

Exploring Professional Dynamics in Addiction Treatment: A Parsonian Perspective on Normative Culture and Action Orientation

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EXPLORING PROFESSIONAL DYNAMICS IN ADDICTION TREATMENT: A PARSONIAN PERSPECTIVE ON NORMATIVE CULTURE AND ACTION ORIENTATION

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Abstract

This study examined the relevance of Talcott Parsons' action theory in understanding the complex dynamics of values, norms, and professional action within multidisciplinary health contexts, specifically focusing on public services for addiction in northern Italy. Employing an ethnographic research strategy that included participant observation and semi-structured interviews with 28 professionals (physicians, nurses, social workers, and psychologists), this study identified five interconnected themes: symbolic and normative systems, formalized norms, value systems and normative models, alternatives of professional action (pattern variables), and action orientation. The findings reveal that Public Services for Addictions' cultural system, comprising formalized norms, symbolic-normative patterns, shared values, rituals, and social practices, serve as an effective mode of control and shape professional action. The study also highlights the significance of the "equidistance in the listening" model, which encompasses values such as equality, professional respect, and unanimity. Furthermore, the analysis of pattern variables elucidates the decision-making processes underlying professional actions, while the examination of action orientations (structural, expressive, moral, and relational) reveals the motivational drivers that influence professional behavior. The predominance of relational orientation underscores the importance of teamwork and professional recognition in public services for addiction. The study concluded by emphasizing the enduring relevance of Parsons' action theory in understanding the complex interplay of values, norms, and professional actions within multidisciplinary health contexts, thereby contributing to the development of a unified framework for cross-disciplinary collaboration in social control systems.

Keywords

Parsons' action theory, multidisciplinary health contexts, pattern variables, action orientation, addiction treatment, inter-professional collaboration

Introduction

The critical examination of Parsons' work in the recent literature (Beckert, 2006; King, 2009; Kivisto & Sciortino, 2023) prompted scholars to reassess the implications of his theories in light of contemporary sociological challenges, thereby facilitating a more comprehensive understanding of the intricate relationships between culture, values, and social action (Ormerod, 2020; Rawls & Turowetz, 2021). The literature on values and norms within social systems reveals a complex array of insights, suggesting that Parsons' framework remains essential for comprehending the dynamics of social systems in the context of modern complexities (Ormerod, 2020; Trevino, 2021).

Further elucidating Parsons' relevance, Minott (2016) explored the internalization of shared norms and values within human service organizations. Minott emphasizes the crucial

role of these shared values in promoting compliance and integration among diverse cultural groups. Deviation from these shared norms can result in adverse social changes (Islam et al., 2020), thus reinforcing Parsons' assertion that the internalization of values is fundamental for effective organizational functioning (Neville et al. 2021).

Theoretical Framework

This study aimed to explore the professional dynamics of addiction services from a Parsonian perspective, with a focus on values, normative culture, and action orientation. Values represent primary standards of culture that guide the behavior of individuals (Chwialkowska et al., 2020). They are collective guidelines, recognized and approved as legitimate, and transmitted and acquired by individuals as part of socialization (Baloch et al., 2022). Values encompass ends or broader guidelines, inform attitudes, and identify desirable personal aims and purposes (Widarko & Anwarodin, 2022).

Norms, in turn, represent the standards of behavior that are the product of socialization, learned patterns, and the manner in which individuals navigate roles, rules, or institutionalized norms in their matrices and other derived norms (Treviño & Staubmann, 2021). Social norms, as unwritten rules governing group behavior, play a crucial role in shaping individual actions (Legros & Cislighi, 2019). The current state of social norms research emphasizes the need for a unified framework to facilitate cross-disciplinary collaboration (Cossu, 2021; Neville et al., 2021; Heitzmann et al., 2021), thereby enriching the understanding of action orientation in societal action systems, such as health and addiction systems, which necessitates a deeper engagement with their specific norms and values (Sun & Ching, 2021).

Therefore, this study underscores the enduring relevance of Parsons' action orientation in contemporary sociology, suggesting that a re-evaluation of his contributions may yield fruitful insights for current sociological inquiries (Rusydiyah & Rohman, 2020; Ormerod, 2020), particularly regarding the integration of diverse professional perspectives within social control systems (Trevino, 2021). Consequently, this study raises essential questions about how values and norms influence professional action within a multidisciplinary health context.

Parsonian Theory of Social Systems

Talcott Parsons' action theory provides a valuable framework for understanding the complex dynamics of values, norms, and professional actions (Nettleton, 2020) in Public Services for Addictions. His theory emphasizes the significance of social structures, institutions, and cultural systems in shaping individual and collective behavior (Heckscher, 2009). This framework facilitates an examination of how dynamizing and controlling forces interact to influence professional actions and decision-making processes in addiction treatment (Nettleton, 2020). Furthermore, Parsons' emphasis on the integration of economic and non-economic factors in shaping economic action can be extended to elucidate how various societal elements influence the provision of addiction services (Turkel, 2005). This perspective elucidates how addiction services are influenced by professional norms and broader societal values. Notably, Parsons' theory incorporates the concept of "interpenetration" between subsystems of the action space, which can be applied to comprehend the complex interactions between different aspects of addiction services, such as medical treatment, social support, and policy frameworks (Rusydiyah & Rohman, 2020). This multidimensional approach aligns with the need for comprehensive addiction services that address various aspects of life. Parsons' action theory offers a multifaceted approach to analyzing relationships between social structures, cultural systems, and individual actions (Kawaguchi, 2003), and provides a framework for understanding how values and norms shape professional practices in addiction treatment. His emphasis on the integration of multiple factors and the concept of

interpenetration provide a robust theoretical foundation for understanding the complexities of public services for addiction (Sciulli, 2001).

Additionally, pattern variables provide a useful tool for analyzing the complex interactions between different healthcare professionals and their respective value systems (Rawls & Turowetz, 2021). In conclusion, Parsons' action theory remains relevant to understanding the dynamics of multidisciplinary health contexts. Its focus on the relationship between cultural values and social norms provides a framework for examining how different professional cultures within healthcare settings interact and potentially conflict (Badejo et al., 2020; Flores-Sandoval et al., 2021).

Application to Addiction Treatment

Understanding the dynamics of professional action within addiction treatment settings is crucial for developing effective interventions and improving patient outcomes (Heinrich & Lynn, 2002). Previous research has explored the role of values, norms, and professional action in addiction treatment (Campano et al., 2015), but there is limited understanding of how these factors interact within multidisciplinary health contexts (Iqbal et al., 2019).

Professional values, norms, and actions play crucial roles in shaping healthcare practices in multidisciplinary settings (Spranzi, 2012). These factors interact in complex ways and influence decision making and patient care (Parandeh et al., 2014). According to Banks (2020), values define and guide the practice of healthcare professionals, while also reflecting prevailing academic norms and principles. The study emphasizes the significance of shared team values in interdisciplinary healthcare settings, suggesting that these values can substantially impact professional-client and professional-professional relationships (Banks, 2020). Furthermore, O'Rourke (2003) emphasizes the importance of clear role accountability and decision authority within healthcare teams, suggesting that an interdisciplinary professional practice model can support professional roles as decision-makers and ensure accountability in practice performance. In conclusion, the interaction of values, norms, and professional actions in multidisciplinary health contexts is multifaceted and context-dependent (Flores-Sandoval et al., 2021).

Despite these efforts, there remains a lack of research that specifically examines the relationship between normative culture and action orientation in the context of addiction treatment (Turner & Holton, 2014; Kools, 2022). Bridging this knowledge gap is vital for understanding the nuanced interplay between professional dynamics and patient outcomes in addiction treatment. This study aims to address this knowledge gap by examining the relevance of Talcott Parsons' action theory in understanding the complex dynamics of values, norms, and professional action within Public Services for Addictions in Northern Italy.

Research Design and Method

The research question for this study is as follows: How does Talcott Parsons' action theory contribute to understanding the complex dynamics of values, norms, and professional action within Public Services for Addictions in Northern Italy?

This study employed an ethnographic research strategy that incorporated interviews and participant observation. The research was conducted in Public Services for Addictions in Northern Italy, and participant observation took place over a seven-month period within one public service for addictions, where the researcher was employed full-time as a social worker consultant, from June 2017 to January 2018. This methodological approach has demonstrated significant efficacy in identifying the collective activities of professional groups, as well as the most salient forms of interaction within the system (Spradley, 2016), providing a crucial opportunity to examine the work process and structural design of the system under evaluation.

This instrument yielded substantial data for this research, potentially surpassing the information gathered through interviews.

Notably, all professionals operating within the service were informed of the objective of observing multidisciplinary dynamics and expressed their agreement. Furthermore, a reflective diary was maintained during the study process to assist the researcher in managing her dual identity as a researcher and professional and to maintain objectivity, thus enhancing ethical and methodological rigor (Sachan, 2024). During this period, the researcher actively participated in team meetings, case discussions, and daily operations, gaining firsthand insights into the multidisciplinary dynamics of addiction treatment. This immersive approach enabled us to capture subtle nuances in inter-professional collaboration and decision-making processes that might have been overlooked through interviews alone.

Concurrent with this observation, a series of semi-structured interviews were conducted with professionals employed in three public services for addiction in Northern Italy. Participants were selected using a purposive sampling approach (Saunders et al., 2015), and 28 interviews were conducted (seven physicians, eight nurses, six social workers, and seven psychologists). The data collected from the interviews and field notes were subsequently analyzed using thematic analysis (Guest et al., 2012). Utilizing Parsons' social theory as a framework, five interconnected themes were identified during the analytical process: symbolic and normative systems, formalized norms, value systems and normative models, alternatives to professional action, pattern variables, and action orientation.

Specificity of the Public Service for Addictions

The services provided by Public Service for Addictions encompass prevention, therapeutic intervention, rehabilitation, harm reduction strategies, counselling, and educational initiatives, addressing all substances of abuse and other forms of addiction. Specifically, each type of intervention necessitates an initial assessment of the user's requirements, a formal 'admission' by the Service, and the formulation of a therapeutic program, developed in consideration of the individual's short- and long-term life objectives, personal and relational resources, and any pathologies associated with the drug/alcohol addiction status. In the system, multi-professional teams are implemented as an organizational solution to the holistic approach (Dinh et al., 2020) required to address substance abuse, which encompasses attending to psychological issues, reintegration into labor markets, familial relations, and general living conditions. These interdisciplinary teams were comprised of physicians, professional nurses, psychologists, and social workers.

Empirical Findings

A culture cannot exist without a symbolic dimension, which, although it can never be fully elucidated and perceived differently by each individual, is socially recognized and accepted (Genov, 2021) and enables the withstanding of abrupt organizational changes (Latta, 2009). Significant cultural symbolism is also observed within Public Services for Addictions (from now called PSfA), which guides the actions of professional teams and facilitates the development of a sense of belonging, identification, and loyalty to the organization.

The dynamics of the interaction pertaining to this symbolic dimension can be summarized as follows: the action orientations, reference values, professional culture, and role expectations of each professional intersect with those of other members of the system, thus delineating a zone of intersection, a "contact zone." This zone is characterized by an articulated series of processes of mutual adaptation that operate on both sides to ensure the formation of a shared cultural system. Consequently, it facilitates the "leveling out" of different professional specificities, establishing a common ground among professionals, which will necessarily be

shaped by the social mandate with which the system is invested and the type of social and health intervention offered. Therefore, within this "common ground," symbolic and normative systems acquire significance for individuals, enabling them to regulate interactions between different professions through the internalization of role expectations and adherence to dominant symbolic values. Every event, or more precisely, every individual action performed in the PSfA, can either confirm or transgress relevant norms, internalized or otherwise, inducing tension in the system itself, which threatens loyalty to the cultural system. Symbolic and normative systems thus serve a strategic function (Chernilo, 2002), repeatedly proposing shared modes of action by the group, reinforcing patterns of social interaction, and generating strong compliance pressure on system members (Pietersen, 2014).

In light of these findings, it appears plausible that the utilization of an articulated symbolic system consisting of formalized norms, symbolic-normative patterns, shared values, rituals, and social practices also constitutes an effective mode of control.

Formalized norms

The first component of the cultural system within the PSfA comprises a set of formalized norms consisting of legal regulations and organizational rules to which staff must adhere. Among these normative provisions are primarily certain legislative requirements of the Ministry of Health, the formal operational procedures of the Service, the organization of the formal initial admission process, and team meetings. Additionally, formalized norms include regulations pertaining to privacy and the right to anonymity, as well as protocols for regulating hierarchies. The following sections examine each of these elements in detail.

Legal requirements: The Ministry of Health Decree No. 444/1990 regulates the recruitment, organizational, and functional characteristics of PSfA. Law No. 268/1996 also determines the requirements for service functionality in each local health unit. Numerous regulations and laws regarding drug addiction have not been reported, because they are considered outside the research area of the current study.

Regulation of hierarchies: physicians represent the sole professional category that permits career progression at an institutional level. Consequently, only such professionals can aspire to hold positions, such as the Head of the Public Service for Addictions at a district level and the Director of the Department for Addictions at a regional level.

Functionality: in areas with the highest concentration of drug-addicted patients, PSfA ensures the availability of their activities for twenty-four hours on weekdays and weekends. However, care is provided by operating the service for not less than 12 hours on weekdays and six hours on weekends. In compliance with legislative requirements, each service determines its operating hours independently.

Admission process: each service establishes its own protocols regarding the organization of the formal initial admission process, which commences with an initial interview with the outpatient. This interview is typically conducted by any professional who is trained to present the opportunities offered by the service while maintaining a supportive and neutral listening attitude.

Team meetings: all activities are organized in accordance with the *modus operandi* within the PSfA, which is multidisciplinary teamwork. A critical component of any PSfA is the weekly meeting of clinical cases. The meeting, presided over by the Head of the Service, enabled all team members to be informed of patients' medical treatment plans. Therapeutic plans were subsequently defined during this meeting, mutual tasks were agreed upon, the results achieved were discussed, and solutions were sought for any problematic case.

Informed consent and privacy: outpatients must be informed at an early stage of the course of treatment, potential treatment alternatives, and possible associated risks. It is also

necessary for outpatients to provide informed consent by signing a pre-printed consent form. Regarding the right to anonymity, all professionals were obligated to ensure the confidentiality of the interventions and maintain professional secrecy.

Value system and normative models

A value is a collective standard that provides criteria for judging the estimability of a way of acting, thinking, or feeling (Homans, 2017). Therefore, a value serves as a reference point that guides action in one direction over another and its motivational force is enhanced by the integration of affective elements.

Specific regulatory culture holds significant importance within the PSfA system to the extent that it influences its structural organization and the emphasis placed on various professional competencies.

An initial observation reveals the presence of a value in the system that can be termed social welfare, which rewards actions that demonstrate commitment to the collective good. This can be exemplified by the implementation of interventions aimed at re-education and the social reintegration of deviating individuals. Thus, the effort to combat marginalization emerges as a commendable behavior in relation to the referenced value, and is utilized for the adoption of interventions at a multidisciplinary level.

Another identified value is respect for legality, which guides the evaluation of certain forms of deviance control in the specific case of PSfA staff. Actions aimed at harm reduction, such as the legal administration of drugs, sometimes even for extended periods, may therefore be interpreted as attempts to bring the addicted deviant into limited conformity with institutional norms. However, such actions may also be considered measures to exercise a form of control and containment of social dangerousness (resulting precisely from non-compliance with the underlying value), as well as attempts at acceptance or, where conditions permit, social normalization (Rawls & Turowetz, 2021).

Finally, there is value for unanimity. Particularly salient in the experience of the professionals interviewed is the internalized norm that entrusts decision-making power to the collegiality of professional teams while respecting the structural multidisciplinary of the service.

Transitioning from discrete values to models (i.e., groups of interacting values), one of the identified models is equidistance in listening. This complex normative construct underpins a series of values such as equality, professional respect, and unanimity; values are affirmed in their specificity and operational concreteness. In this model, equality refers to the condition of parity among all distinct professional competencies. Consequently, each specialist is accorded the right to be heard by the group and the reciprocal obligation to consider the specialized opinions of other group members. Furthermore, equality entails recognizing that all professionals possess subject matter expertise; what varies is each professional's perspective, not the object under observation.

Professional respect, interconnected with the aforementioned value, denotes esteeming each professional viewpoint worthy of consideration and interest, precisely because of the existing interconnectedness between different professions. Ultimately, the value of unanimity evokes not only the customary (in the PSfA) mode of teamwork but also the necessity for the active involvement of various professionals addressing the same problem to culminate in a unanimous decision.

It is noteworthy that the specialization of competencies necessitates close and constant collaboration, which is generally pursued through the adoption of a relational rule such as 'it is preferable to avoid situations of open conflict' (one psychologist). In essence, each individual should maintain conduct that does not precipitate overt conflicts with other team members,

thereby ensuring the perpetuation of the shared regulatory model.

Social practices

The concept of social practices refers to customs that are integrated into organizational culture through regular repetition (Schmidt, 2017). These practices are considered part of the structure and serve as normative sources of information. They exert a significant influence on system members, ensuring the viability and stability of subsistence over time (Biggart & Beamish, 2003). This study identified two recurrent social practices within the PSfA system - gossip and coffee breaks. The term gossip denotes a series of communicative actions among group members to exchange information about the behavior or attitude of a group member (Giardini & Wittek, 2019). This information pertains to issues (at least partially) internal to the group and is perceived as non-conforming to symbolic and normative models (Robbins & Karan, 2020). Discussions about rule breakers reinforce the sharing of and adherence to dominant values and rules of social interaction (Waddington, 2021). Gossip has additional significance, because it contributes to an increased sense of belonging and serves as an effective instrument of social cohesion (Giardini & Wittek, 2019).

Coffee break represents one of the most prevalent customs within PSfA. It functions as a relaxation period that has evolved into a ritual approved and shared by the group, addressing the need for sociability and belonging among service professionals.

Alternatives of professional action: pattern-variables

Proceeding with the analysis, an attempt was made to identify the courses of action of team members at a micro analytical level using Parson's pattern variables. Initially, it is essential to consider that each team member within the context of their respective profession is confronted with the same fundamental objective (which may naturally vary in content from one clinical case to another) to address the request for assistance from individuals experiencing problems related to drugs and/or other addictions. Thus, the intervention of an individual professional can be conceptualized as a series of specific actions oriented towards achieving this objective. The interviews facilitated the understanding of how each professional, in executing these actions, encountered a decision-making process, whether consciously or unconsciously, between several alternative courses of action. The five choice alternatives elaborated by Parsons (Baloch et al., 2022) were adopted as a conceptual framework and utilized to elucidate the specific meanings of each alternative choice underlying professional actions.

Choice between immediate gratification and delayed gratification

If a professional opts to satisfy the first aspect of this alternative, they will implement a series of actions to obtain tangible results in the short term, such as administration of pharmacological therapy from the initial consultations with the patient, even in situations where no manifest urgency is apparent. In this context, one physician stated that *"it is necessary to approach matters pragmatically, to act optimally with respect to a desired outcome"*. Also, *"the team should be structured according to the expected result... It is not a profession that can provide true satisfaction, as one's intervention is often not decisive. It is long-term work, with uncertain outcomes... it can be gratifying if the primary motivation is the desire to assist individuals... but if one seeks immediate results, if one wishes to be decisive or even engage in combat with this disease"*, said another physician.

Conversely, if a professional chooses to forgo immediate gratification, in the sense previously specified, they focus more on a series of actions aimed at producing long-term effects. This approach is exemplified in psychotherapeutic work: *"It is fundamental, especially in the initial reception phase, not to expect motivation from the patient, but to have as an*

objective to cultivate the patient's willingness to be assisted, to engender curiosity about potential self-improvement", stated one psychologist.

Choice between collective and personal interest

The individual professional may act in pursuit of personal interests, oriented towards sharing the interests and values of the small social group to which he or she belongs, or he or she may choose to act in favor of a collective interest. Essentially, the choice is between loyalty to society and loyalty to the organization to which one belongs. Because PSfA is a public service, such a distinction, which indicates potential contradictions between the two levels, is not readily accepted, and it is rather challenging to obtain documentary material on the subject. Diverse situations are likely to fall under this category. A primary example is constituted by expressions of formalism that accompany the conduct of certain initiatives: formalism that may be somewhat dysfunctional in terms of the effectiveness of the relationship, but which serves the evident function of protecting the individual team members and the service. Another example is represented by numerous information and consultation practices involving all professional groups, in which the objective of enhancing the level of service integration appears to be in opposition to the socially appreciable objective of productivity.

Choice between universalism and particularism

Each role imposes behavioral norms on its occupant that must be adopted in a general manner (Badejo et al., 2020); correspondingly, the individual professional may elect to adhere to these rules in relationships with all patients/users indiscriminately. As one nurse stated, *"We are required not to judge these individuals, to accept them all for who they are, although it is not easy. I personally sometimes tend to judge and criticize certain behaviors and certain individuals, who are occasionally vexatious, but I endeavor to behave with everyone in the same manner"*. In a therapeutic context, universalism should be adopted only to the extent that it protects the person in need, whereas it should be reconsidered or suspended when it undermines the efficacy of the intervention. Specialists frequently decide to adapt these norms to the types of relationships established with patients. One psychologist elucidates: *"I tend to adapt the interpretation codes according to the individual before me, whether an adult or young addict"*. Another psychologist said: *"A professional technique that I frequently employ is the ability to listen... I often utilize, particularly in the initial sessions, a continuous restitution of what the patient communicates to me, because in the first sessions the objective is not only to comprehend the patient's need but also to make the need known to the patients themselves"*.

Choice between ascription and implementation

In relation to the characteristics of the patient/user, the orientation of the professional may be directed more towards the patients' qualities and/or attributes, or towards their performance. This distinction is particularly significant for understanding the criteria underlying expectations. If, indeed, the specialist evaluates their intervention in relation to the achievement of a "performance" by the patient/user, their expectations will be oriented accordingly. "Performance", in reference to the patient, does not solely denote the termination of substance use, but encompasses any intermediate accomplishment that emerges as an objective in the course of the evolving care relationship. It may be further noted that, in instances where the patient successfully achieves the intended goals, the professionals will tend to consider their own intervention as positive, whereas in cases of failure, they will tend to consider it as negative or unsuccessful. As one physician states, *"It is necessary to act from a practical perspective if we aim to obtain visible results... teamwork itself is nothing other than acting in the most effective manner with respect to a result that we seek to achieve"*.

Conversely, if the professional opts to focus primarily on the characteristics, abilities,

and resources of the patient/user, the main focus of role expectation is also altered, and this does not necessarily reside in the specific performance. This approach does not entail de-emphasizing performance per se, but rather contextualizing it in relation to the individual's characteristics, abilities, commitment, and ultimately, their addiction as a person in need of assistance. Even a relapse into substance use may be interpreted from this perspective as a moment of verification of the patient's therapeutic pathway and possibly of re-evaluation of the intervention, but not necessarily as a failure of the intervention itself. A social worker emphasizes, in this regard, the critical importance, when working with individuals with substance use disorders, *"to be able to establish a relationship with them, to convey that you are present and available not to judge, but to assist them in their path to rehabilitation"*. *"When one begins to judge the patient with respect to their actions, behaviors, or continuous relapses, without the willingness to comprehend that, perhaps, if an individual presents in such a manner, there exists a multitude of underlying issues... judgment is triggered and one can no longer work effectively with them"*, said another social worker.

Choice between specificity and diffusiveness

Finally, the professional must decide whether to focus their attention on the specific aspect of their own competence, ensuring that *"each professional addresses the problem presented to the best of his or her ability"* (social worker), or to examine the same problem holistically, according to a broader perspective of intervention, which necessitates a certain flexibility in the definition of professional boundaries. In this context, *"a good capacity for flexibility"* appears to be essential, as another social worker noted, since *"you cannot say to a person <<with me you only talk about this and not that>>, because you have an individual in front of you in their complexity... but then in your approach to intervention, you must be very clear about the professional boundary, so that the person also has it very clear"*.

It is noteworthy that these choice alternatives in the daily experience of the professionals interviewed occurred simultaneously and in a moderately conscious manner. Each choice preference is also influenced by the organizational cultural system as well as by the historical-normative evolution of the PSfA.

Action Orientation of Professionals

Several motivational drivers emerged from the interview analysis, which were categorized into four orientation groups for clarity. It is important to note that the types of orientations described inherently overlap and are subject to continuous change, as well as in relation to the evolution of the structural components of the system.

Numerous professionals emphasize their specific professional culture, delineating their methodological approaches, cultural values, and significance in selecting the type of intervention to be implemented. Others appeared to be motivated by career aspirations, particularly physicians. This was evidenced by the fact that only this professional category was permitted to advance within the system. The intra-professional comparison highlights the disparate position of consultant physicians (on temporary contracts), who cannot aspire to professional recognition, and the corresponding financial conditions, thus representing the category most affected by this inequality. As one consultant physician states, *"I have no chance of a career compared to my colleagues... I laugh about it now, but it was also a source of great distress because you realize that there are no prospects"*. These motivations for action were consolidated into the first group, termed structural orientation.

There is a second orientation to action, termed expressive, which refers to motivational factors with a highly subjective component. This orientation encompasses the desire for professional growth, as exemplified by one physician's statement: *"it is necessary to view this*

field as an area in which one can grow, increase one's skills, and from there emerges the desire to do and to deepen knowledge; this is the primary prerequisite, because if one does not begin from this point, it is challenging to work effectively... and then if I have nothing more to learn, after a while I become bored". Closely associated with this motivational driver is the pursuit of professional and/or personal gratification, which serves as an impetus for professional action. This is illustrated by a psychologist, for whom *"it was a significant satisfaction when a patient, after five years, entered psychotherapy and managed to remain there, because I knew there was no alternative for him, the medication was insufficient"*. Furthermore, one physician reports declining a job offer at the Department for Addictions because *"it is excessively bureaucratic and I would no longer have contact with patients, which I would have regretted"*.

Proceeding with the analysis, moral orientation was identified due to its direct connection to the value system of each professional, as well as the subjective perception of the social utility of their work. In this regard, these two examples are emblematic. A social worker stated that *"to work in a Service like this, it is fundamental, in my opinion, to possess the ability to transcend judgment of the individual... not to perceive them as drug addicts or as ill individuals, but as persons who require assistance"*. A physician also emphasizes that *"it is necessary to understand that the drug addict is an individual who needs help, that they are not entirely culpable for their condition, but, indeed, usually the majority of the blame is not their own...we must not forget that by assisting them, we aid not only their family but also society as a whole"*.

Fourth, action orientation is relational and explicitly refers to a series of motivational drivers closely associated with participation in interactive dynamics within the system. Among these, the desire to recognize one's professional values is undoubtedly the most prevalent. To illustrate, one physician reports that one collaborates effectively with those who *"are more aligned in approach, personality, and attitude towards patients, but primarily with those who value you; this is of paramount importance... to work effectively, frequent interaction is essential, but mutual respect and appreciation are equally crucial... I have acquired a range of competencies over the years, which I expect to be acknowledged"*. The relational orientation, however, also encompasses other motivational factors, such as the pursuit of role distinction, which is significant because, without a clear understanding of each team member's role, one cannot fully comprehend that my role is not interchangeable with yours, and consequently, one does not demonstrate appropriate respect, as stated by one social worker. Additionally, there is a desire for group belonging, as one nurse believed, *"this is a work of interaction, where one engages with different professions and acquires knowledge that is also beneficial in the relationship with patients... naturally, I would be considerably more satisfied if there were greater integration and cohesion"*. However, motivation to compete can also serve as a driving force for professional action. An example may be a situation described by another nurse, in which *"the physician fails to recognize that I have taken this action because I believe I have understood the patient, because I feel I have gained confidence and abilities over the years, and therefore I also permit myself to make certain decisions... but she misinterprets my behavior as exceeding necessary actions, as attempting to showcase abilities, to dominate... there is limited spirit of solidarity"*.

The analysis of choice alternatives following Parsons' scheme has been of significant relevance for the analytical work we proposed to conduct and, in particular, for the endeavor to examine the primary value orientations underlying professional actions within addiction treatment settings.

Discussion and conclusions

This study explored the cultural system, normative culture, and action orientations within Public Services for Addictions (PSfA) in Northern Italy through the lens of Parsons' social theory. The study also uncovered the significance of shared cultural symbols, formalized norms, and social practices in maintaining system stability and guiding professional conduct. The analysis identified four main types of action orientation among professionals: structural, expressive, moral, and relational. Relational orientation has emerged as predominant, highlighting the critical importance of teamwork and inter-professional dynamics in a specific system.

Professional recognition was found to be a fundamental factor that influences team members' expectations and motivations. The application of Parsons' pattern variables provided insights into professionals' decision-making processes, revealing the complex choices they faced in their daily practice.

These findings contribute to a deeper understanding of the cultural and normative foundations of addiction services and highlight the ongoing relevance of the Parsonian theory in contemporary sociological inquiry (Holton & Turner, 2014; Homans, 2017). This study underscores the importance of considering cultural and normative factors in the design and implementation of multidisciplinary healthcare services, particularly in the field of addiction treatment.

The results of this study have significant implications for policymakers, healthcare administrators, and practitioners of addiction services. By recognizing the importance of relational orientation and professional recognition, organizations can develop strategies to enhance teamwork, improve inter-professional collaboration, and create a more supportive work environment. This may lead to more effective and efficient service delivery for individuals struggling with addiction.

Furthermore, the identification of shared cultural symbols and formalized norms within the PSfA system provides valuable insights into the mechanisms that maintain organizational cohesion and guide professional behavior (Yoon & Lawler, 2006). This knowledge can be leveraged to develop more targeted training programs and interventions aimed at strengthening the cultural fabric of addiction services and promoting best practices among professionals.

The application of Parsons' pattern variables to the decision-making process of addiction service professionals offers a novel perspective on the challenges and dilemmas faced by these professionals. This framework can be used to develop decision-support tools and ethical guidelines to assist professionals in navigating complex clinical and organizational situations.

While this study focused on PSfA in Northern Italy, its findings may have broader implications for addiction services and healthcare systems in other regions and countries. Future research could explore the applicability of these findings in different cultural and organizational contexts, potentially leading to the development of cross-cultural models of addiction service delivery.

In conclusion, this research not only contributes to the theoretical understanding of cultural systems and professional behavior in addiction services but also provides practical insights that can inform policy, practice, and future research in this critical area of healthcare. By highlighting the intricate interplay between cultural norms, professional orientations, and organizational dynamics, this study underlines the need for holistic approaches to improving addiction services and enhancing outcomes for both professionals and individuals.

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