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The Compromised Commons: Encroaching Market Forces & the Effects on Good Work

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ABSTRACT

In *GoodWork: When Excellence and Ethics Meet* (2001), Gardner et al. show that professionals trying to do good work face increasing pressures from market forces. Building on this insight, I specify the types of market forces having an impact on the domains of medicine and journalism. Seven market forces are explored in interviews with 100 professionals: (1) advertising; (2) commodification of professional missions; (3) inflationary costs; (4) bureaucratization; (5) profiteering; (6) rationing of limited resources; and (7) reorganization of ownership structures. Other, more systemic market forces are notably absent from the interviews. This absence suggests that it is difficult for embedded individuals to recognize and address the encroachment of the market on their professional lives. Evidence suggests that professionals who have multiple roles over the course of their careers may have better insights on the effects of a wider range of market forces.

KEY WORDS: Ethics, Markets, Professions, Medicine, Journalism

INTRODUCTION

In the United States today, professions and professionals have become increasingly subject to the impact of market forces and the principles of managerial coordination (Evetts 2003), (Zwerman 2001), (Kimball 1992), (Haber 1991), (Pandey 1985), (Osiel 1984), (Abbott 1983), (Gustafson 1982).

Professionals are nowadays driven, in all aspects of their work, by considerations of economic profitability and efficiency. Even virtuous and committed professionals have been forced, by the competitive forces of the market, to compromise their ethical standards and to make uncharacteristic choices. When markets dictate the practices of a profession, trust between the public and the professional is undercut and the quality of care or service is diminished.

The burdening of professions, such as medicine and journalism, with the concerns for efficiency and profits mirrors similar earlier effects on business enterprises and government administration. While the free market has triumphed in the production and distribution of goods, critical questions remain whether the market and managerial organization is the appropriate system—let alone the only model—for the world of professionals and professions.

Over the past decade we have interviewed approximately 1000 professionals in a range of professional domains. Our data indicate that the commodification and management of their respective professional missions is an unacceptable incursion into their authority as professionals and has led to the diminished capacity of professionals to do GoodWork®. We define good work as work that is both excellent in quality and ethical in nature. Good work requires an objective orientation toward the common good that supercedes the self-interest of any given professional. The professional performing good work is oriented toward an ultimate value that is viewed by her and by the society around her as an unquestionable good. Examples of such universal values are “health”, “justice”, “truth”, “fairness”, or even “beauty”. A single-minded orientation to at least one of these values is a crucial feature that distinguishes a professional performing good work.

THE GOODWORK PROJECT

The findings from the first stage of our project have appeared in the book *Good Work: When Excellence and Ethics Meet* (Gardner, Csikszentmihalyi, and Damon 2001). We studied the alignment of the values of the professional domains of journalism and genetics with the lives of individual professionals within these domains and with the values of society as a whole. We found that genetics was a professional domain in which the work of individual professionals was likely to be in line with the values of the domain and that these domain values were also in line with an overarching social value. By contrast, individual journalists experienced conflicts with their profession, and the domain of journalism was not aligned with societal values; indeed, journalism has been plagued with well-publicized ethical scandals. For example, it was discovered that Jason Blair, a young journalist, plagiarized stories for the *New York Times*. Other notable scandals in journalism include the fabrications of columnist Mike Barnacle at the *Boston Globe* and the profit-sharing scheme of the *Los Angeles Times* and the office-supply chain, Staples—an organization that the *Times* “profiled” in a lengthy magazine piece.

We found that “market forces” are among the most significant forces that are apt to compromise the ethical commitments of the practitioners in a domain. The picture of what such market forces consist of and how exactly they compromise the professions only began to emerge in *Good Work*. The ambition of this paper is to provide a more detailed typology of market forces and an analysis of the variety of their effects on two different professional domains: journalism and medicine. Both of these domains are information-based professions that are oriented, at least in the ideal, toward the common good of the entire society. They are both increasingly bureaucratized and showing signs of strain. The interview data suggest at least seven different types of market forces that are impinging upon professionals in health care and in journalism.

BEYOND INDIVIDUALISTIC GREED

While we cannot discount the individual motives of people who are simply greedy by nature, the purpose of this paper is to begin to think beyond the individualized profit motive and to consider the market

forces that pressure individuals to act in ways that put profit first and people second. I define market forces as social facts in the Durkheimian sense; they are social products, created by human activity. We build financial markets, but once built, they develop autonomy in the form of institutions. These forces take on a reality of their own and become as intractable as a physical force. The forces influence our behavior and the contexts of our actions. They may also influence the meaning of those actions to the actors. Market forces set the terms by which we trade with other people. These terms are governed by the principle of equivalencies—what we give must be equal to what we get in any trade. We trade what we want for what they have based on the terms of equivalencies set by these market forces. What this boils down to is that we are influenced by forces that are of our own design, but which have become autonomous from us and act on us in ways that we may not have anticipated or wanted.

By emphasizing market forces rather than individualistic greed, I am aiming to think more abstractly about the unintentional consequences of markets on people who may want the best, not just for themselves, but for society as a whole. Individualistic greed is not the primary factor behind compromised work. Markets have so much more determining power than the greed of individuals or the kindness of strangers (Etzioni 1998), (Jaffe 1995), (Gilder 1981). Even well-intentioned people who would like to serve all of humanity and take responsibility for the well-being of our human community are pressured, like it or not, by the principles of markets. Market forces are larger and more demanding than the individualized profiteering motive of “bad” individuals. Therefore, to comprehend fully the status of professionals and the professions today, a systemic approach must be taken. If we are to understand why professionalism is in decline and scandals are on the rise (Stearns 1997), (Starr 1978), then our approach must consider cultural norms and institutional shifts in the organization of professional domains.

TRANSPARENT MARKET FORCES

Having introduced the basic concept of *good work* and distinguished between individualistic greed and market forces, I would like to introduce another important distinction that has emerged from the research data: “transparent” versus “opaque” market forces. In my view, opaque market forces are more abstract and less apparent to most of the professionals we interviewed, whereas transparent market forces

appear with some regularity in their narratives. I will take up the problem of opaque market forces toward the end of the paper. For now, it is enough to know that this distinction refers to the visibility of such forces to the research subjects.

Seven transparent market forces are commonly mentioned by the interviewees: (1) mission commodification; (2) advertising and the blurring of responsibility for content; (3) managerialism; (4) inflationary costs; (5) profiteering; (6) limited resources; and (7) shifting ownership patterns. As a group, these seven factors describe the multiple ways that markets exert pressure on professionals in health care and journalism. They provide explanations that transcend the argument that individualistic greed and immorality are compromising the professions. Although these seven factors are not the most abstract ones affecting these domains, neither are they the most individualistic claims that could be made. The interviewees tend toward mid-level abstractions that transcend “greedy individual” explanations, but stop short of pointing out the most structural factors, such as “globalization”.

I noticed a distinction between strictly economic factors and factors related to the bureaucratic organization of institutions in a market economy (Aldridge 2002), (Carroll 2002), (Kritzer 1999), (Freidson 1999), (Scott 1991), (Abbott 1988), (Boyce 1981), (Ehrenreich 1977). While the former has more to do directly with advertising, the cost of production, or supply and demand, the latter have a significant impact on the structure of the market. Though economic and bureaucratic factors are distinct, they also complement and reinforce the effects each has individually. For example, patterns of ownership and managerialism are instances of the bureaucratic restructuring of professions that is also having a profound effect on the profitability of health care and journalism.

Having outlined just a few of the commonalities among the seven transparent market forces affecting the professions today, I now delve into depth, using interview material to highlight and illustrate each.

COMMODIFICATION OF THE MISSION

The most fundamental market force impacting these professions is the commodification of their mission. This means that the work is no longer considered unique: it is now just another object like any

other that can be bought or sold in the marketplace. While professionals in these fields understand that commodities and commodification are a central part of modern life, they feel that treating their work in this way violated the nature of the profession.

What I have had the most trouble grappling with is making medicine a commodity. In other words, gold is a commodity, and wheat is a commodity, and cars are a commodity. But medicine, I think, is something special; it has a spiritual element to it which makes it difficult to make it a commodity [DR005, p. 2]².

As this physician suggests, medicine and journalism are suffering from a commodification of their central mission. To commodify something is to transform it from something of direct value into a tradable object. Fair trade requires that both objects are considered equal to one another. The process of commodification requires that we ignore the unique qualities of the commodity in favor of its common value. Commodification creates relationships of equivalence between things that are fundamentally different from one another.

Consider, for example, a pair of shoes with its unique quality as something that can be worn to protect one's feet or even as a status symbol to indicate one's position in the world. To trade the shoes, they must be commodified. Rather than seeing their value as protection for our feet or a stylistic status symbol, we create a relationship of equivalencies between shoes and another commodity, for instance, coffee. We say: this pair of shoes is worth about five pounds of coffee. The equation of coffee and shoes allows us to make a trade. But coffee and shoes are not substitutes for one another, except in this artificial market situation. Commodification means ignoring the unique qualities and emphasizing the exchangeable or equivalent value of a thing.

Returning to the quotation by M005, we can apply this basic understanding of commodities to the professional mission of physicians and journalists. The "commodification of a mission" is the abstraction of the unique quality of these professional missions and the attempt to turn those missions into exchangeable goods that can be traded for another good of equal value. For example, the mission of medicine is to heal the patient and to do no harm. According to our interviewees, this professional mission has been compromised by a process of commodification. The unique mission of the profession is jeopardized by a

managerial attitude that regards medical care as a commodity like any other—toothpaste, breakfast cereal, coffee, shoes or similar product. When doctors say that their professional services are governed by a unique principle, they are claiming that their work is not comparable to other types of goods that are bought and sold on a market. They feel that attempts to treat their work as just another commodity are bound to threaten the underlying principles of their work and, ultimately, affect the care that they can give to patients.

According to political philosopher Michael Sandel the objection to the influx of market forces is that “certain moral and civic goods are diminished if bought and sold for money.... including a moral bond with the community whose fate is at stake, a sense of obligation for one’s fellow citizens, a willingness to sacrifice individual interests for the sake of the common good, and the ability to deliberate well about common purposes and ends” (Sandel, pp. 94, 108). Sandel refers to these values as “civic republicanism” and he argues that they are either instrumental to attaining the good life or fundamental to human flourishing. The doctors in our study describe their mission in similarly civic terms, echoing the sentiment that commodification threatens not just their profession, but also the constituencies that they are committed to serving. Commodification of a professional mission, in particular, is a market force that directly attacks the community service orientation that is central to both medicine and media. Commodified missions are no longer civic republicanism in action, but merely one product available to people like any other product one may buy in a shop.

Like the physicians, the journalists had civic values that guided their mission. The journalists feared even more deadening effects on an already apathetic public with little motivation to vote, much less attend town meetings, or conduct any of the other monumentally important tasks of self-governance.

News gathering and documentaries and civic information and education, none of which make big profits and all of which cost a lot of money, are increasingly being shifted to the fringe. That, I think, is a dangerous situation in a society in which you are trying to get public participation and an engaged citizenry and civic democracy [M052, p. 1].

M052 emphasized that the conglomeration of media sources has been at the heart of the commodification process. The integration of media conglomerates makes it more likely that different arms of a single conglomerate will squeeze out programming oriented toward the public interest.

Making people's lives better and safeguarding the public's best interests were, for many, the most important reasons for going into journalism. Claiming a responsibility to the public at large, they characterized their jobs as a special kind of work. The emphasis on ratings, in particular, made them feel that this responsibility was now for sale to the highest bidder. The reporters also refuted the idea that their work was like any other commodity by claiming a special status for their profession. This special status was based on their orientation to the common good. They felt that their status as public servants, entrusted to inform the people, was the unique quality that should exempt, or at least shelter, their work from the commodification process.

ADVERTISING AND THE BLURRING OF RESPONSIBILITY FOR CONTENT

A doctor attending a conference listens to papers on new treatments for cancer but she cannot determine who sponsored the research of her colleague—the pharmaceutical company or an independent source. A reader of a local newspaper scans an article in the travel section, only to discover that it is, in fact, an advertisement for a touring agency. A patient with Lyme disease searches the DrKoop.Com website to find trustworthy information and support for his illness. He finds some pertinent material but doesn't realize (despite a small disclaimer at the bottom of the page) that the site is *not* associated with Dr. C. Everett Koop, former Surgeon General of the US.

These instances represent an increasing problem in both medicine and journalism; the deliberate blurring of advertising and information. The influx of marketing has become so ubiquitous in these domains that it is often difficult to determine where information stops and advertising begins. Physicians and journalists both claimed that their work, which essentially trades in information, is compromised by an onslaught of advertisements or more dangerously, advertisements that masquerade as information. While many concede that some kind of sponsorship is a necessity these days, they were especially disturbed by the fuzzing of the line between ads and information. Advertising may be a necessary evil in these

professions, but the hybrid form of advertisements and information (“infotisements” or “adformations”) threaten the foundations of these professions and the possibility of doing good work.

In the following example of blurred responsibility, an advertising ploy to increase viewers for the David Letterman talk show masquerades as a legitimate news story and overwhelms the more relevant news of a public hearing.

You want to use our news to promote an entertainment program on this network.

Featuring a star who doesn't even have a show on our network, she's on another network, Roseanne, but it's a funny interplay, so we're going to boost Letterman tonight, that's what we're doing. We're going to use our news to do it. Instead of telling people what happened in their community today.... What you're really doing is you're using our news to basically act as a promotional vehicle for our entertainment program. I got into a huge fight with the producer that continued the next day with the news director, and that continued the next night with the producer. I was hot. But I also realized at that point that if you take your money, you have to take your values [M045, 16-17].

The evening news “covered” an irrelevant, but funny, story about two celebrities on a late night talk show. In actuality, the journalist pointed out, the editorial staff decided to use the news to promote the talk show, another product put out by the network. Compared with the Roseanne/Letterman exchange, news devoted to a public hearing, for example, would have a greater impact on the community and the workings of the democratic process. Instead of prioritizing the story with the more significant public interest, market pressures dictated that precious time on the evening news program was devoted to what is essentially an advertisement for another program appearing later that day. The local, more costly story was sacrificed in favor of a much more “sexy” plug for a more lucrative program (Letterman), itself a showcase for advertising other products that the network has a vested interest in promoting. Most viewers do not realize that corporations deliberately use this strategy to blur the border between news and advertisements. Free advertisements of this kind contribute to and protect the fiscal interests of the corporation, while undercutting the conditions for good journalism and for democratic participation by the citizen-audience.

Deceptive advertising puts into question who is responsible for the content of an article or a report. In those cases, we cannot judge whether that research or investigation is legitimate or invested with a bias that could favor the persons or interests funding that enterprise. For example, private funding for drug trials may require that the report on those trials emphasize findings that support the drug made by the funders. Doctors, like DR002, repeatedly told stories that suggested this was a common request of pharmaceutical companies.

He said, “I hate to ask this, but I assume that we will be able to make sure that we controlled the output of this study”.... He said, “well, you know, if you found something about our drug having an excess death rate, of course, we’d report it to the FDA because we’re legally obliged to do that and, then, they’d put something in the labeling that wouldn’t be terrible and we’d be off the hook legally. But, we wouldn’t want you to go around writing papers about it”.... I said, “would that be a prerequisite to our getting this research grant that we would not write it up if you told us not to?” He said, “yeah, that’s the way we’d have to do it”.... That happens a fair amount [DR002, p. 23].

This conflict of interest is not usually apparent to consumers or patients and can lead to a compromise of those basic values, such as objectivity and truth-seeking, that are the foundation of these professions. Especially in domains that are heavily predicated on flows of information, the blurred responsibility for content is one type of market force that is impinging on the ability of professionals to do good work. What is at stake is trust, not only in the information that professionals produce, but also in their commitments to healing the sick or safeguarding democracy. Misleading audiences or patients is a deliberate attempt to cash in on the trust that these professions have established over several generations. Abusing this trust for short-term fiscal gains undercuts the authority of these professionals.

MANAGERIALISM

The most often cited example of the encroachment of market forces on the professions of medicine and the media is the shift to managed institutional arrangements. This shift displaces

responsibility for decisions away from the professionals and toward a non-practitioner, managerial class, the members of which are not, according to the practitioners, committed to the same values, nor trained in the specialized knowledge of their field, nor prepared to answer to the same codes of ethical action that they do

All good work is done in defiance of management. You have to be willing...to challenge management and you have to understand the culture of the institution.... But...you have to defy it a little bit--they don't always know what they want. And it's the reporter who's out dealing with people and talking to people who sometimes has a better idea [M006, p. 2].

The distinction between practitioners and non-practitioners working in professional domains is important. Professionals are distinguished by a number of different factors—specialized knowledge, education and training, degrees or credentials, a firm commitments to an unquestionable value (health, justice, truth), ethical codes and standards, membership in professional associations, and authority/autonomy of decision-making. Of all these defining features, the autonomy of decision-making is at the center of the definition of professions and professionalism. (Ehrenreich 1977), (Scheid 2000), (Fournier 1999), (Draper 2003), (Montgomery 1989), (Lahenius et al 2002). Professional autonomy is being undermined by the shift to bureaucratic organizations that are devoted to efficiency and productivity above all else. This bureaucratization is, as Max Weber pointed out, the essential change in the organization of industrialized work. Weber's major claims, however, were not about professions or professionals, but rather about businesses and governmental administration. Applying the model of bureaucratic rationalization to the professions is a neat way of capturing the essential change in these two professional contexts³. To understand the shift to managerialism, we interviewed professionals and managers in both domains.

Over the last nine years, we've had five different general managers, and they've all come in with their different ideas about what they wanted to do, and radical things they wanted to change. We did none of it. We just didn't do it. They would bring experts in and consultants and seminars and, some guy wanted us to come in and do Earthquake Cam a lot. Very verité kind of style, like they do in Canada, and personally I think there is a

place for that. I think it's very artsy and very creative. I love it. But it's confusing for our viewers. When you're trying to tell a straightforward news story and there's no point in that, unless there is a point to it. You know, if you're re-enacting an accident where somebody turns over or something and you do that with your camera or something like that. Then, that's a good part of storytelling. But just doing that stuff for the sake of some kind of MTV-based production value I don't see it [M060, p. 13].

M060 demonstrates her disdain for the revolving door of managers who have come through her newsroom. She and her colleagues ended up ignoring the "experts" who tried to muck up the straightforward task of storytelling that is journalism's central mission. She describes journalism as an area of expertise in which well-trained individuals can do without managerial input. The replaceable managers are contrasted with the constancy of the reporters, like her, who have a sense of what is successful with the audience. This constant presence is her trump card; an authority based on tradition and habit and long-term knowledge of the way things are supposed to function.

Professionals interviewed for this study resent the intrusion on their autonomy. They view it as an assault on their status, and as an insult to their capability to make abstract, high-level choices with serious consequences for their constituencies. Journalists claimed that decisions by managers compromised the depth of their stories or whether a story was covered at all. Physicians understood that this intrusion could have life and death consequences for their constituents. In the eyes of the professionals, distance from the constituents and the on-the-ground decisions made it impossible for managers to make good choices.

One big problem is the complexity of the system that we're in terms of how it's financed, the compartmentalization, the multiple layers, inspectors inspecting inspectors, inspecting inspectors. If you stood back on Mt. Olympus and looked at it, you'd say, "Oh my God." If you designed a system that would create anger, cynicism and waste, this would be it.

We've got to do something about that [DR011, p. 6].

In contrast, the physicians' nearness to the day-to-day operations was an important factor that legitimated their role as autonomous decision-makers.

Autonomy is significant to professionals and professionalism because it implies responsibility. If one has the kind of autonomy typically associated with the professions, then one is accountable for her decisions and can be called to account for the rationale that led to her choice. Knowing that one may be called upon to relay this account to one's peers or to one's patients, or their families for example means that one takes special care to make ethical decisions that are right for those they most directly affect. Without this sense of responsibility to others and for the outcomes of one's choices, there is little to guarantee that good decisions will be made. Other values may ultimately come to guide the professional in her choices. Autonomy and responsibility go hand in hand. The results may cascade so that an assault on the autonomy of professionals leads to a lack of accountability that requires an even more assiduous supervision by non-practitioners, resulting in less autonomy. So the cycle continues and grows more vicious.

INFLATIONARY COSTS

Interviews conducted with managers in medicine revealed a different perspective about their role in the professions and the impact they have on the good work of professionals. Many managers claim that the commodification of the profession had already taken place before managerial interventions were made. They claim the professions were plagued by a cycle of ever-increasing inflationary costs that were passed on to consumers and/or resulted in profiteering by doctors. Prior to the managerial revolution, the physicians had no check whatsoever on their costs and willingly tested or did procedures for everything and anything without restraint.

Fee-for-service and cost or cost-plus reimbursement has clearly been inflationary. You could not have created a more inflationary system. A parallel would be: the 1940's family where hubby is working and the wife is home doing the cooking and cleaning. If the hubby says, "at the end of each week you just tell me whatever it costs to run the household and buy the food, etc. and I will give you a check." You can imagine what will happen to expenses. You know they will just go up and up. As opposed to the notion of a budget, which says we agree that we can afford X dollars per week....The only way

you can get out of it is through budgets, which really means a capitated system [DR008, p. 14].

According to this interviewee, physicians opted to overtreat and overextended the resources of their institutions until they were on the verge of unsustainability. This was in part due to the malpractice concerns of physicians, in part due to what the physicians saw as their commitment to their patients' health above all else.

In a Harvard University Tanner Lecture given in 1986, Arnold Relman summarized the causes and consequences of the runaway costs of health care prior to the managerial revolution:

The seeds of a disastrous inflation were all there: a rapidly expanding technological base; a growing and increasingly specialize corps of medical professionals trained to practice high-technology medicine and reimbursed on a piecework basis; an insurance system based on payment of customary charges, which still excluded many patients and certain types of services but was virtually open-ended in its funding of those it did cover; and more than two decades of essentially unregulated proliferation of hospital facilities. The inevitable result of this highly inflationary mixture was a runaway growth in national expenditures for personal health care (Relman, p. 288).

Relman's lecture goes on to explain the rise of managed care as an antidote to the inflationary cycle he outlines. While an overwhelming number of physicians hoped that the country would move toward a publicly funded, single-payer system, the managers favored the efficiency of a privately organized system.

The rise of "managed care" and health maintenance organizations (HMOs) is now familiar. What is important for the purposes of this study is to realize that managerialism has become pervasive in other domains as well. The most notable thing about the situation in journalism, however, is how little the idea or the issue of inflationary costs comes up in the interviews with media professionals. They do not say that inflationary costs precipitated the managerial revolution. If anything, costs only come up when talking about "limited resources" and the demand to increase profit margins by cutting the fat out of operating costs. One veteran put it in these terms:

Your work environment changes. Things that were valued, 17 years ago are no longer valued. One, is experience. They're getting rid of the old guys. We did happen to make a lot of money and they want to cut costs. But, their goal, despite what they say, is to increase their profit margin from 20% to 50% as a broadcast station [M055, p. 28-29].

In journalism, the emphasis is on the networks' rising expectations of higher profits in the 1970s and onward. Whereas the news was previously a minimally profitable enterprise that was funded by other programming revenues, the new expectation was that television news could pay for itself and, in addition, bring in advertising revenues (Hallin 2000). The best way to talk about the origins of managerialism in journalism is in term of "inflationary profits".

PROFITEERING VERSUS SUSTAINABILITY

Practitioners in journalism often claim that the managerial class is invested in profiteering at the expense of their autonomous authority and with unpalatable consequences for the constituents being served. I define "profiteering" as the pressure to produce superfluous profits well beyond the costs of sustaining an enterprise, especially one oriented to public service. The ever-increasing profit margins demanded by ownership and their managerial staffs are driving a wedge between them and the professional journalists, on the one hand and between journalists and audiences, on the other. The expectation is that the news can be profit-generators rather than enterprises which are supported by other more profitable, related fields (e.g. television entertainment on the networks supported the news for many years, now the news is expected to generate revenue independently.) Many journalists agreed with M037 that profiteering has become extreme.

Over the 1970s and '80s, news became profitable. And now into the '90s it's really, particularly at the network level, when a typical news magazine hour, like "Prime Time" or "Dateline," costs \$400,000 to \$500,000 to produce. A typical entertainment program costs \$1 million to \$1.5 million for an hour. So the pressure has been to ask the news divisions to do more and more of the programs like "Dateline," "60 Minutes," all that

stuff, so we have much more non-fiction on the--and so you have some tabloid pressure there and some profit pressure there, but you also have some outstanding journalism in there [M037, p. 43-44].

This subject sees a mutually reinforcing tendency toward tabloid news and the expectation of profits. He points to the impact of “profiteering” on the domain of journalism, especially television journalism. It is a common consensus in journalism that TV news has moved from slight profit margins to excessive expectations for profits. Today, news is viewed as a “growth industry” where managers are pressured by owners to expand their profit margins infinitely.

In medicine, practitioners also see the “bottom-line” mentality as a major compromise to their work, especially with the dominance of the HMO and other forms of managed care. Because this domain has been defined by their publicly oriented mission, it seems absurd to be asked to generate profits.

The whole introduction of profit into medicine is unacceptable to me. If you look at the health care part of our GNP it's over a trillion dollars. I think it would be a fair estimate that at least 15 to 20 percent of that has now been taken as profit by insurance companies, HMOs, managed care companies, etc. So, you're talking about 150 to 200 billion dollars that could very well be spent in some other way such as assuring medical coverage to our uninsured [DR005, p. 2-3].

From the managerial point of view, however, the professionals seem naively unaware of the costs of their work. They don't recognize the need to maintain a balanced budget or meet their costs. This point of view is expressed by DR006, a manager-doctor:

So, the question is: how do you balance the fiduciary responsibility that you as a doctor have to every individual patient to get them well cared for, with the stewardship responsibility that somebody like my organization has to deliver care to defined thousands of people within a budget. There is a constant tension between those two obligations. It's not that one's right and one's wrong; you have the obligation to do both. But growing up in medical school, the only one you were taught about was the first one.

So, therein lies the root of a lot of the conflict between managed care and a lot of the medical profession [DR006, p.5].

Whereas in medicine, managers are concerned with staying afloat, in journalism there is a greater focus on profit for its own sake. In journalism, sustainability is less often a concern, though a few subjects did mention it. One publisher, for example, says that without paying attention to issues of costs and revenue, he would not be able to sustain the journalistic mission. M062 refers to the end of the *Dallas Times Herald*, which died, in his mind, simply because it was not viable as a business.

Publishing is a business, but journalism isn't. But we're tied together so we have to do it as part of a set of costs on the publishing side that have to be kept within the bounds of what the publishing side, or the business side, can support. And that has led to trade-offs, it has led to painful things, such as the downsizing we went through a couple of years ago. And yet, having worked for a paper that, at one point, was having trouble doing that and is now defunct--this was *The Dallas Times Herald*, now a parking lot.... I have a lively respect for the fact that we have to be viable as a business, the publishing side [M062, p. 10].

What M062 does not mention is the intense conglomeration and monopolization that occurred in the Dallas market. "[In] 1991, the A. H. Belo Corporation, publisher of the (Dallas) *Morning News* bought the *Times Herald* for \$55 million. The paper became another exemplar of the nationwide trend away from having competing papers in major cities, as large corporations bought out newspaper competitors" (Nall, no date).

The question arises whether there are some kinds of work that should be free from the demands of profitability or whether excessive profiteering should be checked? Should those professions with a publicly oriented mission be self-sustaining? Does a society, as a whole, have a responsibility to the common good to support some kinds of professions and allow for their relative independence from market forces?

LIMITED RESOURCES

At the same time as profit margins are increasing, professionals are being forced to conserve limited resources, such as specialized procedures or medicines and to cut back on costly expenditures for

foreign bureaus or investigative reporting, which require enormous resources and time. The simultaneous rising demand for profits with the increasing pressures to limit the use of expensive resources is another indication of the impact of markets on the professions. Society no longer puts all its best resources at the disposal of the experts. Rather, journalists and physicians are beholden to an over-cautious managerial class with tight hands around the purse strings, and an increasing demand to do more with less.

If you're in charge of a coronary care unit with, let's say, six beds and it's full, and a patient comes in having had a heart attack and that patient is in desperate straits and needs a bed in the coronary care unit, your responsibility will be to see which of the six patients in that unit might be least adversely affected by being moved to a bed outside the coronary care unit to make room for this one. That is the kind of decision in a microcosm, perhaps, that I think we're increasingly having to confront [DR001, p. 15].

Several journalists noted that the priorities of newsroom editors have shifted away from longer investigations of more complex topics that go beyond what happened that day. The classic investigative story, epitomized by Woodward and Bernstein's uncovering of the Watergate scandal, takes significantly longer and requires more resources than stories about crime, celebrities, sports, or other lighter fare. When asked what he would do differently if he were in a managerial position, journalist M041 answered that his first priority would be to shift resources toward in-depth investigative reporting.

I would invest more money in investigative reporting which is seen as something that goes by the wayside in most newsrooms. I would try to have a mechanism where I would make sure that I didn't lose the common touch, that I kept very close to the heartbeat of the community, the pulse of the community. And I would try in a number of ways to step out of the studio and try to get my people to be out there in the city, seeing things not the way people want a TV person to see them [M041, p. 25].

Like other journalists, M041 also mentions the costly resources required to go out into the community and get the "real story" behind the public relations spin that serves as a short-cut for objective journalism. Sending a reporter to cover a story is much more time consuming and expensive than rewriting copy from a

press release or taking a story from the wire services. The increasing dependence on these measures is, in part, a response to cutbacks and shrinking resources.

The expense of having a global network of reporters and photographers is overwhelming, in and of itself. Adding to the problem of balancing the global with the local (a problem not specific to journalism) drains the already limited resources of most papers.

A woman out in one of our suburban communities, she looks at this great product, and it doesn't tell her when the school board is going to meet. Tells her what Netanyahu is doing. Tells her Ken Griffey's home run total. Tells her the latest in news...what Newt Gingrich and Bill Clinton are up to....All this big news. Can't find out when the school board meets or what they did.... How do you give them this local, local, local, local news and still be the kind of cosmopolitan newspaper that so many of us dreamed about producing with, you know, foreign correspondents filing stories from Africa and Europe [M057, P. 8].

Resources have been stretched too thin over too large a market. The journalists want to put out a cosmopolitan newspaper and readers are, more and more, demanding global coverage. Advertisers may represent local or global companies and they may have contradictory marketing needs for each market. At the same time, readers need local news and reporters feel their mandate includes informing their audience of what is occurring in their own backyards. Choices must be made about what is given priority, where it makes the most sense to spend resources, and what must be left out.

FROM FAMILY/LOCAL OWNERSHIP TO CORPORATE/DISTANCED OWNERSHIP

M050 sums up the essence of the effects of the shift from family/local ownership to corporate/distanced ownership structures: The integration of media conglomerates means that conflicts of interest are more likely to happen and to complicate the press's relationship with audiences, with other institutions, and with the goal of objectivity.

It's very difficult to talk today other than in terms of the consolidation and disappearance of newspapers, the growth of conglomerates, the ethics of conglomerates, which are quite

different from the ethics of what we used to call the press. What am I to think of the fact that, for example, if Ted Turner's outfit is making a television production on Clarence Thomas...and then a whole production has to be canceled because some other part of the conglomerate has business before the Supreme Court [M050, p. 26].

Editorial policy and the decisions about whether or to what extent a story will be covered are made by corporate owners operating from a distance, with little investment in the local community. This may mean that a program may not air because of the needs and desires of other wings of the organization, not on whether it is newsworthy. For M050, this is the crucial factor compromising the news industry, so much so that he finds it impossible to talk about the ethics of the press without referring to the rise of the conglomerates. He contrasts the ethics of conglomerates with the ethics of the press, indicating his disapprobation of corporate ownership patterns and his sense that the press, as he has known it, does not exist any longer.

Once again, analogous processes are at work in both medicine and journalism, where a shift from mission to markets leads to a wholly redesigned structure of the profession. In this case, the shift is from local to distant control over the day-to-day operations of an organization.

I think a lot of people felt they needed to write a letter to their patients saying, you know how we used to talk? We really won't be talking much any more, so come prepared for a really fast discussion of maybe one thing that we might be able to talk about or really don't expect that anymore. It's hard for my patients [DR013, p. 20].

Decisions about whether a patient will receive one form of treatment or another are often made over the telephone by an insurance agent with a manual, rather than physicians' professional assessment, to help her make the choice.

In both trends, the local to distant and the family to corporate changeover, there is a significant decrease in the sense of responsibility of the enterprise to the community it is located within. There is also a decline in the sense of reputation of the family or the organization.

In the newspapers, a lot of the ownership is absentee ownership. The day of the owner-operated newspaper is practically gone. I think if you're in a community and you run a

newspaper then you care about your community. So that's lost, and this whole competitiveness over the most viewership or the most circulation...but I don't think for the media to use that kind of approach is appropriate [M055, p. 29].

M055 describes the end of an era, the owner-operated newspaper, and the beginning of a new one, dominated by absentee or distanced ownership. For him this meant the absence of a commitment to the community and its local flavor. The lack of this kind of commitment means that one is no longer bound by the concern for mutual respect and trust that develops in a community, but also that the absence is filled by the competition for viewers. In the absence of local ownership, fiscal success replaces other measures of success that might have guided the ethical judgements of the family-owned business (concern for reputation being foremost among these). Cheap tabloidesque programming is more likely to dominate in a market whose sole concern is numbers of viewers. The decline in quality programming is directly linked with the shift to distant ownership patterns.

OPAQUE MARKET FORCES

As I mentioned earlier, there is a range of market forces that are rarely mentioned by the subjects. In contrast to the transparent factors just discussed, these so-called opaque market forces are systemic, institutional, or abstract. I believe it is the abstract character or the institutional nature of these market forces that makes them "hidden" to the discerning professional. As I have shown, most professionals focused on transparent or individualistic forces.

I refer to the second set of factors as "opaque" because they are not clearly visible to most of the subjects. The impact of factors like government deregulation of an industry, for example, is rarely noted by participants, but is, I would argue, among the most significant factors impacting health care today. Similarly, the impact of tax laws and tax structures on professionals and on institutions is rarely mentioned by our research subjects. Likewise, globalization of world cultures and economic relations is one of the preeminent factors in the reorganization of news, yet it rarely appeared in 70 interviews with journalists and other media professionals.

One might try to explain these absences as a function of the research apparatus; the interview questions were, by design, geared toward more psychological, rather than sociological, topics. However, there were enough mentions of these opaque factors by a few, usually senior, members of a domain to indicate that the interview questions were open-ended enough to capture something sociologically significant at play.

It is also worthwhile to note that professionals who had worn “two hats” over the course of their careers had a better sense of these opaque forces than professionals who had stayed in one career or maintained a single role in a profession for the entirety of their careers. “Wearing two hats” means having had work experience in multiple roles within a single industry or multiple professions. A good example is someone who went from being a practicing physician to being a hospital administrator. Another example is someone who, while teaching in a medical school setting, continues to practice medicine. Examples of two hats in the media include people who have moved into editorial roles from the position of a journalist, or a lawyer at a media company, who moved into an executive role in the industry.

Media professionals who wore at least two hats were much more likely to mention opaque market forces than those who had worn only one hat in their careers were. For example, of the media professionals with one hat, only 24% mentioned one or more opaque market force and only six percent mentioned more than two in the entire course of their interviews. By contrast, 73% of media professionals with two hats mentioned two or more opaque market forces in their interviews. Thirty-seven percent of “two hat” professionals had long and substantial comments on the topic of opaque market forces. Physicians in our sample were more likely than their media counterparts to have worn two hats. Twenty-four percent of the physicians we interviewed wore at least two hats over the course of their careers. Not only were physicians more likely to wear two hats than media professionals; those who did wear two hats were extremely cognizant of the opaque market forces impacting their profession. One hundred percent of “two-hat” physicians mentioned at least two examples of opaque market forces. Sixty-seven percent of these physicians elaborated at some length on the problems of opaque market forces.

Though a few of our research participants saw and spoke about opaque forces, I found it notable that many of the research subjects were not able to acknowledge these factors. The absence of invocations

of these types of market forces is, in itself, an intriguing social fact worthy of exploration. Professionals attuned to some of the changes that their professions are undergoing are not able to identify opaque market forces. In my view, the difficulty of identifying the more abstract types of market forces means that it will be difficult to identify and address the problematic ways they are impacting the professionals and their work. The tendency to lean heavily on more individualistic explanations may mean that the most fundamental causes of compromised work will go unidentified and untreated.

Like most people, the interview subjects in this study tended to stay focused on more concrete and close-to-home factors that impacted their ability to do good work. They did not frame their lives in terms of large-scale social trends that were having an impact on entire populations, cultures, or societies. The clearest example of this is the neglect of the topic of globalization—the shrinking of the world, compression of time and space, such that national borders are less significant than the global flows of information, money, people, and other exchangeable goods. The shift to a global economy, and the change in consciousness that corresponds to this shift, is probably the single most compelling social force facing people today (Orzack 2002), (Dingwall 1999). And yet, surprisingly, the journalists, physicians, and even the manager classes for each of these domains, do not articulate a concern for how this alters their professional mandate, the resources available to them, their ethical commitments, the speed at which they do business, or the serious challenge this poses to the convention of organizing economies on a national scale.

One possible exception to this point is that journalists did mention the 1990s decisions to cut or combine foreign bureaus as cost-saving measures. The decline of commitment to covering international news, and, most importantly, to having journalists on site in foreign countries in the midst of an era of globalization, was noted by a few of the interviewees. This is especially ironic in view of the fact that globalization is an argument for increasing international coverage. By contrast, physicians did not say much about how doctoring had changed as a result of globalization.

An instructive example of this blindspot is the relative lack of attention to things like business cycles of expansion or contraction. More specifically, it was hard to understand that the physicians rarely mentioned the amazing expansion of the elderly demographic and how this was changing the face of health

care. The sheer numbers of people contributing to the consumer demand for health care is an overwhelming change that will generate new income, challenge the resources available for treatment, and make it difficult to provide care without significant alterations to institutional arrangements. This demographic shift is rarely brought up by either physicians or managers.

The same could be said of the effect of youth markets on the structure of news programming and formats. Another baby boom is occurring and with it, the youth demographic is making its demands felt in the marketplace of information. Where this generation will get its news (from what source—electronic, print, or otherwise), or what this will mean for the possibility of doing ethical and excellent work, should be a high priority question for these professionals, and yet there was little evidence of such concerns in the interviews. Professional journalists seem unconcerned with the shifting cycles of supply and demand associated with demographic changes. Expanding and contracting markets have direct bearing on what programming content looks like and who is likely to be sponsoring such programming. Journalists are not trained to think about the impact of such market forces on their profession or on the ways such market forces can constrain or contribute to ethical and excellent work.

A third opaque market force that has an impact on the professions is the cycle of regulation and deregulation that specify the government's role in the market economy. Fifty-seven of 65 interviews conducted for this study were done with journalists after the 1996 Telecommunications Act (November 15, 1996), legislation that significantly altered the laws that governed ownership and market competition in media. The impact of the 1996 Act has been increasing monopolies in both small and large regional markets nationwide (Hoynes 2001), (Alger 1998), (Aufderheide 1999), (McChesney 1999), (Lehman 2000), (Demers 1991). Paradoxically, few if any of the interviewees mentioned this Act or the continuing conglomeration of media outlets, despite their training in investigative journalism.

DIFFERENCES BETWEEN DOMAINS OF JOURNALISM AND MEDICINE

There is one important difference between the domains of medicine and journalism. The supply and demand dynamic that is dominant today in the domain of journalism is not present in medicine. This difference is bound to have significant consequences and to determine, to no small degree, the future of

these contrasting domains. As I mentioned above, many professionals in our interview set spoke about their disappointments in their audiences. They felt that their audiences were passive consumers of tabloidesque news that aimed at providing entertainment rather than information. Journalists and some managers felt betrayed by their audiences who, they felt, settled for less in-depth reporting and more infotainment. Their own desire was to produce hard-hitting, truly investigative reports of the most significant news. They wanted to cover foreign news, or reports of legislative reforms, that would have long-lasting impact on the lives of their readers or viewers, but they believed that they could not afford to spend valuable resources pursuing stories that were unlikely to hold the attention of their audiences. They were, against their own interests, supplying only what their customers, the audiences, were demanding. The audience is constructed as an opponent of the profession. They are often viewed with such contempt that there is little possibility of an activist alliance between professionals and audiences.

In contrast, physicians who expressed discomfort at the effects of market forces on their profession told different stories about their main constituents, their patients. Medical professionals viewed patients as equally frustrated by the entanglements of managed care bureaucracies. They were frustrated by having to get referrals and negotiations with gatekeepers. They were angered by the unwillingness of HMOs to cover particular procedures and by the limits on the amount of time allotted for primary care appointments. According to the physicians, patient frustrations were like those they felt when confronted with the marketing of their profession. Medical practitioners also thought that their patients were well informed about the intervention of managers and the decline of physician autonomy and authority. Nonetheless, some managers claimed that patients were misinformed about the impact of managed care on the profession. This small group of managers said that the media portrayed a one-sided view of the results of managed care and had skewed the story in order to sell more papers. However, the majority of medical professionals viewed patients as potential allies in the fight against encroaching market forces. Reporters, in contrast, saw audiences as dupes, too stupid to recognize that they were being manipulated. To the journalists, audiences were part of the problem. If professionals are going to overcome the effects of market forces, they will need to ally themselves with their constituents. At the present time, medicine is much more primed to do so than journalism.

The negative picture of the audience may not be incorrect, but the characterization or construction of the audience in the naturalistic terms of supply and demand makes it more difficult to enlist their support if and when professionals hope to challenge the markets. Physicians may have an easier time creating a social movement that can challenge the market forces impacting the care they provide. Public disenchantment with health care provisions in the US may contribute to a widespread movement to create conditions for good work in medicine.

EFFECTS OF MARKET FORCES ON THE PROFESSIONS

While the impact of market forces on the professions can hardly be doubted, it is difficult to untangle the relationships of cause and effect; various effects are interconnected, creating a domino action that sets into motion a cascading series of consequences. That said, it might be possible to distinguish consequences based on several different criteria. First among these is a distinction between concrete and abstract consequences. The former is merely symptomatic of the latter set of deeper and more consequential effects. Another way of categorizing the effects of market forces is as “individual” or “social” consequences. In the first group are factors such as: time crunch, declining quality of care/service, fragmentation of care, scandal, brain drain, and stress. In the second are the tragedy of the commons, prisoners’ dilemmas, undermining of ethical commitments or values, and the deprofessionalization of some domains of work. While individuals may be quite aware of the fact that they have little time to focus on their families or to complete their work in a timely and complete fashion, they may not be aware of, or as articulate about, the larger implications for society as a whole. In this final section of my paper, I will unpack and evaluate the various consequences of market forces on the domains of medicine and journalism.

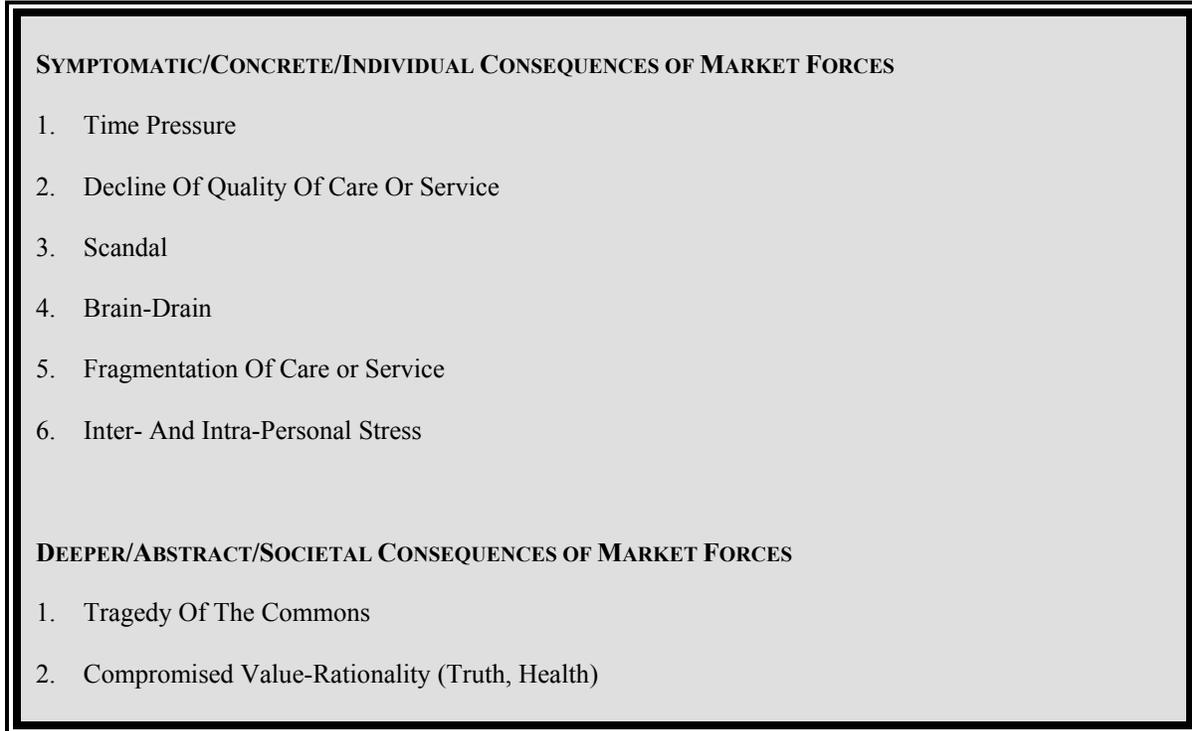


Figure 1. Consequences of Market Forces

A significant number of the professionals interviewed spoke at length about their constant sense of time pressure. Not only do they experience a “leisure crunch” whereby they have little time for activities outside of work and for their families; they also mention an incredible sense of time scarcity to do their jobs as thoroughly as they were trained to do. They are engaged in a constant struggle to keep up with their caseloads or meet their deadlines. Many said that though this was in some sense the nature of the beast, they also felt sure that their time crunch was due to cutbacks and a rearrangement of budget priorities resulting in staff shortages and decreased resources.

Not having adequate time to provide care or services led directly to a decline in the quality of care or services that was their perceived mandate. It clearly impacts the day-to-day choices they were faced with and made it necessary to “cut corners”. Many times, these strategies go unnoticed and only occasionally cause serious problems for the health of a patient or the information of the general public. Occasionally, however, poor services or care become manifestly undeniable and the result is a scandal that

breaks into the consciousness of colleagues, clients, and the general public. Think Enron, Jayson Blair, BBC, and the tragic death of Jesse Gelsinger due to unwarranted experiments with genetic therapy. These scandals, accompanied by resignations, news stories, editorials, hearings, and other dramatized events, give the public and the constituents a chance to air grievances, to wonder aloud about the extent to which work is being compromised across the domain. Scandals occasionally lead to reforms, but more typically end in business as usual.

Seasoned veterans expressed concern that the result of public scandals is “brain drain”; young, talented people choose to enter a different domain or choose to leave a domain as a result of perceived inability to carry out a mission (moral bankruptcy of a domain), perceived time pressures (family and leisure balance), or the sense that other careers provide greater rewards (material or spiritual) for the time investments. Recruitment and retention of young people has become a concern for both physicians and journalists. This is a hidden cost of the attempt to control inflationary spending.

As for the deeper and more consequential effects of market forces on medicine and journalism, some go so far as to suggest that these domains are becoming deprofessionalized. That is, they have already or will shortly lose their status as professions— autonomous, specialized, mission-oriented—and become more akin to non-professional work, governed more by personal interest rather than a commitment to the common good. The authority and independence of these fields may be compromised and the guiding mission may become largely invisible or even disappear.

The greatest consequence of market forces on journalism and medicine is the Compromised Commons, where what is best for the whole society is sacrificed on the altar of individual self-interest. Once an actual commonly held parcel of land where all could graze their cattle, the Commons has been redefined as the shared resources of a community. The original Commons was based on a spirit of cooperation; rather than parceling out the land so that it was owned privately by a group of individuals, it was a priority for the community to set aside some property for the common good. This property was made available to anyone belonging to the community and enabled people to maintain their livestock even in lean times. If, however, the spirit of cooperation broke down and competition replaced it, then the Commons was overworked or over-utilized by some individuals hoping to get ahead of their peers. The overuse of the

Commons by one individual led to similar behavior by others until, at last, there was no Commons left, only spent resources and bickering neighbors.

Today, I believe that the increasing competitive spirit found in the professions is creating a new tragedy of the commons and in the process is undercutting the resources necessary for community life. These resources may be physical, but more often they are the social capital that sustain and maintain the group (e.g. the health of its people or informed and engaged citizens). As in colonial times when farmers brought their livestock to the Commons, anything that drains these resources will lead to greater competition and the weakening of the community. Consider, for example, the local television news broadcasts on FOX and other network affiliates. Fearing that they will lose their share of profits if they do not compete with the leaders of their domains, professionals are undermining the basis of their authority and undoing the trust that the public has placed in their hands. One consequence is a poorly informed public unwilling or unable to participate in civic life. In medicine, we have already seen that, because of the increasing competition to maximize profits, some members of society are denied adequate care or service. In the long run, aspiring good workers will look for other opportunities, time pressures and personal stresses will mount, scandals will saturate our lives, and the quality of care/service will decline until these professions are unrecognizable.

Unmitigated, market forces have one final, but major consequence: they are undercutting the values that are the foundation of the domains and of our society as a whole. These values—truth, justice, and health—have served as guides to medical, news and other professionals and are embodied in the codes of ethics that govern them. When market forces predominate, these guiding principles that promote action for the common good are undone. Ethical codes and personal commitments fail and people are subject to abuses of trust and power. In journalism, the recent debacle at the *New York Times* serves as a stunning example of compromised work as market values colonize these other guiding principles in our society. The fictionalization of news stories by Jayson Blair is just one unfortunate incident that has been repeated at other newspapers of record (e.g. Mike Barnicle and Patricia Smith at the *Boston Globe*). Truth may be less important these days than selling papers or making a name for oneself. In medicine, the dismissal of a highly regarded editor of the *New England Journal of Medicine* because of his refusal to bow to advertising

pressures demonstrates the compromise of truth and health in favor of profitability. The decline of ethical commitments to values like truth and health has been identified by social philosophers as a symptom of a moral collapse and the ultimate decline of civilization. If that is so, then there is ample cause for concern about our society. Ironically, the growing emphasis on profitability will ultimately cost us too much.

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ENDNOTES

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² All identifying names have been removed from the transcribed interviews. Interviewees are identified in this paper by a combined letter and number code. Doctors and others in the medical profession are “DR” followed by a three digit number indicating the order in which they were interviewed (e.g., M064). Journalists and other media professionals are referred to by the code “M” and a number based on a similar system.

³ One other difference from Weber’s original analysis ought to be noted—the professionals interviewed for this project resented the shift to managerial authority specifically because the managers did not have the kind of expertise, or specialized knowledge, that Weber argued was crucial to a bureaucracy. Officials or managerial bureaucrats may have knowledge that is specific to their office, but they do not have the skills training or the knowledge which is among the central characteristics of professions. Still, the rise of managerial structures and the influence of bureaucrats have undercut the autonomous decision-making that was previously the privileged domain of the professional.