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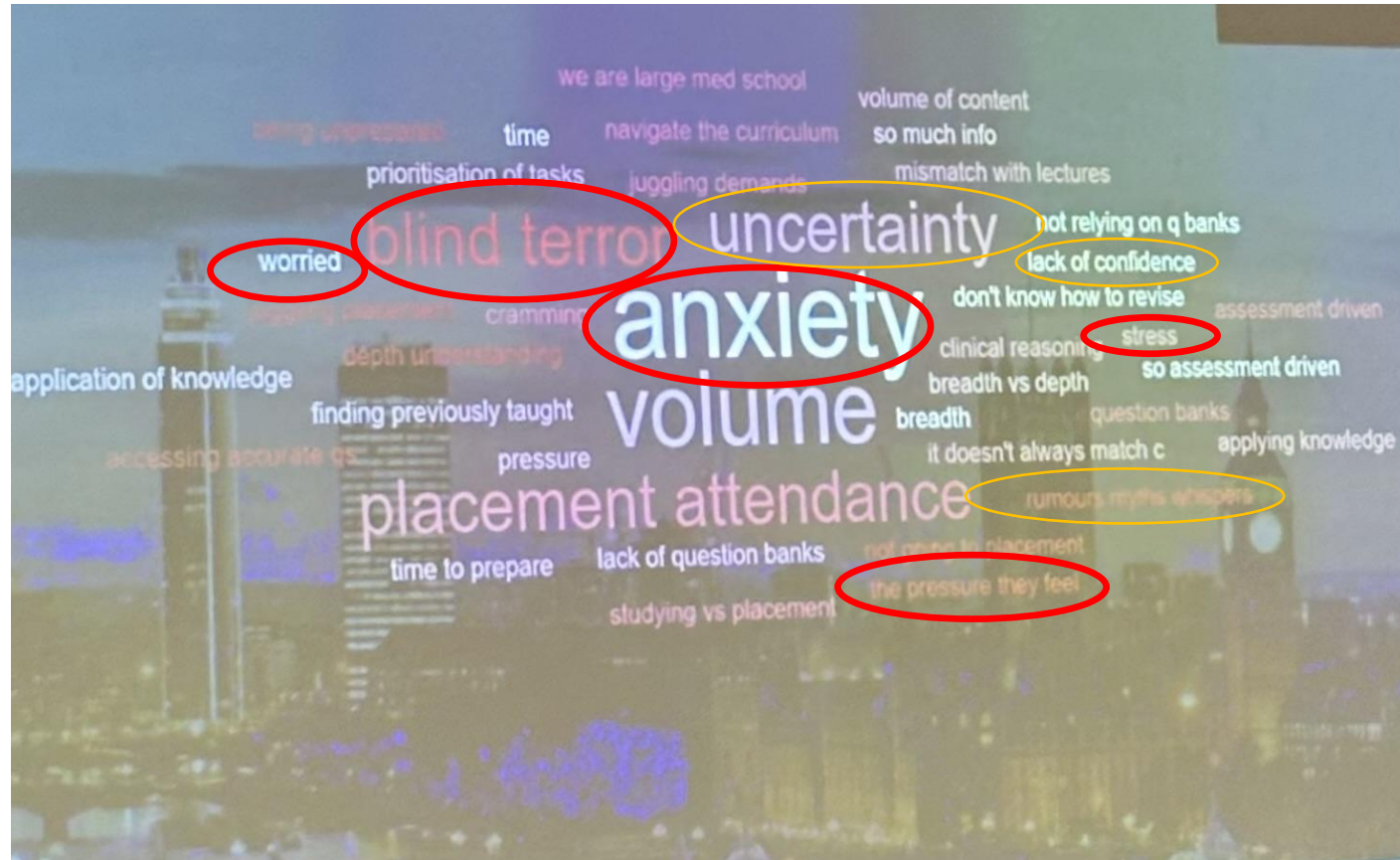
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HOW EMOTIONS ENERGISE DIVERSE RESPONSES TO PROFESSIONAL REGULATION: INSIGHTS FROM RESEARCH ON REGULATION FOR OSTEOPATHS

‘What are the biggest challenges students face when preparing for the GMC’s Medical Licencing Assessment?’



Bringing emotions into understanding of responses to regulation

- **‘Calculative thinking’** privileged in explanations of compliance; emotion overlooked (Parker, 2006)
- Traditionally, **legitimacy & understanding** of regulation & **fear of punishment** for noncompliance **motivate compliance**; ‘synergy between punishment & persuasion’ (Ayres & Braithwaite, 1992)
- But regulation has an **‘instrumental purpose’** & **‘expressive function’** which may be interpreted in different ways (Morgan & Yeung, 2007)
- Regulation threatening prized professional practices/identities may provoke **heated emotions** that **‘overflow’ regulatory systems** designed for rational responses, with unintended responses (Fischer & McGivern, 2016)
- E.g., doctors’ anxiety producing defensive ‘playing tick-box games’ in medical appraisal & revalidation: (McGivern & Ferlie, 2007; McGivern & Fischer, 2012)

Social theory about emotions

- Felt responses to appraisals of events (Lazarus, 1991, Scherer, 1984)
- Activate & amplify how people engage with their environment (Frijda et al., 1989)
- Shape, disorder, or override interpretations of events (Lerner et al., 2015).
- Reflect judgements about ‘what is important and valuable [which] is often messy, disorderly, and not in line with reflective ethical beliefs’ (Nussbaum, 2008: 52).
- Emotions activate/energise professional responses (Zeitsma & Toubiana, 2018; Lelasseux et al., 2021)

Fear, anxiety, anger & confidence

- **Fear** associated with known threats in the present;
- **Anxiety** associated with apprehension of uncertain future threats;
- Both motivate action to reduce the negative consequences of threats (Barbalet, 2001)
- **Anger** is a response to an offence, events threatening individual or collective goals, self-concepts & wellbeing; motivating actions to 'right wrongs' ('moral emotion', Haidt, 2003)
- Reasonable & rational interpretation depends on 'background feelings of **trust & confidence**' (Barbalet, 2001)

Intra-professional politics & divergent responses in regulation

- ‘Professional projects’ (Larson) may affect interpretations of & responses to regulation.
- Micropolitics is overlooked in the regulation literature (Short, 2019, Haines, 2021)
- Gray & Silbey (2014:103): ‘given the plurality of individuals, actions, resources, spaces and times... cultural norms and schemas... compliance as a singular conceptualization ultimately breaks down’.
- E.g., ‘Principled disagreement’ with regulation; ‘amoral calculations’ about compliance costs/benefits; ‘incompetent’ inability to comply (Kagan, 1989)

The empirical study

Two mixed methods research studies (2015 & 2020) in collaboration with the General Osteopathic Council (GOsC)

75 interviews (57 osteopaths;
55 in 2014; 20 in 2019);

Thematic analysis of interview data

606 responses (12% of GOsC register) to an online national survey of osteopaths in 2020;
Factor analysis & structural equation modelling of survey data



<https://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/research-to-promote-effective-regulation/>

2020 Osteopathic Regulation Survey:

Report to
The General Osteopathic Council

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<https://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/2020-osteopathic-regulation-survey/>

Osteopathic context: Uncertain & contested evidence

- Limited & contested evidence about the benefits & risks of osteopathic practices
- Relational & somatic practice: “we rely entirely on our sense perception. So, feeling is huge”
- Difficult to evaluate with biomedical research (e.g., RCTs): “you can’t do double blind RCTs for osteopathy if what you’re doing is touching somebody & how you touch has an effect.”
- “Schism” within the osteopathy profession over whether to become more evidence-based; ‘biomedical’ (structural) vs ‘traditional’ (functional) osteopaths;
- Professional legitimacy from EBP vs. undermining practices?
- “A lot of osteopaths think that evidence is something to be afraid of, used to control the way that we practise. Others think that evidence should guide and inform everything that we do”

Ambiguous & divergent compliance

- ‘Interpretive gap’ (Huising & Silbey, 2018) between written standard & practice due to nature of osteopathic practice: “Standards are slightly ambiguous.”

Divergent compliance:

- “I’m constantly thinking about GOsC standards.”
- “You could be falling short of regulatory standards but without knowing it, & not deliberately.”
- “I don’t comply with the Standard in many of the things that I do. The Standard is not realistic... gaining patient consent, for me, it’s impossible to comply with those regulations, and I break some of them every day.”

Three compliance pathways

Confident understanding of regulatory standards:

- “[GOsC staff] come out and speak to us, and we see people. They haven’t got horns on their heads these regulators; they actually care about what they do and **understand** what we do.”
- “**Knowing** the **scope of your practice**, boundaries, guidelines... you can practice and work with **confidence**.”

Fear & Anxiety relating to ambiguous/ uncertain compliance:

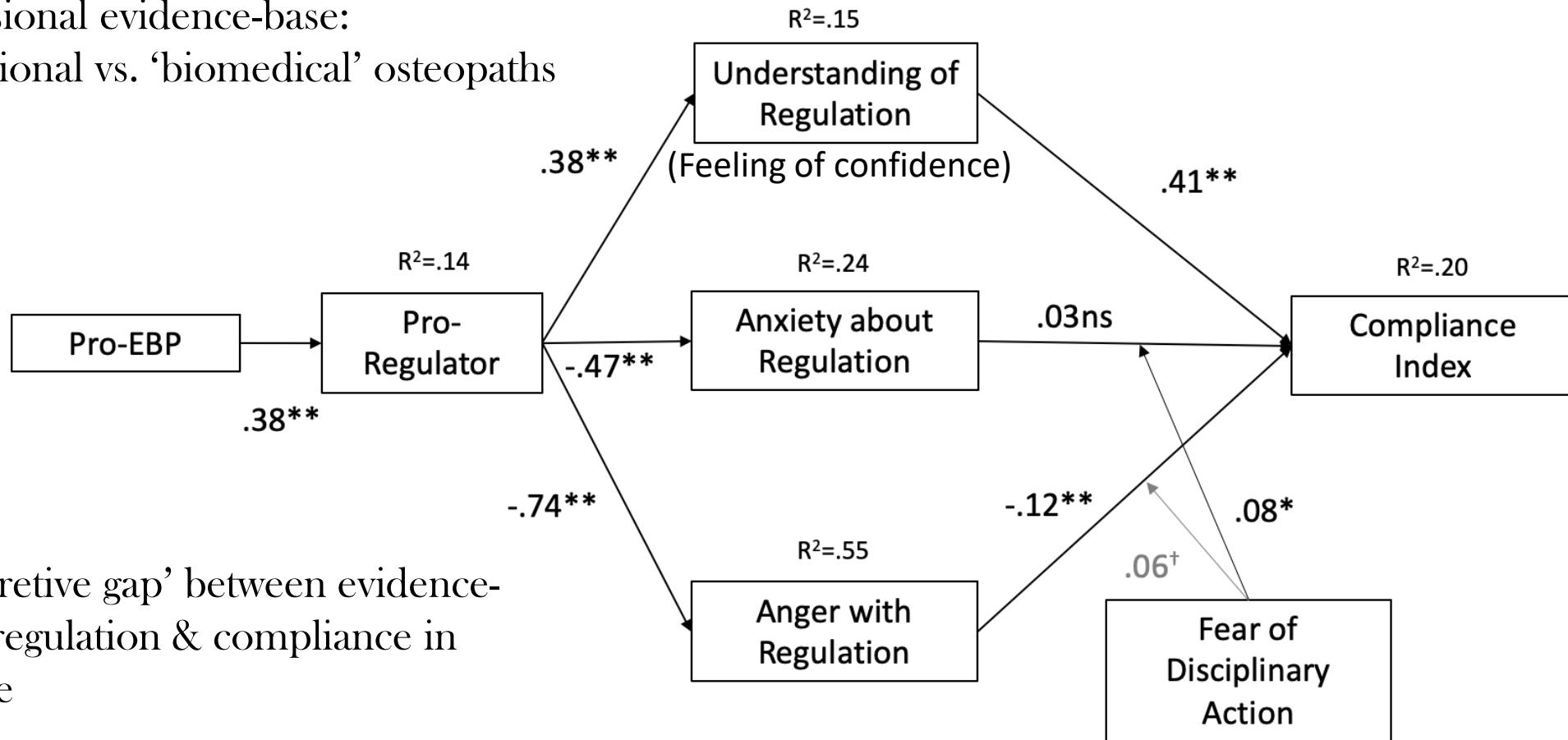
- “[I’m] **fearful**. I try very hard to be professional, to stick to the guidelines, but one’s interpretation and other people’s vary; you never know what is going to upset somebody.” (150414O)
- “I just began to worry... background **anxiety** for my whole practice, worry that you have done something inappropriately... rationally I don’t think that I ever did ... but it doesn’t take away the anxiety that I might.”

Anger (irritation/frustration) about evidence-based regulation restricting scope of practice:

- “It’s not for you as a regulator to decide what the scope of osteopathy is; it’s not within your remit to decide what our profession is. I was quite **irritated** with the regulator.”
- “[GOsC] are generally restricting what osteopaths can do. I’m **frustrated**.”

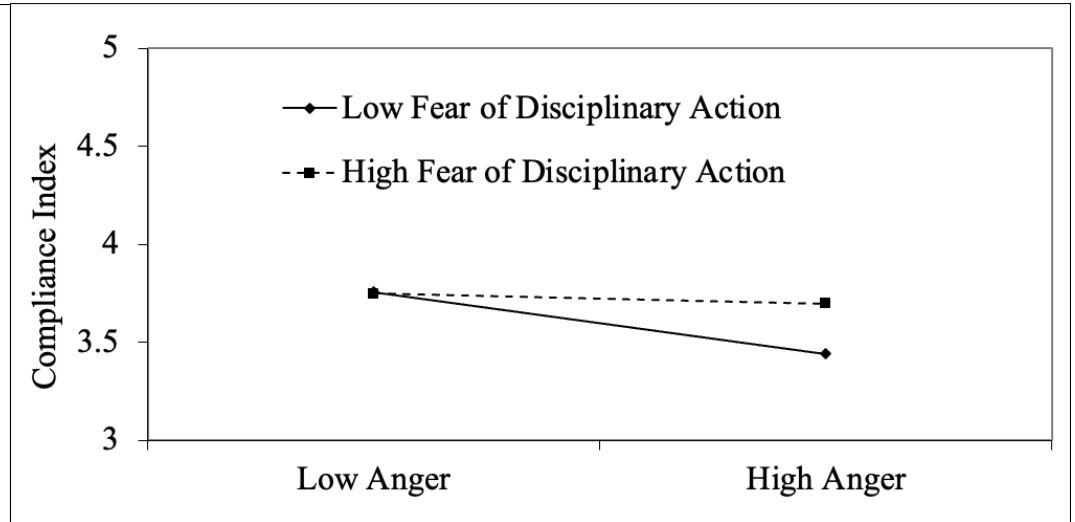
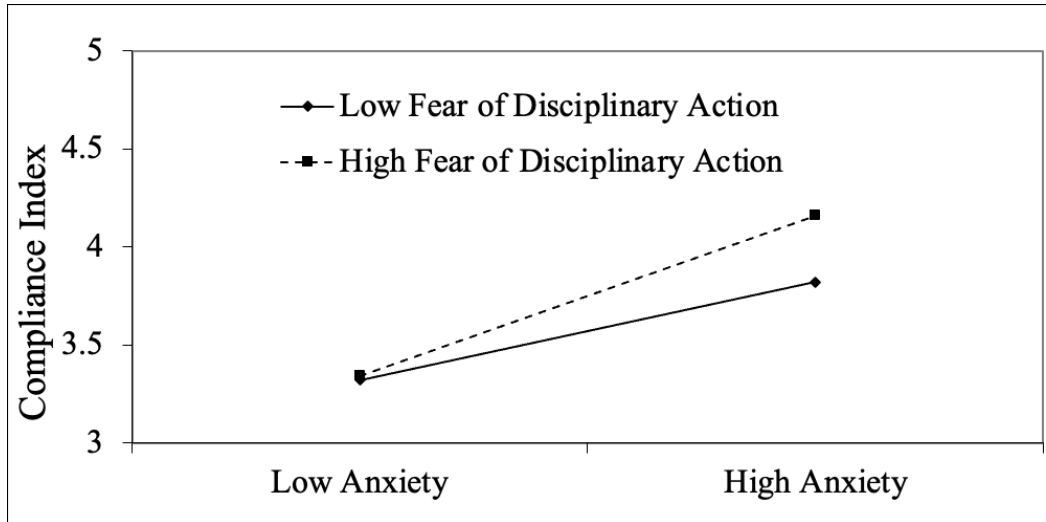
Compliance model & findings

Contested regulatory context &
professional evidence-base:
'Traditional vs. 'biomedical' osteopaths



'Interpretive gap' between evidence-based regulation & compliance in practice

Compliance, fear, anxiety & anger



Conclusion: Bringing together micropolitics, emotion & compliance

- (1) **Confident understanding** of regulation associated with **willing compliance** (reducing the ‘interpretive gap’ between written standards & compliance in practice, as well as supporting EBP-based professional political project & legitimacy)
- (2) **Disagreement** with regulation, associated with & energised by **anger** about restriction of scope of (valued) practices & **lower compliance** (although mitigated by high fear of disciplinary actions).
- (3) Diffuse **anxiety** about sanctions for inadvertent noncompliance with **ambiguous regulatory standards** or **regulation undermining valued practices**, has **no overall association with compliance**. However, high **fear of disciplinary actions** is positively **moderates compliance** among anxious regulatees).

In sum, micropolitics within professions & related diverse emotions (e.g. confidence, anger, anxiety, and fear) are mechanisms that fuel interpretive plurality into distinct regulatory responses affecting compliance

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