and uniformed professions will likely need to develop broad, complex and highly interdisciplinary research programmes if it is to fully make sense of it. A closer discussion between scholars of emergency occupations and scholars of professions and organizations is potentially a powerful way to pursue these investigations in a time when the very meaning of 'professionalism' is uncertain, in flux and confronted by vigorous forms of neoliberal managerialism.

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⁴ Although it is important to note that police – large because of their very extensive powers to detain, arrest, surveil, question, and use physical force - tend to enjoy considerably less public support than fire and ambulance services, where the roles are more associated with non-judgmental assistance and 'rescue'. Policing is often an explicitly political issue, with emotive debates in many nations around a militarization of policing (Kraska and Kappeler, 1997), inappropriate use of stops and searches (Epp et al., 2014), inadequate oversight (Ruprecht, 2013), prejudice and discrimination on the grounds of ethnicity, religion, or sexuality (Prokos and Padavic, 2002), and ineffective response to social problems such as gender-based violence (Charman, 2017).

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