

Moving Project Management from Occupation to Profession: Exploring the Journey to Professional Status

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Introduction

This is a decade of decision and action for Project Management. PMI's commitment to professionalization will be tested as the numbers of members grow and the occupation becomes increasingly important and commonplace in the world of work. Activities of Project Management associations throughout the world reflect the growing concern with the achievement of professional recognition.

Obtaining the status of a full profession requires that the members of an occupation work together to achieve recognition. The core characteristics of a profession are defined by the members' ability to capture exclusive use of the name of the occupation, to lay claim to the 'exclusive' mastery of an esoteric body of knowledge, to achieve public and governmental recognition of the authority of the relevant professional association(s) to govern the practice of the occupation, and to set the educational requirements for entrance into the profession and continuance in the profession (for more on this see Zwerman & Thomas, 2001, and Hodgeson, 2002).

Project management, like medicine, law, engineering, nursing, social work and teaching, is a knowledge-based occupation. Thus, its journey is likely to mimic, in many ways, the journeys of these other occupations towards professional status. Each of these occupations is currently waging a battle to either maintain their professional privileges or obtain the rights and recognition associated with the full-fledged "traditional" professions. Examining the efforts, trials and accomplishments of these other occupations should provide valuable insights into the future of project management.

This paper discusses the road to professionalization traveled by other knowledge-based occupations. Data from a PMI sponsored study was analyzed to learn about the activities currently being undertaken by PM and other occupations that are moving toward professional status. The paper is also based on textual analyses of several professional association websites in Canada and the U.S between June 2002 and November 2002¹. The data presented in this paper may be read for both literal content to outline what actions are taken, and also at a deeper level for what it tells us about the dynamic processes and struggles for professional status. The paper pays particular attention to the efforts of nursing and social work to gain and maintain full professional status. The paper builds from this background material to engage the audience in a discussion of the necessary actions to move Project Management down a similar path, and the implications of pursuing these actions for both the practitioner and the professional associations.

Exploring the Journey to Professional Status

Most of the activities undertaken to achieve or maintain professional status fall under the following categories:

- Gaining monopoly over the use of the occupation name;
- Defining and laying claim to an esoteric body of knowledge;
- Defining the field of operation;
- Controlling Education and Accreditation;
- Introducing Certification and Licensing; and
- Changes to professional association

Each of these categories is explored through examination of web site evidence of the activities undertaken by various professional associations followed by a brief assessment of Project Management's accomplishments and activities. This paper presents the portion of website analysis that is most relevant to project management's situation and provides background material for the discussion of implications to be held in the working session.

Monopoly over use of the Name

The designation, 'Project Manager', must be captured and controlled. As long as anyone can use that designation without regard to training or certification, it will be impossible to create an occupation that can lay claim to 'professional' status. All analyses of 'professionalization' processes include this criterion; but it should not be viewed in absolute terms. Registered nurses really don't care much whether someone receives an informal designation of 'nurse' here or there. What they protect is the center of their occupational world - hospitals, doctors' offices, and clinics. Furthermore, the protection of that designation or 'name' is an ongoing process, a continuing part of the struggle between occupations, and between occupations and employers, to achieve control over their work. This will require lobbying and related activities to win the rights to that 'name' and continuing efforts to police its use.

There are several examples from nursing and social work that demonstrate efforts to protect professional titles. The effort to protect professional titles varies from emphasis on the title of voluntarily registered professionals to protecting the very title itself. For example, Alberta legislation passed in 1991 protects the name "registered social worker" but does not protect the term "social worker" or "social work"—social workers in Alberta are still lobbying for protection of this particular title (website #2). Similarly, legislation in Pennsylvania (1987, The Social Workers' Practice Act) protects the title of "licensed social worker" but not the term "social worker." Nonetheless, the legislation is promoted as "...a mechanism for accountability" as complaints may be filed against licensed social workers by the state board (website #20). Professional associations in other Canadian provinces have lobbied to extend protection of title to the general terms "social worker" and "social work". For example, various jurisdictions ensure that the term "social worker" can only be used under specified circumstances: New Brunswick (website # 15,1988); Newfoundland (website # 17,1993); and Ontario (website #18, 1998).

Nursing associations in Canada have also sought title protection. Nurses in Nova Scotia lobbied and prepared for over a decade to change from a professional association to a college model. Finally successful, the passing of the Registered Nurses Act (January 2002), allows for the full legal protection of the titles/terms "nurse" and "nursing" (website # 8).

There is also evidence of efforts made by associations to actively police the use of the title. For example, The College of Nurses of Ontario website posts from the Quality Practice Newsletter, Volume 1, Issue 1, about cracking down on nursing impostors, noting that the incidence of impostors has increased in recent years (website #6). The College further recommends that employers do a yearly check of their employees to ensure they are registered members of the College (ibid).

In countries that rely on skills-based certification of many occupations (e.g. South Africa and Australia), the local PMI associations are working with government bodies to delineate skills based competencies. This process takes them a step closer to being able to exclude the non- qualified or incompetent from using the name.

Definition of the Field

All claims to professionalization include a negotiated statement regarding what the practitioners include in their claims and what they leave out. Doctors do not claim control or competency over everything in the domain of work in health. Teachers do not claim the exclusive right to practice in all learning situations. What 'projects' will 'professional' project managers assume as theirs? Where does the casual practitioner fit into the world of projects and where does the 'professional' project manager enter? Not all projects are equal and not all projects require a professional. The limits of the practice will be negotiated through time. Nurses do a number of things today that they did not do 20 years ago, witness the Nurse Practitioner (NP).

With the expansion of the role of the Nurse Practitioner, negotiations with the medical profession were required to clearly delineate scopes of practice. For example, in 2000, the Minnesota Nurses Association negotiated with both the Minnesota Medical Association and the Minnesota Psychiatric Society to develop scopes of practice (outlined in Memoranda of Understanding) for Nurse Practitioners to prescribe medication (Minnesota Nurses Association

website, Memorandum of Understanding). Similarly, in Pennsylvania, “[t]he Boards of Medicine and Nursing have jointly defined and regulated Certified Registered Nurse Practitioners to ‘perform acts of medical diagnoses and prescription of medical, therapeutic, diagnostic or corrective measures’” (website #20). These actions indicate that expansion into medical territory by nurses is occurring, but is a carefully negotiated process.

Similar processes of defining the scope of practice occur in the social work profession. Social workers in Quebec are struggling to have their proposed scope of practice, “Restricted Activities”, recognized as official by the Office des professions du Québec, (the government ministry that oversees all of the professions in that province) (website #19). The Ordre has also posted materials online that assure that Bill 90, which is the formal legislation that defines the competencies and scopes of practices of the health professions in the province of Quebec, does not interfere with the “restricted acts” of social work (as they have defined them).

Body of Knowledge

The most cynical of conflict theorists recognizes that the claim to ‘professional status’ ultimately rests on the ability of the practitioners to lay claim to more or less exclusive command of an esoteric body of knowledge that they declare to be essential to good practice. Virtually every analyst agrees on this. The inability to make this claim convincingly is, perhaps, the primary factor responsible for the failure of teachers and social workers to achieve full recognition as ‘professionals’.

The social work profession has made a number of attempts to strengthen its claim to a unique body of knowledge. An oft-cited example is the social work profession that lay claim to the ability to deal with human diversity as its esoteric body of knowledge. Excerpts from a summary of a state hearing on the social work shortage in California, posted on the California chapter of the National Association of Social Workers (NASW) demonstrates efforts by the profession to promote this unique knowledge by outlining the educational foundation of professional social workers that makes them best suited for California’s human services (website #12). The Newfoundland and Labrador Association of Social Workers website presents the knowledge base of social work as unique and complex, drawing “its knowledge from a wide spectrum of disciplines within the social sciences and humanities...[which] include: human growth and development, family dynamics, communication, organization and empowerment theory, psychosocial assessment and treatment, psychosocial research techniques and social policy development and analysis (website #17).

Further, the Canadian Association of Social Workers (CASW) has defined the BOK of social work, thus, while social work cannot claim a scientific body of knowledge, it does claim to have unique knowledge and skills. This seems particularly relevant to the case of project management and bears careful observation (website # #4, *CASW Presents the Social Work Profession*).

Nurses, on the other hand, suffer not from the lack of a ‘hard scientific’ body of knowledge, but rather from the fact that another group of professionals, physicians and surgeons, has laid claim to controlling that body of knowledge. As mentioned earlier, NPs and the medical community have had to negotiate scopes of practice. However, the medical community is not always willing to cede control. The Florida Nurses Association (FNA) has encouraged NPs to protest legislation (Senate Bill 2190) limiting their scope of practice in unsupervised settings (website #24, *FNA Action Alert*).

In this case, the professional association is fighting for autonomy of the nurse practitioner to practice from a particular body of knowledge respected by the medical community. It is a particularly valuable illustration of the kinds of actions taken by professional associations and practitioners on the road to professionalization.

Despite a solid claim to scientific knowledge, nurses also still attempt to expand their claim to a unique and expanding body of knowledge. This is done by expanding efforts into nursing research. The Canadian Nurses Association makes several recommendations about how to strengthen nursing research in Canada. It outlines the responsibilities of individual nurses to generate researchable questions based on their practice experiences, for professional associations to lobby their government for funding for research, for nursing schools to promote research, and for more efficiency in communication of research results (website #5, “*Position Statement: Evidence*

Based Decision Making and Nursing Practice.”) Furthermore, nurses are concerned about linking theory and research to everyday practice, and take concrete steps to ensure this occurs.

Nursing has also sought to improve its body of knowledge through establishing a universal nursing language that would serve to standardize the profession. A piece entitled “Use of standardized nursing language (SNL) will make nursing visible” by RN Gail Keenan on the Michigan Nurses Association website outlines the need for standardized nursing language. The MNA also conducted a survey of 35 nursing leaders to determine forces both leading toward and impeding the use of SNL in nursing practice in that state. All of these examples suggest that even professions with an established body of knowledge continuously seek ways to improve their claims.

For project management, the PMBOK is a significant step in the right direction, but the development of a full-blown body of knowledge will require considerable elaboration. The short statements on communication in the PMBOK would need to be elaborated in the context of PM, methodologies would have to be developed in an integrated context, control of the process would also require attention; indeed every aspect of the PMBOK would need to become the subject of elaboration and research.

While the creation and maintenance of PMBOK is a step in the right direction to accomplish this goal, PMBOK does not hold an exclusive position in the world of project management doctrines. There are other project management guidelines promulgated by other project management professional associations worldwide as well as those crafted by individual gurus and large companies. Efforts to define standardized project management language and globally to identify Global Project Management Standards are examples of the recognition of the importance of these activities (see for example www.globalPMstandards.org). However, without agreement on what this body of knowledge is and who is in charge of developing and maintaining it, professionalization will be difficult to achieve.

Education and Accreditation

There has been an emphasis on upgrading knowledge and developing the associated educational programs in every case of a modern occupation striving to upgrade to ‘professional’ status. The major established professions and the three semi-professions of particular interest to Project Management, teaching, social work and nursing, have captured a home in universities laying claim to their own faculty/college. Accounting is the only profession that resides in someone else’s home, business and management faculty/colleges; the others all have their own ‘Deans’. Project Management is found in one of several locations, including business, engineering, and planning. In addition, leading edge training in project management often resides within corporate training and consulting organizations and entirely outside the academic realm associated with higher education. Development of a recognized academic discipline will be crucial to the professionalization project of project management and much work will be required for the integration of that discipline into the educational offerings of those specialized short courses in PM. There will always be a demand for a wide array of educational offerings, ranging from short courses offering an introduction to PM, and specialized short programs to full university degrees. (Abbott, 1998).

Professional nursing association websites in Canada are rich with data about this occupation’s commitment to raising the educational standard for entry (the American states sampled for this project did not reflect this trend). The following are provincial nursing associations that have adopted the Canadian Nurses Association recommendation in 1982 that the minimum educational requirement to enter the profession be a baccalaureate degree: New Brunswick (1989), Newfoundland and Labrador (1992), Nova Scotia (1984), Ontario (year unknown - this association (RNAO) claims that they have been lobbying for legislation for this since the 1970s); and Saskatchewan (1984).

To help realize this transition, nursing associations across Canada have developed strategies to overcome barriers to implementing this new requirement. One is “grandfathering” of nurses with a diploma-level education (i.e. no mandatory upgrading is required) will help integrate those who have already been practicing nursing for a number of years into the new system (grandfathering as a strategy is discussed in the nursing association websites of Alberta, New Brunswick, Newfoundland, Nova Scotia, NWT, and Saskatchewan). Another strategy, discussed vaguely, is to increase enrolment in nursing programs, and increase accessibility to education for those nurses without the BN (Association of Registered Nurses of Newfoundland and Labrador).

The nursing profession in Canada has also developed continuing education programs (often dubbed “continued competence” in some jurisdictions). These programs are mandatory for nurses in British Columbia [under the Nurses (Registered) Act], in Nova Scotia, and the Northwest Territories (as of 2004). Continued competence programs are voluntary in Alberta, Manitoba, New Brunswick and Saskatchewan. Such programs consist of one or more of the following: self-assessment, peer review, continued education, maintaining a professional portfolio, practice review, written exams, and observed structured clinical exams (College of Registered Nurses of Manitoba website).

The social work profession also makes efforts to upgrade and control educational requirements. For example, Quebec plans to raise its standard of entry into the profession to a MSW (The Advocate, 2002, p.13). This initiative has sparked much debate about whether or not it will really enhance the profession, or whether it will only create a two-tiered system within social work. Introduction of the MSW as the minimum standard was mentioned only in the Canadian data.

This is a debate that has yet to happen in project management even though the provision of project management education at all levels has increased dramatically over the last 10 years.

Certification/Licensing and Control

Some decisional body must be given responsibility for designating who is qualified to practice. This may be very complicated with a number of certification and licensing alternatives such as are found in medicine. This may be much simpler as in the more generic licensing of teachers. In any event, if there is no effective certification and/or licensing scheme it will be impossible for practitioners to lay claim to any sort of special status or privileges. This is the key to control of the name and to control of admission to practice. All recognized professions are licensed occupations.

Voluntary Certification may be a step along the road to professionalization but it is not sufficient for full Professionalization, as was found in the history of the Alberta College of Social Workers (ACSW) (website # 3). It was not until 1999 that legislation in Alberta protected the title of “social worker” by requiring that all social workers be registered with the professional association (website #3, *History*).

The social work profession in various U.S. states has recently made efforts toward securing licensure. The Michigan chapter of the NASW notes that Michigan, along with two other states (unnamed), do not have licensure. It argues that licensure will enhance the social work profession in these states because “the criteria for obtaining a license are more stringent than those for obtaining certification” (website # 13, “*Reasons for Licensure*”). In another instance, Washington State social workers obtained legislation for licensure in 2001, after twenty-two years of lobbying (website #14, “*Ethics, Standards and Licensure*”).

It seems clear from the review of the websites that this is a fundamental requirement of professionalization and one that has serious implications for both the practitioner and the professional association. To date, practitioners and professional associations alike in the project management realm have pursued efforts towards professionalization without tackling this potentially thorny issue. Virtually all established professions and those seriously aspiring to full professional status have pursued licensure. The implications of this will form part of the discussion in the presentation.

Professional Associations

The associations become the center of control for the practitioners; they represent the interests of the practitioners to the outside world. Individual practitioners cannot conduct the struggle for recognition and privilege alone. A strong association mediates between public and private authorities on behalf of practitioners. The strength of the professional association is directly associated with the power and influence that accrues to that profession.

Professional associations in the North American context are dynamic and innovative in their pursuit of professional status for the occupations they represent. A unique initiative in both social work and nursing in Canada has been to pursue “college” status: Several Canadian Nurses Associations have renamed and restructured themselves “colleges” to enhance their claim to professional status. For example, the College of Registered Nurses of Nova Scotia (formerly the Registered Nurses' Association of Nova Scotia) is...only the third, after Ontario and Manitoba, to see its nursing profession formally transition to a college model to regulate the practice of registered

nurses...through licensing processes, the establishment of standards, and competency and professional conduct services and programs (College of Registered Nurses of Nova Scotia, "Press Release New Act Officially Changes 92-year History").

Social work in Alberta has also recently introduced the college model. With passing of the Health Professions Act (2003), the association had to take on a college model (i.e. become the self regulating, regulatory arm for the profession) (Alberta College of Social Workers website). Ontario, Manitoba and New Brunswick have a slightly different approach, where the regulatory body and the professional association are distinct bodies but work very closely together, sharing committee or board members.

Many associations, particularly in the U.S., choose to fulfill a "dual role" of union and professional association. One example of this is the California Nurses Association, a particularly vocal and active association that operates with a grassroots style of promoting the profession.

Project management is a very young occupation that has only recently started down the path to professionalization. Professional associations at this point are strictly voluntary organizations and have little or no authority outside that granted by the membership. It remains to be seen what sorts of changes in the professional association itself will be needed to further the goal of professionalization. This topic will form the basis of part of the discussion in the presentation.

Conclusions

It is unlikely that governments will independently pursue actions to create a Project Management Profession. There is some question as to whether or not they even understand that there is a developed occupation of project management, despite the fact that individual units may establish standards and definition programs for hiring and advancing project managers.

Private corporations will act from time to time in such a way as to try and protect their short-term interests. They will not consistently act to create a situation where project managers are recognized as professionals and granted the autonomy of action characteristic of established professionals. Some may support the initiative but many will resist to protect their autonomy and rights over the management of work.

The thrust for professionalization will have to come from the major Project Management associations, PMI®, IPMA®, and many national project management associations. The key to success will be in developing a defensible definition of Project Management which can be advanced as a profession, developing a well defined and complex body of knowledge which can be claimed by the profession, working to protect the occupational name and elaborating a significant independent educational program with an associated set of research programs.

At this point in time the most significant challenge facing Project Management as it attempts to professionalize is the lack of a coherent required educational program and the development of the associated body of knowledge and research activities required for a successful claim to professional status. Lack of control of the name would be a close second.

Perhaps an even more fundamental challenge is in gaining acceptance of the changes required in the operations of the professional associations and the practitioners. Professional associations in particular will have to decide to continue as a support for individuals when and if they chose to use it, or to move towards representation and pursuit of the collective "rights" of all project managers. Practitioners need to decide whether they see project management as a profession that should be self-regulating and to which they are willing to submit their practice for judgment, or whether they would rather see it continue as an occupation subject to the whims of the market. Discussions of these implications will form the basis of the discussion in the symposium session.

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