

Interprofessional Cooperation as Collective Ethics Work

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Abstract

Sarah Banks (2012) describes ethics work mainly as the effort people put into developing themselves as good practitioners. She discerns six aspects of ethics work: identity work, framing work, reason work, emotion work, role work and performance work. Although ethics work focuses on the ethical development of individual practitioners within their profession, the concept and all its aspects can be transferred into an ethical guideline for the collective development of practitioners in interprofessional cooperation. As such the concept of collective interprofessional ethics work can also be used as a set of criteria for the ethical evaluation of interprofessional cooperation, as is shown on the basis of an experiment in Belgium.

Résumé

Le travail éthique (Banks, 2012) se centre sur l'approfondissement éthique des praticiens au sein de leur profession propre. Ce concept peut cependant être aisément transposé en une base de réflexion sur le développement collectif des praticiens dans leur coopération interprofessionnelle. En tant que tel il peut aussi être utilisé comme un set de critères permettant l'évaluation éthique d'une coopération interprofessionnelle comme montré ici sur la base d'une expérience menée en Belgique.

Introduction

Sarah Banks (2012) developed the concept of ethics work. This concept is a valuable guideline for the ethical professionalisation of practitioners like social workers as well as for research in this field. The central thesis of this article is that ethics work is also a stimulating concept for the ethical improvement of interprofessional cooperation. The first section of this article introduces a value perspective on professionalism in general and on social work in particular, as well as the concept of ethics work as developed by Banks. In the second section the concept of ethics work, which is focused on the individual development of practitioners within their proper profession, will be converted into the notion of collective interprofessional ethics work. In the third section, this latter notion is used to help evaluate the ethical quality of an interprofessional experiment in Belgium. Finally, the merits of this approach to interprofessional cooperation are discussed. The article is based on a workshop by the two authors, presented at the FESET-Seminar *New Horizons for Social Education* at the Turku University of Applied Sciences (Finland) on 9 May 2014. In this workshop Ed de Jonge presented the first two sections while François Gillet developed the third section. The authors wish to express their gratitude to the organising committee for making this workshop possible as well as to the audience of the workshop and to the editors of this journal for their valuable comments.

A Value Perspective on Professionalism and Social Work

Social work is defined by social workers as a profession (see e.g. IFSW, 2000). But what does that mean? What is a profession? To develop an answer to this question, this section discusses three different perspectives on professionalism: a power perspective, an expertise perspective, and a value perspective. Within each perspective professionalism will be contrasted with the market and with bureaucracy, as two alternatives for the organisation of work. Initially we will use an ideal-type approach, and then subsequently return to social work and the real world situation (cf. De Jonge, 2012, 2014a, 2014b).

A Power Perspective

In the three models for the organisation of work, power is distributed differently among the principal agents. In the free market, power is primarily invested in the client or customer, who decides what he or she will buy and what not. In a bureaucracy, on the other hand, power is hierarchically invested in the manager, and the client often becomes a mere number. In professionalism, power is primarily invested in the worker, so that professional work can, from a power perspective, be

defined as “control of work” (Freidson, 1970; Larson, 1977; Abbott, 1988; Freidson, 2001). The power perspective helps us to understand occupational reality to some extent, and the distribution of power in different kinds of work arrangements is easy to recognise. However, this perspective does not help to understand, for example, the nature of this power distribution, as it focuses only on the struggle for power without paying attention to the different natures of the work at hand although the three models seem to be based on different kinds of expertise.

An Expertise Perspective

In the free market, expertise is primarily located in processes; for example, the processes of production and distribution or stock exchange. The ideal is to reduce the costs of labour, so the market prefers to have as little and as unskilled labourers as possible. In the free market, however, expertise can also be located in products, for instance in computers or smartphones. In the hierarchical bureaucracy, expertise is primarily located in procedures, which is to say in rules that must be strictly obeyed. Bureaucracy also makes use of protocols. In professionalism, however, the work is too complex to be reduced to processes or procedures, so the expertise has to be located primarily in individual persons and in the practices these persons collectively develop (cf. Abbott, 1988). From an expertise perspective it is possible to pay attention to the different natures of work. It clarifies, to some extent at least, the distribution of power on the basis of the kind of expertise that is in demand. It does not explain, however, why the free market and the hierarchical bureaucracy also need experts and why it is possible, at least to some extent, to make use of processes and procedures in professionalism.

A Value Perspective

A value perspective reveals that the free market is about material prosperity. The general idea is that “the common wealth” is best served by free-market competition, that is, on a market where well-informed individuals are free to buy and sell whatever they want. The ideal of hierarchical bureaucracy is formal equality, which is furthered by meticulously sticking to formal procedures, which are the same for everyone, without exception. Professionalism, however, is about substantial humanity, for it can be defined as realising a specific humanitarian value under complex circumstances within a well-defined domain. This can be illustrated by an ideal-type description of the three classical professions. The medical profession is focused on health within the physical domain; the juridical profession, on justice within the social domain; and the religious profession, on salvation within the spiritual domain (De Jonge, 2012, 2014; cf. Freidson, 2001).

A value perspective is helpful to better understand the organisation of work in the real world. It elucidates that material prosperity is best served by powerful customers and by expertise that is primarily located in processes and products. It also reveals that formal equality is progressed better by powerful managers who implement procedures and protocols. But it also shows that the realisation of substantial humanity under complex circumstances requires persons and practices with expertise and power. The combination of focusing on specific humanitarian values and the possession of a relatively large amount of expertise power is an important reason why ethics work for professionals is important.

Ethics Work

Sarah Banks (2012) developed the concept of ethics work. She describes it as “the effort people [i.e. professionals] put into seeing ethical aspects of situations, developing themselves as good practitioners, working out the right course of action and justifying who they are and what they have done” (p. 14). She also gives an outline of six important aspects of ethics work. Identity work is essentially about developing an ethical self, not only as a professional but also as a person. Framing work involves identifying and focusing on the ethically salient features of the professional situation as well as the larger social and political context, and perceiving the professional self as having agency. Reason work is needed, for instance, to develop different perspectives on a situation, to make decisions and to give justifications. Emotion work is basically about managing emotions, for instance suppressing some while displaying or even creating others. Role work is about selecting an adequate role, and positioning oneself accordingly. Performance work is required for all professional actions and interactions.

Social Work

We began this section by defining social work as a profession. Then we developed an ideal-type definition of professionalism, as being about realising a specific humanitarian value under complex circumstances within a well-defined domain. To return to the real world: can social work live up to this ideal? Not quite (cf. De Jonge, 2014b). First of all, social work is not confined to a well-defined domain. According to the IFSW definition (IFSW, 2000), social work focuses on the complexity of the interaction between people and their environment. So social work operates on the intersection between different domains, for instance the material domain (e.g. debts), the mental domain (stress), the social domain (exclusion), or the societal domain (discrimination). Second, there is no agreement about the core value of social work. According to the IFSW definition this could well pertain to well-being,

but a lot of other values are also mentioned, such as dignity, liberty, empowerment, development, equality, justice and solidarity.

From a more classic point of view, social workers are so to speak children of a lesser profession. There is a focus on humanitarian values, so there is unmistakably a professional core, but neither its core value nor its specific domain are well-defined. From a more contemporary and realistic point of view, however, social work is probably better prepared than the classic professions for the complexity of reality and for interprofessional cooperation as well. The reason is that the most complex problems cannot be reduced to a single humanitarian value or to a single domain. So the most challenging problems transcend the boundaries of classic professions. Focusing solely on the medical health of a terminal patient can become a threat to his or her quality of life, for example, and focusing solely on juridical justice in a divided nation can become a threat to peace. To address the most challenging questions of our time, interprofessional cooperation is needed. This cooperation should concentrate on realising humanitarian values, and collective interprofessional ethics work could provide a firm basis for it.

Collective Interprofessional Ethics Work

How can the concept of ethics work be made fruitful for interprofessional cooperation? At least four steps seem to be required. The first is to transform Banks's definition of ethics work, which is basically of an intraprofessional nature, into collective interprofessional ethics work. The second step is to translate the six aspects of ethics work into ethical guidelines for interprofessional cooperation. The third step would be to test these guidelines on and in practice. A final step should be to discuss the merits of this approach. This section will elaborate on the first two steps. Although the original concept of (individual intraprofessional) ethics work could also be modified into collective intraprofessional ethics work and into individual interprofessional ethics work, this section focuses exclusively on collective interprofessional ethics work.

Definition

The first step turns out to be the easiest one. Although Banks's description of ethics work is basically about the ethical development of individual practitioners within their proper profession, it can be turned into a definition of collective interprofessional ethics work by quite simply adding one small word, namely 'collectively'. However, the new description becomes clearer by substituting 'cooperating professionals' for

'people', by slightly changing the sequence in the sentence and replacing 'have done' by 'do'. This then results in the following definition: *Collective interprofessional ethics work is the effort cooperating professionals put into collectively developing themselves as good practitioners, collectively seeing ethical aspects of situations, collectively working out the right course of action, and collectively justifying who they are and what they do.* This collective and interprofessional modification of Banks's description of ethics work seems to be in the spirit of her work (see e.g. Banks, 2010). On the basis of this new definition, the six aspects of ethics work can be modified into ethical guidelines for interprofessional cooperation, as will be shown.

Identity Work

Collective interprofessional identity work starts with finding the right individual and collective attitude towards cooperation. What should this attitude be? Of course a pessimistic attitude towards cooperation won't work, if only because opportunities for improvements will be overlooked. Should professionals instead be optimistic about cooperation? This attitude will not work either, as it may lead professionals to underestimate the difficulties they will inevitably face during and as part of the interprofessional cooperation. However, a realistic attitude won't do either, as this attitude seems too detached to truly invest in the interprofessional cooperation. So the only viable option left is to take a positive attitude towards interprofessional cooperation, a mixture of a realistic and an optimistic stand; but what does that mean?

To establish a foundation for a positive and involved attitude towards interprofessional cooperation requires finding common ground from a perspective of humanitarian values. This means that the cooperating professionals need to find collective humanitarian values that transcend their particular professions. Taking such a humanitarian common ground seriously as a foundation for interprofessional cooperation implies, for instance, that conflicts and negotiations concerning values, goals and interests will always be related to communality. We could perhaps compare it to a good personal relationship, for instance a marriage between a woman and a man. When spouses are having an argument, it may mean that they are about to break up because they cannot stand each other anymore. However, the argument can also be intense because they really want to continue with each other and are seeking to establish new common ground for their relationship.

So a positive attitude does not mean being naïve and romantic about interprofessional cooperation, but to always be looking for common ground to work together constructively. Collective interprofessional identity work really is a matter of work, and sometimes quite hard work as well. It implies collectively cultivating and caring

for a strong interprofessional relationship, including all the arguments. Note that this interpretation of identity work implies that collective interprofessional ethics work is related to virtue ethics and to ethics of care. The similarity with virtue ethics lies primarily in (individually but also collectively) aiming for the right attitude towards all aspects of professional work, for instance towards service users or colleagues (e.g. see Banks & Gallagher, 2009). The correspondence to ethics of care is based on (collectively but also individually) creating a caring relationship. For since Tronto (1993, p. 103) defines care as “everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible”, collective interprofessional ethics work could be interpreted as everything professionals do in order to maintain, continue, and repair the ethical aspects of the interprofessional cooperation in order to work together as well as possible.

Framing Work

As we have seen, collective interprofessional identity work requires the creation of common ground. The basic layer of this common ground will consist of humanitarian values. This valuable layer will form the foundation for the development of a collective interprofessional framework, that is, a framework for collective interprofessional work. The nature of this framework will of course depend on the nature of the collective work of the cooperating professionals. The development of this framework, through constant evaluation and refinement, requires collective interprofessional framing work as an ongoing collective and interprofessional activity.

The concept of framing work, as developed by Sarah Banks, is basically about framing the self of the professional as having agency, framing the situation in which he or she is involved as a practitioner, and framing the social and political context of the situation and the practitioner’s involvement in it. Collective interprofessional framing work especially requires framing the individual (intra)professional activities as a contribution to the collective agency of the interprofessional cooperation.

Reason Work

The collective interprofessional modification of identity work and framing work requires collective interprofessional reason work, that is to say collective interprofessional deliberation about ethical issues. Interprofessional reason work as part of collective deliberation is a way of constructively thinking together. It seems unnecessary here to elaborate on the various aspects and varieties of deliberation as collective interprofessional reason work (see e.g. Manschot & Van Dartel, 2004), but it should be stressed that it requires conditions of mutual trust, openness, transparency, communicativeness and also equality.

Emotion Work

Collective interprofessional emotion work is basically about sharing emotions. Sharing emotions is particularly important in deliberation as collective interprofessional reason work because emotions can be quite revealing as regards the ethical aspects of professional work, in a threefold way (cf. Keinemans, 2014). First, emotions can help us to understand the ethical aspects of situations. Think for instance of a social worker who becomes suspicious while listening to the story of a service user. Second, emotions can reveal our ethical point of view, as in the case of a social worker who becomes angry when hearing about new cuts to social welfare. Third, emotions can motivate our ethical actions, for instance when a social worker on a home visit is shocked by the conditions in which the service user lives. So it can be helpful to start a deliberation about an ethical issue by addressing the following question to each of the participating professionals: what touches you in this case (cf. Grootoink & De Jonge, 2014)? Sharing emotions requires the same conditions as reason work, like trust and equality, but also empathy, compassion and the like. Empathy in deliberation can for instance be furthered by not asking what one professional would advise another to do, but by asking what he or she would do if he or she was in the same position as the other professional (cf. Grootoink & De Jonge, 2014).

Role Work

By speaking about role work, Banks (2012) introduces a drama metaphor. We can make use of the same image to describe collective interprofessional role work as basically combining – and also to some extent altering – the several intraprofessional roles into a collective interprofessional script. Creating such a script means relating the individual contributions to each other in order to create a meaningful whole, based on humanitarian values and primarily for the benefit of the service user. Given the complexity and the unpredictability of the work, the script can of course only be developed as a rough sketch that has to be interpreted and modified constantly. So collective interprofessional script work is required.

Performance Work

Speaking about performance work is also based on drama as a metaphor for professional work. Collective interprofessional performance work is so to speak an enlargement of the professional stage and an expansion of the involved professionals. The solo performance is turned into a collective play. Of course the focus of this play is on the audience, i.e. the service users. Collective interprofessional performance

or 'play' work, on the spot, is needed. Since the script can only be a rough sketch, as we have seen, this collective interprofessional performance work requires quite a bit of improvisation, and therefore creativity and flexibility.

Conclusion

It seems that interprofessional cooperation can benefit from collective ethics work. We believe, however, that collective interprofessional ethics work should be based on individual intraprofessional ethics work as originally developed by Banks (2012), in order to develop a professional identity as a practitioner that is truly ethical. Collective interprofessional ethics work should be regarded as an expansion rather than as a replacement of individual intraprofessional ethics work. It seems advisable, therefore, to integrate ethics work (individual as well as collective and intraprofessional as well as interprofessional) into the training of all professionals, including social workers.

It should be noted, however, that ethics work in all its varieties is not a panacea but merely a good starting point for interprofessional cooperation, as it cannot solve all the problems related to such complex forms of cooperation. In our workshop during the FESET-Seminar, the audience commented on two important points: the first, about neglecting the influence of power, status and hierarchy on interprofessional cooperation, and the other about not mentioning the role of the service users in interprofessional cooperation. As said, collective interprofessional ethics work will not solve all problems. Interestingly enough, however, the combination of these two concerns as voiced by our audience could be used to strengthen the approach based on collective interprofessional ethics work. Thus, the representation of service users, for instance in ethical deliberation, would not only be a valuable addition in itself but could also function as a catalyst to discuss hierarchical influences, as service users could point out that such influences in themselves do not improve the service or help to realise the humanitarian values at stake.

Interprofessional Deliberation in Practice

We have discussed the first two steps in making the concept of ethics work fruitful for interprofessional cooperation: redefining ethics work as collective interprofessional ethics work and translating the six aspects of ethics work (Banks, 2012) into ethical guidelines for interprofessional cooperation. The third step will be discussed in this section: testing these guidelines in and on practice. In Belgium, the government recently encouraged healthcare and social-educational professionals, working in

residential centres for mentally impaired adults, to clarify what kind of professional 'gestures' (that is to say, not only interventions but also attitudes and all kinds of behaviour) were either shared by all professionals or clearly exclusive to one specific profession. For this reflective project, the 'Ligue Nationale du Handicap' (LNH) (literally: the national league for disablement) established the so-called 'Groupe Actes de soins' (GAS) (literally: acts of care group). This GAS group consisted mainly of nurses and social educators but also included psychologists, doctors and physiotherapists, representing 10 different residential centres. The group met ten times during 2012 and 2013, once every two months, for 3 hours. The number of participants was usually around 20 persons. Two trainers of university colleges for social educators in Belgium (one of them being one of the authors of this article) were present as observers. Although the reflective project was concluded before the concept of collective interprofessional ethics work was developed, we can attempt to analyse how this group functioned according to the six guidelines described above.

Identity Work: Common Ground

In the GAS group, the professional identity of nurses was commonly denoted as "healthcare givers", whereas the professional identity of the educators was identified as "development-care givers". An interesting discussion took place at a certain point concerning the concept of life. The professionals all agreed that, in order to possess some quality, life needs health as well as development, for health without development does not seem very attractive, while development without health will be quite difficult to accomplish. The professionals in the GAS group thus found common ground in the concept of life and agreed to describe themselves as "life-quality caregiver professions". The quality of life as a humanitarian value transcends and encompasses health and development, at least according to the participating professionals.

Framing Work: Collective Agency

Educators don't give injections and nurses don't manage educative programmes, but this does not mean that all professional practices are entirely distinct and separate intraprofessional activities. Nurses prepare the medications, which are mostly distributed by educators. Educators take part in the everyday meals of the persons as part of their job, but so do nurses at least once a week, in order to develop better contacts with the users. Such shared professional spaces are clearly accepted by all professionals, first of all in the interest of the service users, but also in the interest of the different occupational professionals, thus creating an interprofessional common ground in a more literal sense. These shared professional spaces enable a better

understanding of the language of the other profession, improve the exchange of information between the professionals, and create more interprofessional coherence in the execution of the different tasks. The exchange in the GAS group thus demonstrates how positively and constructively shared professional spaces in interprofessional collaboration enhance the sense of collective agency.

Reason Work: Deliberation

Nurses are, more or less, short-term intervention professionals, providing specific paramedical care and treatments in specific situations like illnesses and minor accidents, whereas educators are more focused on the long term: being present in all aspects of everyday life like nurturing, dressing, sleeping, bodily care, leisure activities, and establishing and maintaining personal relations. However, the practitioners of these two professions take the time to visit the practice of the other and use the occasion to share and discuss information; for instance, an educator may accompany a user to the infirmary and a nurse occasionally joins the service users at breakfast. Such visits offer a good opportunity to have an interprofessional conversation, and also for the two professionals to jointly converse with the service users. These occasions appear to be important opportunities for all professionals to better understand who they are working with, what they are talking about and finally to make better decisions on how to work with the users, in the best interest of the different parties. Thus, shared professional activities seem to improve the collective interprofessional reason work.

Emotion Work: Sharing

As part of their work, professionals need to deal with the emotions of the service users. Concerning the illness of a user, for example, the nurse (jointly with the service user's physician) is responsible for the medical file and for the transmission of important medical information to the person concerned. A nurse may then need to deal with the immediate emotional reactions to a good or a bad medical diagnosis. Subsequently and possibly for the rest of the week, the educator has to manage the daily questions and emotions resulting from this information, and the everyday emotions and feelings of the person in general. We see that nurses and educators take opportunities to exchange information, not only on how the users deal with their emotions but also on how they themselves deal with their own emotions, for instance as related to transference and countertransference. This collective interprofessional emotion work is sometimes combined with collective interprofessional reason work, for instance concerning the question of professionally shared secrets in the case of private information about service users.

Role Work: Script

GAS group participants, particularly those based in residential care centres, recommended that all professional roles should be made clearer. At the same time, however, these roles should not be regarded as mutually independent and juxtaposed; the roles of all the professionals should explicitly be related to each other. The role work, in other words, should actually be script work. The interprofessional cooperation should be more like a symphony orchestra, in which various musicians with different instruments and different techniques all play music according to the score, while remaining attentive to what both they and other musicians are playing, and how it all fits together to form one piece of music. There is of course one notable difference, namely the absence (generally) of a central conductor, so that these professionals need to synchronise and harmonise their everyday interventions as they go along. And if a wrong note sounds somewhere, these professionals need to determine what happened and to find a solution, in order to restore their harmonious symphony.

Performance Work: Play

The professional role should not be seen to replace the individual's personality. On the contrary, the role is performed on the basis of the personality, so that the performance will differ accordingly. The personality of the professional thus comes into play, just as the personality of the service user does. How the professional for instance speaks with a service user about his or her illness or disability depends on the personality of the professional and that of the user. The score has to be played, no question about that; but the interpretation is the performance work of the musician and should be adapted to the audience. Furthermore, interprofessional performance to some degree requires collective improvisation. Improvisation, however, always entails the risk of making a mistake. The mistake has to be identified and corrected as soon as possible. This is part of the job, and an amiable communication about mistakes is a key point for the success of interprofessional work where surprises are always possible. Since every person is different and every situation is complex, the GAS group regularly recommended being attentive and open to the uniqueness of every service user and of each situation, acting as a kind of ethical interprofessional warranty.

Findings

All the dimensions of collective interprofessional ethics work were present and relevant in our example of the GAS group: identity work in the sense of a demarcation of interprofessional common ground, framing work as the basis for collective agency,

reason work giving opportunities for collective deliberation, emotion work allowing a deeper sharing of professional experiences, role work as an opportunity to reflect on working together, and finally performance work as actually working together on the basis of a mixture of routines and improvisations. In the GAS group, this process turned out to be a valuable opportunity for members of two professions to analyse the different aspects of their collaboration, an opportunity for which everyday work usually seems to allow too little time. It was an opportunity to express how they see themselves and the others as professionals; an opportunity to propose new ways of enhancing the awareness and efficacy of their everyday interaction; and an opportunity, indeed, for collective interprofessional ethics work.

Furthermore, the GAS project provided some good practices on how to include service users in the ethical debate. We already described the spaces shared by the professionals and the service users. Also, a representative of the service users was invited to several meetings to describe the point of view of the users. Meetings were held in different residential centres. During each visit there was an opportunity to meet some users and professionals of the different departments of the centre, followed by a communal meal. This helped to be attentive to the reality of the professionals and the service users on the spot, to have more in-depth conversations not only in the GAS group but also with other professionals as well as with service users, and thus to truly hear their voices and consider these in the discussions.

Conclusion and Discussion

In this article we have argued that Banks's (2012) concept of ethics work, which is essentially about the ethical aspects of individual and intraprofessional professionalisation, can be translated into a set of ethical guidelines for interprofessional cooperation. The example of the GAS project illustrates, on the one hand, that this set is relevant for evaluating the ethical conditions and the ethical quality of interprofessional cooperation, and that these guidelines can at least to some extent be met in practice, on the other. Of course we have to take into account that the GAS project presented an ideal situation in several aspects; for example, it offered the participants quite some time to define problems and to discuss and reflect on possible solutions. Nevertheless we are convinced that this project offers an inspiring example of interprofessional practices and a good first test for our model for collective interprofessional ethics work. We are aware that further enquiry is needed to validate and improve this model, but we are also convinced that experiments in professional practice and professional education based on this model will improve the ethical conditions for and the ethical quality of interprofessional cooperation.

We are aware that interprofessional hierarchy and differences in power and status can be quite a challenge for interprofessional sharing, especially if a mutual recognition of the added value of each profession is lacking. However, our observation is also that interprofessional ethical communication as such almost inevitably leads to positive changes in this respect. Through such exchanges, participants develop a sense of the added value of each profession in the cooperation. This attentive and sharing attitude seems to become more powerful the more teams practice such exchanges on a regular basis. Exchanges on the basis of the six guidelines lead to the development of an ethical culture in interprofessional teams. Professionals can therefore be motivated to participate in such exchanges by claiming that the interprofessional cooperation will improve through a greater understanding of the work of the other professions.

We believe that the place of service users in interprofessional ethical communication is basically also about hierarchy, power and status. This is probably one of the most delicate ethical challenges of this experience. Can we be certain that the close collaboration developed in teams through interprofessional reflection accords with the real interests of the users? Do service users really have a say in the whole of the debate or are their interests merely formulated by the professionals in the language of the professionals? The GAS project provided some good practices, but more improvements can and should be made. Interviews or group discussions with service users about their interaction with professionals and their suggestions on how to improve interprofessional cooperation could prove very useful, for example. Giving voice to the service users is probably the most profound challenge for the improvement of collective interprofessional ethics work. Interprofessional cooperation should from an ethical point of view also be a matter of transprofessional cooperation, that is, a cooperation of interprofessional teams together with service users and their networks.

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