

‘Let me through, I’m a Doctor!’ Professional Socialization in the Transition from Education to Work

Ola Lindberg



Department of Education
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To Lisa

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Abstract

Based on four articles, this compilation thesis analyses the demonstrated competence defining a medical doctor, to the extent to which he or she acquires a high status and high level of employability in professional practice. Overall, the thesis aimed to describe and analyse professional socialization during doctors' transition from education to work. Questions addressed included how higher education should be understood as preparation for professional practice, how ideals of the future professional were conceived and how these ideals differentiated 'good' from 'bad' doctors in professional development and recruitment. The research employed a version of practice theory as its theoretical framework, developed with the aid of work by Pierre Bourdieu, Judith Butler, John Dewey and Theodore Schatzki. Throughout the individual studies, ideals were constructed and understood as moral imperatives, stating how doctors are expected to perform in professional practice. Article I explored the ideals of academia and higher education practices in a general sense. In this study, the ideals involve the perceived function of higher education in relation to work. Three different and conflicting perspectives were constructed with the aid of a literature study. Article II was a survey investigation of how two cohorts (n=169) of recent graduates from a Swedish medical programme viewed their competence and the preparation they received for work through the medical programme. The results show that graduates might be overly prepared from a knowledge perspective, while lacking in practical skills and preparation for difficult situations in the workplace. Article III investigated the ideals of the medical programme using an interview study with eight medical students and eight medical teachers. The ideals constructed show how conflicting ideals, such as strength and humility, shape conceptions of the future professional. Finally, Article IV reports an interview study with recruiters of medical interns in Sweden's 21 most popular hospitals. Results showed that the most attractive candidates balanced two traits: orientation towards performance and orientation towards human relations. They also successfully demonstrated possession of these qualities in their application and subsequent interview. Overall, the results from the studies indicated that there are great differences between views of proper preparation for work and views of the highly-employable doctor. While medical knowledge and skills were seen as important in preparation for work, they were absent in the views of the highly-competent and employable doctor. Instead, generic attributes, such as drive, curiosity, cooperativeness, warmth, maturity and reflectiveness, characterised descriptions of the most accomplished medical professionals. These attributes also were seen primarily as developed before or 'beside' the formal medical education programme.

Key words: Professional Socialization, Education-Work Transition, Employability, Medical Education, Professional Education, Higher Education, Professionalism, Practice Theory

1. Introduction

The scene is familiar. A crowd surrounds an injured person unsure what to do until someone pushes his or her way to the unfortunate person while shouting, “Let me through, I’m a doctor!” While the scene is probably recognized by most, if not all, it is harder to pinpoint a precise film or TV series where it occurs. In my efforts to identify an example of this scene, I finally ended up on a popular film and creative writing website which classifies the scene as “seen it a million times”. This classification is defined as a cliché, used and parodied so many times that people have a hard time actually remembering where or when they have seen it. The scene is an interesting example of an idealised image of a professional. For instance, doctors, while off-duty, are apparently obliged to run to the aid of fellow humans; they are expected to take command of the situation and call out, “Let me through!” How do these views of doctors, in public opinion as well as inter-professionally, affect the work of medical professionals? Medical TV drama has, for instance, received attention from medical research (Gordon, Williamson, & Lawler, 1998; O’Connor, 1998), not least for its depictions of “doctorly dispositions” (Rice, 2010) that a person attains in the process of *becoming a professional*.

Becoming a professional is a complex and long process of learning and change. The present thesis investigates an aspect of this process, the transition from higher education to work. The profession of doctors¹ and the medical programme in Sweden is used as an empirical example of such a process, where individuals learn, socialize and ultimately are ‘let through’ various obstacles, tests and hindrances on the pathway of becoming employed as a professional. Metaphorically, an aspiring doctor certainly pushes him or herself through crowds of people, while asserting that she or he is ‘doctor enough’ to be let through to the next stage of training, or to an employment position. This thesis concentrates on the demonstrated competence that defines a medical doctor to the extent to which he or she acquires a high status and high level of employability in the professional practice. In addition, questions are raised regarding *how* these attributes are acquired through a process of *professional socialization*.

¹ I will use the term *doctor* throughout the introductory chapters, as the Swedish professional name [Läkare] is translated as “Doctor of Medicine” in the Higher Education Ordinance (Swedish National Agency for Higher Education, 2011). In some of the articles, however, I have also used the term *physicians*. The terms *doctor*, *medical doctor* and *physician* are used interchangeably in the present context.

Issues concerning transition from education to work have attracted attention from researchers as well as policymakers and stakeholders. Education in general (and perhaps higher education in particular) is seen as a solution to a number of societal problems, including economic and social development, sustainable development, unemployment and inequality (e.g. Atkins, 1999; Teichler, 2000). Policymakers at all levels stress the importance of education as being useful to society in a variety of ways (e.g. Bologna Working Group on Employability, 2009; Swedish National Audit Office, 2009). In recent decades, the *employability* of graduates has been of increased interest, which has resulted in changed policies on higher education. These changes have taken place at EU, national and local levels. To give a concrete example, there are now specified learning outcomes at my home institution meant to communicate expected student mastery to future employers upon completion of a course.

If there is such a thing as a starting point for research interest, for me, it certainly has been the practice of teaching in higher education. On one hand, I believe academia, however detached or decontextualized from professional work it may seem, has many important items to teach, intrinsically beneficial for individuals and for society. Although hardly summarized in a single concept, I believe that critical thinking is one of the finest offerings of higher education. On the other hand, I see student disappointment because my teaching efforts are unable to provide useful tools for students who do not wish to pursue an academic career, and for those who see endless philosophical discussions as a complete waste of time. Although wishes for quick fixes and manuals for how to act in situations that are in fact complex and uncertain is a common (and perhaps natural) attitude among novices, there is still a gnawing feeling that higher education could be more useful and relevant to the world of work.

Thus, my research interest began with questions about what constitutes good preparation for work and for participation in society in general. This interest also extended to how different groups envisioned this preparation in relation to traditional academic ideals. As the project developed, I inevitably came across the concept of employability as well as changes in higher education policies and practices, propelled by what I have called a vocationalism in higher education (chapter 2).

Medical Education

The opportunity to study medical education came from a position I held as an assisting educational consultant for the medical programme at Umeå University. From the outset, I sought to compare the medical

programme with other higher professional educational programmes, such as the programme for psychologists or for teachers. As the project developed, however, I realized, with the helpful aid of tutors and colleagues, that the scope of my investigation would not allow for such comparative studies in a single thesis.

In several ways, questions of preparation and (high degrees of) employability are particularly interesting in the transition from the medical programme to doctors' professional practice.² Doctors participate in an occupation that is referred to as an "ideal type-profession" (Eraut, 1994), one that also happens to be the focus of many studies on professions and professionalization. It is also a profession that other professional groups tend emulate in striving for increased professional status. In Sweden, the teaching profession recently has become a licenced profession, a move that could be seen being modelled after doctors (as well as other licenced professions). The medical programme is also an interesting case of higher education in close relationship to work, with extensive work-based learning. In the medical programme, teachers, to a high extent, function both as academics and practicing doctors. However, perhaps due to the fact that doctors face little or no unemployment (Swedish Medical Association, 2010), there exists virtually no research on the employability of medical graduates.

Hence, I view the medical programme and doctors' early work, defined as the first years of employment after graduation, as a *case* or an *example* of education to work transition. I have not, however, employed a case-method approach in a traditional sense (c.f. Yin, 2003). In its entirety, this thesis aims to comment on education-to-work transitions in a more general sense, which should be evident as the text develops. These more general conclusions concern how to (theoretically) view the concepts of competence and employability as well as higher education's role as a preparatory institution for work. I also view this thesis as a contribution to the field of research in medical education specifically. In this field, questions of how to develop professionalism in undergraduate as well as post-graduate education and tutoring is devoted much time and attention (Elliott et al., 2009; Hilton & Slotnick, 2005; O'Sullivan & Toohey, 2008; Passi, Doug, Peile, Thistlethwaite, & Johnson, 2010; Reed et al., 2008). By employing other theories and research approaches, I hope to contribute with a somewhat different study on professionalism than hitherto presented in this field.

² Appendix I outlines the terms, describing the stages in professional development for doctors in Sweden, as employed in the present thesis.

Disposition of the thesis

This compilation thesis is based on four articles (three peer-reviewed articles and one chapter in an edited collection) as well as these introductory chapters. The present chapters have the purpose of elaborating on issues concerning choices of research questions, theory, and methods; they also discuss the results of the individual studies on a more general level. Chapter 2 contains a literature review in which I attempt to define the field and the problems addressed in previous research. In addition, I argue for the employment of the concept of professional socialization over the concept of transfer between education and work. This positional chapter leads to the general aim and research questions presented in chapter 3. Chapter 4 concerns my choice of practice theory as a guide for the research process. This theory compiles thinkers, the most influential of which include Pierre Bourdieu, Judith Butler, John Dewey and Theodore Schatzki. In chapter 5, I describe my research approach, informed by the theoretical points of departure. Individual studies and articles are summarized in chapter 6. Finally, chapter 7 includes a meta-summary of the results from individual articles in relation to thesis aim and research questions. Results and implications of these findings also are analysed and discussed in this final chapter. The individual articles are attached as appendices in the printed edition of this thesis.

2. The Transition from Professional Education to Work

As should become evident in the following chapter, the concept of transition is not defined easily. In the present thesis, the concept is applied as a rather generous term to describe the following: 1) the period of preparing for employment, through education or other, perhaps equally important, *edifying* activities; 2) the acquisition of employment, through recruitment or becoming self-employed; 3) the retainment of employment through the first period, overcoming “reality shock” (Louis, 1980). In this sense, speaking of the transition serves more as an umbrella term for the period in which one prepares for, acquires and retains employment. Hilton and Slotnick (2005) suggest that the term *proto-professional* should be used to describe this period of developing a sense of professional belonging.

Equally difficult, when undertaking research on the transition from professional education to work, is to delimit the research field. By necessity, a research review in this area must steer between, or take into account, several large fields of research. During my literature review I have found sources of relevance in diverse fields, such as higher education, adult education, professional education, education-work relationship, vocational education, work-based learning, research into the professions and professionalization, employability, socialization, human resource development, and, regarding my choice of professional programme, medical education. In all of these large fields, there is a smaller sector that deals exclusively with questions concerning the transition: How and with what result does higher education contribute to the formation of knowledge and skills ‘useful’ in the world of work?³ The purpose of the present chapter is to provide an account of the complexity of the concepts known as transition and preparation. I will generally address the questions “How does higher education prepare students for work?” and “What are the criticisms of the current preparation for work?” From this point of departure, I will end with a synthesis of what I view as a fruitful perspective on the transition from professional education to work, namely *professional socialization*. I also will highlight how the profession of doctors relates to these questions.

³ I use quotation marks around the word ‘useful’ because the alleged usefulness can be understood in a number of ways. This ambiguity will be addressed later in this chapter.

The ‘gap’ between education and work

A preponderance of the research regarding the education-work relationship addresses a ‘gap’ between education and work, either by empirical studies of employers and stakeholders, by empirical research of graduates’ conceptions of the transition or by critically examining policies as well as research on this presumed ‘gap’. The ‘gap’ between education and work can be understood in numerous ways. Indeed, Atkins (1999, p. 271) holds that there is no agreement over “what the gap is, how 'big' it is or where it is at its most damaging”. Atkins published his review some years ago. However, browsing the literature from 2000 to present, the claim that the ‘gap’ is a phenomenon not easily grasped conceptually or theoretically is reaffirmed.

Four ways of conceptualizing the ‘gap’

Given the topic of education-work transition, it is inevitable that the current research comment on the phenomenon of employability and what it has meant for higher education practices. I refer to employability as ‘a phenomenon’ rather than a concept, since no agreement can be reached as to how to understand the term, much less how it should be implemented practically (see for instance Löfgren Martinsson, 2008). Instead, employability gradually has crept into higher education policy and practices as, most generally understood, a more explicit orientation toward labour markets. In this view, employability is a relatively new phenomenon in the discussion regarding the purpose of higher education (e.g. Brennan & Teichler, 2008; Knight & Yorke, 2003; West, 2000). I will present research findings in four themes; each has a different way of conceptualizing the ‘gap’ between education and work. Almost every work cited is either directly or indirectly concerned with the employability of graduates.

1. There is a mismatch between the qualification of graduates and the needs of the labour market in a certain sector.

This mismatch sometimes is described (e.g. Vaisey, 2006) as a case of “over-education” (graduates are more educated than is required of them at their present position) or “under-education” (graduates lack knowledge or skills required to become employed). According to Støren and Aamodt (2010), over-education is more common than under-education; the percentage of over-educated graduates exceeds the percentage of people unemployed. Regarding some sectors of labour markets, however, under-education seems to be an issue. For instance, based on a large survey of firm managers, Lindorff (2011) concludes that leadership, management, professional- and industry-specific roles have

the greatest needs and that, generally, graduates lack skills necessary to be suitable for employment in these positions.

2. There is a mismatch between the kind of knowledge and skills needed in a specific profession or vocation and what is taught in educational programmes.

The mismatch also can be understood as a result of higher education not being useful enough to the work world. A recurring theme in past decades has been that preparation through higher education fails to meet the demands of graduate employers (e.g. Hennemann & Liefner, 2010; Jaeger, 2003; Nair, Patil, & Mertova, 2009; Sheldon & Thornthwaite, 2005; Van Horn, 1995). Where employers or stakeholders of labour markets are concerned, there are specific shortages of skills that in research literature have been described as *generic skills*.⁴

There are a vast number of studies that highlight employers' dissatisfaction with graduates' generic skills. Although these studies consistently report a lack of generic skills, they differ regarding the types of generic skills with which employers are dissatisfied. For instance, Hennemann and Liefner (2010) report on the lack of skills as generally being prepared for rapid changes in labour markets. Some studies report that graduates lack interpersonal competence (Nair et al., 2009; Sheldon & Thornthwaite, 2005). Jaeger (2003) concludes that employers seek emotional intelligence, and that higher education institutions lack the skills to teach and develop students' emotional intelligence.

There is, however, a high degree of agreement around the importance of higher education paying more attention to students' development of generic skills. In terms becoming employed, specialist knowledge and specialist technical skills are "an entry ticket to a game which is usually decided on the basis of generic achievements" (Knight & Yorke, 2003, p. 88).

3. The mass university and the problem of inflation

Recent decades have seen an unprecedented increase in the percentage of the population attending higher education. From being an elite education for the select few, degrees are now held by 42% of the Swedish population ages 24-35 (OECD, 2011). Although this trend generally is viewed positively, there are also concerns about the devaluation of academic degrees. For instance, graduates are shown to be disappointed with the returns from undertaking a university degree (e.g. Brooks & Everett, 2009).

⁴ What is meant by "generic skills" is also an issue of debate. These issues are elaborated upon further in this chapter under the "Critics of vocationalism" subtitle.

Brown and Hesketh coined the term “the economy of experience” (1994). This term is meant to describe what happens in a situation where there are a large number of qualified graduates competing for a limited number of offered positions. When all share the same credential (i.e. a university degree), extra-curricular experience suddenly becomes an important currency, giving someone an edge in competition (Tomlinson, 2007; 2008).

In other words, there are concerns that higher education is subject to *inflation* and that graduates cannot expect to view higher education as a path to a secure career. Still, holding a university degree seems to be better than not having one in terms of employment chances (Roksa, 2005; West, 2000).

4. *Responsibility for graduate employability*

A fourth and final way of conceptualizing the ‘gap’ is to describe it as a struggle to ascribe responsibility for graduate employability. Whose job is it to ensure that graduates receive relevant preparation for obtaining and retaining employment? Garsten and Jacobsson (2004a) describe the recent focus on employability as a shift towards making employment the responsibility of the individual graduate rather than a collective or societal concern. In that way, one can interpret employability as the *ability to be employed*.

Harvey (2001) also suggests that employability can be viewed as an institutional achievement, where the quality of a higher education institution can be measured by the employability of its graduates. In this latter sense, employability is understood as a demand on higher education to produce knowledge workers. In Sweden, this demand is apparent in a recent report from the Swedish National Audit Office (2009), which investigates the extent to which higher education have succeeded in promoting student employability. That there *is* such a mission is however not entirely clear. The report makes vague reference to the Higher Education Ordinance in which one of the aims of higher education is to develop students’ preparedness for changes in the world of work. Other references are made to the Bologna Process, in which graduate employability is an objective.

Another way of viewing graduate employability is that it is an employer’s responsibility (e.g. Fejes, 2010). In this view, workplace learning is the most beneficial way to develop knowledge, skills and abilities useful in the world of work.

Higher education and vocationalism

I will use the term *vocationalism* in order to summarize the aspects of the ‘gap’ hereto reported. Although there are differences in understanding the gap, I argue that these four ways of conceptualizing it share a common point of departure: Higher education fails to be *vocational*. By vocational, I mean being useful to labour markets and individuals seeking entry to labour markets in some way. The expected usefulness of higher education can be summarized as a number of claims, abstracted from policy analyses and discussions in the literature cited in the previous section:

- 1) Higher education should be useful to the graduate as returns for an investment in time and money. The returns should be in the form of a job with substantially better conditions than had the graduate not undertaken a university programme.
- 2) Higher education should be useful to the labour market in schooling a competent workforce possessing skills and knowledge needed in the workplace.
- 3) Higher education should be useful to national economic prosperity by facilitating innovation and research, giving corporations competitive edge over other countries and regions.

The relationship between education and work also can be formulated as a contract (Atkins, 1999, p. 270) between higher education and society:

This argument, in turn, is based on a view of the 'contract' between higher education and society, that in return for the public monies invested in it, higher education must make a contribution to the economic prosperity of the country. Those who oppose the employability agenda do so because they emphatically reject the argument that universities should, as one of their primary aims, serve the economy and the profitability of employers.

Proponents of extended work-based learning in academic settings envision a new form of a *pragmatic university*, an ideal that something better than the Humboldtian ideal of an autonomous institution can service society and work in relation to business corporations and professional bodies (e.g. Tynjälä, Välimaa, & Sarja, 2003).

Critics of vocationalism

“The skills agenda” (e.g. Appleby & Bathmaker, 2006) has its share of critics for its approach of promoting generic skills as the challenge for higher education in order to increase the employability of its graduates. Throughout this thesis, I will use the term generic skills, although there

are several more terms seen as roughly synonymous. In different contexts, nations and studies, generic skills also are referred to as employability skills, transferable skills, enabling skills, general competences or key competences. The commonality of these terms is reference to a set of skills not singled out as belonging to any special area of expertise. Rather, they are skills useful in and between different contexts, hence *transferable*. Among the more prominent skills suggested to belong within this concept are problem solving, critical thinking, communication skills and social competence. Hager, Holland, and Beckett put forward an often-cited definition of generic skills (2002, p. 3):

The term 'generic skills' is widely used to refer to a range of qualities and capacities that are increasingly viewed as important in higher education. These include thinking skills such as logical and analytical reasoning, problem solving, and intellectual curiosity; effective communication skills, teamwork skills, and capacities to identify, access and manage knowledge and information; personal attributes such as imagination, creativity and intellectual rigour; and values such as ethical practice, persistence, integrity and tolerance.

One strand of critique questions if there are such things as generic skills. Beckett (2004), for instance, raises the question of whether an alleged generic skill like problem solving really means the same thing for a lawyer and a stonemason. Antonacopoulou and FitzGerald (1996) demonstrate the difficulties of establishing a general set of skills defining good managers outside their respective contexts. Stevenson (2005) argues that we are mistaken in believing that knowledge, competence or skills are transferable between contexts. While an observer can put a label on a certain activity, such as 'information retrieval from databases', this does not mean that the person performing this action can retrieve information from a system with which he or she is unfamiliar.

There are also more direct critical voices about the "employability agenda". Some view it as, more or less, a lobby formed by 'big business'.

...it is probable that the debate on skills gaps has focused upon claims by employer associations which over-emphasise the 'big business' perspective (and their own interests) (Lindorff, 2011, p. 249).

Teichler (2000) is critical of research on employer needs, arguing that such research uncritically reports a one-sided employer view. Many employers are reluctant to take on the cost of training and development needed to perform the work in their organizations (Lansbury & Baird, 2004; Sheldon & Thornthwaite, 2005). Naturally, if corporations had a choice, they would rather have new employees who can 'hit the ground

running' rather than financing training themselves (Sleap & Reed, 2006).

There are also critical voices concerning the employability discourse that focus on the inequality of labour markets and societies in general. The quest for making oneself employable varies depending on class, ethnicity, and gender (e.g. Morley, 2001). Proponents of the employability discourse ignore the fact that people have unequal opportunities and are treated differently. For instance, the returns from undertaking higher education are unequally distributed when viewing female- and male-oriented work sectors (Berggren, 2011). Roksa (2005) shows that women-dominated sectors of the labour market consistently receive lower salaries than their male counterparts; thus women gain less economic return for their studies.

Another criticism comes from champions of the Humboldtian tradition and liberal education. In their eyes, vocationalism is a threat to the university as an independent and critical institution (e.g. Barnett, 1990). These arguments are further elaborated upon in Article I of this thesis.

Education-work transition for doctors

So far, the themes of this literature review have been concerned with general research regarding higher education and work. It is time to turn to the case at hand, the education of doctors. First and foremost, the medical programme is a professional education through which a person gains access to the profession of doctors. A profession is generally defined as an occupational body that exerts some degree of autonomy in regulating its own practices (Evetts, 2002). This control is usually in the form of a code of ethics or standards of good practice. Furthermore, professions have control over the admission of members, including control over higher educational practices that lead to membership in the profession (e.g. Abbott, 1988; Dearing, 1997; Evetts, 2003; Freidson, 2001). The professional practice of doctors is one of the most influential practices in our society, not only for its monopoly on advanced healthcare, which almost all of us need from time to time. The medical profession also defines much of what is meant by a profession and professional work (Eraut, 1994); its influence tends to spill over to other professions, not least of which are those seeking stronger professional status (e.g. Stotsky, 2006).

Regarding the 'gap' (or even gaps) between education and work, medical programmes are in a better position of professional higher education because they build in a high degree of vocationalism. They would certainly qualify as "strong" professional education (Abrandt Dahlgren, Reid, Dahlgren, & Petocz, 2007). Doctors hardly suffer from unemploy-

ment risks once licenced. However, the road to professional membership has many obstacles. The admission requirements are high, not only in terms of completed courses in natural science, but also in terms of the grades needed for entry. Coping with workload and clinical placements during undergraduate training is another test, as is passing exams. Upon completion of an undergraduate degree, the apprentice doctor applies for internship and/or employment as a junior doctor, is supervised during this period and reviewed once again as fit for practice. Hence, getting and holding on to employment (which is another way to define employability; c.f. Nilsson, 2007) requires constant approval by professional members. Although cases of termination of training, either by quitting or by failing reviews, are relatively rare, they certainly are present throughout the transition from education to work. In the present study, these gatekeepers are also a focus of interest.

A number of studies report that doctors find the transition from higher education to work stressful (N. Brennan et al., 2010; Cave, Woolf, Dacre, Potts, & Jones, 2007; Cave, Woolf, Jones, & Dacre, 2009; Evans & Roberts, 2006; Goldacre, Lambert, Evans, & Turner, 2003; A Jones, Willis, Mcardle, & O'Neill, 2006; Wall, Bolshaw, & Carolan, 2006). In their first periods of practice, junior doctors feel unprepared for critical incidents, such as deaths. They also encounter stress when dealing with responsibility over patients and working in multi-professional teams. This stress, however, is reported to decrease with increased exposure to clinical practice (Brennan et al., 2010; Jones et al., 2006). In some studies, alumni also report a lack of practical skills (Wall et al., 2006). Burch, Nash, Zabow, Gibbs, Aubin, Jacobs and Hift (2005) show that students encounter problems with basic clinical skills required for internship service. This challenge would in turn suggest a mismatch between what is taught and expected during the medical undergraduate programme and what is required when starting the internship. Lueddeke, Anderson, Carr, Mitchell, and Taylor (2006) also suggest that alumni surveys show the need for greater emphasis on preventative medicine in medical curriculums. In addition, Studies report a difference between what medical programme officials consider important competencies and what graduates themselves report as being important competencies (e. g. Fitch, Kearns, & Manthey, 2009)

Thus, to the extent there are 'gaps' reported in the research literature surrounding medical programmes, it mostly concerns lack of preparation. However, there are also (professional) concerns about professionalism and adherence to standards of practice and ethics. Many worry about the ability of medical education faculties to ensure that all graduate doctors are fit for practice. There is evidence to suggest that poor

performance on behavioural and cognitive measures during training is associated with subsequent risk for licensing board disciplinary actions against doctors (Papadakis et al., 2005). This correspondence of disciplinary action also stands for unprofessional behaviour during post-graduate training (Papadakis, Arnold, Blank, Holmboe, & Lipner, 2008). However, it is rare for concerns about underperformance from medical students to be formally reported (Tooth, Tonge, & McManus, 1989). More recent studies show that tutors and supervisors have difficulties failing underperforming students in spite of wanting to be professional and protect the public from incompetent doctors (Cleland, Knight, Rees, Tracey, & Bond, 2008; Dudek, Marks, & Regeher, 2005).

Why is there a ‘gap’?

Several of the cited studies in the description of the ‘gap’ above address the concept of transfer. The transfer of theoretical knowledge into guidelines for action is one aspect. Other aspects of transfer include skills; that skills, such as communication skills, are learnt in an educational setting and should then be *transferred* to the workplace. Even though many studies on the education to work transition address the concept of transfer, there are persuasive arguments that it is inadequate to explain the transition from education to work.

Atkins (1999) as well as Hager and Hodkinson (2009) argue that there is no conclusive evidence that transfer occurs at all despite the amount of research on the concept. The transfer of knowledge as a straightforward progression from novice student to workplace expert also has been criticised (e.g. Arts, Gijsselaers, & Boshuizen, 2006; Hager & Hodkinson, 2009). Graduates change their conceptions of their profession and their views of career trajectory over time and between contexts (Nyström, Dahlgren, & Dahlgren, 2008).

Instead of transfer, some researchers suggest that the gap should be conceptualized with education and work being fundamentally different environments. Hughes (1958) first coined the term “reality shock” to describe a newcomer’s entry into an organisation. Louis (1980) later developed a sense-making perspective on organisational entry; it characterised the entry as resulting from change and contrast, which leads to “surprise” (see Louis’ sense-making model, p. 242). Jørgensen (2004) argues that the ‘gap’ should be understood as a difference between the rationales for education and work. While the “school rationale” is “founded on the propagation of accumulated knowledge that is institutionalised in a symbolic (mainly linguistic) form” (p. 457), the “production rationale” of the workplace is based on market economy logic and, at times, Tayloristic mass production. Essentially, in the school ra-

tionale, there are strives towards knowledge being *correct*, while in the production rationale, knowledge should be *useful*. These two rationales form the main reason for the gap; and predict that the gap is increasing as work becomes more marketized. Transfer of knowledge from the context of educational institutions to another, quite different, context of workplace is problematic when the contexts are viewed as different *communities of practices* (e.g. Lave & Wenger, 1991) as shown in a study by Garraway, Volbrecht, Wicht, and Ximba (2011).

Other ways of conceptualizing transfer also involve the acknowledgement of different *kinds* of outcomes for educational programmes. In a common-sense understanding of transfer, knowledge has utility value in that the knowledge somehow can be transferred into useful work practice. However, knowledge and skills also can be viewed as having an *exchange value* (e.g. Andersson & Fejes, 2010). This concept entails that someone can exchange their knowledge for a credential, for instance a university diploma, and that this diploma can be exchanged for an employment position. The diploma, in this case, does not *necessarily* guarantee that said person can perform expected in the workplace. Rather, the exchange value is upheld by common beliefs in what this diploma represents in terms of knowledge and skills.

Abrandt Dahlgren, Hult, Dahlgren, Hård af Segerstad and Johnsson (2006) distinguish between four different types of learning outcomes in professional education. These outcomes first could be viewed as rational or ritual. Rational knowledge or skills can have direct practical applicability (utility value), while ritual knowledge or skills only can be utilized for exchange value. Secondly, these outcomes can be viewed as substantial or generic. Substantial knowledge and skills are connected to a specific task (such as taking blood pressure), while generic knowledge and skills can have a wide range of applicability (for instance communication skills).

“Strong” professional educational programmes tend to be distinct in their vocational preparation, and are viewed as such by students and graduates. Meanwhile, “weaker” professional programmes tend to focus on generic applicability of what is taught and learned (Abrandt Dahlgren et al., 2007; Nilsson, 2007; 2010).

Professional socialization: A different view of the transition from education to work

In my view, a common-sense understanding of the ‘gap’ is tempting, one in which education is understood as ‘theory’ and work as ‘practice’. The gap must be due to troubles with *transfer* from theory to practice. As shown, I believe that there are persuasive arguments for abandoning the

concept of transfer (Atkins, 1999; Hager & Hodkinson, 2009). Paré and Le Maistre (2006) have studied the transition from education to work in the profession of social work. They are assertive that transition from student to practitioner only can occur with active encounters with other practitioners:

...newcomers were transformed from students or recent graduates to practitioners through interaction with a number of veteran practitioners, including those working in allied disciplines; the transformation itself was not a central focus but, rather, a by-product of the newcomers' active participation in the community's professional activity; the introduction to practice represented a dramatic departure from the newcomer's experience as a student, and changes in attitudes and approaches to learning were essential; professional communities that offered complex and challenging experiences to newcomers gained valuable new ideas and energy in return. (p. 364)

Equally persuasive (and problematic for a study using the concept of transfer) are arguments that referencing a generic skill out of context could be misguided (Antonacopoulou & FitzGerald, 1996; Beckett, 2004; Stevenson, 2005). Even more problematic is the suspicion that many generic skills are in fact related to questions of culture and upbringing. In a recent study of graduate engineers, the graduates reported that generic skills and cultural values are best learned in extracurricular activities and in work contexts (Stiwne & Jungert, 2010). Being socially competent, for instance, could just as well be translated into 'possessing social and cultural capital', which primarily is appropriated through family and early childhood (Bourdieu, 1984; 1998). This early imprint is thus only reaffirmed and developed through encounters with the educational system.

Instead of transfer, I have chosen to view doctors' transition from education to work as *professional socialization*. Through the use of theoretical construction, I intend to show how the process of becoming a professional can be understood as an *initiation into practice*, as Smeyers and Burbules (2006) put it. I have chosen to use the term socialization as an overarching label on a process (or perhaps a vast number of processes) of initiation into practice.

Socialization lasts a lifetime

A traditional view of socialization holds that it has a primary stage and a secondary stage. In the primary stage, family upbringing and early life experience are the vital ingredients; in the secondary stage, agents are integrated into wider society. According to Jarvis (1983), the socialization of professionals should be viewed as a form of *tertiary socializa-*

tion, a process that differs from primary and secondary socialization. As mentioned at the beginning of this chapter, Hilton and Slotnick (2005) propose the term “proto-professional” to signify the period in which professionalism is acquired. The medical undergraduate programme is an important ‘site’ for development of professional belonging. However, Hilton and Slotnick also suggest that the period of proto-professionalism extends far into work environments.

The concept of professional socialization thus describes a process without definite beginning or end. As such, I equate my understanding of the concept of socialization to the process of *becoming* put forward by Hager and Hodkinson (2009, p. 633):

The metaphor of becoming entails this sense that learning is never complete... Learning as becoming ends with death, or with a permanently comatose state. It is for this reason that it is difficult to identify when learning to be, say, a teacher starts or ends. It starts well before any formal educational training and ends well after the first teaching appointment.

Professional socialization is thus a process of becoming that encases a whole lifespan and is influenced by far more than formal learning environments. In this respect, the study of the transition from professional education to work is a select part of a lifelong process.

Studying an ‘already socialized’ group

There are certainly studies concluding that students in medical undergraduate programmes already are socialized. Students from lower socio-economic backgrounds are underrepresented in medical undergraduate programmes (e.g. Cliffordson & Askling, 2006; Mathers & Parry, 2009), which seems to be a general trend internationally. While women and ethnic minorities are no longer underrepresented, students from working class backgrounds remain a minority (Seyan, Greenhalgh, & Dorling, 2004).

Research shows that young pupils’ perceptions of the medical programme as a possible course of study is strongly influenced by class. In a study where 14-16 year olds were interviewed about their prospective careers, there were striking differences in perceptions regarding the possibility of entering the medical programme (Greenhalgh, Seyan, & Boynton, 2004). Students from lower socio-economic strata viewed medical programmes as culturally alien and ‘posh’; they believed that their chances of succeeding were slim. McHarg, Mattick and Knight (2007) show the importance of role models, encouragement and early

exposure to the idea of becoming a doctor in young peoples' choice of a medical career.

Hence, I have felt the need to take into account the fact that medical students are *already a select group*, by no means *tabulae rasae* as they enter the medical programme. On the first day of undergraduate training, the disposition of medical students should be more similar to each other than to other educational programmes (and even more so in relation to students in vocational training or persons employed in unqualified work), simply because they have chosen to study the same university programme. This similarity is sometimes referred to as a result of interest or aptitude, but should, according to the French sociologist Pierre Bourdieu (1984), rather be understood as dispositions generated through previous social experiences – habitus. Likewise, encounters with educational and professional practices are ruled by how these students are 'raised' and socialized through previous practices (e.g. Sinclair, 1997).

Professional socialization in doctors' practice

As Clouder (2003) concludes, research on the socialization of health care professionals is scant. There are, however, some studies that utilize the concept of socialization. Among the famous and well-cited studies are the anthropological studies of life during the medical programme (Becker, Geer, Hughes, & Strauss, 1977; Sinclair, 1997). Some researchers suggest that becoming a good medical professional is a "lived experience" where technical skills are married to humanistic and care-taking ideals (e.g. Duncan, Cribb, & Stephenson, 2003). From this perspective, there is a 'medical life' that extends beyond the confines of the workplace.

Many researchers in the field of doctors' socialization use the concepts of "hidden" or "unintended" curriculum to describe what students learn apart from the formal and stated curriculum (Hafferty, 1998). Jaye, Egan and Parker (2006) view socialization as a mix of stated messages and contradictory practice. As a result, students are (verbally) expected to strive towards being the kind of doctors their teachers are not. Hence, students are socialized by their teachers and tutors in ways unintended by the curriculum. For instance, a study by Dobie (2007) suggests that medical programmes reward and focus on acquiring biomedical knowledge so much that they run the risk of being at odds with developing caring persons with the relationship skills required to build doctor-patient relationships. Lempp and Seale (2004) studied culture in a medical programme. Although students reported to have many positive role models, there were also reports of a competitive culture; in

addition, “teaching through humiliation” occurred in clinical practice. Paice, Heard, and Moss (2002) also emphasise role models as important in the development of professionalism.

In the Swedish context, there have been previous academic dissertation studies of professional socialization of doctors, employing different methodological and theoretical approaches. Nilsson (2007) studied the transition from education to work for physicians and engineers. Nilsson’s work focused on the competence acquired and used as the students moved from higher education to professional practice. Skyvell Nilsson (2010) studied the development of the professional doctor specifically through supervision during clinical practice in the undergraduate programme. Her project highlighted complex and demanding situations during medical training, situations in which the students were expected to develop a professional role. Wahlqvist (2007) focused on the development of skills concerning the doctor-patient relationship, and stressed the importance of learning these skills in practical settings where students are responsible for their choices.

In conclusion, many studies regarding the professional socialization of doctors have a recurring theme of insecurity and uncertainty as well as ‘mixed messages’ from the surrounding environment in the development of professional identity. A substantial contribution to this field of research would be to establish 1) ways of conceptualizing this environment and 2) comprehensible descriptions of these mixed messages. In the present undertaking, I hope to make this contribution by employing a practice theory-approach, which is developed in chapter 4. Professional socialization is used as an overarching concept from which a selection of instances on this road to professional participation is made and consequently investigated. In the next chapter regarding aim and scope, I will elaborate on the potential contribution that this thesis will make to the field of research concerning the transition from education to work. I also will pose the research questions that have guided the present undertaking; these questions will be addressed further in the final discussion in chapter 7.

3. Aim and Scope

The overall aim of the thesis is to describe and analyse professional socialization in doctors' transition from education to work.

Based upon the review of the literature, a reasonable conclusion seems to be that studies of the transition from education to work must include recognition of the complexity of the process. Transition is neither a straightforward transfer of theoretical knowledge into practical action, nor is it affected solely by activities that take place in formal learning environments. Issues regarding transition span between large fields of research. The transition itself concerns quite a long period of time (Hilton & Slotnick, 2005), involving distinctly different practices (Jørgensen, 2004) and many types of professional agents. In this project, I will view the educational environment and the workplace environment as practices, and the transition process as an instance of professional socialization. The questions I have found interesting regarding the transition is therefore a selection of issues in this vast and complex process.

Clouder (2003) is dissatisfied with theories of socialization, which traditionally have been too deterministic. A theory of socialization must take into account both agency and social structure. Viewing socialization as an initiation to practice attempts to dodge the plurality of perspectives hinted at by Clouder. There needs to be theory for how the initiation into practice is made. However, I must also define what I mean by practice and explain my view of research in this process. The concepts required for this analysis will be developed in chapter 4.

In addition, an important contribution to the field of transition research would include exploring Jørgensen's (2004) various explanations of educational and workplace practices. In the present thesis, I examine the educational practice rationale mainly through two studies. One of the studies is a literature review that does not deal with medical education specifically; (different) views regarding the purpose of higher education are examined. The perspectives presented are a glimpse into the conflicting ideals of higher education's function in society. The other study into educational practice is an interview study of how teachers and students from the medical programme view the ideal doctor and the desirable outcome of the educational process. I investigate workplace practice, and particularly the first stage of doctors' careers, the internship, using two further studies. One study is a survey of recent graduates' views. This study considers doctors that recently have started their

work as doctors and includes their views on preparation as well as their thoughts on important competencies as doctors. The final study deals specifically with what constitutes the (highly) employable medical graduate. By interviews with recruiters of medical interns, I explore how they discriminate between candidates sharing the same formal credentials.

Through these studies, I hope to paint a somewhat larger picture of the issues concerning transition from education to work for doctors. What I view as original in the present project is the theoretical approach offered by practice theory (which is developed in chapter 4), which intends to reveal new understandings regarding the socialization of doctors. In chapter 5, I also elaborate on the research approach as being critical, in the sense that it aims to generate *new* rather than *better* or *correct* understandings of the phenomenon studied. Particularly in the field of medical education, this approach is rather rare. Most studies on doctor socialization aim to suggest how to encourage wanted behaviour during medical training (e.g. Elliott et al., 2009; Hatem, 2003; Passi et al., 2010). I hope to contribute with a study that instead problematizes and questions what is meant by wanted and unwanted in these cases, and how these drives affect socialization and consequently, the hierarchization and differentiation of doctors in recruitment and career development.

Research Questions

In the research questions guiding the entirety of this project, I have divided the long process of professional socialization into two distinct objects of study: the educational practice (in this case the medical programme) and the professional practice (in this case the first years of employment following graduation). The following questions are addressed:

- I. *In what respect, and to what extent, can the educational practice be viewed as preparation for professional practice?*
- II. *What is regarded as desirable performance in medical educational and professional practices?*
- III. *What are the ideals of doctors' professional practice and to what extent are they represented in medical educational practice?*

- IV. *How is differentiation achieved in medical practice? That is, how do procedures surrounding labour market entry and first employment differentiate between 'good' and 'less good' professionals?*

Coupled with the first question is an implicit aim of describing the educational practice for which it is a preparation; if it is not only the professional practice, what are the alternate purposes of higher educational study? The concept of desirable performance in the second question is my theoretical interpretation of the concept of *competence* and is developed in chapter 4 as a form of *social suitability*. The concept of ideals, addressed in the third question, is also developed in chapter 4. Ideals are constructed as pointing out the direction of professional socialization in both the educational and professional practices. Finally, question four more directly involves the point of actual transition; labour market entry and the role of the profession's gatekeepers.

4. A Theory of Practice

As I browse the pages of my son's children's books, I come across many iconic pictures of the doctor. Two symbols are almost always present. The white coat is an important marker of professional membership in Becker, Greer, Hughes and Strauss' (1977) classical *Boys in White*. That white jacket remains a striking symbol of distance, cleanliness and goodness. The other symbol is the stethoscope, which recently has been investigated as being "the hallmark of a doctor" (Rice, 2010). Rice's idea is that the stethoscope is part of a "doctor habitus", which is formed during medical training and affects the way in which doctors act and think about their practice. He goes on to show that the stethoscope is discussed extensively among students, that they feel great pride in it, and also that there is widespread resistance in the community of doctors against new diagnostic technologies that threaten to render the stethoscope obsolete. According to Rice, this resistance to technology such as echocardiography or ultrasound should not only be understood as an unwillingness to lose a detail of the professional uniform, one which clearly shows the doctor's identity. The moments of intimacy with a patient, a close physical and mental contact is also felt to be an inseparable part of doctors' practice, indeed one of the things that defines a 'doctorly' disposition as a *caretaker of human beings* (e.g. Paice et al., 2002). In essence, the conflict around the use of stethoscope turns out to have implications for the whole idea of what a Doctor is.

Using the stethoscope as an example, the present study is carried out from a conviction that meaning is formed through practice, rather than the other way around. The use of a tool such as the stethoscope has wider implications than the mere physical object presents to us. Reality reveals itself only as a result of "doings" (Dewey, 1990a). *Becoming* a doctor is an educational process, in a very wide sense, where novice becomes virtuoso in doctors' practice. Neither simply discernible by reference to a body of knowledge nor a set of skills, becoming a doctor is to *embody* practice, in the way that a stethoscope, the art of audio-distinction, the contact with the patient, the diagnosis and the suggestions for treatment becomes a whole, inseparable from the agent and learner.

In this thesis, I have chosen *practice theory* as a point of departure. It is hard to speak of *one* practice theory; rather, it is a collection of theories sharing some common features. As a concept, practice is much discussed in the field of educational philosophy as a possible way to over-

come the structure-agency problem in social theory (e.g. Kemmis, 2005; Raelin, 2007; Schatzki, 1997). Practice theory sometimes is referred to as an umbrella where the uniting feature is a preoccupation with *activity* rather than *being*. To focus on practice is an attempt to dodge problematic dualisms, not only structure-agency but also the more resilient dualism of mental-physical. In this respect, practice theory is a term that describes a wide arrange of social theory. An early influential article suggested that theorists such as (late) Foucault, Giddens and Bourdieu belong under this umbrella (Ortner, 1984).

In a sense, the practice theory approach is a shift away from a theory that tries to pinpoint *being* to a theory that has its nexus in *doing*. It is through activity that we create meaning. A theory of practice, still in a very wide sense, substitutes the analytical focus of representation – that is, the formation of concepts that represent social or individual *being* – to a focus of describing the conditions for, the characteristics of, or the result of *activity* (c.f. Schatzki, 1997). I primarily have used four philosophers as an inspiration to the theoretical concepts and views of research in practice: Pierre Bourdieu, Judith Butler, John Dewey and Theodore Schatzki. In the following, I will refer to these philosophers and describe the parts that support the theory of practice employed in this thesis.

What is practice?

Theodore Schatzki claims that practice theory includes writers such as Dreyfus, Wittgenstein, Taylor and Lyotard (Schatzki, Knorr Cetina, & Von Savigny, 2001) in addition to those mentioned by Ortner (1984). Schatzki attempts to prove the similarity of these seemingly disparate theories by claiming that in one way or another, they could be described as *site ontologies* (Schatzki, 2005). Site ontologies “steer a path between individualism and societism” (p. 469) by focusing on intelligibility in a particular context, most often referred to as practice.

According to Schatzki (2005, p. 471), practices are “organized, open-ended spatial-temporal manifolds of actions”. Practice first should be understood as a *set of actions* (such as cooking, farming, education, etc.). Then, these actions are organized by three basic principles:

- 1) *Pools of understandings*. I interpret this concept as understandings that are learnt within a practice. There is a strong connection with Schatzki in Bourdieu’s notion of practical sense (e.g. Bourdieu, 1998) in the way Schatzki describes practical intelligibility. However, Schatzki criticizes Bourdieu on this point, suggesting that the origin of action should not be a Bourdieuan

“sense of the game”; rather, practical understandings are better constructed as abilities or “know-how”.

- 2) *Rules*. Rules are described as explicitly formulated prescriptions of how to do things and also are comprised of statements that “something is the case”.
- 3) *Teleoaffective structures*. I believe this is Schatzki’s main contribution to the field of practice theory. By combining teleo (goal-oriented or purposeful) with affective (signifying that humans have invested in them), Schatzki indicates that these structures give directions for action. The teleoaffective structure includes an array of ends pursued within a practice.

People do “what makes sense to them” (Schatzki, 2001, p. 47). This fact does not mean that they act rationally; actions originate both in teleology (towards ends) and affectivity (what matters) and could thereby be contrary to what is perceived as rational. In this way, actions originate from embodiment of practice, as the ends and affectivity also are determined by custom and habit in a given practice. Schatzki (2005, p. 472) sums up his theory in an interesting and perhaps curious way:

*To say that ... actions are organized by these matters [these three principles] is to say that **they** express the same understandings, observe, contravene, or ignore the same rules, and pursue ends and projects included in the same structure of acceptable and enjoined teleologies. [Emphasis added]*

I find it both remarkable and important for this theory that what signifies “they” in how he builds the sentence above are not people; instead, ‘actions’ are the subject. *Actions* express understanding, *actions* observe rules and pursue ends. In the end, we should understand organizations not as organized people, rather as organized activity. This perspective, I believe, is at the core of the practice turn.

Some effort has been put into defining practice, relating to a realist conception of establishing *what it really is* (e.g. Smeyers & Burbules, 2006). From a constructionist point of view, however, practice is a construction demarcating the research interest (e.g. Raelin, 2007). The construction should in turn be judged, not by how well it corresponds with reality, but by its usefulness in aiding analysis. In *The Logic of Practice*, Bourdieu states that research models of practices...

...are only valid so long as they are taken for what they are, logical models giving an account of the observed facts in the most coherent and most economical way; and that they become false and dangerous

as soon as they are treated as the real principles of practices (Bourdieu, 1990, p. 11).

In contrast to research, practices do not have logical grounds, even though aspects of practice can have rational justification (Bourdieu, 1998). Neither are they easily discernible from each other, which means that boundaries where one practice stops and another begins cannot easily be identified. Viewed as a construction, the concept of practice is useful as a demarcation of object of study. Hence, practice is a construction by the researcher, spatially and temporally demarcated from other practices. Practice is the “manifolds of activity” (c.f. Schatzki, 1997), which is a demarcation of a particular set of actions.

Pragmatism and transactional constructivism

The shift from actor to action as the basic way of viewing the social world is where I see the strongest contribution of American pragmatism to practice theory. In my view, the similarities between pragmatism(s) and practice theory outweigh their differences; for instance Dewey and Bourdieu have been used complementarily in social studies (Emirbayer & Goldberg, 2005; Nash, 2005). Indeed, Bourdieu also recognizes that much of his theory is compatible with pragmatic thought (Bourdieu & Waquant, 1992). Many pragmatists have expanded on what they claim is an erroneous point of departure for much of western philosophy. As Rorty (1980) argues, the mind is not a “mirror of nature” where representations of the real exist independently of that reality.

I do not primarily view a pragmatist position to be one in which any theory that ‘works’ can be used for analysis or for guiding the use of methods. Neither should research be judged solely by its usefulness, which I would see as a view insensitive to the complexity of pragmatic philosophy. Instead, pragmatism, notably the works of Dewey, entails a complete philosophy of science, which I believe to present elegant solutions to some of the paradoxes of social science (for instance the problematic dualisms of structure-agency and mind-matter).

I adopt what Biesta and Burbules (2003) call Dewey’s *transactional constructivism*, an approach that goes beyond traditional distinctions of objectivism and relativism. According to Dewey (e.g. Dewey, 1990b), we are in constant *transaction* with our surroundings. From a transactional perspective, the question is not how knowledge of an outer, objective reality enters the subjective mind, but rather “how and why the whole is distinguished into subject and object, nature and mental observations” (Dewey, 1990c, p. 19). Dewey essentially denies the division of mind and matter as a fundamental principle. In his later works, Dewey called this

transactionalism, as it is not an *interaction*, which would suggest two separate entities that interact. Rather, transaction is a process from which subject and object are *functional distinctions* (Biesta & Burbules, 2003). Agent and world are transactionally constituted, neither intrinsic nor complementary, and the transaction precedes their existence. They are nothing in their own right and cannot exist as separate entities. Much like an economic transaction, buyer and seller does not exist in their own right prior to the transaction; they become buyer and seller through the process (Bentley & Dewey, 1991).

Every time an agent acts, the world “acts back”. Consequently, Dewey’s philosophy sometimes is described as Newtonian, with reference to Newton’s third law. Action and reaction, the constant interchange between agent and environment is what Dewey calls *experience*. Note that the term experience could be interpreted as a noun as well as a verb. *To experience* is, as I see it, in itself a concept linking agency and structure. Experience as noun, on the other hand, lends itself to the idea that experiences are ‘stuff’ lodged in a human mind. This idea is hardly coherent with Dewey’s careful avoidance of dividing mental and natural to interpret experience as a noun. Instead, experience is a concept used to describe an agent already on the move on a path of practice, or as Dewey puts it, “...as our activity glides smoothly along from one thing to another” (Dewey, 1998, p. 11). Reflection is only taking place when our normal flow of activity reaches a *forked-road*, that is, a situation when our previous activities do not point the way automatically. After a while, we tend to be able to act out situations in our head – which is indeed what Dewey means by thinking and reflection (Dewey, 1998). Thus, we learn to anticipate reactions and adjust how we act accordingly.

Dewey is primarily occupied with the transactional relationship between agent and environment in a very wide sense. For educational research dealing with adult learning in very complex social structures (or ‘cultures’ if that is preferred), an account of this environment and how it is related to the agent-environment dual relation is wanting. What I hope to achieve in this thesis is a description of *how the world acts back* – how the (social) world responds to action carried out by agents. This work, I find, is the work of establishing principles that govern practice.

Practical sense as competence

Practice theory is an attempt (among several other attempts) to dodge problematic dualisms between mind and matter, particularly objectivism and voluntarism. An objectivist understanding would include rules on how to behave, norms or even laws that govern humans. A voluntarist understanding would focus on the free will of individuals and indi-

viduals in interaction acting in ways that appear rational to them. The problem with both of these explanations is that they appear to be reasonable in a concrete situation, but neither can fully explain what occurs satisfactorily. In addition, they are argued to be mutually exclusive and cannot be simultaneously true. Like Bourdieu (1998, p. 24-25), one could argue that they are actually the same (unsatisfactory) explanation of social phenomena:

I could show, if I had enough time, that these two philosophies, which seem diametrically opposed, are in fact similar; for, granted perfect knowledge of all the ins and outs of the question, all its causes and effects, and granted a completely logical choice, one is at a loss to know wherein such a "choice" would differ from pure and simple submission to outside forces or where, consequently, there would be any "choice" in the matter at all.

Humans are not puppets where societal norms, laws or values determine their actions. Neither is it feasible to view humans as autonomous beings, detached from social influence, free to act in any way we want.

King (2000) identifies two strands of Bourdieu's theories where one strand contains the concepts of field, capital and habitus. The other strand is something he denotes as Bourdieu's "practice theory", where the notion of *practical sense* and practice are used. Bourdieu's practice theory starts, much like Dewey's, from a conviction that a dualism of structure and agency can and should be avoided (Bourdieu & Waquant, 1992). Instead of using the concepts of transaction and experience, Bourdieu expresses, in my view, a similar point by referring to the world as *relationally* constituted. Relations are the fabric of the real, and they precede the existence of individual objects and subjects. Bourdieu also clearly rejects the notion of a fundamental real, such as culture, nature or social class, which would operate behind our practices (Bourdieu, 1998). Instead of referring to the rationality of the subject or the force of economic factors, agents navigate in practice using a *practical sense*. This practical sense is connected intimately to habitus – previous experience that could be described as *embodied practice*. For Bourdieu (1998, p. 25), practical sense is defined as...

...an acquired system of preferences, of principles of vision and division (what is usually called taste), and also a system of durable cognitive structures (which are essentially the product of the internalization of objective structures) and of schemes of action which orient the perception of the situation and the appropriate response.

Practical sense is intertwined with the characteristics of that same practice. In fact, they are constituted relationally, and they are only separate insofar as we construct them as separate. Bourdieu treats the concept of habitus and field similarly; they are inseparable, and habitus (as well as capital) are relative to the field in which they are constructed (Bourdieu & Waquant, 1992).

Capital, defined widely as ‘that which is of value’, describes general preferences in practices. A key to understanding the concept of capital is that capital must be marketable; someone must strive for it or want it. If not marketable, it does not constitute capital. What I find appealing in the concept of capital is that it avoids an essentialist view of competence and success as well as incompetence and failure. A person’s ability is not set in stone. A good singer, for instance, is only good if the general ability of the surrounding people is lower. In addition, his or her ability to sing only leads to increased power insofar as the surroundings view singing as an attractive ability.

Competence as ‘fitting in’

Competence, as well as practice, is another term frequently used in research and discussions about the transition from education to work. Much effort has been put into defining different forms of competence, such as cognitive, motoric and affective, that is, to identifying what parts make up the meaning of competence (Ellström, 1997). Others have tried to put forward holistic or functional definitions (e.g. Delamare le Deist & Winterton, 2005). Some agreement has been reached in defining competence as something close to its literal Latin root, *competo*, meaning *suitability*. I would like to take up that strain of thought by viewing competence as *being suitable in a certain practice*, thus equating competence with practical sense. This view also means stripping the word competence of all its affiliations with cognition and knowledge; competence ultimately has to do with doing, what one is able to *demonstrate*.

The inseparability of practical sense and practice, habitus and field, also means that to describe what constitutes competence, one must make reference to the particular practice observed. Competence as practical sense is not reducible to a set of individual characteristics (Bourdieu rejects such notions as they are consequences of substantialistic thinking). As mentioned earlier, Hager and Hodkinson (2009) also show that ideas of transfer of learning, as well as the notion of generic competences, belongs to a view of knowledge and skills as substantial and external; they object to the notion that knowledge consequently can move between individuals as well as between practices.

I define competence as the *ability of agents to act in accordance with ideals of a given practice*. These ideals are, in my articles, viewed as the teleoaffective structure (Schatzki, 1997; 2005) of the studied practice. Next, I will expand on how ideals should be understood in the context of the present theoretical considerations.

Performance and Ideals

*Our revels now are ended. These our actors,
as I foretold you, were all spirits, and
are melted into air, into thin air:
and like the baseless fabric of this vision,
the cloud-capp'd tow'rs, the gorgeous palaces,
the solemn temples, the great globe itself,
yea, all which it inherit, shall dissolve,
and, like this insubstantial pageant faded,
leave not a rack behind. We are such stuff
as dreams are made on; and our little life
is rounded with a sleep.
(William Shakespeare, *The Tempest*, act IV)*

Prospero's words are intended to remind the audience on stage that what they are witnessing is only an illusion and not reality. However, Shakespeare also makes reference to "the great globe itself" – the Globe theatre and the outside world. It seems that Prospero is telling the audience that they are watching a play within a play within a play. While indulging in the imagery of theatre, *performance*, as a concept, deserves attention. I refer to the works of Judith Butler and her account of performativity (e.g. Butler, 2006). Butler denies the existence of an original which would account for all existing versions of sex, a real entity that is modelled. Instead, the performed versions of men and women are copies of copies, much like plays within plays, with nothing but "thin air" behind it. This critique could apply to a biological or genetic given as well as a cultural or mental given. Ideas, preconceptions and prejudices are all "stuff that dreams are made on"; that is, they belong to *res cogitans*, an unfortunate dualism on which to build social inquiry. Instead, as Butler argues, it is the act – the performance – which is constantly re-enacted that gives an impression that there is something real behind it; a physical or mental given that our actions stem from.

According to Butler (2006), sex is *performative*. Any human activity is a performance with the same meaning as a theatre performance, an act that is repeated, reacted, parodied and restated much like a sketch or caricature. Butler rejects the notion of a core, or a true identity from which these performances emanate. There is no stable or ontologically

existing *original*; instead, the multitude of copies creates the illusion of permanence and persistency.

Butler's discussion of drag queens illustrates this point elegantly. Drag points out the impossibility of determining a gender identity by enacting both interior and exterior masculinity as well as femininity. The exterior (clothes and attributes) is female while the interior (body) is male. Simultaneously, the drag queen's exterior (body) is clearly male while we are led to believe that the interior (spirit) is female. This gender parody is, according to Butler, only comprehensible if we conclude that the parody lacks an original. Gender is therefore an act, infinitely repeated, by variation of some basic principles (script). An illusion of stable or intrinsic category, such as male, is created through enactment and repetition. Failure to perform correctly, 'according to script' leads to social sanction. The idea behind the concept of performativity is that the act is already there, that the 'girling' of a girl starts with the excited call at birth, "It's a girl!" However, central to the concept is that this girl "...is compelled to 'cite' the norm in order to qualify and remain a viable subject" (Butler, 1993, p. 232). On the other hand, *subversion* is also important in Butler's work, where drag again is used as an example of subversive gender behaviour. Butler also accounts for change and agency in this manner.

In addressing biology – the *body* – Butler's (1993) theory is an important contribution to constructivist social study. She argues that matter itself is *materialized* through regulatory process. Butler also addresses criticisms of constructionism that it presupposes an I, a willing and constructing subject, particularly questions such as "If the subject is a construction, then who constructs the subject?". Butler insists that construction should be viewed as process rather than product. In this perspective, construction is therefore not a subject, nor an artefact constructed *by* a subject. Rather, construction is an *activity*.

Acts are already there. The script is written prior to the agent. And the audience, that is, the practice, judges if the act is good or not. Performance is then an act that has an *audience* – in a similar way that Dewey describes experience as a cycle of action and reaction. Performance is actions that are judged by practice and, given the response of practice, either distances the agent or brings her closer to participation. This interpretation of performative is close to the original meaning attributed to Austin (1962), for whom speech acts were seen as neither true nor false; rather they were judged as "happy" or "infelicitous".

Ideals as moral imperatives

Hence, performances can be judged approvingly or disapprovingly, which is also why the governing principles of practice can be said to be *moral* – they are prescriptions for suitable action. I hold that a tenable way to research practices is to empirically construct *directions* of practice, in a sense pointing out the paths of activity by describing the moral imperatives of practice. These moral imperatives I have chosen to call ideals. In this sense, ideals are ideals of doing. Ideals can be constructed as something that points out a desired direction (that is, desired by the agents in a practice) for development and action.

Practices can uphold ideals pointing in different, incoherent directions or ideals in direct contradiction. As Bourdieu (1998, p. 82) puts it, “Practice has a logic which is not that of logic”. For example, men are rewarded both for acting as gentlemen and for articulating views of women as independent and self-supporting. These performances are logically incoherent but can exist simultaneously in our everyday practices.

In any practice, acting against prevailing ideals leads to conflict. Bad or unwanted behaviour is punished and criticised through a number of techniques. In this way, the moral principles of practice are “constantly reinforced by calls to order from the group” (Bourdieu, 1977, p. 15). On the farther end of bad behaviour lies exclusion or pariah status. However, these conflicts also can account for changes of practice. They also are vital to learning and socialization, by ‘learning by ones mistakes’. In this respect, ideals, performance, experience and socialization are closely connected.

Using practice theory in empirical research

Finally, I will attempt to summarize the thoughts put forward so far while indicating how these theories have helped me to understand the practice of doctors. In employing the concepts of Bourdieu, Butler, Dewey and Schatzki, I hope to have arrived at a useful theoretical framework for the empirical study of practice.

From Dewey, I have extracted a view of action and transaction at the micro-level. Transaction entails a view where the subject and object are constituents of action, rather than entities that act and are acted upon. Schatzki contributes with a view of practice as a definite set of actions, organized by understandings, rules and, particularly, a *teleoaffective structure*. This teleoaffective structure includes the ideals of the studied practice. Ideals of practices can be understood as previously mentioned: Moral imperatives regarding what appropriate performance is and what it is not. Acting in accordance makes an agent included in practice (and

viewed as competent), while acting contrarily distances an agent from practice (and viewed as incompetent). The ideals are not accurate descriptions of real performance; rather, they point out distinct directions of activity by predicting that performances in accordance with a certain ideal will be favourable to an agent.

Bourdieu contributes with the concept of *practical sense*, understood as a “feel for the game” (e.g. Bourdieu, 1998). An agent in any practice utilizes practical sense to navigate complex interactions with other agents and “material arrangements” (c.f. Schatzki, 2005). A practical sense view would mean that while humans are free to do anything, they do not *want* to do anything. Practical sense indicates an ability to anticipate reactions from surroundings; what anyone *wants* to do is shaped by previous engagement in the ‘game’. Out of the individual’s power is the reaction from his or her surroundings. We “suffer the consequences of our actions” (Dewey, quoted in Biesta & Burbules, 2003, p. 28). We could fill an entire book with descriptions of practical sense, conscious and unconscious decisions, dispositions, the knowledge and experiences that enable us to act the way we act in everyday situations. However, as we engage in the complex game of interacting with material arrangements and other agents in everyday practice, most of this goes unnoticed.

From Butler, I have used the concepts of performativity and citation. Everything we do can be viewed as performance. Millions of copies on how to stand, walk, what to say and what to do, that to actors seem evident. As Butler points out, there is no original, intrinsic act, nor has anyone decided what is and what is not an appropriate action. This view also has informed my view of the construction of ideals as *moral imperatives*. The Bourdieuan concept of capital is yet another way of exploring ideals as moral directions of practices, an ideal employed in the final article included in this thesis.

Constructing the object of study

Turning the attention to the practice of doctors, and particularly to the road leading to acceptance as a member of the profession, this conceptual framework outlines several possibilities for the study of professional socialization. Constructing desired performance and ideals can be used to relationally map and describe the teleoaffective structure within this practice. Ideals point out norms and goals for students, interns, teachers and practicing doctors. Thus, they also provide direction for criticism, assessment and self-inflicted doubts regarding performance (Am I really cut out to be a doctor?).

In the form it has taken during the course of this thesis project, practice theory has made possible the critical examination of professional socialization in doctors' educational and professional practices. In the individual studies and articles, I have only used parts of the framework. It is not until these introductory chapters that I have had the opportunity to argue for the theoretical framework as a whole.

Performance, operationalized as competence, formed the underpinning concept for the study in Article II. In this article, I ask the question of which performances are considered important in the work of newly-graduated doctors. I also tried to show statistically which performances were considered good or valuable.

Ideals were constructed in Articles I, III and IV, and each time, my take on ideals has developed. In Article I, ideals of the educational practice are presented as perspectives or 'ways of viewing'. This take on ideals was, admittedly, rather common-sensical. This thinking resulted partly from the early stage of developing ideals as a theoretical concept. However, it primarily results from the genre of the published book. The concept of ideals is further developed in Article III. By constructing ideals as virtues and vices of doctors' practice, I intended to clearly establish ideals as moral – prescriptions for desired performance, rather than abstract ideas.

In Article IV, the Bourdieuan concept of capital was employed as a description of the ideals present in views of the (highly) employable doctor. Article IV also intends to show how citation (Butler, 1993) of ideals must be *demonstrable* in an applicant's biography (merits) and interview in order to give a competitive edge. It also shows how differentiation in practice is achieved in a critical career choice for newly-graduated doctors.

Throughout the empirical studies, I have chosen to approach the construction of ideals and performances methodologically mainly through spoken consent. That is, I have tried to establish what is considered 'good' performance as well as 'bad' performance through questioning participants from the educational and professional spectrum in a series of interviews. A transactional-relational view of practice entails certain important conditions concerning empirical research, or for that matter, any attempt to make practice intelligible. These conditions will be addressed in the following chapter.

5. Research approach

An approach is viewed as something larger than a mere restatement of methods employed. In this chapter, I will start by expanding on how I view the present study in relation to ideals of research and research's purpose, and from this point of departure describe what I have done in terms of methods and instruments in the Articles I-IV. Finally, I will briefly describe the background of the chosen case; the medical programme and the formal structure of the transition from education to work for doctors.

Researching practice is a research practice

True to my last chapter, I have given some thought to which ideals guide me as a research practitioner. Doing research is itself a practice, albeit a different one than the practices studied (c.f. Schütz, 1953). Consequently, research practice also provides ideals for how to behave and how to act, not the least of which is how and what to *write*.

The research process itself is a winding road with constant movement and changes to research questions, methods and results. When the report is written, however, it appears to be a gradually developing argument from the literature review, research questions, theory, method, results and conclusion. I believe this illusion of linearity is necessary in order for research to be judged and critically examined. My way of viewing research ideals, and thus my method for carrying out this investigation, boils down to four major virtues:

- 1) *Internal consistency*. This virtue concerns the logical development of the argument presented in the research. This virtue primarily impacts the written report (this thesis). It also concerns the harmony between theory, research questions and methods of data collection and analysis (e.g. Howe & Eisenhart, 1990).
- 2) *Transparency*. Transparency does not necessarily entail replicability of empirical studies. Rather, it allows readers to examine the writer's choices regarding how the empirical data becomes categories and conclusions through analysis.
- 3) *Rigour*. A rigorous approach means systematically collecting data, at every step being careful and double-checking conclusions and interpretations. This rigour must be *demonstrable* in some way, preferably through writing.

- 4) *Reflexivity*. By reflexivity, I refer to what I would like to call a *reflective imperative*, meaning that researchers are obliged to question the foundations from which they are creating knowledge as well as the values, interests or prejudices reproduced by scientific inquiry. The last of these ideals I attribute to a more critical perspective on the role and purpose of social science, which will be elaborated on in the following section.

The purpose of doing research

Research may be conducted for different purposes, and I believe there is no better or worse among these. Because research can fulfil functions depending on the purpose, a plurality of perspectives and of research purposes is most likely a strength of research practice rather than a weakness. Running the risk of over-simplification, I still would like to outline three different purposes for research in order to position the present thesis. One is finding the truth, regardless of the practical applicability or interest to any group in society. Another is utility; research should be useful and improve living conditions in one way or another. The third, and the one to which I attribute this thesis, is a critical purpose.

I would define my point of departure as closer to what I would like to call a (weaker) *critical programme* of research; I do not aspire to be a full-blown critical theorist, though this research has a similar view and aim. To put it differently, I believe one can subscribe to a critical programme without necessarily being a critical theorist and, consequently, other theoretical standpoints can be employed within this programme. Proponents of a (much stronger) critical theory clearly state the purpose of research:

Social science should serve emancipation, but without any specific formula demonstrating how it should be achieved.... Realized patterns must be understood in terms of negation, based on their opposites and the possibility for a qualitatively different state of being (Alvesson, 2003, p. 154).

Defining the purpose of social science as serving emancipation is a normative stance. Inherent in this idea is that emancipation starts in knowledge, in some sort of awakening, brought about by the realization that one's living conditions are not given by nature or God. Rather, they are historical coincidences which can – and should – be problematized, criticized and discussed. The role of research is to unveil what is taken for granted and viewed as natural or given, especially restrictive or inhibiting traditions, ideas or identities. According to Alvesson, creating

counter-pictures or counter-ideas is the business of critical theory. He also points out that the work of critical theory is never finished, that autonomy requires a constant struggle of questioning authority in any form, including visions of utopia. Likewise, knowledge and particularly scientific knowledge, also is permeated by power relations and is underpinned by values and various interests (Johnson & Duberley, 2000). From the viewpoint of critical theory, this supposition yields what I called the *reflective imperative* above.

Of particular interest in the goal and research questions of the present thesis is an implicit aim to describe how differentiation in practice can be understood. What beliefs, ideals or rules separate good performance from bad, and by which means do agents prove themselves successful or unsuccessful doctors? In posing these kinds of research questions my work is directed more at an emancipatory ideal of research than solving actual problems or producing knowledge that can have direct practical applicability.

In doing so, I hope to achieve more of what Rorty (1980) defines as an inquiry that *teaches* us something. The purpose of such undertakings is to “keep a conversation going” rather than to establish truth about matters:

To see keeping a conversation going as a sufficient aim of philosophy, to see wisdom as consisting in the ability to sustain a conversation, is to see human beings as generators of new descriptions rather than beings one hopes to be able to describe accurately (Rorty, 1980, p. 378).

Results and reality

The above-stated intention for my research has implications on what can be discussed in terms of study validity, referring to a classical standard of good research. Qualitative researchers have questioned the concept of validity (e.g. Svensson, 1996). As argued by Eisenhardt and Graebner (2007), this kind of research seeks “to develop theory, not to test it”. Hence, as already has been made clear, the results of my studies should not be seen as mirrors of reality, rather as developments of (hopefully) new understandings. Schütz (1953, p. 3) argues that social science research should be viewed as...

...constructs of the second degree, namely constructs of the constructs made by the actors on the social scene whose behavior the scientist observes and tries to explain in accordance with the procedural rules of his [sic] science.

Ideals, as an example of one of my constructions, are *not there*, in the sense that they exist independently of human action. The construction of images and words in order to describe what is directly understood in day-to-day practices necessarily involves reduction and abstraction. They are a way of describing ‘what goes on’, just like a metaphor describes something without actually *being* the thing it is said to be. My research should be understood as an attempt to make practice intelligible, without saying that these ideals are really there or that they in themselves exercise power over individuals. Ideals of practices are research constructions with the purpose of making activity in practices intelligible, rather than things in their own right that exert power over agents or determine behaviour. I argue that my research is generalizable in the sense that Larsson (2009, p. 34) describes as *generalization through recognition of patterns*:

...generalization is an act, which is completed when someone can make sense of situations or processes or other phenomena with the help of the interpretations, which emanate from research texts.

In the following, I will turn more to the practical work of empirical research and my choices concerning data collection and analysis methods.

Methods

Overall, the approach on method, data-collection and analysis is distinctly qualitative. By qualitative, I mean an interest in *qualitas*, the characteristics of the object of study, and most prominently how these characteristics *differ* (e.g. Larsson, 2005).

During the course of this project, I primarily have relied on interview data, although one of the articles is based on a survey; the survey items in Article II, however, are entirely informed by preceding interviews. The reason for this qualitative form has been the aim to create new descriptions and understanding. I needed to gather data rather openly, without preconceived ideas on what constitutes, for instance, a highly capable doctor. This openness would have been impossible with predetermined alternatives presented in a survey to respondents. Likewise, I entertained the idea of observation, particularly in the case of the recruiters study. However, this idea was abandoned on the grounds that I, as a person not engaged in medical practice, would not understand and consequently would not ‘see’ anything of what people do, their performances or their ideals.

Instead, the interviews gave me an opportunity to study how doctors, teachers and students rationalised and reflected upon their practice.

This was determined to be more appropriate to the posed research questions and the theoretical perspective employed. Interviews have best suited my interest in *qualitas*. I believe asking people to rationalize their actions, hopes, desires and antipathies is paramount in the construction of different *qualitas* that do not stem entirely from my own preconceptions of what takes place in the studied practice.

Stating that the interest is *qualitas*, however, does not rule out quantitative measures. If a qualitative approach yields an answer to the question “which (different) ideals can be constructed in this practice?”, only a quantitative (count) can answer the question about commonality or frequency of a given ideal. This circumstance is also the main reason for the employment of quantitative measures in Article II.

Data

The empirical data in this thesis includes a total of 46 interviews and 123 completed surveys, distributed as follows:

- 1) Nine interviews with *new doctors*⁵, most of them doing their internships
- 2) Eight interviews with medical students early and late in the programme
- 3) Eight interviews with medical teachers, early and late in the programme
- 4) 21 interviews with recruiters of medical interns, most of them senior doctors
- 5) An electronic survey distributed to 169 new doctors, most of them doing their internship, answered by 123 respondents (73% response rate)

In all empirical studies, I have proceeded in a similar way. I have employed a theory compatible with my practice theory approach outlined in the previous chapter. This theory has yielded a specific take on certain concepts (perspective, ideal, competence, performance, attribute, etc.), which then have been operationalized in method and analysis. In the following sections, I describe my methodological choices for the studies that compose the articles.

Interviews

In the interviews, I primarily have used a number of questions asking the respondents to reflect on what they consider to make up ‘a compe-

⁵ *New doctor* is defined as a medical graduate who has started to work either as a junior doctor or a medical intern and has been doing so for up to two years. See appendix I for an overview of terms concerning the professional development of doctors in Sweden.

tent doctor'. This question of course involves asking out right, but I have found that respondents provide richer descriptions when speaking about specific individuals. Hence, the question "Could you describe someone who you admire at work?" turned out to be successful as did asking them to elaborate on their professional role models.

All interviews were recorded and transcribed. Of the 46 interviews, all except six was conducted over the telephone. The main reason for phone interviews was the geographical distribution of respondents, dispersed all over the country. I also found that telephone interviews took up less time for the respondents and made it easier to synch schedules. Furthermore, due to the aim and the research approach of the present inquiries, face-to-face interviews were not necessarily *better*. When analysing the interviews (see below) I have viewed the transcribed interviews as *text*. I have not made notes of tone of voice or body language. In addition, I believe that there are advantages to the distance between interviewer and respondents; sometimes, the respondents seem to be able to respond more freely and be more critical to interview questions and subjects. In all, I believe the employment of telephone interviews has not had any significant impact on the results.

Regarding the selection of respondents, I have used different approaches. In Articles II and III, I aimed to maximize variation. Thus, I selected a mix of respondents in terms of sex, age, and nationality, as well as in terms of progress in the medical programme and internship. This principle of selection was made in order to describe *different* views on the performances of doctors, rather than the most common view. Again, the interest in *qualitas* and describing how a phenomenon varies guided the selection of respondents.

In Article IV, the selection was made on grounds of popularity of hospitals, relying on data from 'Dagens Medicin', which listed the number of applicants to each hospital (as well as the number of offered positions). This selection procedure was used in order to understand how internship candidates were distinguished. This differentiation was particularly visible in those instances where a hospital had to choose among a high number of qualified candidates.

The survey

The survey was administered to two cohorts of students that had graduated from a Swedish medical programme one and two years ago respectively (n=169). Eight interviews lay the groundwork for the definition of 32 competencies considered important in doctors' work by the interview respondents. Respondents in the survey were asked to rate 1) How important they considered a certain competence 2) Their own ability in the

competence in question and 3) to what extent they would have wished for more training during the medical programme concerning the competence in question.

The survey functioned as a check of the categories constructed in the interview study, as well as a provider of quantitative counts from which comparisons could be made. I have been aware, and pointed out in the article, that these values should not be interpreted absolutely. Rather, they can be understood only in relation to each other.

The address to the electronic survey was distributed by regular mail. Two reminders were sent out asking the respondents kindly to complete the survey. 123 respondents completed the survey, which yielded a response rate of 73%. I contacted ten non-respondents by phone and asked why they had not wished to complete the survey. Lack of time or forgetfulness were the reasons given. I have, therefore, not had any reason to suspect that the sample answering the survey was biased in any way.

Categorization and analysis

In all the articles, categorization has been the main method of analysis. This procedure was felt to be the best-suited method for the construction of ideals and performances based on interview statements. This categorization has been done according to different principles and has included a great deal of spontaneous innovation, hopefully not at the expense of systematicity. The reason for variance in categorization methods has been due primarily to varying theoretical and conceptual points of departure.

My categorizations have, however, been carried out from basic logical principles. Guba (1978) describes internal homogeneity and external heterogeneity as two measures of quality in systems of categorization. The first I have interpreted as the similarity between objects belonging in one category; the second as the difference between objects belonging in different categories. The categories constructed are, as a form of ideal typologies (c.f. Schütz, 1953), supposed to be exclusive. What I have done also resembles Patton's (1987) *analyst-constructed typologies*, which is described as a process of looking for patterns or themes that "appear to exist but are not part of participants' vocabulary" (p. 152). A final principle to which I have adhered is that constructed categories should cover all statements concerning a chosen phenomenon.

In addition to descriptively presenting what categories could be constructed from a given set of data, I also have tried to take analysis one step further. For me, the challenge has been to make the categories into a model of some kind, which means establishing tentative *relations* be-

tween categories. Sometimes by applying theory, other times by trying them out in relation to other concepts (as in Article I, by applying them to goals, process and desired outcomes of higher education), I have tried to make sense of the categories constructed and thereby to point to consequences and possible implications of the results.

Concerning the survey, the published article contains only descriptive statistics, as I intended to show how views of competence and preparation were distributed among a larger population than that provided by interview data.

Ethical considerations

In carrying out the empirical studies, I have adhered to the general guidelines of research ethics put forward by the Swedish Research Council (e.g. Gustafsson, Hemerén, & Petterson, 2011). All respondents were promised that their personal views and data would not be identifiable in written reports regarding the research. They also were duly informed of the purposes and aims of the investigations. As Larsson (2005) points out, taking too drastic of measures to protect the identity of respondents runs the risk of making the research uninteresting, as the results are too anonymous and may become vague. This issue has certainly become prevalent, particularly in the study reported in Article IV, where the individual differences between hospitals had to be left out to assure respondent and hospital anonymity. One example concerned how far the hospitals had come in the process of formalisation of the recruitment procedure. Describing these examples of formal recruitment procedures would have made some hospitals easy to identify. However, I felt that a general picture served the purpose of the investigation well enough in this case.

The case context

The case of transition from professional education to work studied in this thesis involves the undergraduate medical programme in Sweden and the subsequent entering of the labour market for doctors up to two years into practice. In the present case, it could be argued that division between education and work is not straightforward; the medical internship could be viewed as a case of continuing education. Simultaneously, the extensive work-based learning during the undergraduate programme further blurs a clear cut boundary between education and work. However, in the present thesis, transition is viewed as an umbrella, describing a trajectory from undergraduate student to practicing doctor.

The Swedish medical undergraduate programme is five and a half years long. Competition for admission is high, as about only 900

(≈2.5%) of the over 35.000 applicants each semester are admitted to one of the seven faculties of medicine administering medical programmes throughout the country (VHS, 2011).

Although there are variations in curricula between different medical programmes, they all observe the same general aims and guidelines outlined in the Higher Education Ordinance (Swedish National Agency for Higher education, 2011). The programme typically includes courses in medical and biomedical theory as well as a number of clinical placements, which takes up a substantial part of the time spent during study. There are no differentiating grades given in courses or on the medical diploma. The grades applied are either 'pass' or 'fail'. Hence, all graduates have the same diploma when they apply for their first positions.

After completion of the undergraduate programme, a graduate must complete a 18-21 month period (depending on the hospital) medical internship [Allmäntjänstgöring, AT]. As elaborated on in Article IV, the internship never, except on rare occasions, follows directly from graduation. Graduates often work as junior doctors for some time, typically around 6-12 months, in order to qualify for an internship position. Curriculum for the internship is provided by the National Board of Health and Welfare (2011). At the end of the internship period, the interns undergo a written and an oral exam, administered by Karolinska Institutet, Stockholm, after which they become registered 'Doctors of Medicine' (the English translation of the professional title).

At present, Sweden's internship system is under review (von Zur-Mühlen, 2011). An investigation, due to be completed at the end of 2012, is looking into the possibility of a six-year undergraduate programme where the internship in its present form is discontinued. The reason for these changes is mainly harmonization with EU-regulations, which stipulate that a medical programme should be six years long.

After registration, doctors typically start a period of *specialist* internship [Specialisttjänstgöring, ST] in which they train to become specialists in a chosen speciality. Specialist internship is conducted solely as a professional concern without involvement of higher education agencies. This part of education and professional practice is beyond the scope of this thesis.

6. The Articles

The following four articles comprise the individual studies in the thesis. Below are extended summaries of the articles, where aim, method and results are outlined. Development of these results and how they relate to the overarching research questions are presented and discussed in the final chapter.

Article I - Useful, Selected or Educated? Three Perspectives on the Function of Higher Education

Published as a chapter in the edited collection "Anställningsbarhet – perspektiv från utbildning och arbetsliv" (Lindberg, 2009a)

This article presented three different perspectives on the purpose of higher education. In this article, I did not look specifically at the medical programme; I started from general texts in the field of higher education. The perspectives were constructed as a categorization of research and theories regarding the function of higher education. This article served as an orientation on issues regarding higher education and employability.

The Utility Perspective implies a view of higher education where the most important task is to be part of the development of 'useful' individuals. With little preparation, these people should be able to work effectively and thus contribute to the development of economic and social prosperity in both public and private sectors.

The Competition Perspective is based on the idea that higher education should be a kind of 'baptism of fire', where the labour market gains information about who is suitable to employ and which ones are not through the institutions. From this perspective, higher education's most important task is to function as a *sorting mechanism*.

The Bildung Perspective emphasizes the formation of educated, free individuals in higher education. To be educated is an end in itself. The characteristics and ways of thinking might not be applied directly in a professional practice, but rather, it enriches people and, by extension, the community as a whole.

The results were presented as a table that was supposed to outline what the perspectives would entail in terms of aims, teaching and desired end results for higher education.

Table 1. Perspectives on the function of higher education

	Utility	Competition	Bildung
Educational aims	Governed by needs in society and labour markets	Governed by ambition to <i>challenge</i> students	Governed by (institutional) ideals of 'the educated human being'
Educational process	Task-solution oriented. Strong influence of work-based learning or realistic cases as basis for teaching	Challenges comprised of high demands, high pacing, difficult or vast material	Material which 'educates', practice of educated communication
Desired end results	<i>The useful</i> ; a person who can 'hit the ground running' in the workplace	<i>The selected</i> ; a person who has bested the challenge and has 'the right stuff'	<i>The educated</i> ; a person who has realized his/her intellectual potential, and thereby is liberated

I went on to discuss the meaning of 'education for employability' from these perspectives. From the utility perspective, an increased focus on skills development should be favourable to graduate employability, which can be said to have already taken place in higher education policies. From the competition perspective, a tougher differentiation between students in the form of grades or other demonstrable criteria would help employers to select graduates for employment. The Bildung perspective would constitute the most prominent reactive force to an employability discourse.

Article II – 'The Next Step' – Alumni Students' Views on their Preparation for their First Position as a Physician

Article published in the journal "Medical Education Online". (Lindberg, 2010)

This article presents a study of recent graduates from a medical programme during their first years of work. This article aimed to describe what competences the alumni themselves thought were important in the work of doctors and their views on how well prepared they were for work in relation to those competencies. Nine initial interviews formed the basis of a questionnaire sent to 169 alumni (response rate 73%), which contained 32 key competencies identified in the interview responses. The alumni were asked to scale estimate from 1-5 each of the

key skills in three different ways; 1) how important the skill in question was in the work of doctors, 2) their own competence, and 3) the degree of attention the competence should have been given during the medical programme.

Table 2. New doctors' mean rating of important competencies, self-assessed ability and preferred coverage during medical programme

Competence	Mean rating (1-5 Likert scale)		
	Importance (1-5)	Self-assessed ability (1-5)	Preferred cover- age during pro- gramme (-2 - +2)
Competence regarding medical knowledge and skills			
Knowledge of basic biomedicine	3.6	3.7	-0.1
Knowledge of symptoms and diseases	4.9	3.6	0.9
Patient examination skills	4.7	3.1	1.2
Knowledge of terms and conceptions	4.0	4.2	0.1
Treating common diseases and problems	4.7	3.4	0.9
Practical skills	4.2	2.8	1.0
Handle patients with somatic problems	4.6	3.2	0.8
Do medical research	3.2	2.6	0.2
Competence regarding interpersonal skills - patient			
Build a (good) doctor-patient relation	4.8	4.2	0.0
Build trust between doctor-patient	4.8	3.7	0.4
Inform patients intelligibly	4.9	3.9	0.5
Breaking bad news	4.6	3.1	0.6
Being humble in relation to patient	4.3	4.2	0.1
Acknowledge patient integrity	4.4	4.0	0.2
Competence regarding interpersonal skills – staff and workplace issues			
Practice good leadership	4.1	2.9	0.7
Being humble in relation to staff	4.2	4.3	0.3
Cooperate with staff	4.8	4.2	0.4
Knowledge of other medical professions	3.9	3.4	0.3
Conflict management	4.2	3.0	0.6
Administrative tasks	4.0	3.1	0.4

Handling night duty (on call)	4.7	2.9	1.0
Preparedness for being reported	3.9	2.3	0.6
Competence regarding lifelong learning skills			
Browse books for knowledge	4.4	4.5	0.0
Browse databases for scientific articles	4.4	3.1	0.6
Understand scientific articles	4.2	3.3	0.5
Learn from colleagues	4.7	4.6	0.2
Critical thinking	4.8	3.6	0.7
Competence regarding intrapersonal skills			
Ability to work hard	3.2	3.9	0.1
Ability to separate work and spare time	4.6	2.9	0.8
Stress management	4.7	3.0	0.9
Ability to get an overview and prioritize	4.8	3.0	1.0
Being confident	4.1	3.3	0.6

The analysis showed that all but two competencies constructed from the interviews were considered important to a high degree. It also showed that there were areas in which the new doctors felt very insecure and would have liked more practice during training. Stress management, practical skills and applicable knowledge about diseases and symptoms rather than basic biomedicine were the most obvious among these areas of insecurity. Despite the great emphasis on training and practical work during the medical programme, it seems that graduates still think they received too little of such training.

Article III – Undergraduate Socialization in Medical Education: Ideals of Professional Physicians’ Practice

Article published in the journal "Learning in Health and Social Care" (Lindberg, 2009b)

This article presents a study based on 16 semi-structured interviews with students and teachers in a medical programme. It sought to investigate the image(s) of ‘the ideal doctor’ among students and teachers. These ideals were suggested to guide professional socialization during the medical programme and to be part of both formal and informal (hidden) curriculum. In the article, Dewey and Butler (see chapter 4) were used to explicate the concept of desired performance in doctors’ practices.

Eight students were selected, four from year three of the programme and four from the last semester of undergraduate training. Similarly, eight teachers instructing either year three or year six were selected for the interview. Based on the interviews, moral principles were constructed, presented as virtues and vices. Virtues were used to describe the direction(s) of the socialization process, and virtues were defined as including ways in which one ought to behave as well as manners and customs one should adopt or mimic. Categorization of virtues was made on three criteria: 1) Reports of performance, that is, descriptions of what people do, 2) Normative statements, that is, performances judged as good or bad, and 3) Uncontroversy/agreement, which indicates that statements used to categorise should originate from several respondents and be uncontroversial in the sense that they were not contradicted by other statements.

Table 3 is a summary of the virtues and vices constructed. The virtues were given names, while the vices are described by the performances negating virtue. Vices also were used to construct virtues by negation. For instance, a negative description of a careless doctor who left equipment at a desk was used as an aid to construct the positive virtue of discipline.

Table 3. Virtues and vices of doctors' work

(+)	Wisdom 'Big picture', knowledge- in-use, critical thinking	Discipline Conscientious, tidy, hard- working	Humility Prepared for uncer- tainty, life- long learn- ing skills	Empathy Know people, kindness, flexibility	Maturity Age, expe- rience, life outside study and work	Strength Leader- ship, confi- dence, honesty
(-)	Relies on memory of details, uncritical	Careless, lazy, negli- gent	Over- confident, proud	Rigid, judgemental, callous	Young, inexperi- enced, over studied	Shy, timid, quiet

The generic nature of these virtues was discussed in the concluding section of the article, along with the observation that most respondents did not see the medical programme as the main developer of desired performances. Rather, these were seen as personality traits or traits developed outside formal learning environments. This article also discussed the implications of what seemed to be conflicting virtues, such as strength and humility. It concluded that being seen as a 'good doctor'

implied being able to strike a careful balance between the virtues in question. This finding was rediscovered and elaborated upon through the use of capital theory in the final article.

Article IV – Gatekeepers of a Profession? Employability as Capital in the Recruitment of Medical Interns

Article accepted for publication in “Journal of Education and Work” (Lindberg, 2012)

In this article, the Bourdieuan concept of capital was employed in order to understand selection and recruitment of medical interns. The study aimed to explore the concept of employability as capital in the recruitment process. Capital, attribute and symbol were the three most important theoretical concepts used to construct categories from the empirical data. *Symbol* denoted a manifestation recognized by the recruiter, which could be anything from a CV entry to the way a person shakes hands or move their eyes. From symbols, *Attributes* were inferred and defined as behaviours, traits or dispositions of character. The attributes were used to construct meta-categories, which were defined as *capital*, that which is of value.

21 recruiters of medical interns were interviewed in Swedish hospitals administering most applications per offered position (i.e. most popular among prospective interns). These hospitals were dispersed all over the country, and consequently, only six of the interviews could be conducted face to face. The others were made over phone with a recorder. All interviews were transcribed and analysed using a categorization method (see chapter 5).

Two forms of capital were constructed: *Orientation toward performance*, which concerns the applicant’s drive and ambition, and *Orientation toward human relations*, which concerns the applicant’s social competence, primarily as co-workers. The study suggests that successfully proving possession of both forms of capital constitutes the most highly employable applicants. These forms of capital are suggested to constitute sorting mechanisms in the process of recruitment as recruiters infer desired applicant attributes from written applications and job interviews.

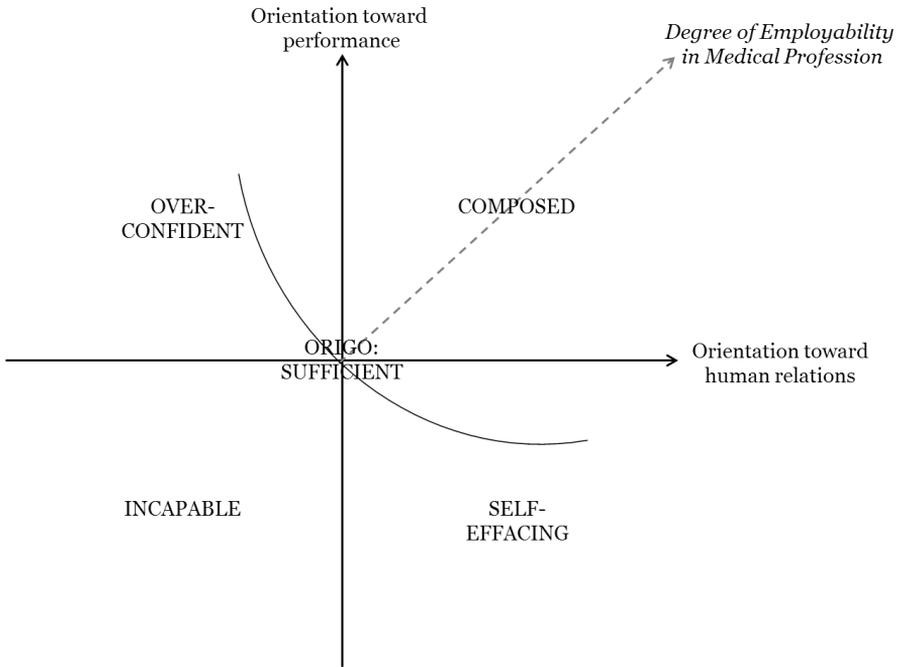


Figure 1 Forms of capital and employability in recruitment of medical interns.

The quadrants in figure 1 were constructed as ideal types describing different types of applicants. The figure also shows that a balance between the forms of Capital is important in order to come across as an ‘able doctor in the making’. The idea was that too much of one form of capital without demonstrating possession of the other is considered to be unfavourable for applicants. The concept of employability as well as implications for professional socialisation is examined and discussed in light of the findings. One conclusion indicated that “the economy of experience” (Brown & Hesketh, 1994) seemed to operate in the competition for internship positions at prestigious hospitals to a high degree. Another conclusion was the absence of medical knowledge and profession-specific competence as a way of discriminating between applicants. Instead, the applicants appeared to be treated as equal in this respect, which implied a high trust in medical training and the medical undergraduate diploma.

7. Discussion

This thesis is a description and analysis of the transition from professional education to professional practice, utilizing the profession of doctors as a case. A major point in this thesis is the view of the transition from education to work as a process of professional socialization, a transition in which ideals have been constructed in order to understand the “teleoaffective structure” (Schatzki, 2005) in educational and professional practices outlined in chapter 4. Other important questions addressed concerns regarding the function of higher education in relation to its role in society and its role as *preparatory* for professional practice. In this concluding discussion, I will start by addressing the overall aim and the research questions. I will then proceed to discuss the results of the studies. After a brief discussion of the theory and methods employed in the thesis, I will provide some reflections on the process of writing a thesis and the professional socialization of a researcher.

Answering my questions

Overall, this thesis aimed to describe and analyse professional socialization in doctors’ transition from education to work. In the following, four themes bridging my studies are presented and discussed. These reflect the research questions posed in chapter 3.

Higher education as preparation for work

The research question addressed in this section is “*In what respect, and to what extent, can the educational practice be viewed as preparation for professional practice?*”

The three perspectives constructed in Article I present three alternate ways of conceptualising *preparation*. Addressing the question of the ‘gap’ using the three perspectives presented in article I might shed some light on the ambiguity of higher education’s role as a preparatory practice. As stated in chapter 2, there are several ways of conceptualizing the ‘gap’, and there are questions as to whether the employability of graduates could, or even *should*, be the responsibility of higher education.

The *Bildung*-perspective concerns education for education’s sake and the development and freeing of individuals. Preparation should not be for a specific occupation; rather, preparation should be for participation in society and development of good, free-thinking individuals. In this perspective, too much vocationalism is a vice, and should not be the dominating agenda in free educational institutions. In the *Bildung* per-

spective, the responsibility for preparing for work should be secondary to the development of educated individuals. Some results from Article III point to a *Bildung* perspective (Article I) present in the medical educational practice. The virtue presented as wisdom, held aloft mainly by medical teachers, bears many resemblances to the ideals of the educated, critical, careful individual who does not see knowledge as a means to an ends.

The competition perspective emphasises the role of higher education as a sorting mechanism, a way of informing the labour market about which individuals have stood the test of getting admitted and passing the examinations of a higher educational programme. From a competition perspective, higher education fulfils its purpose so long as it *differentiates* candidates, giving the labour market information regarding the quality of candidates. These candidates can thus be viewed as highly employable, while persons with lower grades are less attractive. In the case of the Swedish Medical Programme, this job of sorting candidates could be viewed as 'half-done'. Graduates of the programme are select and exclusive in the sense that they have successfully been *admitted* to the programme. Admission is a selection based on grades, tests and sometimes interviews in which candidates compete with a large number of peers due to the popularity of the medical programme. They also have shown that they successfully coped with the tempo and work required during the programme. However, these graduates, while select as a group, are not internally differentiated by grades or by any other means of providing employers with capacity information compared to their peers. This issue will be addressed later in this discussion.

The utility perspective, which is closely related to what I have described as vocationalism in chapter 2, is a view of higher education as a provider of competence which should provide returns for the funding and effort invested in higher education institutions for the graduate, the employer and society (c.f. Atkins, 1999). For the graduate, the returns should be in the form of a higher salary and better working conditions. For the employers, the returns should include an able workforce, which should be able to work with minimal preparatory efforts. For society, the returns should be in the form of economic and social growth, which should come about through knowledge, innovation and entrepreneurship.

From a utility perspective, the gap becomes most relevant for higher education as preparation for work is viewed as an institutional responsibility (c.f. Harvey, 2001). Presented in table 2 (chapter 6), the three main areas where graduates feel they could have been better prepared from the programme are the following:

- 1) Patient examination skills and practical skills
- 2) Handling night duty (on call)
- 3) Ability to get an overview and prioritise

Appendix II provides a table where significance has been tested for the difference between how important doctors felt an item to be in their work and how competent the new doctor felt. The competences are listed in the order of the size of the 'gap' between 1) How important the competence in question was felt to be, and 2) Self-assessed ability in the competence in question. All competences in the top section show a significant difference between importance and self-assessed ability. This difference should, in my view, not be taken as a sign of alarming unpreparedness in all of the competences listed. As mentioned in chapter 5, these values should be interpreted relatively rather than absolutely. There are some general trends when considering the table in its entirety that ought to be highlighted.

Results from this study suggest that medical graduates are perhaps overly prepared from a knowledge perspective, at least in terms of basic biomedicine. In addition, the graduates do not feel that the programme should have devoted more effort to teaching relational and interpersonal skills; they feel rather confident in these respects. However, they feel under-prepared in some aspects concerning patient examination, practical skills, and particularly stressful and demanding critical incidents at work. These competences are at the top of the list describing the gap between importance and ability in appendix II. These results align with the multitude of studies flagging graduate unpreparedness for doctors' work (Brennan et al., 2010; Cave et al., 2007, 2009; Evans & Roberts, 2006; Goldacre et al., 2003; Jones et al., 2006; Wall et al., 2006). The lack of preparedness for stressful and demanding situations at work could perhaps be attributed partially to the reality shock described in previous research (Hughes, 1958; Louis, 1980), which may be inevitable to some extent. As concluded in Article II, perfect preparation for work may be unattainable.

Regarding medical knowledge and skills, the employers are confident that all applicants, that is, graduates of medical programmes, have acquired the knowledge and skills required to complete the internship through their undergraduate programme. In this respect, it could be said that they view the medical programme much more positively than the graduates themselves.

In conclusion, new graduates seem to have a more vocational view (useful knowledge and skills) on preparation, while teachers and students focus on knowledge as a *materiel*, wisdom and the role of doctors

as caretakers. Employers, that is, the senior doctors, put greater weight on personal qualities, such as ambition, curiosity and willingness to learn. This scenario describes a difference between educational and professional practice, as suggested by Jørgensen (2004). Perhaps learning for work is best done *at work*, making employability a responsibility of employers rather than higher education (e.g. Fejes, 2010).

Desirable performance

The concept of desirable performance is my theoretical interpretation of *competence* and is developed in chapter 4 as a form of *social suitability*. The research question addressed under this headline is “*What is regarded as desirable performance in medical educational and professional practices?*”

In the relational analysis among competences considered important in doctors’ work, there are some conclusions to be made from the survey results regarding desirable performance. It seems that the most valued competences concern the following (in no specific order):

- 1) Aspects of Medical Knowledge (Knowledge of common diseases and symptoms, *not* knowledge of basic biomedicine to any great extent)
- 2) Medical skills (Patient examination skills, treatment of common diseases and symptoms)
- 3) Abilities concerning patient relationships (All competences concerning building the doctor-patient relation, and in addition, handling patients with somatic problems)
- 4) Abilities to cooperate with staff and learning from colleagues
- 5) Critical thinking
- 6) Abilities concerning stress and critical situations (Get an overview and prioritise, handling night duty (on call), stress-management, separating work and spare time)

This list is abstracted from the tables presented in Article II. It is a somewhat different categorization than the one presented in the article, which was done with another set of research questions. In addition, the space to discuss the ‘importance’ perspective separate from the other issues of preparation and self-assessed ability was limited. It is evident that the newly employed focus a great deal on the demand and stress of critical situations. It is also in these aspects that they would have wished to be more prepared.

Employers, on the other hand, represented by the recruiters of medical interns in Article IV, show little or no concern with medical knowledge, skills or abilities when selecting applicants. Instead, their

focus rests on humility, learning skills, curiosity, ambition and maturity. In their view, the best candidates are those who realize how little they know; graduates should have the right attitude towards the learning that will take place at work. The ability to combine a humble and friendly attitude with ambition and willingness to work and go forward (constructed in Article IV as ‘orientation towards others’ and ‘orientation towards performance’ respectively) is significant for the most attractive candidates.

In the educational practice, the results from Article III suggest that the desirable performance is very intent on the future professional practice, with a few exceptions. Having a “life outside medicine” is just as prominent an advantage in the educational practice as it is among the recruiters. Also important is a new doctor’s focus on a humble attitude towards knowledge deficiencies and willingness to learn.

Ideals of professional practice

The research question addressed here is “*What are the ideals of doctors’ professional practice and to what extent are they represented in medical educational practice?*”

Ideals should be understood as more overarching than the concept of desirable performance. In this thesis, these ideals are suggested to constitute *directions* of professional socialization. By constructing ideals as moral imperatives (see chapter 4), I present norms that doctors have to cite (Butler, 2006) in order to prove themselves and thus be ‘let through’ the stages of educational practice on the path to becoming a doctor. Ideals also represent teleoaffectivity (Schatzki, 2001; 2005) in being the desired goals of educational and socialization processes.

The virtues and vices constructed in Article III are considered to be ideals, as are the forms of capital constructed in Article IV. The perspectives on the function of higher education presented in Article I are also understood as ideals of the *educational* practice. Apparent across all empirical studies is that the constructed ideals of doctors’ professional practice are characterized by somewhat *conflicting* ideals and by the concept of balance between these. In Article III, the virtues constructed as “strength” and “humility” closely resemble the capital forms “orientation toward performance” and “orientation toward others” constructed in Article IV. Inherent in doctors’ professionalism is on one side a form of personal strength, a direction forward, standing up for one’s decisions and professional judgements. Coupled with this strength is an aspect of coping, being someone who can handle the work hours, the stress and most prominently, the hardships of patients and patients’ next of kin on

occasions of severe illness or fatality. As expressed by one of the respondents (senior doctor and recruiter in the study in Article IV):

You are required to have a 'container' at work, and it can happen that this container becomes full. And there are people for whom the content of the container seems to moulder and disappear, and not cause trouble in the way that the container explodes or overflows. [...] Patients should meet someone who appears confident and comfortable. Because that is something we hear often from patients; 'I didn't really trust him, he seemed so nervous.' So, insecurity cannot be allowed to show on the outside.

On the other side are the 'soft' virtues of empathy, humility and sociality inherent in the ideals of professionalism in doctors' practices. Doctors are not to be on a high horse, not toward patients nor towards fellow doctors and other medical professionals. This ideal is as evident in educational practice as it is in professional practice. In the professional practice, there is, however, an additional emphasis on the importance of being a team player loyal to the organization, which I nevertheless have included in the ideal construction.

The balancing act between these two is what seems to be regarded as the highest measure of competence. Balance means not having too much of either; hence, competence should not be understood as a continuum where little is always bad and a lot is always good. Individual agents can demonstrate performative behaviour on the line of only one aspect, be it job performance or sociality, and thus be viewed as careerist/callous/overconfident or weak/sentimental/insecure respectively.

I also suggest that these conflicting ideals could comprise the root of change and dynamism in the studied practices. As ideal performance is always a negotiation between conflicting perspectives, there is room for difference, development and renegotiation of what comprises highly competent professionals.

The gatekeepers

This section addresses the following research question: "*How is differentiation achieved in medical practice? That is, how do procedures surrounding labour market entry and first employments differentiate between 'good' and 'less good' professionals?*"

Article IV investigates the internship employment as well as the forms of capital in action during the recruitment of medical interns. The study primarily aimed to explore what senior doctors and recruiters viewed as a competent doctor or at least a competent doctor *in the making*. The

article concluded that in order to be regarded as a good candidate, a medical graduate must demonstrate (symbolic) possession of both forms of capital, constructed as “orientation towards performance” and “orientation towards others”. In this view of competence, too much of one form of capital, without proving (again, symbolic) possession of the other form of capital, is seen as negative in the recruitment process.

It is certainly the purpose for the internship to constitute the first position and in itself a transition period between education and work. As it turned out, however, the internship is rarely graduates’ first position. The competition for internships forces graduates to work for shorter or longer periods in order to have a chance in the recruitment process. This problem of graduates being forced to work as junior doctors in order to qualify for the training for work as junior doctors was mentioned by several respondents. I find it reasonable for practitioners to ask themselves whether recruitment is worth the time and effort, and whether the system of working before starting training for work is productive for professional development. Investigation into a changed medical undergraduate programme (see von Zur-Mülen, 2011), where the internship in its present form is removed, might indicate that these questions already are being considered in the medical profession.

The recruitment process is a process of sorting between good and less good candidates. It is not clear whether the recruiters view themselves as gatekeepers of the profession. However, they do distinguish between “being right for this hospital” and “being right for being a doctor”. Although the respondents say that they are rare occurrences, almost all of them have met someone who, in their eyes, is unsuitable for the profession. These are individuals who fail to demonstrate possession of capital and stand out as dishonest, strange or “dangerous”. In turning these candidates away, these recruiters have some sort of gatekeeping function. Is this gatekeeping function perhaps the sole purpose of having recruitment procedures at all?

One finding evident in the study of the recruiters is that ‘learning for work’ and ‘learning for employability’ are different things. Profession-specific (medical) knowledge and skills are almost completely absent in the employment rationales. In terms of medical proficiency, it seems that all candidates are treated as equal. Instead, paramount for getting a position at a prestigious hospital is extra-curricular activities and, most prominently, one’s personal (demonstrable) attributes. I will proceed by discussing the apparent lack of profession-specific competence as discriminatory in selection procedures and consequently what constitutes the highly employable (possibly also the most influential) doctors. Academic credentials not being viewed as competitive advantage in re-

cruitment situations is not a new conclusion (see for instance Knight & Yorke, 2003). However, in the following, I will discuss what this conclusion implies in the specific context of the medical profession.

Doctor House is not in

...treating illnesses is why we became doctors; treating patients is what makes most doctors miserable. (House, first episode)

One way of viewing and evaluating the thesis studies' results is to ask what *isn't there*. Instead of focusing on what ideals or desirable performances are constructed in the analysis, one could ask the question of what is missing, a construction of a *counter-picture* (c.f. Alvesson, 2003). Dr. House is a character in the Fox network series 'House' (2004 to present). I use this character to picture a different view of the competent doctor; one who *gets results* rather than one who adheres to standards of good medical practice. House is a somewhat misanthropic, rude individual who uses unconventional methods while managing to insult everyone, including patients, in the process of getting the right diagnosis. His philosophy is that patients would much rather choose a doctor who gets them well over one who holds their hand while they are dying.

At every stage of the conversations with doctors I have had, the 'doctor who gets results' is absent from talk concerning the competent doctor. As previously mentioned, medical skills actually are rather downplayed, at least in descriptions of the most competent or admirable professionals. Hence, the ideal of getting people well and getting the right treatment is not a part of the ideals concerning the good doctor. This is just an observation, and I am not sure how far the argument holds. It does appear as if desirable performance in doctors' practice is a question of adherence to standards of professionalism, which is closely related to the constructed ideals in this thesis. 'Getting results', however, is not one of these ideals. Dr. House remains a fictional character.

Considering the relationship between generic and profession-specific competences, there are clear tendencies, especially in Articles III and IV, of viewing medical knowledge as a *matériel*, comprised of facts that the medical students have to learn. Hence, knowledge is something you *have* rather than something you *do*, and is somewhat detached from professional practice in the way that respondents talk about it. The importance of generic competences compared to profession-specific competence is evident in all the empirical studies. A good doctor is sociable, caring, empathic, 'strong', mature, reflective, ambitious, loyal and a 'lifelong learner'.

Articles III and IV point to the conclusion that generic competence is valued over profession-specific competence in doctors' professional practice. This result is somewhat frustrating, as I find it hard to conclude that profession-specific knowledge is unimportant in doctors' work. I also think the respondents would not agree, had I presented them with such a conclusion. It feels completely reasonable to argue that no matter how socially competent or ambitious I might be, or with whatever degree of problem-solving capacity and critical thinking I possess, I would never pass as a competent doctor without going through the medical programme. I suggest two ways of understanding this conflict between the results of my studies and this 'common-sense' conclusion concerning generic skills:

- 1) Medical, profession-specific knowledge and skills are viewed as a fixed material, which does not differentiate agents in medical practice. Instead, generic competence is the main differentiation principle in medical practice. This view would entail that capital, defined as what gives one an edge in competition, is largely a generic issue, while medical knowledge and skills simply is an entry ticket to the field. This perspective also is suggested by Knight and Yorke (2003) and Hager and colleagues (2002).
- 2) The notion of generic competence is in itself an unfortunate concept, a set of illusive labels that *appear* transferable, but are in fact highly context specific. This conclusion is in line with the discussions and criticisms put forward by Beckett (2004), Antonacopoulou and FitzGerald (1996) and Stevenson (2005). Just because a certain label, such as 'ambitious', could be translated to other practices, does not mean that being ambitious in doctors' practice has the same symbolic and connotative meaning as being an ambitious car mechanic. Thus, the competences and performances described in the present empirical studies could in fact be viewed as quite profession specific rather than generic.

The 'double nature' of professional socialization

Summarising the work I have undertaken in a down-sized, single conclusion is not easy. There are many results and many discussions to be had. There also are just as many tangents on the questions surrounding education-work transition worthy of attention. Still, if I were to pick one result of great interest, which also covers most of the empirical findings, it would be the apparent difference between *prepared for work* and *highly employable* in the constructed categories of the medical profession. These are two different ways of viewing the trajectory from student

to professional, which also have different implications for what higher education should strive for. Figure 2 shows these two as spheres, which I argue to be overlapping but conceptually different views on the process of professional socialization.

- 1) **Prepared for work.** In this sphere, medical knowledge and skills are prominent, as are competences concerning the establishment of the doctor-patient relationship. Preparation means learning the standards of practice and is what I would define as the formal curriculum. The importance of these competences is evident from the results of the survey presented in Article II. This preparation is also part of what was constructed as ‘sufficient’ in the study of recruiters. It is something one absolutely must have, and if a person is caught lacking sufficient knowledge, skills or interpersonal competence he or she is disqualified from employment. At the same time, preparation is not something that gives an edge in competition (see ‘Doctor House is not in’).
- 2) **The highly employable.** What *does* give an edge in competition, however, is *demonstrable generic abilities*. These are constructed as virtues in Article III, including wisdom, discipline, maturity, empathy, humility and strength. They are constructed as ‘orientation towards performance’ and ‘orientation towards others’ in Article IV. These demonstrable generic abilities are seen as largely developed ‘before’ or ‘beside’ (e.g. leisure activities, social networks, other jobs) the formal learning environment of the medical programme. This phenomenon also has been noted in previous research on employability of professional education graduates (Stiwne & Jungert, 2010). The development of demonstrable generic abilities could be viewed as a part of the informal or hidden curriculum (c.f. Hafferty, 1998). In several instances, respondents in my study also refer to these competences with a fixed personality. The description of the highly employable is therefore also a description of the most powerful and influential individuals in professional practice; the ones with a *doctor’s habitus* (Rice, 2010; Sinclair, 1997) and with high volumes of capital.

Smeyers and Burbules (2006) argue that we should view education as an initiation into practice. The present study suggests that this initiation can be described in two separate, albeit somewhat overlapping, ways,

and that professional socialization has two different meta-ideals as directions for development of professionals.

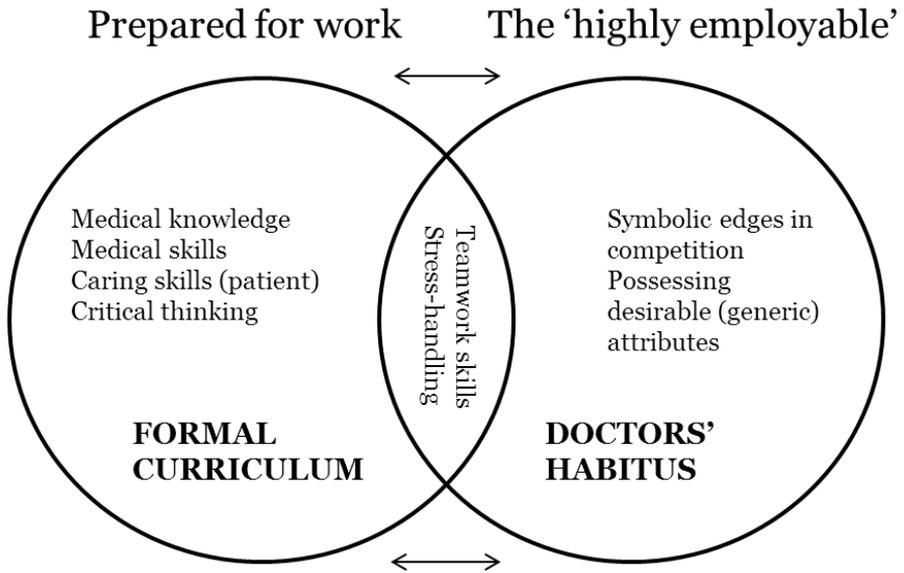


Figure 2 The relation between preparedness and high employability in doctors' practice

The left sphere symbolises the formal curriculum and what graduates themselves report as important competences at work (Article II). The right sphere is constructed from the ideals reported in the study of recruiters (Article IV) as well as the study of teachers and students (Article III). The overlapping section includes competences held aloft both in terms of being prepared for work and giving an edge in competition in the workplace. These are teamwork skills and stress-handling abilities; they are considered important both from a preparatory and employability perspective. The arrows, finally, suggests possible movement where the spheres could overlap more.

The conclusion presented in Figure 2 suggests that some individuals will always, due to upbringing and choices before and beside formal learning environments, have an edge over others regarding career opportunities. Perhaps this is inevitable and of no concern for professional bodies. However, bringing in a more critical perspective to the present discussion, one can only wonder which groups are highly employable and which groups are 'only' sufficiently prepared for work. Is it the groups defined as underrepresented in medical programmes (Green-

halgh et al., 2004; Seyan et al., 2004), working-class students? I do not, of course, have any empirical data to support this conclusion, and further studies are needed to investigate it. However, there have been suggestions that higher education should indeed be seen as compensatory for individuals lacking cultural and social capital (e.g. Atkins, 1999). Perhaps this should be one of the purposes of professionalism courses (c.f. Hatem, 2003) in medical undergraduate programmes?

A related question for discussion and possibly further inquiry, is to what extent higher education should strive towards 'moving right' in figure 2. That is, striving towards educating for (higher) employability of graduates. A reasonable objection to these goals, I find, is that the present study suggests that successfully acquiring and holding on to employment is dependent on possession of marketable capital in a given practice. Interpreting employability as an institutional achievement (Harvey, 2001) and thus a responsibility for higher education (e.g. Swedish National Audit Office, 2009) could possibly be suggesting this approach. I allow myself to be so bold as to state that higher education *could* never educate for high employability, the reason being that differentiation is inevitable in a competitive arena. Should the professional programme succeed in producing highly employable individuals according to the standards reported in this thesis, the present principles of differentiation would simply be refined and changed into new symbolic arrangements. Inflation would occur, just as in the instance reported in Article IV concerning placement abroad:

When I started this work I thought it was a merit to have worked or studied abroad, but at present, there are thirteen in a dozen of these applicants. It's like it's almost a part of the medical programme. I've come to realize it is more of a fun thing and that it doesn't really give any experience. Wait, that came out wrong. Of course it's a good experience, but it's just that almost all have it.

One possible way of making higher education more responsible for the degree of employability of graduates (as defined here), would be to utilize differentiated grades. At present, all students graduate with the same 'pass'. This practice consequently leaves differentiation under competitive pressure to the workplace and employment practices. Differentiated grades would put the medical programme closer to the ideal of the competition perspective outlined in Article I. In doing so, the programme also would become more in direct conflict with the Bildung perspective, as grades would mean more tests and exams (which would run the risk of measuring what is easy to measure rather than what is actually useful or educational). This development would be counterpro-

ductive to free pursuit of knowledge for knowledge's sake and deeper, more profound values held up in the Bildung tradition and classic ideals of academia. However, as this study hopefully has shown, differentiation always will appear where there is competition, and perhaps it is better if differentiation is a transparent process rather than a covert one.

Thoughts on the present inquiry

The conclusions presented in this chapter are theoretically informed, insofar as they should be understood, and have been made possible, from a specific theoretical standpoint. In the following, I will discuss the theoretical contribution of practice theory and the methodological choices made in this thesis. I also will address a number of new questions and suggestions for further research, questions that have been brought to the fore during the course of the studies.

The vantage point of practice theory

The development of a theory of practice in this thesis can be viewed as a contribution to the field of educational research at three different levels: general education, medical education and research on education-work transition.

Concerning general education as a field of research, the theoretical contribution is felt to be a tenable way of grasping an elusive process of becoming (Hager & Hodkinson, 2009) by utilizing the concept of professional socialization. This is a theoretical framework for understanding learning over time. Initiation into practice is made possible by participation, by acting in practice (Paré & Le Maistre, 2006). In addition, a certain degree of responsibility for one's actions is paramount, as the theory postulates that learning takes place as we "suffer the consequences of our actions" (Biesta & Burbules, 2003). The educational practice is a *different* practice than the professional practice, although measures are taken in medical education to facilitate encounters with professional practice. This practice would explain why a certain degree of "reality shock" (Hughes, 1958; Louis, 1980) is perhaps inevitable and perhaps not something that should be avoided at all costs.

To medical education as a field of research, I hope to have contributed with a more critical and open examination of what it means to be professional. As mentioned earlier, most studies on professional socialization focus on how to achieve 'better' socialization of medical students, and how to avoid bad or unwanted socialization (e.g. Elliott et al., 2009; Passi et al., 2010). In this case, the practice theory approach is more open ended, and questions can be raised about what we mean by 'better' socialization: For whom and by what standards is 'better' defined?

Finally, to the field of education-work transition, practice theory as presented in this project offers a new way of viewing competence. By combining a theory of social suitability with a functional (pragmatic) definition of competence (e.g. Delamare le Deist & Winterton, 2005), I hope to have contributed a new way of conceptualising the meaning of competence. In the practice studied, competence is a balancing act between performance and sociality, as discussed in Article III and IV. Novel in this approach is the notion that one could be too competent in one dimension and thereby disqualified in situations of high competitive pressure. In addition, the present thesis provides a view of employability as possession of capital marketable in a given practice.

The present take on practice theory also has limitations. The concepts of ideals and performances are best suited for a macro-view of educational processes. This strategy has suited the aim and scope of this investigation, which aimed to paint a larger picture rather than a description of a finite and well-defined process. Further development of the theory employed in this thesis would entail analysis at a micro level, one showing the 'educational effect' of the ideals constructed (c.f. Lindberg, 2009b). This limitation is also partly a question of methodological approach and will be addressed below.

Thoughts on methods

Even though a survey was the main empirical basis of one of the studies, I still view interviews as the main method employed in this thesis project. Interviewing medical professionals and aspiring doctors has provided a rich material. The respondents generally have been helpful and have demonstrated reflection on the issues to which I have directed my questions. I have found their accounts easy to understand and to categorize as different views of, for instance, the competent medical professional.

There are also limitations and problems coupled with interview statements. I am well aware that what I have analysed is probably closer to a politically correct view than reflecting any real performance in their practice. As previously mentioned however, this has not been the ambition. In the process of constructing ideals, there is no aspiration to distinguish the respondents' *real* opinions or what *really* motivates their activities. Interview statements are "espoused" theory (Anna Jones, 2008) and the construction of meaningful *qualitas* is also made dialectically between me as an interviewer and the respondent. Thus, the interviewer is a co-creator of the meaning expressed during the interview (Wang & Roulston, 2007). Interview statements are 'talk', but nevertheless, this talk can be used to create new and meaningful descriptions of

practice, especially in the case of what Bourdieu (1998) calls *doxa* – taken for granted and largely unreflected truths or conceptions about the natural or given. This approach was felt to be important in an analysis aspiring to create counter-pictures or new meanings that “teach us something” (Rorty, 1980).

The number of respondents in each study has been ‘as many as I found feasible to accommodate’. However, I am rather hesitant to claim that *saturation* was achieved in the interview studies, although I have had sufficient data to provide rich descriptions of the categories I present. As pointed out by Bowen (2008), saturation should require careful argumentation, and the researcher should provide some sort of evidence that saturation has been achieved. One example of such evidence could be present in Article II, however, where the free-text comments on the surveys provided only one new category not previously mentioned by the respondents of the initial interview study. This might be an indication that even a small sample of qualitative interviews can be concurrent with the views of a larger population. Due to this limitation, I have referred to my interview studies as explorative in the article. However, the explorative, open-ended approach is also an advantage, as the studies are freer from preconceptions of doctors’ work than would otherwise be the case.

Adding to limitations of interview data are problems related to generalization. Although I have not had the ambition to generalize in a classical sense (rather by recognition of patterns, as discussed by Larsson, 2009), there is still a *pragmatic* advantage to studies consisting of larger empirical material. In other words, while larger samples in any constructionist approach do not automatically make the results ‘truer’ or more representative, they certainly *seem* more solid. The pragmatic advantage hence consists in persuasiveness to a larger audience rather than a methodological issue. In this sense, I would not have objected to having more statistical evidence backing up the conclusions of the studies.

The statistical evidence in Article II, while perhaps *seemingly* solid, does of course also have limitations. The employment of scales and thereby quantifying opinions of new doctors requires awareness of the superficiality in such undertakings. I have tried to show this awareness through careful use of relative interpretation of study results. To take a concrete example, I find it unreasonable to look at the value for self-assessed ability in “practical skills” (M=2.80) and from this conclude that new doctors are “unprepared”, based on the observation that value is below the middle point of 3. However, when comparing that mean to other means, such as “knowledge of terms and conceptions” (M=4.21) or

“learning from colleagues” (M=4.55), I have concluded that the graduates at least feel *better* prepared regarding those competences.

New questions

These are suggested areas for further study, brought to attention by the studies presented in this thesis.

Starting from the ideals constructed in this study, one issue for further study would be how these ideals are manifest in learning practices of doctors. This study also would require development of the theoretical concepts to fit a micro level, as previously suggested, in order to study how these ideals are cited in the educational practice. Equally important in this case would be to observe what goes on during spare time and discussions among students outside formal learning environments.

Further study on the possibility to generalise the results of this thesis to other professions would also be interesting. Such a study also would include whether the model presented as in figure 2 is applicable to other cases of education-work transitions. Does this model apply to professions where there is unemployment, unlike the doctors’ profession? Does it apply to ‘lonely’ professions, such as teachers, where professional skills in the classroom are hidden to a great extent from other professional members? As mentioned in the introduction, my interest in questions concerning education-work transitions transcends the particular case illuminated in this thesis. Therefore, studies of other professional educational programmes would strengthen and develop the theory put forward in this thesis.

Another issue for further study concerns the need for professions’ gatekeeping. Previous research shows that medical teachers are reluctant to fail underperforming students (Cleland et al., 2008; Dudek et al., 2005). Underperforming medical students also run higher risks of disciplinary actions later in their career (Papadakis et al., 2005). Do recruiters of medical interns fill a function of turning away candidates unfit for professional practice, not previously ‘sorted out’ by the educational programme? This might, aside from a possible further research study, also be a consideration worthy of attention for the investigators of the proposed new six-year medical programme, which would mean discontinuing the internship system in its present form.

As the system of recruitment for first position is in its present form, there are also unanswered questions regarding what happens to those who do not meet recruiter standards. Where do applicants seen as unfit (not just failing to get a position as a result of high competitive pressure) end up? As I have studied the most popular hospitals, I have not been able to clarify how recruiters reason in those hospitals that have trouble

recruiting interns. Consequently, what does this difference in popularity of hospitals mean for quality and equality of care?

A final suggestion for further research is longitudinal studies of professional socialization, where a group of students are followed during a longer period of time. Such a study would show how and to what extent the ideals of doctors' professional practice are appropriated, cited or abandoned in the course of becoming a professional. This study would also clearly point to the 'educational effect' of the teleoaffective structure presented in the present studies.

Concluding reflections

I will conclude with some reflections regarding the whole process of writing a thesis. This reflection includes what I view as my personal learning experience, but also some thoughts on what I consider to be important lessons learned concerning the role of higher education.

As stated in the introduction, my interest in this research began with the apparent conflict between what I viewed as important academic ideals and the usefulness of academic education to future work. After my investigations, my thoughts on this subject certainly have developed. For instance, I now ask myself whether higher education is ever going to be able to prepare people for work. The medical programme graduates seemingly feel unprepared in several aspects, in spite of all the practical training and work-based learning other educational programmes could only dream of. The higher education practice, with its ideals of knowledge (c.f. Jørgensen, 2004), Bildung ideals (Article I) and a focus on research specialist teachers, might be unfit to realise a vocationalist vision of preparation. As Eraut (1994) points out, research skills and the primacy of research credentials in academia contradicts, not assists, the development of professional knowledge. As specialized (research) knowledge increases, the breadth of professional knowledge diminishes in importance. I also find it reasonable to ask if all programmes should be expected to strive to be as work-based as the medical programme (as suggested by, for instance, Tynjälä et al., 2003), despite the fact that learning for work seems to be made solely from real encounters with practice (Paré & Le Maistre, 2006) where people act and are *responsible* for their actions.

I would like to highlight an alternative, that higher education is seen as something more than just work preparation and an institution responsible for the employability of graduates. Perhaps there is room for more than just one task. The Bildung of individuals, schooling researchers, and compensation for underprivileged groups in terms of cultural Capital (Atkins, 1999) might be just as important as education for work.

Hopefully, this study has contributed to a more nuanced understanding of the complex relationship between higher education and professional practice.

Writing this thesis as a compilation has been both positive and negative. The downside is, of course, that a published article is unchangeable. Consequently, when I have discovered a new theory or changed my mind regarding a certain concept, it is not possible to remedy in the finished product. The articles included in this thesis are also different in style, as they are published in what I have viewed as distinctly different genres. From the outset, Article I was more of an initial research review, but I finally decided to publish it as a chapter in an edited collection, directed at teaching in higher and continuing education. Article II was published in a medical education journal, which is at times closer to ideals of natural science journals. Demands for shortness (max 5000 words) and rigour in description of methodology made the finished article appear different to me than Article IV, which is to be published in an education journal. Article III, published in a journal with a mixed audience from natural and social sciences, is somewhere in between.

As for my personal learning experience while writing this thesis, publishing in these different genres and using different methods and styles has been rewarding. Throughout the process, I have had the theoretical considerations outlined in chapter 4 more or less developed, and I used them for guidance as to how to conduct the studies. Consequently, although the articles had to be different, I employed conceptions and methods of analysis compatible with my take on practice theory. Using such a broad and “fuzzy” (Delamare le Deist & Winterton, 2005) concept as competence, for instance, was a strategic choice. The article could be meaningful on its own, while I felt freer to theoretically define competence in these introductory chapters.

In all, I have found the entire experience of writing this thesis to be an example of professional socialization. I have consequently had my share of preparation for work as a researcher. I learned a great deal about the craft of writing articles, referencing and arguing are among those, as well as a familiarity with academic fields internationally, which previously was rather unknown to me. I have also have had the chance to develop more generic abilities hopefully useful in other spheres than academia. However, most rewarding for me in this process is the *Bildung* it has actually brought. The Doctoral period is characterized by freedom; for good, in terms of the autonomous pursuit of knowledge and learning, and sometimes for bad, in terms of the responsibility to be done in time and brief periods of ‘writer’s block’. I would also view the process of writing this thesis as a professional socialization where I have

learnt to cite the ideals of Research Practice. As I now take my hands away from the keyboard, however, others will be the judge on how well I have managed to do so. What I present in this book is my journeyman test, where senior research practitioners determine whether this work will be sufficient and whether I will finally become a PhD. Symbolically, I am certainly standing here shouting ‘Let me through, I’m a doctor!’

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Ola Lindberg

Summary in Swedish

Denna sammanläggningsavhandling baseras på fyra artiklar och behandlar professionell socialisation i övergången mellan utbildning och arbetsliv. Det svenska läkarprogrammet och de första åren i läkares arbete utgör ett exempel på en sådan övergång och i avhandlingen studeras övergångsfrågor empiriskt genom några nerslag i en i övrigt lång och komplex process. Professionell socialisation ska i avhandlingens kontext betraktas som en livslång pedagogisk process, ett *blivande*, vilket startar långt innan formell utbildning och fortsätter genom hela arbetslivet.

Övergångsfrågor ägnas stor uppmärksamhet i forskning, på policy-nivå och i utbildningspraktiken. Högre utbildning ses som ett verktyg som ska lösa en rad problem rörande exempelvis arbetslöshet, internationell konkurrens och hållbar social och ekonomisk utveckling. *Anställningsbarhet* är ett begrepp som kommit att genomsyra stora delar av denna diskussion. I forskningsgenomgången diskuteras litteratur som behandlar övergångsfrågor i termer av ett "glapp" mellan utbildning och arbetsliv. Högre utbildning pekas i många studier ut som bristfällig när det gäller att förbereda studenterna för det kommande arbetslivet.

Inom fältet medicinsk pedagogik saknas i stor utsträckning ekonomiska argument i diskussioner om utbildningens förberedande roll. Istället handlar övergångsfrågor för läkare bland annat om hur utbildningen ska bidra till ökad kvalitet på vård, hur utbildning och kontrollfunktioner ska förhindra att otränade och inkompetenta läkare börjar praktisera, samt hur övergången ska kunna göras mer skonsam för de som går från en studenttillvaro till att vara ansvariga för människors hälsa och liv.

På många håll i litteratur, utredningar och policyarbeten ställs frågan "Vad kännetecknar en duktig läkare?" och "Hur får vi fler att nå detta mål genom våra utbildningsinsatser?". I föreliggande avhandling anläggs ett kritiskt och praktikteoretiskt perspektiv på dessa två frågor. Avhandlingen är därmed ett bidrag i en pågående debatt om läkares professionalisering där det kritiska och praktikteoretiska angreppssättet förväntas leda till nya slutsatser, förståelser och frågor i medicinsk såväl som allmän pedagogik. Läkares anställningsbarhet ses i avhandlingen som en fråga om grad av förberedelse för arbetslivet, men också som ett kapital som kan investeras i läkares arbetsmarknad och ge tillträde till anställningar och karriärmässiga avancemang.

De teoretiska utgångspunkterna i avhandlingen är inspirerade av i huvudsak fyra teoretiker; Pierre Bourdieu, Judith Butler, John Dewey och Theodore Schatzki. Dessa teorier vävs i teorikapitlet ihop till en begreppsapparat ämnad för att undersöka utbildningens och arbetslivets praktik. *Praktik* definieras som en för empiriska studier avgränsad samling av handlingar vilka organiseras i en teleoaffektiv struktur (ledet teleo- beskriver målinriktad och -affektiv att detta mål ses som viktigt). I denna samling handlingar ses en enskild handling som ett *föreställande* (performance) vilket har en publik och väcker antingen gillande eller ogillande. Dessa ogillanden och gillanden är del i den teleoaffektiva strukturen och kategoriseras i avhandlingens delstudier som *ideal*. Ideal beskriver moraliska imperativ; hur läkare förväntas handla och vara. Dessa ideal kan sedan användas för att belysa frågor om vad som menas med kompetens och att diskutera hur utbildningsinsatser relaterar till ideal i läkares praktik.

Syfte och frågeställningar

Det övergripande syftet med avhandlingen är att beskriva och analysera professionell socialisation i läkares övergång från utbildning till arbetsliv. I anslutning till detta övergripande syfte ställs fyra forskningsfrågor. Den första lyder: "På vilket sätt, och i vilken utsträckning, kan utbildningspraktiken ses som en förberedelse för professionell praktik?" Denna fråga implicerar också vad syftet med högre utbildning ska vara i en generell mening. Den andra frågeställningen är: "Vad ses som önskvärda föreställanden inom läkares utbildningspraktik respektive professionella praktik?". Den tredje behandlar idealen i medicinsk praktik och lyder: "Vilka är idealen i läkares professionella praktik och i vilken utsträckning är dessa representerade i läkarutbildningens praktik?" Den fjärde och sista forskningsfrågan behandlar frågan om differentiering och konkurrens: "Hur uppnås differentiering i läkares praktik och hur skiljs goda från mindre goda läkare i rekryteringsprocesser?"

Avhandlingens delstudier

I avhandlingen används i huvudsak ett kvalitativt angreppssätt. De teoretiska begreppen och forskningsfrågorna föreskriver ett öppet och stundtals explorativt förhållningssätt, där ideal måste konstrueras från grunden utifrån utsagor från det empiriska fältet. Totalt uppgår avhandlingens empiriska data till 46 intervjuer och 123 besvarade enkäter. De metoder som använts under avhandlingsarbetet beskrivs mer utförligt under respektive delstudie nedan.

I intervjustudierna återkommer frågor om hur respondenterna föreställer sig den goda läkaren, deras egna professionella förebilder och hur

de ser på vägen från student till läkare. Analyserna har främst gjorts genom kategoriseringar av transkriberade intervjuer, där transkriptionerna behandlats som text. Enkäten gjordes också med intervjukategorier som bas, där deskriptiv statistik användes för att visa hur åsikter fördelades i en större grupp. I det följande beskrivs de i avhandlingen ingående artiklarna med fokus på syfte, metod samt de resultat som sedan tas upp till en allmän diskussion i relation till avhandlingens frågeställningar.

Artikel I – Nyttig, utvald eller bildad?

I den första artikeln behandlas olika perspektiv på syftet med högre utbildning i relation till begreppet anställningsbarhet. Perspektiven är konstruerade utifrån en läsning av litteratur som behandlar den högre utbildningens funktion.

Nyttoperspektivet innebär en syn på högre utbildning där den viktigaste uppgiften är att vara del i utvecklingen av ”nyttiga” individer. Dessa ska med liten övrig förberedelse kunna arbeta effektivt och därmed bidra till att utveckla ekonomiskt och socialt välstånd i både offentlig och privat sektor. *Konkurrensperspektivet* utgår från en tanke om att universitetet ska vara en form av elddop, där arbetsmarknaden genom högskolans praktik får information om vilka som är lämpliga att anställa och vilka som inte är det. I detta perspektiv är den högre utbildningens viktigaste uppgift att utgöra en sorteringsmekanism. *Bildningsperspektivet* framhåller bildningens egenvärde framför någon slags nytthet. Det finns värden med att vara bildad; att inneha egenskaper och tanke-sätt som kanske inte direkt kan appliceras i en yrkespraktik, utan snarare berikar den enskilda människan och i förlängningen det omgivande samhället.

Dessa tre perspektiv används sedan för att diskutera mål, metoder och önskvärda resultat med högre utbildning. Slutsatsen blev att de tre perspektiven innebär stora skillnader i synen hur högre utbildning ska utformas. I relation till diskussioner om att öka anställningsbarheten hos studenterna ger nyttoperspektivet och konkurrensperspektivet olika svar på vem som är den mest anställningsbara och hur denna ökning av anställningsbarhet skulle genomföras genom förändring i utbildningspraktiken. Bildningsperspektivets skrivs fram som det perspektiv som är mest kritiskt mot en utveckling där anställningsbarhet fungerar som ledstjärna för förändringar av innehåll och genomförande i högre utbildning.

Artikel II – 'The next step'

I artikeln rapporteras en empirisk studie av nya läkare, vilket i avhandlingen definieras som de som arbetat som underläkare eller AT-läkare ett till två år efter examen. En inledande intervjustudie med nio nya läkare låg till grund för konstruktionen av en enkät som distribuerades elektroniskt till två årskullar (n=169) nyutexaminerade läkare. Enkäten besvarades av 123 personer (svarsfrekvens 73 %). I enkäten listades de kompetenser som intervjurespondenterna uppgivit som viktiga i arbetet som läkare. Respondenterna fick ta ställning till tre frågor i anslutning till varje kompetens; 1) hur viktig för arbetet som läkare de upplevde kompetensen vara, 2) hur de skattade sin egen förmåga i kompetensen i fråga samt, 3) i vilken utsträckning de hade önskat att läkarutbildningen ägnat kompetensen uppmärksamhet. De svarade genom att gradera i en femgradig skala.

I artikeln åskådliggjordes resultatet med hjälp av deskriptiv statistik under fem olika kategorier; Medicinska kunskaper och färdigheter, Patientrelaterade färdigheter, Arbetsplatsrelaterade färdigheter, Färdigheter för livslångt lärande, samt Intrapersonella färdigheter. Resultaten visade att de kompetenser som framtagits genom intervju genomgående ansågs som viktiga även i den större gruppen. Det visar också områden där nya läkare känner sig osäkra eller säger sig ha önskat mer förberedelse. Överblick och prioritering, stresshantering, praktiska färdigheter samt applicerbara kunskaper snarare än biomedicinska baskunskaper var de mest framträdande av dessa. Slutligen konstateras i artikeln att det finns praktiska områden där alumner känner sig oförberedda trots den myckna praktiska träning som erbjuds under programmet.

Artikel III – Undergraduate socialization in medical education

I denna studie intervjuades åtta läkarstudenter och åtta lärare från läkarprogrammet med syfte att beskriva synen på den framtida goda läkaren. Med andra ord, vilka göranden och sätt att vara kännetecknar en beundransvärd framtida produkt av medicinsk utbildning? Här användes begreppen föreställande (performance) och ideal för att kategorisera intervjuutsagor om läkare och läkarstudenters förebilder och åsikter. Resultatet av studien åskådliggjordes genom att relatera önskvärda föreställanden till *dygder*, vilka sågs som utgörande idealen i läkarutbildningspraktiken. Dessa ideal sågs i sin tur i studien som vägledande för professionell socialisation. De dygder som konstruerades var: 1) Visdom, vilket beskrevs som förmåga att se sammanhang, applicera teoretisk kunskap på nya områden samt att tänka kritiskt; 2) Disciplin, vilket beskrevs som att vara noggrann, arbeta hårt och vara ambitiös; 3) Öd-

mjukhet, vilket beskrevs som att vara ”förberedd för att vara oförberedd” och på att det alltid finns nya saker att lära sig; 4) Empati, vilket hörde intimt samman med bemötande av patienter men också att som medarbetare utstråla värme, vara flexibel och kunna sätta sig in i andras situation; 5) Mognad, vilket beskrevs som högre ålder och livserfarenhet samt erfarenheter utanför den medicinska utbildningen; samt, 6) Styrka, vilket beskrevs som ledaregenskaper, självförtroende och att kunna stå upp för sina beslut. Till dessa dygder hörde också ett antal ”odygder” (vices) där icke önskvärda föreställanden kategoriserades.

I artikelns avslutande del diskuterades dessa dygder i relation till respondenternas påståenden att de flesta av dygderna förmodligen erhålls genom andra medel än formell utbildning. Dygderna ses i första hand som personlighetsdrag eller att de utvecklas innan eller på annat håll än under läkarprogrammet. Strikt medicinska kunskaper och färdigheter var också till hög grad frånvarande i respondenternas tal om den goda läkaren. Slutsats av studien var att en person som ses som en duktig läkare måste balansera mellan generiska professionella ideal som stundtals verkar vara i konflikt, såsom styrka och ödmjukhet. Detta resultat ”återupptäcktes” och utvecklades i den fjärde delstudien.

Artikel IV – Gatekeepers of a profession?

Den sista delstudien är en studie av rekryteringsprocessen till Allmän-tjänstgöring (AT). Denna rekryteringsprocess valdes ut därför att den förmodades visa på principer för differentiering i instanser av konkurrens mellan läkare. Vidare är AT-tjänsten för många den första riktiga anställningen (efter tidigare vikariat) och de ansvariga utgör grindvakter för legitimation i professionen genom rekryteringsprocessen, handledning och slutligen AT-provet. De 21 populäraste svenska sjukhusen valdes ut för studien, där popularitet definierades som antal sökande per erbjuden AT-tjänst. Rekryterarna vid dessa sjukhus tvingas därför ta ställning ett stort antal kandidater med likvärdiga formella meriter. Dessa rekryterare, till största delen erfarna läkarspecialister, intervjuades i studien.

I artikeln användes Bourdieus begrepp *kapital* för förstå urval och distinktion i rekryteringsprocessen, och i artikeln argumenterades för att anställningsbarhet som begrepp skulle förstås som demonstrerat innehav av kapital verksamt i en praktik. *Symbol* användes som begrepp för att beteckna en manifestation som rekryteraren lade vikt vid i rekryteringen, vilket kunde innebära allt från en tidigare anställning noterad i ett CV till hur personen skakar hand eller möter blickar. Från dessa symboler gjorde rekryteraren slutledningar till vissa *attribut* som karaktäriserade kandidaten. Exempel på attribut konstruerade i studien var

ödmjuk, rädd, rolig, reflekterad, slarvig, med flera. Dessa attribut användes sedan för att konstruera de kapitalformer som antas vara verk samma i läkares praktik.

De kapitalformer som konstruerades var ”orientering mot prestation” och ”orientering mot relationer”. De kandidater som verkade vara mest attraktiva för rekryterarna var de som kunde demonstrera innehav av båda dessa kapitalformer. Orientering mot prestation beskrivs i artikeln som visat driv, nyfikenhet och ambition, medan orientering mot relationer beskrivs huvudsakligen som en sorts social kompetens, särskilt avseende medarbetare. Avsaknad av visat innehav av kapital diskvalificerar sökande i konkurrens. Vidare visar resultaten att för mycket av en sorts kapital också ses som negativt; en sökande som exempelvis uppvisar högt driv och ambition utan att samtidigt uppvisa hög grad av ödmjukhet och medkänsla kan uppfattas som karriärlysten och övermodig. Att balansera kapitalformerna ses således som den högsta formen av kvalifikation i rekryteringen till AT.

Även i denna studie noterades att specifikt medicinska kunskaper och färdigheter inte differentierar goda från mindre goda läkare. Istället behandlades kandidaterna som likvärdiga i denna aspekt, under förutsättning att rekryteraren inte fått rapporter om bristfälliga kunskaper av exempelvis en referent. Genom detta visade också studien att läkarutbildningens varumärke får ses som starkt i den medicinska praktiken.

Slutsatser och diskussion

I avhandlingens avslutande kapitel diskuteras delstudiens resultat i relation till forskningsfrågorna. Avhandlingens bidrag till läkares praktik och till vidare forskning tydliggörs genom erbjudandet av ett kritiskt perspektiv på vad som menas med kompetens och hur denna kompetens utvecklas.

När det gäller frågan om förberedelse lyfts frågan om, och i så fall hur, högre utbildning enbart ska ses som en förberedelse för arbete. Genom resultaten av den första artikeln visas alternativa förhållnings sätt i denna fråga. Avseende läkarutbildningspraktiken lyfts också frågan om huruvida en fulländad förberedelse är möjlig eller ens eftersträvansvärd, då det tycks vara så att en viss grad av ”verklighetschock” är oundviklig. Att lära sig ett arbete kanske med nödvändighet måste ske genom att just arbeta. I relation till frågan om föreställanden och ideal är det mest tydliga genomgående resultatet den balans mellan till synes oförenliga ideal som verkar vara eftersträvansvärd. En läkare förväntas vara stark, tuff och ambitiös men på samma gång lyssnande, flexibel och ödmjuk. Differentiering i läkares praktik visas främst genom studien av rekrytering, och där visas att graden av anställningsbarhet i läkares

praktik kan förstås som graden av förmåga att demonstrera innehav av kapital. Detta kapital kan i sin tur förstås som praktikens ideal och därmed dess teleoaffektiva struktur.

I den i huvudsak diskuterande delen av kapitlet visas också en figur (figur 2) som är tänkt som ett sammanfattande viktigt resultat av avhandlingen som helhet. I denna figur ställs två sfärer upp mot varandra. Den ena beskriver vad som i studierna framkommit som viktigt för en bra förberedelse för arbetet som läkare. Där återfinns medicinska kunskaper och färdigheter, bemötandeförmågor och kritiskt tänkande. Dessa kompetenser är i hög grad i fokus i den formella utbildningen. I den andra sfären beskrivs vad som ger en hög grad av anställningsbarhet och möjligheter för karriärmässiga avancemang. Där återfinns önskvärda, huvudsakligen generiska, attribut och ideal. Denna sfär benämns som läkarhabitus, och utvecklas främst *innan* och *utanför* den formella utbildningen. Genom tecknandet av denna bild av förhållandet mellan utbildning och arbete dras slutsatsen att högre utbildning alltid kommer att ha svårt i strävanden att utbilda för anställningsbarhet. Istället skulle beslutsfattare och institutioner för högre utbildning i högre grad fundera över vilka andra syften med högre professionell utbildning som riskerar att undanskymmas av strävanden mot anställningsbarhet och nyttoapekter.

I diskussionen som rör avhandlingens teori och metod lyfts bidraget till teoriutveckling fram. Även om det självfallet finns mycket att förfina och fortsätta utveckla i den aspekten har praktikteorin som använts i avhandlingsarbetet visat sig vara användbar för att skapa de ”nya förståelser” av utbildnings- och arbetspraktik som avsågs. Förslag till vidare forskning inkluderar studier av mikro-nivån (i motsats till den makro-nivå som denna avhandling får sägas röra sig på) av hur ideal i läkares praktik manifesteras i dagligt arbete. Vidare uttrycks intresse för att studera andra exempel på övergångar mellan professionell utbildning och arbetsliv. Behovet av, och rollen hos, professionella grindvakter är ett annat uppslag till vidare forskning som aktualiserats. Avhandlingen avslutas med en betraktelse över den professionella socialisation som en forskarutbildning för med sig. Forskning är också en praktik, och det är viktigt att lyfta fram är att forskning är en annan praktik än de som studeras. Forskning har egna ideal och egna föreställanden, av vilket en akademisk avhandling är ett exempel.

Appendix I: Terms describing stages in doctors' professional development in Sweden

Medical programme/undergraduate programme

The five and a half years long higher educational programme leading to a diploma and graduation as a Doctor of Medicine

Medical Student/Undergraduate Student

A person undergoing the medical undergraduate programme

Doctor of Medicine

A person with a diploma from a medical undergraduate programme

Junior doctor

An employment position held by persons not presently in internship training or having received licence to practice. In Sweden, medical students are eligible for such positions after four and a half years into the medical programme

New doctor

New doctor is defined in the present thesis as a medical programme graduate who has started to work either as a junior doctor or a medical intern and has been doing so for up to two years

Medical internship

An employment position of 18-21 months of supervised practice, leading to licence

Intern/Medical intern

A person currently undergoing internship

Licensed doctor

A person who has completed the internship and taken the exam to become licenced for practice

Senior doctor

A person who has completed specialization in an area of the medical profession

Appendix II: Significance test of the ‘gap’ between importance and self-assessed ability in the survey

Competence	Importance	Self-assessed ability	‘Gap’
<i>Items displaying significant ‘competence gaps’ ($P \leq 0.01$)</i>			
Get overview and prioritise	4.79	2.98	1.81
Handling night duty (on call)	4.66	2.91	1.75
Separate work/spare time	4.56	2.91	1.66
Stress management	4.72	3.09	1.63
Patient examination skills	4.75	3.16	1.59
Breaking bad news	4.64	3.07	1.58
Preparedness for being reported	3.93	2.39	1.55
Practical skills	4.24	2.80	1.44
Handle somatic patients	4.58	3.16	1.42
Recall common symptoms and diseases	4.92	3.60	1.32
Treating common diseases	4.73	3.46	1.27
Search databases for (new) research	4.40	3.17	1.23
Conflict management	4.22	3.05	1.18
Practice good leadership	4.10	2.94	1.16
Critical thinking	4.78	3.65	1.13
Build trust with patient	4.79	3.70	1.09
Inform patient intelligibly	4.86	3.87	0.99
Understand scientific articles	4.27	3.29	0.98
Good confidence	4.13	3.31	0.83

Competence	Importance	Self-assessed ability	'Gap'
Handling administrative tasks	3.96	3.18	0.79
Build good Doctor-patient relationship	4.82	4.26	0.56
Cooperate with staff	4.78	4.23	0.56
Knowledge of other medical professions	3.92	3.42	0.50
Acknowledge patient integrity	4.42	3.96	0.46
<i>Items not displaying significant 'competence gaps' (P ≤ 0.01)</i>			
Learning from colleagues	4.68	4.55	0.13
Being humble in patient relation	4.31	4.21	0.10
Being humble in relation to staff	4.29	4.35	-0.06
Browse textbooks for information	4.37	4.45	-0.08
Knowledge of basic bio-medicine	3.61	3.73	-0.11
Knowledge of terms and conceptions	4.00	4.21	-0.21
<i>Items not felt to be as important in new doctors' work</i>			
Do medical research	3.18	2.60	0.56
Ability to work hard	3.27	3.91	-0.64

Included Articles

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