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PROFESSIONALISM AND RUSSIAN INTELLIGENTIA: WESTERN AND RUSSIAN APPROACHES

Abstract: This paper will centre on the study of Russian intelligentsia illustrated by the example of medical profession. The study of Russian intelligentsia, primarily Russian doctors, will be examined in more detail. In this frame, we shall present some findings on the comparative aspects of the Russian intelligentsia and Anglo-American professionals. We shall provide a brief review of theoretical studies of intelligentsia. Then, we shall describe the process of the dynamics of the social status of the Russian medical profession seen as a part of the intelligentsia stratum, and centre on its specific features in comparison to Anglo-American professions.

Key words: study of Russian intelligentsia, medical profession, social status of the Russian medical profession, Russian intelligentsia and Anglo-American professionals

Introduction

The sociology of professions has exceeded the limits of the Anglo-American context and started spreading over Europe since the 1970s and 1980s. Until then, 'continental' scholars had not found the professions to be worthy subjects of investigation, as they could hardly understand or translate the concept. Russian scholars became interested in the research findings of the Anglo-American sociology of professions even later, at the end of 1990s as a result of political and economic reforms (Mansurov, Yurchenko 2005). Western theories of professions and professionalism had limited relevance to Russia in the Soviet period because, as a socialist state, it operated closer to a state centrist or command economy model without a legally defined professional monopolies (Lane 1985). However, with a major political change away from socialism over the past decade and a half, Russian society has become more market-oriented, with increasing moves to build professional enclaves.

The first critical question that was raised by 'continental' European and Russian researchers was whether it was correct that the 'attributes' of professionals and professionalism were decided on the basis how the concept has been used in the English language. The French *professions liberales* (and still more *cadres*) were something different, and so were the *Akademiker* in Germany and Sweden (Torstendal 1990: 52). This is to say nothing about

Eastern European and Russian *intelligentsia* (Mansurov *et al.* 2004). Thus, social scientists asked the question whether it was reasonable to take linguistic usages as the starting-point for social theory. For example, the concept 'profession' in Russian sociology, and in the Russian language, is associated with all crafts and skilled occupations. Both a truck driver and a doctor would consider their activities as 'professions'. This term has never had a parallel connotation to that of Britain and the United States, in which a group possessing it can define a boundary between itself and the outside world. However, the object of study in both lines of investigation – the Anglo-American sociology of professions and Russian studies of professional groups of *intelligentsia* – are practitioners of knowledge-based occupations, which require higher education and prolonged vocational training.

The methodologies used and the research experience of Russian and Western scholars differ. Within the Soviet Union, sociologists were mostly preoccupied with the study of work characteristics of the *intelligentsia*: the creativity of work, its difficulty, and the special socio-cultural mission of intellectuals. Research was focused on practitioners' values and their work motivation. Two important dimensions of intellectuals' social standing have been omitted from sociological attention: first, the scope of professionals' autonomy and their economic position and, second, their position within the power structure. Recently, Russian sociologists have begun to make up the lack of research on practitioners' labour and life conditions – that is, on their economic status (Manning *et al.* 2000). There have also been recent studies on professionals' autonomy – defined in terms of their ability to make decisions without external pressure from those who are not members of the profession (see, for example, Mansurov & Yurchenko 2005).

Within the classic Anglo-American theories of professions, professionals are studied primarily as corporate actors, who have acquired privileges and a more or less independent social position (Saks 2003). The social standing of professionals has been analysed from various theoretical and methodological positions. At an early stage, trait and functionalist approaches were the most popular. They regarded professional groups as different from other occupations, playing an important and positive part in society. The attacks of interactionists on this glossy view of professions paved the way for the development of the more critical structurally based neo-Marxist and neo-Weberian analyses, centred on the relations of production and the market respectively (Saks 1983, 2003). The ascendancy of the latter – with its focus on monopolies based on exclusionary social closure – has recently been complemented by the work of Foucauldian and other writers (see, for example, Saks 1999).

This paper will centre on the study of Russian *intelligentsia* illustrated by the example of medical profession. We shall not review Anglo-American theoretical material exhaustively – the nature and role of professions and professionalism in the Anglo-American context have already been widely discussed. The analysis of recurring themes can be seen, for example, in Larson (1977), Burrage *et al.* (1990), Macdonald (1995), Freidson (2001), Saks (2003). The study of Russian *intelligentsia*, primarily Russian doctors, will be examined in more detail. In the paper, we shall follow the Anglo-American interpretation of the terms 'profession' and 'occupation', in order to prevent theoretical confusion¹. In this frame, we shall present

¹ An occupation will be viewed as 'the social role performed by adult members of society that directly and/or indirectly yields social and financial consequences and that constitutes a major force in

some findings on the comparative aspects of the Russian intelligentsia and Anglo-American professionals. We shall provide a brief review of theoretical studies of intelligentsia. Then, we shall describe the process of the dynamics of the social status of the Russian medical profession seen as a part of the intelligentsia stratum, and centre on its specific features in comparison to Anglo-American professions.

The nature of the intelligentsia: definitions

A number of different notions of the intelligentsia can be identified in the Russian and European social science literature (Mansurov *et al.* 2004). The Polish sociologist Szczepanski (1961) collected about 60 different definitions and interpretations of the term 'intelligentsia'. Having analysed them, he came to the conclusion that definitions within various theoretical traditions took three forms. The first was a theoretical approach centred on the role of intelligentsia as critical and creative intellectuals who develop and protect the highest ideals of Truth, Good, Beauty and Justice. Thus intellectuals were a specific elite group who played a role in generating cultural capital, that is, societal morals and values (Bourdieu 1990). They also acted as social critics. In Europe generally, intellectuals have seen themselves in this way. The second was the approach that centred on the relationships between the intelligentsia and the state. The intelligentsia was generally viewed as in opposition to the state. It criticised the political elite and had a major influence on the rest of society in popularising ideas, challenging conventional views and creating alternative ideologies and myths. The third type of definition considered the intelligentsia as a special social stratum of intellectual workers, requiring higher or secondary education. It was seen to play a decisive role in the development of culture.

In Soviet Russia, definitions of the intelligentsia were mostly of the third type. One of the definitions with a high quotation index was the following: 'The intelligentsia is a special, big, social, multinational group of workers in knowledge-based occupations of the highest qualification requiring special secondary or higher education' (Janovsky 1986: 19).

The characteristics of the special cultural mission of the intelligentsia have been built into many definitions used by scholars in the Soviet and post-Soviet period. For example the *Big Soviet Encyclopaedia* (1972: 311) said: 'The intelligentsia is a social layer of people, engaged in professional intellectual work, mostly difficult and creative, in the development and dissemination of culture'. In the Soviet period, this special cultural mission of the intelligentsia was reduced to the dissemination of Marxist dogmas and state resolutions. In post-Soviet times, Russian social scientists have breathed new life into the study of the cultural mission of the intelligentsia. They have touched upon the problems of the 'hidden' opposition between some representatives of the Soviet intelligentsia and the state (Shlapentokh 1990; Radaev & Shkaratan 1992) and the role that the intelligentsia can play in Russia's cultural and economic 'renaissance' (see, amongst others, Glazov 1985).

Mansurov & Semenova (2001) write that the most important characteristic of that special category of occupations called the intelligentsia has been the control of a particular body

the life of an adult' (Hall 1983). Professions will be seen as 'knowledge-based occupations requiring higher specialized education' (Torstendal 1990).

of knowledge and its application. This approach differentiates between the social characteristics and the cultural functions of the intelligentsia. The authors suggest excluding from the definition of the intelligentsia its special cultural mission. For example, they comment that not all intellectual workers realise this and when they do, it can be singled out as a separate subject of their research. Thus, the definition of the intelligentsia can be limited to the 'knowledge-based professions, requiring higher and special secondary education'.

A Review of Studies of the Intelligentsia: Theoretical Issues

The main theoretical approach to the intelligentsia within the Russian sociology of occupations has focused to a large extent on the social-psychological or 'personality-oriented' approach. This has become the most popular strand in the study of intellectuals. From the 1960s to the present, social scientists have chosen to study individual professional practitioners and their particular value orientation as the object of the research. This has been at variance with the interests of Western scholars, who have mainly concentrated on the professions as corporate entities or the social standing of the professions. Within the Anglo-American sociology of professions, ethnographical studies of individual professional actors and profession/client interactions remained outside the mainstream research.

Soviet research within this theoretical tradition has been rich in drawing a social portrait of the various professional groups that form the intelligentsia. Thus data on such issues as average age, gender, level of education, work motivation, style of life, leisure time activities have been collected. (see, amongst others, Ianovsky 1986). Research tends to be descriptive rather than analytical. Many papers have centred on:

- the inner-growth and self-realisation of intellectual workers;
- creativity and social attitudes;
- the impact of various types of activity, such as science and medical practice on personality of a medical practitioner.

The connection between the technological advancement of society and the level of qualification of intellectual workers has been analysed within a 'work-oriented approach'. Intelligentsia studies in the frameworks of this approach have been limited to such areas as (see, amongst others, Korableva 1999):

- societal analyses of the influence of technical and technological factors on the formation of the Soviet intellectual;
- the formation of the social homogeneity of Soviet society through the obliteration of the boundaries between the intelligentsia and working class.
- problems in the recruitment of the intelligentsia from workers and the peasantry, as well as the similarities in the work activities of manual and intellectual workers ('worker-intellectuals').

Thus, at the macro-level of analysis, a 'work-oriented' approach has broadly followed the Marxist theoretical tradition and dealt with the state and profession relations from this perspective. A pivotal issue has been how far the realisation of state interests by intelligentsia meets the needs of Soviet society. The late 1980s, though, were marked by a switch from the

Marxist view on the society-profession relations towards functionalist theory (Korableva 1999). Professional groups were considered to be functionally relevant to the development of the social system. Professional occupations could, in the eyes of functionalist and former Marxist writers, secure a unity between the personality and the state and thus satisfy state and society needs. This ideology in the context of studies of the intelligentsia has had the most impact on the development of the 'stratification approach'. The former Soviet Union was proclaimed a society with a horizontal hierarchy. In contrast, Western scholars from various theoretical approaches have written about the 'extraordinary' resources of the professions, which turn professions into 'monopoly' in the market (see Saks 2003). Thus scarce cognitive resources open up for professionals different opportunities in the dimensions of power, economic status and prestige, and cultural resources. Such resources may be seen as intrinsic aspects of Western professionalism.

At the same time, Soviet sociologists could speak only about the unequal resources of various work activities, including the difficulty of work, the required level of responsibility, and the level of creativity required. Meanwhile, differences in the spectrum of workers' social-economic remuneration were not a subject of discussion. If this question was touched upon in the Soviet sociological literature, it was done in a functionalist manner – that is, there was 'better remuneration for the best'. Two important dimensions of the social standing of intellectuals were omitted from the attention of social scientists: the scope of professional autonomy and power, and the economic resources of professional groups.

The hierarchical relations between the state and professional groups were not analysed. The political elite based on state administrative personnel were excluded from the analysis of stratification on the principle that this was the part of the intelligentsia that had the highest qualifications, and carried out the most difficult and responsible work tasks (Ianovsky 1986). As Radaev & Shkaratan (1992) comment: 'Even in the best social science research, stratification power relations was practically ignored. Survey polls included people, whose ranks were not higher than plant directors, chairmen of collective farms and provincial administrative personnel of minor importance'.

As far as economic remuneration was concerned, the estimate of the economic situation of professional groups on the basis of official statistics has been almost impossible. The system of 'social-branch' privileges inherent in state-monopolistic socialism was not a subject for analysis. It was considered politically incorrect to draw public attention to the attendant privileges of the political elite, such as the additional apartments, the departmental sanatoriums, the preventoriums, the swimming pools, the kindergarten, and the pioneer camps.

Professionals in most European and North American countries have managed to transform their work into a 'status' profession. Weber argued that status communities are organised for the defence of their social privileges and entitlements. Status groups depend crucially upon the maintenance of a life style, and they seek to reproduce themselves through educational mechanisms, in order to prevent the upward social mobility of outsiders. Post-Soviet research has showed that the Soviet political elite 'fitted' well with the Weberian theory (Shlapentokh 1990).

On the whole, studies of professional occupations in Russia and in the Anglo-American context differ from various points of view. These include:

- the emphasis of the research (individual professionals vs. professional entities);

- the scope of the research done (various Western methodological approaches vs. a lack of variety in Russian research);
- interpretations of the functions and role of the professionals (as rather passive workers in Russia, realising the state's will vs. active corporate actors in the West, regulating market conditions in their favour).

The State and the Professions: The Establishment of the Soviet Intelligentsia

In Russia, as in other advanced industrial societies, medicine, law, and science are expert occupations. Students undergo a long training in specialised university faculties, and have been considered as part of the intelligentsia – an educated human resource within society. However, in Russia, expert occupations have been, and remain, subordinate to the state and have only at the margins been subject to market forces (Allsop, Mansourov & Saks 1999). In a study of professions/state relations in Britain, the United States and Germany, Moran (1999) argues that, historically, the professions have been differently affected by the state and the market. In Russia, the intelligentsia was at the extreme pole with extensive state control. Thus, its social structure and stratification system was different from that in many other countries.

In the latter quarter of the nineteenth century, these differences were not so marked as self-governing professional associations were widespread in Russia. However, as Field (1957) notes, the corporate identity and the professional solidarity of the traditional professionals, such as doctors, lawyers and college professors, was seen as a dangerous source of opposition to the new Soviet State. In 1917 the new political elite therefore felt the need to deprive traditional professions of their privileged status and the professional associations were officially dissolved.

Medical practitioners: from 'professional' to 'state' dominance

The main strategy adopted to subordinate the intellectual elite, including medical profession, was the mass production of professionals. On the one hand, the country suffered from severe epidemics and there was a demand for qualified medical assistance. On the other hand, the policy of mass production of intellectuals was adopted to 'wipe out' professional group identities and to substitute oppositional professionals with loyal ones (Volkov 1999). As a result, the Soviet Union produced more professionals such as doctors, engineers and scientific workers than any other industrial country, although the level of professional remuneration was lower than that in such countries. At the end of 1980s, the social layer of professionals or specialists, as they were termed, included 37 million specialists, of which 16 million had higher educational qualifications (Volkov 1999). Since 1926, the number of professionals has increased more than ten-fold. Before the Revolution, only 3 million people were engaged in the sphere of intellectual work (Volkov 1999).

As far as the production of doctors is concerned, there has been a much higher ratio of Soviet physicians to population than elsewhere. The speed of production of physicians

increased dramatically after the Bolshevik Revolution from 22.000 in 1917 to 63.162 in 1928 (Hyde 1974). On average, during the Soviet period, the number of doctors was 45 per 10.000, which was twice the number compared to health systems in the United Kingdom and the United States (Field 1957). Physicians also tended to be used for a wider range of tasks, many of which would be carried out by less qualified health care workers in other countries. They typically had a relatively low status, earning about 70% of the average income nationally – very different from much of the rest of the developed world (Davies 1989; Allsop *et al.* 1999).

The Soviet Government monopolised control over the entry of professional groups and aimed to achieve a rapid growth of doctors. The rapid, and to some extent artificial, growth of physicians, had an irretrievable impact on their social standing. Higher education and knowledge-based professions have been discredited by the fact that in their number were included some manual occupations. The political elite had managed to abolish professions as corporate entities. The elite social standing of professionals, the development of a specific professional culture and ethics were destroyed. Moreover, traditional professionals, such as doctors and lawyers lost their main differentiating advantage: the possession of a specialised symbolic knowledge. Many Soviet citizens formally possessed higher educational qualifications and cultural capital, but many lacked the broader cultural background and aspirations associated with ‘an intelligentsia’ (Read 1990).

Aside from state control, there have been other features of the Soviet physicians that have set them apart (see, amongst others, Pipes 1961). One factor is the ‘feminisation’ of medical profession. This became one of the most particular features of the Soviet medical profession and was connected in part with state politics – insofar as there was a drive towards equal rights for all (Harden 2001). A much higher proportion of professionals has been female than in other advanced industrial countries. In 1917, 17% of doctors were women, yet by 1940 61% were women. From the 1950s the figure fluctuated around 65-70%, whereas, for example, in Britain, only 29% of doctors are women (Crompton and Harris 1998). Another priority for the former Soviet Union was national politics. The ‘nationalisation’ of the intelligentsia drew non-Russians within the Union into intellectual work. The very low entry prerequisites for some nationalities among the non-Russian population had political advantages. It provided the possibility for the rapid growth of medical workers from other Russian Soviet Republics.

The increased numbers of intellectuals led to a relative depreciation of their competence and knowledge. In the same way that different titles and honorific rewards lose their value when the number possessing them grows, there has been an inverse relationship between the social standing of the intelligentsia in terms of prestige and income, and its size. Intellectual labour depreciated in value immediately after the Bolshevik Revolution (see Mansurov *et al.* 2004). Already in the 1920s, the average income of a ‘rank-and-file’ physician had become either equal to, or lower than, a worker’s salary. In the 1980s, the quality of life of intellectual workers was lower than that of manual workers. The salaries of the majority of teachers, doctors and scientific workers were 3 to 4 times lower than that of manual workers. The pre-revolutionary social hierarchy was therefore turned upside-down. It has been argued that over the period, the relative socio-economic situation of the intellectual layer worsened by a factor of 10 (Volkov 1999).

Status inconsistency of the social position of Soviet doctors

It can be suggested that Soviet doctors were characterised by the inconsistency of social standing, understood as the degree of relationship (coordination) between the dimensions of social standing such as 'cultural', 'economic' and 'political' (Lenski 1961). For example, Anglo-American medical professionals have had a consistently high social standing throughout the twentieth century (Freidson 1994; 2001), while Soviet doctors had an inconsistent social standing: a high position in terms of cultural resources and a lower position in the power and economic hierarchy.

As has been highlighted, Soviet doctors lost their power in economic and political dimensions. They no longer exercised the right to determine their remuneration and to make independent policy decisions as the legitimate experts on health matters (Elston 1991: 61). As regards to their 'clinical' or 'technical autonomy', physicians lost control over the criteria for entrance into the profession when government quotas for medical school places were introduced. And their ability to change the curriculum of higher medical institutions was also constrained by the limits of state finance. However, the doctors still exercised some control over the organisation of medicine and terms of work (Davis 1989: 287). The profession reserved the right to set its own standards and control clinical performance, exercised, for example, through clinical freedom at the bedside, professional control over training and collegial control over discipline and malpractice (Freidson 1994). The state determined the level of overall resources devoted to socialised medical care, leaving the profession largely free to determine the use of these resources, under the rubric of clinical autonomy (Klein 1983: 57).

As Elston argues, 'salaried status and state intervention are not incompatible with a high level of some aspects of professional autonomy and dominance' (Elston 1991: 66). It is an empirical question how far a change in one type of control has implications for power over other aspects or at other levels. It can be suggested that Soviet doctors maintained medical authority over health users and paramedics through the giving of commands. Thus, Soviet doctors were accorded prestige as intellectuals (Mansurov and Semenova 2001). Intellectual professions were still considered as forming cultural elite. Most school graduates aspired to become doctors, scientific workers, physicists or engineers. Intellectual occupations enjoyed greater prestige than did manual ones in the Soviet society, as it was in the West (Hayward and Labeledz 1963).

Thus, a decline in some types of medical power did not necessarily result in the 'deprofessionalisation' of Soviet medical profession. It would not be justified to apply to the Soviet reality the model of 'deprofessionalisation' suggested by Illich which referred to a radical democratisation of knowledge and skills leading towards the elimination of a separate skilled cadre of healers (Illich 1976). Johnson's model which referred to a diminution in collegiate control over medical work in favour of greater mediation by third parties (Johnson 1972) is only partly applicable to Soviet physicians. The applicability of Haug's model of deprofessionalisation is also contentious, as she stressed changes in the relationships between doctors and their patients which led to a decline in the cultural authority of medicine and in the extent of its monopoly over health-related knowledge (Haug 1975). However, no direct evidence was presented by Haug on the trends of demystification and routinisation of medical procedures in industrialised countries, rendering them more amenable to lay scrutiny (Elston 1991: 64).

The elimination of the privileged position of physicians within the health division of labour occurred with the implementation of the Soviet power. However, the diminishing medical power cannot be regarded as ‘deprofessionalisation’, as Soviet physicians preserved high prestige, and therefore acquired some cultural and clinical autonomy.

Figure 1 below shows differences between Western Professionals and Russian Intelligentsia in tabular form (Mansurov *et al.* 2004):

Figure 1: Comparison of the Social Standing of the Russian Intelligentsia and Anglo-American Professionals

Intelligentsia	Professionals
An open group of mass professions with ‘permeable boundaries’ and comparatively low entry prerequisites.	A rather closed restricted group of eligibles, regulating market conditions in their favour (in the USA) or protected by the state (in the UK), with strict prerequisites for entry.
Status inconsistency: high prestige, low income and autonomy, as an intellectual group.	Relative status consistency: high prestige, income, with relatively high autonomy. ²
Equal economic remuneration with manual occupations.	Among the highest of the society in terms of income rung.
The status of the intelligentsia implies broader than just professional functions. It has a special cultural mission, involving the dissemination of culture and knowledge.	A narrow technical function in relation to a specific area of knowledge – albeit in ways defined by professions themselves.
Built within the state: subject to considerable state control.	Shared regulation with the state.
Trade unions protect professionals’ rights.	Professional associations are dominant in dealing with professional issues.
A high proportion of women.	A low proportion of women.

Medical profession in the current health care reforms:
transition from intelligentsia to professionals?

Future health care reforms may lead to professionalisation of Russian medical practitioners – insofar as they may enhance the scope of their power, economic or cultural resources in the market or in the state sector. The recent research findings indicate that Russian doctors today still possess more attributes of former Soviet intelligentsia than Western professionals (Allsop *et al.* 1999, Mansurov *et al.* 2001, Mansurov & Yurchenko 2005). There have been important historical differences in the development of professional groups and the ways of escalation of their social standing in the Anglo-American and Russian context. However, professionals are similar in that they have exclusive access to scarce cognitive resources

² Recently in the USA this has been curbed by insurance associations and health maintenance organisations, through government resource constraints.

which they can sometimes translate into economic and social rewards. Some Russian private orthodox doctors and alternative medical practitioners have already been able to exploit market scarcity (Yurchenko 2004).

It may be argued that if Russian doctors exercise a larger influence within the health care sector, the medical profession as a group and patients in general may benefit from it. Most medical practitioners have been discontented with their inability to influence decision-making in health care (Allsop *et al.* 1999, Mansurov *et al.* 2001). Some of them have become disillusioned with their profession and, particularly, with their work in the state health care sector, where doctors have had the least professional discretion. The work motivation of Russian medical practitioners could increase, if they obtained the right to determine their remuneration and to exercise greater discretion in work practice for example, the right to set their own standards and to control working conditions and clinical performance and to have greater clinical freedom at the bedside (Yurchenko 2004).

When doctors are satisfied with their remuneration and working conditions, their decision-making is more likely to be in the interests of their patients and wider public. Thus, for example, clinical autonomy of medical practitioners may result in changes in the system of rationing of patient attendances. Now, many doctors believe that Ministry of Health guidelines that prescribe the number of visits often do not correspond with patient demand or with the capacity of professionals to provide health care. Patients may also benefit from the increased income of medical practitioners, as they will not have to pay them on an informal and unofficial basis. To date, these direct payments have become one of the major strategies for survival among medical practitioners and one of the major obstacles for patients in obtaining qualified medical assistance (Shishkin 2003).

Some distinguished doctors, leaders of All-Russian professional associations, wish to acquire the right to participate in making policy decisions as the legitimate experts on health matters. If the state grants them an opportunity to share in the work of the Ministry of Health and Social Development and/or the Compulsory Medical Insurance Fund, they, for example, may improve the overall manpower policy in the health care sector. The Ministry of Health proclaimed that in the forthcoming reforms, half of the medical practitioners employed in the state sector will be dismissed (Mustaphina 2004). Many doctors disagree with this labour force politics. Representatives of the Russian Medical Associations argue that decisions on mass dismissals of doctors should be reconsidered, and that the issue of an overcrowded profession may be solved through tighter control over entry into profession, which would reduce the numbers of unsatisfactory entrants.

Thus, it may be argued that a larger participation of Russian medical practitioners in decision-making procedures may be considered advantageous to the profession and the wider public. Whereas favourable terms for cooperation between professional associations and the state can be created only through an improvement in the financial position of Russian doctors. The most important problem that is unresolved is the poor economic conditions of medical practitioners, which prevent them from enhancing their professionalism.

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ПРОФЕСИОНАЛИЗАМ И РУСКА ИНТЕЛИГЕНЦИЈА: ЗАПАДНИ И РУСКИ ПРИСТУП

Резиме

У овом раду фокусирали смо се на проучавање статуса руске интелигенције и то на примеру лекарске струке. Проучавање положаја руске интелигенције, пре свега руских лекара, извршено је детаљно. После кратког прегледа теоријских истраживања у вези са статусом интелигенције, описали смо динамични процес социјалног статуса руске лекарске професије виђене као део слоја интелигенције, и концентрисали се на његове специфичне карактеристике у односу на англо-америчку професију.

На основу нашег истраживања може се рећи да би повећање утицаја руских лекара на сектор здравствене заштите било корисно како медицинској струци тако и пацијентима у целини. Већина медицинских стручњака је незадовољна због немогућности да утиче на доношење одлука у здравственој заштити (Allsop et al. 1999, Mansurov et al., 2001). Неки од њих су разочарани својом професијом, а посебно радом у државном сектору здравствене заштите, где су лекари имали најмању професионалну дискрецију. Мотивација за рад руских лекара могла би се повећати, ако би они добили право да одреде своју плату и да остваре већу дискрецију у раду у пракси, на пример, право да поставе своје сопствене стандарде за контролу услова рада и клиничких перформанси и да имају већу клиничку слободу у `постељи` (Yurchenko 2004).

Када су лекари задовољни својим платама и условима рада, више је вероватно да ће доносити одлуке у интересу својих пацијената, као и шире јавности. Тако, на пример, клиничка аутономија лекара може да доведе до промена у систему рационализације примања пацијента. Сада многи лекари верују да се смернице дате од стране Министарства здравља које прописују број посета често не подудару са захтевима пацијената или са капацитетом пружања здравствене неге. Пацијенти такође могу имати користи од повећања плата лекара, јер неће морати да их плаћају на неформалним и незваничним основама. Ова директна плаћања су данас постала један од главних начина преживљавања међу лекарима а пацијентима једна од главних препрека у добијању квалификоване медицинске помоћи (Shishkin 2003).

Неки истакнути лекари, челници сверуских професионалних удружења, као легитимни стручњаци за здравствена питања желе да стекну право учешћа у доношењу политичке одлуке, што би довело до побољшања у сектору здравствене заштите.

Дакле, може се тврдити да се веће учешће руских лекара у процедури доношења одлука може сматрати повољним за професију и ширу јавност, с обзиром на то да повољни услови за сарадњу између професионалних удружења и државе могу бити створени само кроз побољшање финансијског положаја руских лекара. Најважнији нерешен проблем су лоши економске услови лекара, који спречавају унапређење њихове стручности.

Кључне речи: руска интелигенција, лекарска професија, социјални статус лекарске професије у Русији, руска интелигенција и англо-амерички професионалци.