OCUPATIONAL VALUES AND PROFESSIONALISM IN CARE WORK – AN EXPLORATORY STUDY

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Abstract*: We have witnessed, in recent decades, the constant growth of the demand for professionals in the field of social assistance, physical rehabilitation, in health and psychotherapy, occupations that fall into the category of beneficiary-oriented services. Given the fact that, in Romanian public perception the identity of these occupational groups is still in the process of crystallization, I propose an analysis of their organizational activity, which is care work, from an axiological perspective. In order to do that, I first formulate an operational definition of the concept of professional value respecting Rokeach's epistemological rigors: intuitiveness, taking into consideration the conceptual relationship between values, opinions and attitudes while avoiding circular or/ and synonymous terms. Professional values can be understood as implicit dimensions of an occupational group culture. In caring professions, the professionalization process implies, in addition to the acquisition of specific knowledge and skills, the emergence of value systems with a normative role vis-à-vis professional activity. Comparing the content of deontological organizational documents, my aim is to help clarify the social identity of these occupations by identifying a set of common values.*

Keywords: *values, care work, professionalization, organizational documents, axiological discourse*

Introduction

The Romanian labor market knows a growing demand for professionals in the fields of physical rehabilitation, social assistance, health, psychotherapy and education, united under the umbrella term of human services or care professions (Abbot and Mirabeau, 1998, pp.2-3). Although the social demand for human services is increasing, the problem of the common social identity of these occupations is not yet satisfactorily resolved. Attempts to capture it are related both to the specifics of the care relationship

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especially to the social needs that make this type of work necessary, and to the way in which it is actually organized and regulated.

Based on the fact that care work has an undeniable prosocial character, caring professions have been defined as occupations in which skills acquired through education are put at the service of human needs. Consequently, the provision of care involves a direct interaction between those who provide it and those who receive it (Eriksen, 1977).

Historically, organizations that provide care services entered the historical scene during the modernization of Western-type societies, as a social response to universally recognized human needs: of physical health, of security, of belonging, but also of appreciation or even self-actualization. Zins (2001, p. 8) notes that their function is to ensure the fulfillment of social expectations related to the quality of life as defined within modern societies. Maslow's classic paradigm remains useful in understanding the fact that care activity is not limited to basic needs.

Starting from the specifics of professional role expectations, Hugman (2005, pp.1-3) proposes a definition by exclusion: care professions are distinguished from other occupations by the fact that practitioners put their specialized knowledge and skills at the service of educating and caring for other human persons, in response to their psychophysiological or social needs.

Hasenfeld (2010) argues that care professions can be considered social groups mandated to provide human services, their existence being the result of an obligation constitutionally assumed by societies. Caring for others requires respecting a de jure autonomy of the beneficiary, which is related to constitutionally guaranteed fundamental human rights. Practitioners must always act with client's consent, constantly self-assess their competence according to the situation, respect the confidentiality of the relationship, etc. But, although it seems to be a rigorously regulated activity, dilemmas of an ethical and moral nature continue to appear in care work, since the practical application of the rules of professional conduct depends, to a large extent, on the free will of each practitioner (Cuthbert and Quallington, 2017, p. 84). Compared to other occupations, care workers have a significant autonomy as people who directly engage their expertise in the service of clients. The quality of their performance is evaluated at the organizational level, but their free will must be protected so as not to diminish their ability to make decisions in particular situations (Freidson 1994, p.13).

Personalized care involves a certain measure of commitment to the welfare of the beneficiaries. This raises the question of a vocational ethos centered on prioritizing the needs of others, the existence of an occupational group culture based on the values of confidentiality, tolerance, social justice etc. Under these conditions, professionalization involves the socialization of values and standards of desirability intimately associated with professional identity, reflected in declared occupational standards, in ethical codes, as well as in organizational value statements (Pusztai and Csók 2020, pp.48-49).

In conclusion, using specialized knowledge and specific skills, care professions carry out work whose goal is educating and caring for the human person. The professions in the following fields qualify: education, psychotherapy, psychology and counselling,

including speech therapy, medicine, medical assistance and physical recuperative therapies, as well as social work. It is a generally accepted taxonomy but, considering that the identity of many of these occupational groups is still in debate, an analysis of their activity from an axiological perspective can help clarifying this identity. To this end, an analysis of their activity through the lens of the requirements of the relationship between the practitioner and the client provides the conceptual frame of reference for identifying the professional values common to these professions.

Theoretical Framework

Norms, attitudes and values as aspects of group culture

As a group phenomenon, professional culture presupposes the existence of certain values and norms. An operational definition of professional values is needed in order to conduct the content analysis.

Both Kluckhon (1951) and Rockeach (1973) consider that values are conceptions of what is socially desirable, influencing both the goals and the means of social action. As abstract concepts, values can be associated with certain subcultures, in the sense that we think of group culture including in terms of shared values that are transmitted and reproduced over time. Consequently, the adoption of the values of a particular culture leads to the adoption, at the individual level, of distinct attitudes, with significant influence in social life.

Involving shared beliefs social desirability can trigger collective commitments. Having this in mind, and understanding social existence as group life, it can be stated that the sociological notion of value contains an element of normativity. Values are stable normative beliefs that guide social action. Both Kluckhon (1951) and Rockeach (1973) argue that values are to be sociologically understood as normative standards of desirability, and in the same vein Schwartz (1994, pp.20-21) defines values as stable normative beliefs about desirable forms of social action.

As aspects of group culture, norms, beliefs, social roles, ideologies or values are continuously adopted and reproduced within the dynamics of everyday social life. Once efficiently internalized through socialization, values remain relatively stable and contribute to the adoption and perpetuation of specific patterns of social action (Hitlin, 2011, p. 516). Values can be sociologically analyzed because they are primarily rationalized beliefs that actively influence social perceptions, trigger evaluations and can even determine individual choices (Bardi and Schwartz, 2003, p.1220). Inglehart (1977, p.101) argues that the formation of cultural orientations implies the internalization of an axiological knowledge specific to the social group of belonging. The internalization of a professional culture and its consequences, the development of professional identity and the acquisition of specific values, starts from the stage of primary socialization.

Given the conceptual relationship between norms, attitudes and values as cultural outcome of socialization processes, there are some distinctions that need to be taken into account in order to conduct the content analysis I propose.

First, norms and values are to be considered more abstract concepts than attitudes (Rokeach, 1973, p.85) in the sense that attitudes can express individual or collective goals denoting the existence of normative or axiological structures that have the ability to motivate social practice (Maio and Olson, 2011, p.302).

Secondly, even if values seem to be much more stable over time than attitudes or opinions (Konty and Dunham, 1997, pp. 177-178), they cannot be captured simply by observing social action, therefore they must be inferred from expressed opinions or manifested attitudes.

Thirdly, professional values cannot be identified losing sight of the relationship with organizational norms because professionalization is in fact the successful socialization of normative discourse and common values specific to certain occupations.

Through normative discourse explicit rules about what is or is not allowed are established, rules that always tend to remain specific to well-defined circumstances. Non-compliance always entails well-known coercive sanctions. Because their existence legitimizes organizational expectations guiding practician's actions, it becomes quite difficult to distinguish them from professional values as such.

The issue has relevance because I want to approach professional values as group values with a special concern for the care professions. So, assuming that those values are commonly shared, it is hard to say to what extent they are internalized as such or just accepted as normative requirements. In her theoretically sound and highly applied comparison between norms and values Marini (2000, p. 2830) provides some epistemological criteria for the purpose of differentiating between the two which I intend to use in my content analysis.

First, both values and norms presuppose the existence of a quasi-general community agreement, but if norms casuistically refer to certain situations, values tend to be trans-situational. Secondly, norms are constraining being associated at the individual level with an external imposition, while values appear as culturally internalized ideals.

Professionalization and professional values

Occupational groups constantly promote themselves on the market claiming that they offer qualified services to society in a professional way. There are two sine qua non organizational attributes that allow the identification of a profession starting both from the specifics of the activity and the socially recognized status of the practitioners. A profession presupposes the presence of a professional group culture in the form of a systematized body of theoretical knowledge that is constantly applied in everyday practice and an ethical code that regulates the performance of the members and the relations between them.

There have been many attempts to clarify the meaning of the notion of professionalism. Having in mind the overall stability of social systems, Durkheim (2001, p. 205, 208) defines it as a form of moral community based on occupational membership. Indeed, when interpreted as a normative system of shared occupational values, professionalism appears as a socialized mechanism of occupational control (Evetts, 2003, pp. 397-398). It can be seen as a form of decentralized social control creating moral obligations that restrain competition and encourage cooperation within professional organizations.

In his comprehensive analysis of professional socialization, McClelland (1990, pp.107-108) speaks of two complementary processes: a "top-down" professionalization referring to the action of macrosocial forces that shape occupational group cultures, and a professionalization "from within", referring to the ability of occupational groups to make effective use of their own normative discourse. Only when occupational groups succeed in securing their right to regulate the professional activity of their members, only then professionalism can be requested from within. Professional values such as the ability to make autonomous decisions in client's interest or devoted service are socialized in the form of an organizational ideology. Conduct consistent with these normative values is the only socially legitimate way members of that organization can improve their status (Evetts, 2003, p.396).

The beneficiaries of care services are vulnerable persons. Even if only temporarily they come to depend on the good will of practitioners, hence the imperative character of the ethical professional codes that invariably call for professionalism. Professionalization implies the adoption of a system of values and ethical standards that regulate the relationship with the client.

Finally, I recall Schwartz's position regarding the normative meaning of the concept of value in general. He believes that primarily acquired through socialization but also formed as a result of unique learning experiences, value systems "guide social life, motivating action, functioning as standards for judging and justifying this action" (Schwartz, 1994, p. 21). Still, in care work, professional values are not so much related to respecting institutional norms and regulations as to a sincere adherence to altruistic values and professing of an ethic of care (Banks and Gallagher, 2009, p.154).

In the above conditions it is possible to formulate an operational definition of professional values: they are stable conceptions of what is desirable closely related to professional life and actively influencing occupational practice. That allows a comprehensive analysis of the axiological discourse in official documents related to care work in order to identify common values in care professions.

Methods

The aim was to identify professional values, as they are stated at a discursive level in official documents. Having in mind that professional values are implicit aspects of occupational group cultures, there are three types of official documents that can be considered expressions of professional culture (Bancroft 2004). First of all, there are deontological and professional ethics codes which state the ethical principles of the organization and its general standards of practice, secondly, there are codes of professional practice which contain mostly casuistic guidelines. There are also mixed documents, which can include both ethical declarations and professional conduct rules.

A purposeful sampling procedure was chosen according to the following criteria: the field of care work to which the organizational documents refer, the nature of the organization that issued them (professional association or institution) and the type of axiological discourse (deontological codes or codes of professional ethics). The final sample consisted of the following 6 documents.

The Framework Code of Ethics for Teaching Staff in Pre-university Education, published by Ministry of National Education in Romania in the Official Gazette no. 844, from 4.10.2018. (translation for Codul-cadru de Etică al Personalului Didactic din Învăţământul Preuniversitar, publicat de Ministerul Educaţiei Naţionale din România în Monitorul Oficial nr. 844, din 4.10.2018), coded CCEPDIP.

The Ethical Code of the Social Worker Profession, published online by the Romanian Association of Social Workers in 9.01.2019 (translation for Codul etic al profesiei de asistent social, publicat online de Asociaţia Asistenţilor Sociali din România la 9.01.2019), coded CEPAS.

The Code of Medical Deontology, published by the College of Physicians in Romania in the Official Gazette, Part I no. 981 from 07.12.2016 (translation for Codul de Deontologie Medicală, publicat de Colegiul Medicilor din România în Monitorul Oficial, Partea I nr. 981 din 07.12.2016), coded CDM.

The Deontological Code of the Psychologist Profession, published by the College of Psychologists in Romania in the Official Gazette no. 715, from 20.11.2013. (Adapted translation for Codul Deontologic al Profesiei de Psiholog cu Drept de Liberă Practică, Colegiul Psihologilor din România, publicat în Monitorul Oficial nr. 715, din 20.11.2013) coded CDPPDLP. Physiotherapist Code of Ethics and Professional Deontology, published by the Romanian College of Physiotherapists in the Official Gazette, Part I no. 793 from 17. 09. 2018 (translation for Cod de etică şi deontologie profesională a fizioterapeutului, publicat de Colegiul Fizioterapeuţilor din România în Monitorul Oficial, Partea I nr. 793 din 17.09. 2018) coded CEDPF.

The Code of Ethics and Deontology of the University of Bucharest, approved by the Academic Council and published online by University of Bucharest in 11.12.2020 (translation for Codul de etică şi deontologie al Universităţii din Bucureşti, aprobat în Consiliul Academic şi publicat online de Universitatea din Bucureşti la data de 11.12.2020) coded CEDUB.

The sample's structure is presented in Table 1.

Table 1: Sampled organizational documents

Document code	Field of professional practice	Issued by	
		Professional Association	Public Institution
CCEPDIP	Education		●
CEPAS	Social Work	●	
CDM	Medicine	●	
CDPPDLP	Psychotherapy and Counselling	●	
CEDPF	Physiotherapy	●	
CEDUB	Education		●

Source: own compilation

Having in mind that, unlike norms that always imply coercion, values are associated with social desirability, and using Marini's (2000, p. 2831) epistemological criteria, the manifest axiological discourse was first identified and isolated from normative statements, then deductively categorized in order to isolate core professional values.

Qualitative Content Analysis method as developed by Mayring (2002b, 2010, 2014,) was chosen. Once inductively identified using quantitative textual analysis of manifest content, categories were reformulated (only when necessary) based on the operational definition of professional values offered earlier, then brought again in connection with the text. Inclusive coding rules were elaborated in order to determine under what circumstances a text passage can be coded within an assigned axiological category. An example of coding operation is presented in Table 2.

Table 2: Example of coding process

Inductive category	Textual definition	Inclusive coding rule
social justice	*provocative discrimination and oppression* *respect for diversity* *equitable access to resources* *fighting unfair policies and practices* promoting human solidarity	at least one aspect of the definition is present in organizational document

Source: own representation

Finally, categories were deductively applied being systematically assigned to textual passages constantly checking for reliability and validity (Mayring, 2002b, pp.141-142). When looking for consensual ways in conceptualizing common values, contextual information was considered latent content (Mayring, 2010, p. 226). As an end result, themes emerged on the basis of confirmed conceptual proximity.

Results and Discussion

Professionalism appears as an umbrella concept that brings together aspects related to occupational competence, but also matters of ethical nature, regarding the highly regulated conduct of the practitioner. It is used in association with the following terms: specific competence, concern for professional development, but also with integrity or professional distance. All documents insist on the importance of avoiding conflicts of interest, guiding the practitioner on the concrete steps to be taken for this purpose.

The analyzed documents use deontological terms inspired both from various ethics of duty, and from contemporary human rights discourse. Four main themes were identified: the provision of competent care, the commitment to preserve human dignity, respect for the client as a human person and practitioner's integrity. In Table 3 content categories are presented as they appear organized by conceptual proximity.

Table 3: Categories of axiological discourse

Theme	Conceptual Category	Document
Provision of competent care	continuous professional development	CDM, CEPAS, CCEPDIP
	compliance with work protocols	CCEPDIP, CDM,
	prudence in intervention	CDM, CDPPDLP,
	professionalism	CDM, CCEPDIP, CDPPDLP, CEPAS, CEDPF, CEDUB
	self-esteem of the practitioner	CDM, CCEPDIP, CDPPDLP, CEPAS, CEDPF, CEDUB
	responsibility	CDM, CCEPDIP, CDPPDLP, CEPAS, CEDPF, CEDUB
	communicating the conditions of intervention	CDM, CEDPF
	limits of professional role	CCEPDIP, CDPPDLP, CEDPF, CDM
	developing relational competence	CCEPDIP, CDPPDLP, CEDPF
	developing communicational skills	CCEPDIP, CDPPDLP, CEDUB
	maintaining professional distance	CDPPDLP, CDM, CEDPF
Commitment to preserve human dignity	protection of human rights	CEPAS, CCEPDIP, CDM, CDPPDLP
	caring for communities' needs	CEPAS, CCEPDIP, CEDUB
	recognizing client's autonomy	CDM, CDPPDLP,
	social justice	CEPAS, CCEPDIP, CEDUB
	respect for communities	CEPAS, CCEPDIP, CEDUB
	recognizing the inherent dignity of human persons	CEPAS, CDM, CDPPDLP,
Respect for the client as a human person	respecting client's privacy	CEDPF, CDPPDLP, CDM
	assuming a nondiscriminatory attitude	CCEPDIP, CEPAS, CEDUB,
	managing client's sensitivities	CDM, CDPPDLP
	securing client's private information	CDM, CDPPDLP
	promoting equity in professional practice	CCEPDIP, CEPAS
	respect for the autonomy of vulnerable clients/beneficiaries	CEPAS, CDM, CDPPDLP
Practitioner's integrity	assuming or declining competence	CDM, CEDPF
	confidentiality	CDM, CDPPDLP, CEDPF
	impartiality	CCEPDIP, CEPAS, CEDUB,
	professionalism	CDM, CCEPDIP, CDPPDLP, CEPAS, CEDPF, CEDUB
	honesty	CDPPDLP, CCEPDIP, CEDUB
	communicating the limits of the intervention	CDPPDLP, CDM
	avoiding conflicts of interest	CCEPDIP, CDM,
	decisional transparency	CCEPDIP, CEPAS, CDM,

Source: own representation

First theme, provision of competent care, refers both to maintaining and upgrading service quality standards and carefully observing ethical requirements. From an organizational point of view, service quality directly depends on three aspects: compliance with work protocols, continuous professional development and developing relational competence. Upholding the limits of professional role and maintaining professional distance are associated with the ethical issues of relational responsibility.

Second theme, preserving human dignity, appears as a core professional value stated in all the organizational documents. Recognizing the inestimable, intrinsic value of human being is unanimously considered to be the moral principle that should guide professional practice in all circumstances. It implies both respect for human rights and recognizing the inherent dignity of human person, and determination in caring for the needs of communities whilst promoting social justice. Recognizing client's autonomy and respecting his freedom of choice is a particularly important issue.

Third theme, respect for the client as a human person mostly refers to voluntary refraining from premeditate discrimination whilst recognizing and actually promoting the fundamental human rights of the beneficiaries regardless of their condition or age. It appears as the predilect subject of imperative requirements such as the unconditional protection of human rights, integrity in the relationship with beneficiaries, professional competence, responsibility and prudence. In medical profession it is also about respecting the private character of the beneficiary's identity indicators such as his/her public image, genetic data, etc.

The client must be considered from the start as a being whose capacity for self-determination remains inalienable, regardless of the situation. The stated concern for the well-being of the beneficiaries and for preserving their decision-making autonomy justifies those requirements.

Forth theme, practitioner's integrity, has two conceptual meanings. First it exists as a set of requirements referring to the relational nature of the occupational practice. The practitioner is expected to assume or decline his competence depending on the situation, to respect informational confidentiality, to act impartial or to honestly communicate from the start the limits of the intervention. In Psychotherapy, Counselling or Medicine the voluntary restriction of access to client's personal information and the securing of absolutely indispensable personal data is of paramount importance.

Secondly, professional integrity has an organizational dimension referring both to promoting the self-esteem of the practitioner whilst avoiding conflicts of interest, and the necessity to ensure decisional transparency.

When expressing the mentioned themes, all organizational documents use classical deontological language inspired by the ethics of duty (Beauchamp and Childress, 2013, p. 312). Care work remains an occupation which, although remunerated and normatively regulated, still requires empathy, compassion, and even selfless devotion (Banks, 2001, p. 99, McAuliffe p.45). In analyzed documents the genuine concern for the well-being of the beneficiaries seems to be more of a "quite" vocational dimension. For example, altruism defined as an orientation towards the recognition and fulfillment

of the needs of others, is not present as a recommendation of good practice in social work. The Ethical Code of the Social Worker Profession (CEPAS) proclaims six core professional values: social justice, service, dignity of the human person, the importance of human relationships, integrity and competence.

Conclusions

While formulating their own specific occupational standards, it can be said that professional groups in the field of care work have a common way of understanding widely used axiological concepts, which appear explicitly formulated in organizational documents: preserving human dignity, practitioner's integrity, respect for the client as a human person, and the provision of competent care.

They appear as deontological requirements that express the uniqueness of this professions. Organizational documents are invariably based on statements of commitment to these shared values that justify their purpose and help to explain the formulated requirements of professional conduct.

Care work remains an occupation which, although remunerated and normatively regulated, still requires empathy, compassion, and even selfless devotion. The genuine concern for the well-being of the beneficiaries seems to be more of a "quite" vocational dimension.

Considering that the identity of many of these occupational groups is still in debate, the current analysis of their organizational documents from an axiological perspective confirms the generally accepted taxonomy.

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References

Abbott, P., Meerabeau L. (1998), Professionalization and the Caring Professions, In P. Abbot, L. Mirabeau (Eds), *The Sociology of Caring Professions*, UCL Press, Philadelphia, pp.1-20.

Banks, S., (2001), *Ethics and Values in social work*, BASW/Macmillan, London.

Banks, S., Gallagher A., (2009), *Ethics in Professional Life: Virtues for Health and Social Care*, Red Globe Press, London.

Bardi, A., Schwartz S. H., (2003), Values and Behavior: Strength and Structure of Relations, *Personality and Social Psychology Bulletin* 29 (10), 1207-1220. https://psycnet.apa.org/doi/10.1177/0146167203254602

Beauchamp, T. L., Childress J. F., (2013), *Principles of Biomedical Ethics*, Oxford University Press, New York.

Cuthbert, S., Quallington, J., (2017)*, Values and Ethics for Care Practice,* Lantern Publishing Limited, London

Durkheim, E., (2001), *Diviziunea muncii sociale*, Albatros, Bucureşti.

Eriksen, K., (1977), *Human Services Today*, Reston Publishing, Virginia.

Evetts, J. (2003), The Sociological Analysis of Professionalism Occupational Change in the Modern World, *International Sociology* 18, (2), 395-415. https://doi.org/10.1177/0268580903018002005

Freidson, E., (1994), *Professionalism Reborn: Theory, Prophecy and Policy,* Polity, Cambridge

Hasenfeld, Y. (2010), The Attributes of Human Service Organizations, In Y. Hasenfeld (Ed.), *Human Services as Complex Organizations*, Sage Publications Ltd., Washington DC, pp. 9-32.

Hitlin, S., (2011), Values, personal identity, and the moral self. In S. J. Schwartz, K. Luyckx, V. L. Vignoles (Eds.), *Handbook of identity theory and research* Springer Science + Business Media, pp. 515–529. https://doi.org/10.1007/978-1-4419-7988-9_20

Hugman, R., (2005), *New Approaches in Ethics for the Caring Professions*, Palgrave Macmillan, Basingstoke.

Inglehart, R., (1977), *The Silent Revolution: Changing values and political styles among Western publics*, Princeton University Press, Princeton.

Kluckhohn, C., (1951), Values and value orientations in the theory of action, in T. Parsons, E.A. Shils, (Eds), *Toward a General Theory of Action*, Harper, New York, pp. 388 – 433.

Konty, M., Dunham C. (1997), Differences in value and attitude change over the life course, *Sociological Spectrum* 17 (2), 177-197.

Maio, G. R., Olson J. M. (2011), *Value-Attitude-Behavior Relations: The Moderating Role of Attitude Functions*, British Journal of Social Psychology 33(3), 301-312. https://doi.org/10.1016/j.sbspro.2011.10.195

Marini M. M. (2000), *Social values and norms,* In E. F. Borgatta, R. J. V. Montgomery (Eds.) *Encyclopedia of sociology*, Volume 1, Macmillan Reference, pp. 2828-2840.

Mayring, P. (2002b), Qualitative content analysis - research instrument or mode of interpretation? In M. Kiegelmann (Ed.), *The role of the researcher in qualitative psychology,* Verlag Ingeborg Huber, Tübingen, pp. 139 – 148.

Mayring, P., (2010), Design, In G. Mey and K. Mruck (Eds.), Handbuch qualitative Forschung in der Psychologie VS Verlag für Sozialwissenschaften, Wiesbaden, pp. 225 – 237).

Mayring, P., (2014), *Qualitative content analysis: theoretical foundation, basic procedures and software solution*, Klagenfurt https://nbn-resolving.org/urn:nbn:de:0168-ssoar-395173

McAuliffe, D., (2014), *Interprofessional Ethics: Collaboration in the Social, Health and Human Services,* Cambridge University Press, Cambridge.

McClelland, C. E. (1990), Escape from Freedom? Reflections on German Professionalization 1870–1933", In R. Torstendahl, M. Burrage (Eds.), *The Formation of Professions: Knowledge, State and Strategy*, Sage, London, pp. 97-113.

Pusztai, G., Csók, C. (2020), Ambivalence of Professional Socialization in Social and Educational Professions, *Social Sciences* 9, 147. https://doi.org/10.3390/socsci9080147

Rokeach M., (1973), *The Nature of Human Values*, Free Press, New York.

Schwartz, S. H., (1994), Are there universal aspects in the content and structure of values? *Journal of Social Issues* 50 (4),19-45. https://psycnet.apa.org/doi/10.1111/j.1540-4560.1994.tb01196.x

Zins, C. (2001), Defining Human Services, *The Journal of Sociology & Social Welfare*: Vol. 28 (1), 2001, 3-21 https://scholarworks.wmich.edu/jssw/vol28/iss1/2.