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When Policy meets Practice

Professional Identity in a context of Public Management Reform

Wiljan Hendrikx

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P.M.A. (Wiljan) Hendrikx

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Public Management Reform

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door

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Chapter I

General introduction and overview

1.1 Setting the stage

This PhD thesis is about the changing role and identity of frontline professionals in a context of public management reform. Professionals of all stripes, like teachers and general practitioners (GPs), have very important and responsible tasks in delivering public services that are crucial for society (Freidson, 2001; Gardner & Shulman, 2005). However, these societies have become increasingly complex, thereby offering a more demanding environment in which these professionals have to operate (Leicht, 2016; Zacka, 2017). Among others, citizens have become better informed and subsequently more demanding, with more ambiguous preferences (Evetts, 2011); society has become more risk averse leading to ever increasing demands for transparency and accountability (Noordegraaf, 2015); and new technologies and knowledge have led to far going specialization of professional services, often requiring multi-disciplinary collaboration (Brock, 2006). Professionals need to find their way within this increasingly complex environment to deliver services that remain key for citizens' daily life, including healthcare, education, welfare and judicial and police services (Noordegraaf, 2013). Taking it one step further, the quality of their professional work even determines to great extent how citizens perceive the adequacy of public service delivery, which is ultimately crucial for their appreciation of the functioning of government and society at large (Tjeenk Willink, 2018; Zacka, 2017).

Many different beliefs exist about how this public service delivery by professionals in all these different sectors needs to take place, what it should look like, and when it is good – or at least good enough. Traditionally, healthcare for example was solely aimed at curing patients, while nowadays wellbeing and care have gained importance (Boot, 2013). For teaching, knowledge transfer used to be the most important task, while nowadays skills-training has been added to that (Bronneman-Helmers, 2011). Simultaneously, professionals themselves changed. For example, more women joined the ranks of professionals, and new ideas gained prominence about work-life balance (Noordegraaf, 2013). Relatedly, professional organizations and employment preferences developed. For example, for GPs in the Netherlands such new preferences led to the rise of competing organizational forms replacing the traditional solo-practice, like working in primary care organizations. For Dutch teachers, new ideas on efficient and effective organization led to an expansion of their direct work environment due to the merging of schools. Many of these (organizational) changes for professionals have been stimulated by public management reforms, like the expansion of employer responsibilities for GPs which makes running a solo-practice more time consuming, and the determining of a minimum size for schools to reach economies of scale.

But how exactly did the roles and identities of professionals develop in this context? Are professionals able to manage these new and increasingly mixed environments? To what extent

are these different environments each coming with unique expectations compatible in daily practice? What do changes in public management mean for professionals' identity and how do they perceive this themselves? Answers to such questions are far from straightforward and may vary between professionals and across professional domains. After all, the expectations professionals face form complex constellations of pressures that are simultaneously regulative, normative, and/or cultural-cognitive in nature (Scott, 2008), with each prescribing what 'appropriate' professional conduct entails. The expectations are not necessarily aligned and may even be conflicting. Especially in the last few decades, governmental and societal expectations for professionals and their roles have changed (Freidson, 2001; Leicht, 2016; Noordegraaf, 2015). For example, many professionals are nowadays expected to compete with one another as market actors to improve consumer choice while keeping costs low, and simultaneously to carry on collaborating with their direct colleagues to ensure continuity of professional service delivery (Brandsen & Honingh, 2013). Another contested issue is that professionals are expected to take on an entrepreneurial role in innovating services, but at the same time to keep costs within budget limits set by the government (Leicht, 2016). Also, professionals need to be accountable and transparent through detailed administration of procedures and performance, while they are also pressured to dedicate their time to the primary process of providing services to citizens in their role of clients, like patients and students (Zacka, 2017).

Frontline professionals are in the midst of this battlefield of various and competing expectations about public service delivery, because they are faced directly with citizens. Competing expectations about the appropriate course of action around them can lead to tension and confusion, but professionals nonetheless must decide a course of action in the reality of their workaday practice (Zacka, 2017). This creates the perfect circumstances for diverse responses (Breit, Fossestøl, & Andreassen, 2018; Lok, 2010; Pache & Santos, 2013). Professionals face the daunting task to interpret and consider all the different expectations and subsequently enact what they deem to be the best way forward, while simultaneously securing the legitimacy from multiple sources like their clients and government (Brandsen & Honingh, 2013; Schott, Van Kleef, & Noordegraaf, 2016; Scott, 2008). Until now we have relatively little theoretical understanding of the ways in which individual professionals make everyday decisions in workaday practice based on who they believe they should be – i.e. their professional identity – in a context of multiple and competing role demands (Denis, Ferlie, & Van Gestel, 2015; Reay, Goodrick, Waldorff, & Casebeer, 2017; Spyridonidis, Hendy, & Barlow, 2015). Therefore, this PhD thesis seeks to answer the following main research question:

> *How can we describe and explain the development of the role and identity of frontline professionals in a context of public management reform and how do they navigate competing expectations?*

Being clearly on the frontline by delivering crucial public services for citizens while being in a context of political and societal turmoil as shown by many public management reforms in their respective sectors (Boot, 2013; Bronneman-Helmers, 2011), this PhD thesis makes a comparison between GPs in primary healthcare and teachers in secondary education in the Netherlands. Following Adams (2015) who argues that narrow case studies of single professions hinder adequate theorizing, such a comparison allows to uncover how professional identities and roles have developed in a context of competing expectations and how professionals navigate multiple role demands.

In the remainder of this chapter, I will now first pay attention to this thesis' main theoretical building blocks, by discussing insights from literature on public management reform, professionalism and professional identity. Then, I will pay attention to the research methodology, outlining its main features and explaining this study's case selection. Finally, I will discuss the research sub-questions and the thesis outline.

1.2 Main theoretical building blocks

Public administration literature on policy implementation (Brodkin, 2011; Hupe & Hill, 2016; Lipsky, 1980), and literature from the sociology of professions (Evetts, 2013; Leicht, Walter, Sainsaulieu, & Davies, 2009; Noordegraaf, 2016), have taken huge strides towards acknowledging the importance of frontline professionals as crucial link in policy implementation processes and studying the development of their professions in a context of societal and political change. However, whereas both streams of literature pay ample attention to new modes of professional work – often focused on managerial elements being incorporated into professional roles (Croft, Currie, & Lockett, 2015; Llewellyn, 2001; Noordegraaf, 2015) – they seldom regard professionalism and professional work as the outcome of long and continuous processes of professional identity (re)construction in a context of public management reform. Awareness is growing that adopting such an identity perspective to study the relationship between professionals and public management reform is crucial to understand how macro-level change plays out at micro-level (Day, 2007; Denis et al., 2015; Spyridonidis et al., 2015). As Ball suggests for teachers: *'[reform] does not simply change what people, as educators, scholars and researchers do, it changes who they are'* (2003, p. 215). Whereas professional identity change may ultimately lead to different translations of policies and new attitudes in professional service delivery vis-à-vis citizens, gaining a deeper understanding of professional identity in relation to public management reform is crucial for both theory and practice.

Public management reform

Starting at macro-level, the first theoretical 'building block' of this PhD thesis is public management reform. Public administration literature shows that the values and beliefs underpinning public management reforms are developing over time (Bryson, Crosby, & Bloomberg, 2014; Pollitt & Bouckaert, 2017). In general, at least three ideal type models of public management are distinguished in the post-World War II era throughout the western world (Osborne, 2010a). These models form the context against which professional roles and identity are being studied in this PhD thesis. Note well, the three models are considered to reflect the multiple societal developments described in paragraph 1.1. Although it is impossible to determine the exact influence of each of these developments on public management reform, it is clear that ideas, innovations and trends are ultimately expressed in new policies. Hence, public management reform in this PhD thesis is considered by means of the three models as paradigms, rather than specific policies.

Welfare states developed and expanded up into the 1970s hand in hand with economic prosperity and high levels of employment (Osborne, 2010a). In a time of strong belief in the governmental capacity to protect citizens against poverty, inequality and poor health (Bryson et al., 2014), a Weberian model of public bureaucracy that we can refer to as Traditional Public Administration (TPA) came to flourish with hierarchical planning, administrative expertise and ongoing specialization as coordinating mechanisms (Ferlie & Ongaro, 2015; Pollitt & Bouckaert, 2017). With the establishment of stable rules, laws and regulations as superior to political patronage for public management, public service delivery became dominated by personnel based on expertise and training allowing them to have a relatively large degree of discretion (Brandsen & Honingh, 2013; Ferlie & Ongaro, 2015).

This started to change when a neo-liberal political ideology gained strength while the tide of economic prosperity turned due to a strong recession throughout the Western world (Leicht et al., 2009). The economic downturn in the late 1970s and early 1980s made clear that administrative systems had become too elaborate and too expensive. Soon, under the influence of neo-liberal politics an eye was turned to private sector management, which became an example for efficient and effective public service delivery (Bryson et al., 2014; Ferlie & Ongaro, 2015). A period of continuous public management reform and austerity followed from the 1980s onwards and market type mechanisms and contracts were widely introduced throughout the public sector (Leicht, 2016; Pollitt & Bouckaert, 2017). How far reaching these reforms actually were and what they implied for processes of policy implementation differed greatly between nations, especially between Anglo-Saxon and continental countries (Pollitt & Bouckaert, 2017). Nevertheless, in all Western countries alike, this neo-liberal influence was evident, and it is commonly referred to as the New Public Management (NPM) (Hood, 1991; Osborne, 2010a; Pollitt & Bouckaert, 2017).

Since the late 1990s, Angel-Saxon governments started to recognize, and continental countries like the Netherlands started to revalue, more and more the necessity of collaborating with other actors – public, semi-public, as well as private ones – to create public value (Bryson et al., 2014; Pollitt & Bouckaert, 2017). New governance concepts like partnerships, collaborative platforms and network management were introduced and although each concept is unique, they all recognize and emphasize the existence of interdependencies between actors and the need for inclusive dialogue (Ferlie & Ongaro, 2015). This can lead to the formation of networks as mechanism for deliberation and collaboration between stakeholders (Torfing, 2019). Government is no longer always the hierarchical superior, but sometimes network partner and sometimes simply stays out of the way. Although the exact characterization of the network model is still up for scholarly debate (Bryson et al., 2014), in this PhD thesis it is being referred to as the New Public Governance (NPG) (Osborne, 2010a), whereas the term 'governance' expresses the horizontal character of governmental involvement.

Public administration literature focusses especially on the new roles these three models have created for government. However, each model has also conveyed new expectations for frontline professionals who ultimately implement governmental policies (Hupe & Hill, 2016), which has received less attention in literature (see Brandsen & Honingh, 2013 for a notable exception). What exactly are these new expectations? And how do they play out in different policy areas in practice? By empirically studying these expectations in public policies over a long period, we can attain a more refined understanding of how current day professionalism has developed in a context of public management reform, leading to this PhD thesis' first sub-question as will be discussed in paragraph 1.4.

Professionalism and professionals as implementers

To enable such a study, the second theoretical 'building block' of this PhD thesis is professionalism and its professionals. Professions can be described as institutionalized occupations (Abbott, 1988; Evetts, 2013), whose members are granted a certain amount of autonomy and prestige to deliver services that are key to society (Gardner & Shulman, 2005; Noordegraaf, 2015). Although its exact characteristics are up for scholarly debate, professionalism is commonly associated with high-skilled exclusive expertise, objectivity and altruism often captured in (implicit) ethical codes, and workers' commitment to clients and profession (Abbott, 1988; Gardner & Shulman, 2005; Leicht, 2016). In this sense, some professions, most notably those within the fields of medicine and law, are older than the welfare state and their professional status is little contested because of their claims to unique knowledge and skills (Larson, 1977). Others like teaching and nursing professions emerged more parallel to it (Wilensky, 1964), and even today, many modern occupational groups, like information technology workers, aspire to follow in the footsteps of professionalization by establishing associations and offering educational programs (Noordegraaf, 2007).

Nevertheless, irrespective of how 'professional' certain groups are, following a neo-Weberian perspective on professionals (Brock & Saks, 2015), all 'professional projects' share two key objectives: the ability to control who can enter the profession – i.e. professional closure – and the ability to control how professionals execute their work – i.e. professional control (Abbott, 1988; Faulconbridge & Muzio, 2011; Freidson, 2001; Noordegraaf, 2007)

With more and more occupations being professions to a certain extent, professionals have come to dominate modern public service delivery (Noordegraaf, 2007). They often fulfil 'front-line' roles meaning they are the 'face' of the welfare state in direct contact with citizens (Zacka, 2017). Consequently, just like other workers who implement policies, they are a final link in processes of policy implementation and professionalism should therefore be of crucial interest to policy makers and scholars. After all, policy makers cannot design policies up to the extent that they are a blueprint professionals merely execute; professionals always need to interpret and apply them to concrete cases (Brodkin, 2011; Hupe & Hill, 2016; Zacka, 2017). Therefore, whether the goals and ambitions of public management reforms are met, depends upon their outcome in public service delivery and hence their success lies for an important part in the hands of professionals (Brodkin, 2011; Hupe & Hill, 2016). However, despite literature on policy implementation emphasizing the importance of taking a bottom up perspective, the daily realities of frontline professionals are still easily lost out of sight by policy makers (Hupe & Hill, 2016; Matland, 1995; Zacka, 2017). This may be problematic for professionals themselves, as becomes apparent in the discontent and struggle among frontline professionals of all stripes who have trouble reconciling their professional norms and values with those of the modern day policies they have to implement (Jansen, Van den Brink, & Kole, 2010; Tummers, Bekkers, & Steijn, 2009). However most importantly, this will ultimately be problematic for society and its citizens whereas they are the end-users of professional services (Zacka, 2017).

In literature, the problematic reconciliation of professional values with values in public management reform is often described as a 'collision of logics' (Freidson, 2001), or as one of the most important 'pressures' faced by professionals (Leicht, 2016; Noordegraaf & Steijn, 2013). However, more academic work is needed into how professionals themselves actually experience, assess, and subsequently respond to public management reform, securing a bottom-up perspective into the study of public administration (Hupe & Hill, 2016). After all, the consequences of this collision are far-reaching, leading among others to feelings of alienation, diminished work motivation and sometimes resistance by professionals to the policies that need to be implemented (Tummers, Steijn, & Bekkers, 2012). Moreover, it even leads to an erosion of moral sensibility on the part of professionals themselves when they start to settle for reductive conceptions of their responsibilities in order to remain capable to determine courses of action in complex realities (Zacka, 2017). Consequently, the mismatch

of values jeopardizes the quality of public service delivery and thereby ultimately lands on clients' plate.

Literature on the collision of logics and pressures started out by understanding professionalism mainly as static (Freidson, 2001). However, by taking the subjective experience of professionals as starting point for analysis, literature has set important steps in understanding professionalism as constantly evolving starting at micro-level (e.g. Hafferty & Castellani, 2010; Tummers et al., 2012). The same goes for literature that seeks to understand professional work as evolving towards new modes that include elements traditionally alien to professionalism within professional roles turning them into 'hybrids' (Fischer & Ferlie, 2013; Noordegraaf, 2015). Most hybridity studies argue these elements are managerial in nature, induced by public management reforms of the NPM model focusing on efficiency and (financial) transparency (Croft et al., 2015; Fischer & Ferlie, 2013; Llewellyn, 2001; Machin, 2017; Turner, Lourenço, & Allen, 2016). More recent work has included new expectations for professionals belonging to the NPG model leading to an understanding of professionalism as the reflexive capacity to co-organize processes professional service delivery together with other actors in- and outside of the profession and organization (Brandsen & Honingh, 2013; Noordegraaf, 2015). However, these literatures leave questions unanswered about how professionals' own perceptions of their professional selves evolve in a context of public management reform. Acknowledging that professionals play a key role in policy implementation processes, these questions are especially relevant. For their answer, this PhD thesis turns to the concept of *professional identity*, which is more and more acknowledged as the missing link between macro-level change and micro-level agency, whereas the former can trigger identity shifts, while identity is key for how professionals interpret and enact their roles (Day, 2007; Denis et al., 2015; Reay et al., 2017; Spyridonidis et al., 2015; Webb, 2016).

Professional identity

Professional identity is the third theoretical 'building block' of this PhD thesis. Already with John Locke (1632-1704), thinking about identity as something attributed to a person started to develop, revolving on the one hand around the notion of something being the same to itself and hence unique and distinguishable, and on the other around a sense of continuity meaning it does not change all of a sudden (Locke, 1690, pp. 112–121). Much later, sociologists played a key role by adding that identities are shaped in social interaction through establishing a reciprocal relationship between individual and collective: the actions of individuals shape collectives, and in turn collectives provide the language and meanings that enable individuals to reflect upon themselves (Mead, 1934; Stets & Burke, 2003). Moreover, identities are plural, which means that a person has multiple 'parts' and each part is related to a social structure (Ashforth, Harrison, & Corley, 2008; Stets & Burke, 2003). One of these parts is related to work and can be referred to as *professional identity*. This identity can be defined *'as the*

relatively stable and enduring constellation of attributes, beliefs, values, motives, and experiences in terms of which people define themselves in a professional role' (Ibarra, 1999, p. 765). In case of the professions, the institutionalized collectives provide these constellations for their members. The social interaction between individual and collective is shaped by elaborate socialization processes through professional training and membership of professional associations. Consequently, professional socialization leads to the development of *'a sense of common experiences, understandings and expertise, shared ways of perceiving problems and their possible solutions'* (Evetts, 2013, p. 780). Despite some typical individual variation between members of the same profession (Bévort & Suddaby, 2016), this creates a strong shared sense of professional identity (Barbour & Lammers, 2015).

Literature suggests that professional identity is a key mechanism through which professionals make sense of, and enact upon, what they come across in their workaday practice (Ashcraft, 2007; Pratt, Rockmann, & Kaufmann, 2006). It provides the language, values and meanings through which professionals perceive and interpret not just the contact with their clients, but also the dealings with their institutional and organizational environment (Chreim, Williams, & Hinings, 2007). In case professionals are expected to execute new roles due to public management reforms, they interpret these changes through the lens of their professional identity (Pratt et al., 2006; Spyridonidis et al., 2015). Since professional identities are not fixed but are 'relatively stable' (Ibarra, 1999), they gradually change over time. Such change can among others be triggered by developments in professionals' organizational and institutional environments, including the public management reforms that professionals need to implement (Chreim et al., 2007; Denis et al., 2015). In this sense, public management reforms have the potential to fundamentally alter professionalism, not just by changing their roles but also by changing the hearts and minds of professionals (Ball, 2003), leading to different interpretations and ultimately different professional practices in public service delivery.

In literature, awareness is growing that professional identity fulfills an important 'double role'. On the one hand it is key for understanding processes of policy implementation, whereas it forms the basis from which professionals interpret public management reforms (Buchanan, 2015; Spyridonidis et al., 2015). On the other hand it simultaneously has the potential to evolve under influence of these public management reforms (Ball, 2003; Bévort & Suddaby, 2016; Denis et al., 2015). Not surprisingly, calls to study identity in relation to public management reform have grown stronger (Denis et al., 2015), because although changes in professional archetypes are well-documented, less is known about developments in what professionals themselves see as the fundamental purpose of their profession and how they see this taking shape in workaday practice (Ahuja, Nikolova, & Clegg, 2017). By focusing on professionals' own perceptions of their professional identity in a context of public management reform through sub-questions two, three and four (see paragraph 1.4), this PhD

thesis refines and advances our understanding of the complex and often uneasy relationship between professionals and the policies they have to implement.

I.3 Methodology

This PhD thesis is the result of an exploratory study with a qualitative research approach (Miles & Huberman, 1994). Responding to calls for more comparative work within the sociology of professions (Adams, 2015), it has a comparative case study design (Yin, 2009), comparing professionals and their policy contexts in two separate policy areas within one national context. To collect data about policies in both fields and about professional roles and identities document study and semi-structured interviewing served as its main research methods (Rubin & Rubin, 2005). In chapters two, three, four and five, the exact methodology for answering the specific sub-questions (see paragraph 1.4) will be discussed. In this paragraph, it will first be explained why these two groups of professionals are interesting to study in the light of this thesis' main research question, after which it will be explained how the concept of professional identity has been studied.

GPs and secondary school teachers in the Netherlands

The two kinds of professionals that are studied in this PhD thesis are GPs and secondary school teachers in the Netherlands. Despite their obvious differences, a comparison between these two holds important value from at least three perspectives.

First, from a public administration point of view the public management reform contexts of both policy areas show great similarities. Although not as substantial as it has in the Anglo-Saxon countries, public management reforms have had a substantial impact on the public sector in the Netherlands comparable to other countries in the Western world (Kickert, 2008; Pollitt & Bouckaert, 2017). Embraced as 'innovation', ideas and values of the NPM, and later the NPG, have found their way relatively easily into Dutch public management, including in healthcare and education, due to the Dutch administrative tradition of pragmatism and consensus-seeking (Kickert, 2008). This is for example visible in healthcare and education where many reforms have led to the introduction of market mechanisms combined with an increasing emphasis on collaborative governance practices (Boot, 2013; Bronneman-Helmers, 2011). Therefore, the Netherlands offer an interesting locale to examine the development of public management reforms.

Second, from a societal perspective the adequacy of public service delivery is key for citizens' appreciation of the functioning of government and society at large as argued for earlier (Tjeenk Willink, 2018; Zacka, 2017). Healthcare and education are two domains that are crucial in the life of all citizens: each citizen must be listed with a GP and will be in contact with him/her at

some point, and practically everybody has had experiences with secondary school teachers either as a student or as a parent. Hence, the quality of the work of these truly 'frontline' professionals in their shared effort to realize public value therefore has a direct impact on citizens' perceptions of the quality of public service delivery and bureaucratic life, which in turn is crucial for their appreciation of our welfare state (Zacka, 2017).

Finally, from a professionalism perspective, comparing both professional groups provides an interesting opportunity to bring together two strands of literature that have previously been mostly separated. Although GPs and secondary school teachers are traditionally seen as 'full professionals' and semi-professionals' respectively (Etzioni, 1969), it should not be underestimated how much in fact they have in common: like general practice, teaching has considerable professionalism traits (Schimank, 2015; Van Veen, 2008), including specific teacher training, objectivity and altruism, and dedication to student development. Nevertheless, literature on professional identity within the sociology of professions almost never use insights from literature on teacher identity. Especially considering the fact that the professional identity of teachers is a relatively well-studied concept in the field of teacher education (Beijaard, Meijer, & Verloop, 2004), it is a missed opportunity that almost none of its studies feed back into the more general sociology of the professions' literature on professional identity. Connecting both bodies of literature offers a chance to enrich our understanding of professional identity in general and its micro-level (re)construction with insights from the field of teaching.

Professional identity: a Good Work lens

Surprisingly, literature from the sociology of professions as well as from teaching provides little direction on *how* to study professional identity. Many studies offer no explicit definition of what professional identity entails in the first place, while others emphasize a rather diverse range of aspects (Beijaard et al., 2004). The definition of Ibarra (1999), which has been discussed earlier, offers a notable exception and makes clear that professional identity is about how professionals define *themselves*. However, also Ibarra then provides very little direction for a further operationalization of the concept to enable its systematic study. Looking for tools to operationalize professional identity, this PhD thesis puts forward the Good Work framework which provides an excellent way to explore professionals' self-definitions (Gardner, Csikszentmihalyi, & Damon, 2001).

The Good Work framework is established on the basis of an empirical study examining what professionals themselves regarded as 'good work' in their respective fields (Barendsen & Gardner, 2009; Mucinskas & Nichols, 2014). It covered nine different professions and included in-depth interviews with over 1,200 leading professionals. It found that 'good work' embodies three principles that are simultaneously at play. The first principle is *excellence*,

referring to expertise and skill making the work 'high in quality and technically sound; it meets or exceeds standards by which other work is judged' (Fischman & Barendsen, 2010, p. 31; Gardner et al., 2001). The second principle is *ethics*, which can be cut down to understanding it as 'social responsibility (…) for the impact work, behavior, decisions and products can have on others' (Fischman & Barendsen, 2010, p. 67; Gardner et al., 2001). The third principle is *engagement*, which refers to the necessity for workers to care for the work they do and to find it personally meaningful (Fischman & Barendsen, 2010; Gardner et al., 2001).

These three principles – or three 'Es' – show great overlap with the characteristics attributed to professionals: high-skilled exclusive expertise (excellence), objectivity and altruism often captured in (implicit) ethical codes (ethics), and workers' commitment to clients and profession (engagement) (Abbott, 1988; Gardner & Shulman, 2005; Leicht, 2016). Proactively asking professionals to articulate their own definitions of each of these three Es and then inviting them to reflect upon how they live up to these own definitions in practice provides an opportunity to unravel how professionals understand, define and ultimately identify themselves as professionals.

1.4 Questions and outline of the dissertation

This PhD thesis starts at the public management side by examining how role expectations for professionals in the two policy areas under study have evolved in policy documents over half a century (chapter 2). It then moves from macro-level to micro-level by focusing on each of the policy areas individually and exploring the professional identities of GPs respectively secondary school teachers in the context of public management reform and how professionals navigate competing expectations (chapters 3 and 4). It then takes on a comparative perspective again and seeks to unravel how managerial reform as most influential form of public management reform has impacted both kinds of professionals and how their professional identities can explain similarities and variation (chapter 5). In the final chapter of this PhD thesis the overall main findings are discussed in relation to state-of-art academic debates on public management, professionalism and professional identity (re)construction (chapter 6), thereby answering the main research question which is repeated here:

> *How can we describe and explain the development of the role and identity of frontline professionals in a context of public management reform and how do they navigate competing expectations?*

See Figure 1.1 for a schematic overview of this PhD thesis' structure.

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│              1. Introduction                      │
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┌─────────────────────────────────────────────────┐
│      2. Public policy reform: role expectations   │
└─────────────────────────────────────────────────┘
┌────────────────────────┐  ┌──────────────────────┐
│   3. Professional       │  │   4. Professional     │
│   identity of GPs       │  │   identity of teachers│
└────────────────────────┘  └──────────────────────┘
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│   5. Managerialism and professional identity      │
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│         6. Discussion & conclusion                │
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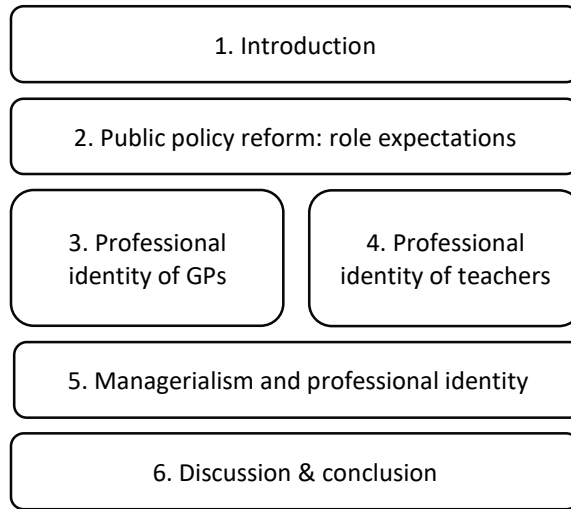
Figure 1.1 – Thesis structure

Chapter 2 – In this chapter half a century of public policy documents of two policy areas in the Netherlands – primary healthcare and secondary education – is being analyzed, starting mid-1960s. Using the main characteristics of the three public administration models discussed earlier – TPA, NPM and NPG – combined with key professional attributes as analytical frame, it studies how role expectations for professionals have developed. It thereby contributes to our knowledge of the complex relationship between public management reform and professional roles in order to gain deeper understanding of modern-day professionalism. The following research question guides this chapter:

> *Sub-question 1: How have (various) expectations of professional roles in public management reform contributed to current-day hybrid professionalism?*

This chapter is published as:

> Hendrikx, W., & Van Gestel, N. (2017). The emergence of hybrid professional roles: GPs and secondary school teachers in a context of public sector reform. *Public Management Review*, *19*(8), 1105–1123.

Chapter 3 – In this third chapter, the professional identity of Dutch GPs against a background of market-oriented healthcare reform is examined. Knowing that this public management reform has had substantial implications for the professional roles of GPs, it is studied how GPs themselves perceive their impact on who they think they should be (self-image) and what they think they actually do in workaday practice (role), and how they navigate potential

discrepancies between these two. Based on interviews with 22 Dutch GPs, it answers the following research question:

> *Sub-question 2: How does GPs' professional identity develop within a market-oriented healthcare reform context, and how do GPs navigate tensions between self-image and role?*

This chapter is published as:

> Hendrikx, W. (2018). Priced not praised: professional identity of GPs within market-oriented healthcare reform. *Journal of Professions and Organization, 5*(1), 12–27.

Chapter 4 – Parallel to the foregoing chapter, this chapter examines the professional identity of Dutch secondary school teachers against a background of educational reform introducing managerial practices. Nowadays, more and more studies argue that worldwide managerialism has had implications for teachers' practices *and* their professional identity. This chapter empirically examines how teachers perceive their self-image and their role in a context of public management reform and how they navigate potentially competing demands. Through 30 interviews with secondary school teachers in the Netherlands, it answers the research question:

> *Sub-question 3: How do Dutch secondary school teachers (re)construct their professional identity in a context of managerialism and how do they navigate possible tensions between self-image and role?*

This chapter is published as:

> Hendrikx, W. (2019). What we should do vs what we do: teachers' professional identity in a context of managerial reform. *Educational Studies,* 1-17.

Chapter 5 – Taking on a comparative perspective again, this chapter examines the consequences of NPM's managerial reform on the respective professionals central in this PhD thesis – i.e. GPs and secondary school teachers. It seeks to unravel the similarities and variations for the two professional domains. It subsequently seeks to explain these similarities and variations by focusing on professionals' own definitions of the professional values of excellence, ethics and engagement, and suggests that profession specific identities are key for creating different conditions and consequences for new management practices. Combining the interviews with GPs and secondary school teachers held for chapters 2 and 3 to a total of 52 interviews, it answers the following research question:

> *Sub-question 4: What are the consequences of managerial reform across two domains within one national context and how can we explain similarities and variation from a professional identity perspective?*

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Chapter 6 – In this final chapter, the main overall research question of this PhD thesis is revisited and answered. Subsequently, this chapter discusses this study's outcomes in terms of general academic debates on professionalism and professional identity (re)construction in relation to public management reform. A call for more attention to professionals' perspective by academics and policy makers is made. It is argued how professional identity contributes to our understanding of the complex relationship between professionals and public management reform. Finally, practical implications of this PhD thesis' findings are given.

Chapter 2

The emergence of hybrid professional roles:
GPs and secondary school teachers
in a context of public sector reform

Abstract

Responding to recent calls for more context and history in studying (semi-)professionals in the public sector, this article examines the emergence of hybrid professional roles along with large scale reforms of Dutch healthcare and education since 1965. Using a theoretical framework based on public management literature and key professional attributes, the article shows how hybrid role expectations are developed by accumulation rather than replacement of successive reform models. Within a single national context, it also highlights considerable sectoral variation in how reform affects professionals' roles, suggesting a complex mutual relationship between reform and professions rather than a one-sided policy impact.

Keywords: hybridity, professionals, public sector reform, roles.

2.1 Introduction

In contemporary studies of professionalism, public services delivery has been recognized as a balancing act, requiring frontline workers to turn into 'hybrid professionals' (Faulconbridge & Muzio, 2008; Noordegraaf, 2015). Hybridity implies a composition of elements that are usually found separately (Fischer & Ferlie, 2013); and for professionals it commonly refers to the mixture of professional and managerial principles (Croft et al., 2015; Ferlie, Pettigrew, Ashburner, & Fitzgerald, 1996; Noordegraaf, 2007). Especially with the rise of neoliberalism and 'market fundamentalism' in the last 30 years (Leicht, 2016), public policies have adopted managerial principles for supervision and control that have come to affect the foundations of professional work, such as peer based legitimacy, exclusive ownership over knowledge and autonomy or freedom from oversight (Evetts, 2013; Noordegraaf, 2007, 2015). The study of hybrid professionalism seeks to understand how these fundamentally different principles may coexist, and mutually influence each other, leading to new configurations of roles for professionals. Since public sector reform depends upon frontline professionals translating policy changes into daily practice (Brodkin, 2011; Hupe & Hill, 2007), understanding hybrid professionalism is key for policy design and implementation.

Hybrid professionalism has been studied for its relationships with, for example, management (Ferlie et al., 1996; Fitzgerald, 1994; Llewellyn, 2001; Noordegraaf, 2007), organizations (Denis et al., 2015; Muzio & Kirkpatrick, 2011; Schott et al., 2016; Turner et al., 2016), identity (Bévort & Suddaby, 2016; McGivern, Currie, Ferlie, Fitzgerald, & Waring, 2015; Spyridonidis et al., 2015), and leadership (Byrkjeflot & Jespersen, 2014; Fulop, 2012). So far, most scholars have paid little attention to how hybrid professionals' roles have evolved in a context of public sector reform over a long period (Brandsen & Honingh, 2013; Denis et al., 2015; Noordegraaf, 2013). Current studies of hybrid professionalism usually focus on a particular status quo or take at most a recent period into account (e.g. Croft et al., 2015; Spyridonidis et al., 2015). This lack of historically informed research is remarkable while many of the managerial principles that push towards hybridity, such as management supervision and control, are induced by public policies (Coraiola, Foster, & Suddaby, 2015; Leicht, 2016; Noordegraaf, 2007, 2015). We address this gap and study how professional role expectations are related to the context and history of public policy developments. This will allow for more understanding of the complex and often uncomfortable processes of public sector reform and their impact on role expectations for professionals.

This study examines whether and how (various) expectations of professional roles in public sector reform have contributed to current day hybrid professionalism. Following Adams (2015), who argues that narrow case studies of single professions hinder adequate theorizing, we compare professionals in two sectors – i.e. the general practitioner in healthcare and the

secondary school teacher in education in the Netherlands. Both sectors are characterised by major policy reforms in line with broader international trends, like the introduction of managerial mechanisms (Pollitt & Bouckaert, 2011; Saltman, Allin, Mossialos, Mathias, & Kutzin, 2012). To examine these sectors, we analyse half a century of public policy documents, starting mid-1960s when governmental involvement with public services truly started to take shape (Pollitt & Bouckaert, 2011). Our long-term focus allows us to grasp the subsequent reforms and role expectations of frontline professionals beyond the usual management-professional dichotomy at the level of organizations. We discuss the emergence of hybrid professional roles in a wider institutional context, aiming to explore professional role change in healthcare and education as influenced by past and contemporary reform concepts.

We contribute to the literature on professions and public sector reform in two ways. We first combine insights from both literatures to distill out role characteristics for professionals in relation to public sector reform models. In contrast to studies that point towards reform being a process of subsequent waves (Bryson et al., 2014; Pollitt & Bouckaert, 2011), our empirical study explains the hybridization of professional roles by an accumulation of reform models and principles, culminating in different role expectations for professionals simultaneously at play. Secondly, we highlight that public sector reform works out differently for professionals in two sectors within one nation, both in terms of pace and role characteristics. Our findings herewith contribute to understanding reform beyond a common focus on national distinctiveness (Kickert, 2008; Mauri & Muccio, 2012; Pollitt & Bouckaert, 2011), and stress the importance of taking the uniqueness of policy domains in consideration when studying hybrid professionalism (see also Adams, 2015).

The article is structured as follows. Based on a literature review of public reform models and professional role characteristics, we build an analytical framework for analysing the emergence of hybrid professional roles. We explain our research methods, followed by a comparative analysis of public sector reform and role expectations of GPs and secondary school teachers in the Netherlands since 1965. Our findings are discussed within the broader debate on linking public reform to hybridity of (semi-)professional roles.

2.2 Frontline professional roles in a context of reform

To understand and explain current day hybrid professionalism, we relate the literature on public sector reform to the sociology of professions, to understand whether and how (implicit) expectations within public policies have contributed to new 'mixtures' of roles for professionals. The literature on public sector reform distinguishes three 'waves of reform' with different models prevalent (Pollitt & Bouckaert, 2011): Traditional Public Administration (TPA) from the 1960s until the late 1970s; New Public Management (NPM) from the late 1970s

until the late 1990s; and New Public Governance (NPG) since the late 1990s (Osborne, 2006, 2010b). Each of the models has been largely discussed in the literature, with empirical variations being related to country specific features, such as state structure, administrative culture and type of executive government, in particular in comparisons between an Anglo-Saxon context (e.g. the UK, Australia and New Zealand) and Continental Europe (Kickert, 2008; Pollitt & Bouckaert, 2011).

Although the three models are still disputed in the literature, it is fair to say that their conceptualization structures much of the academic debate within the field of public administration. Moreover, the three models represent common features of public sector reform that can be recognized empirically (Ferlie, Fitzgerald, Mcgivern, Dopson, & Bennett, 2013; Noordegraaf, 2015). For example, studies of the post-NPM era share that 'public value emerges from broadly inclusive dialogue and deliberation' (Bryson et al., 2014, p. 446; see also Ferlie et al., 2013). The three models can be summarized along the lines of governance principles and coordination mechanisms (see Table 2.1).

Table 2.1 – Contrasting Governance and Coordination in Three Public Sector Models

	Traditional Public Administration	*New Public Management*	*New Public Governance*
Governance principles	Governmental planning to meet public interests; public- private dichotomy	Improving public sector efficiency and results through private sector methods	Increasing legitimacy and quality through collaboration with multiple stakeholders
Coordination mechanisms	Hierarchical planning; central regulation; specialization; administrative expertise	Market-like incentives; performance indicators; targets; competitive contracts	Networks of stakeholders; public-private partnerships; relational contracts

Supplementing these historical public sector reform models with accompanying (implicit) expectations about ideal professional roles is a complicated process. In the literature on public sector reform most attention has been paid to shifting roles of management rather than

(frontline) professionals (see Brandsen & Honingh, 2013 for a notable exception). Moreover, the profession and related concepts are much disputed (Evetts, 2013). Despite the lack of clear definitional consensus, many discussions within the sociology of professions attribute at least three aspects to professional roles: a specific basis of legitimacy; expert knowledge and skills, and a relative large degree of autonomy (Abbott, 1988; Etzioni, 1969; Evetts, 2013; Freidson, 2001). Using these three key aspects, we can describe the implications of the public sector reform models for professionals' role expectations, typifying professionals as guardians, service providers and network partners, respectively.

Professionals as guardians

In the heyday of Traditional Public Administration – the 1960s and 1970s – the rock solid belief flourished that the welfare state is able to meet all social and economic needs of society (Bryson et al., 2014). Emphasizing 'the rule of law' (Weber, 1978), the TPA model had a strong focus on hierarchy and central regulation, a strict separation of 'politics' and 'administration', and a dominance of the professional in the delivery of public services (Ferlie et al., 2013; Osborne, 2010b). Experts like professionals were expected to fulfil a guardian role and design ultimate solutions for societal problems (Pollitt & Bouckaert, 2011). Professionals were expected to make unbiased decisions in complex situations (Gardner & Shulman, 2005; Wilensky, 1964). In turn for the privileges granted to professions (self-regulation, status), they had to provide public services in a responsible, selfless and wise manner (Brandsen & Honingh, 2013). The professional community was traditionally characterized by self-regulation to structure occupational practices, forming professionals' legitimacy base (Noordegraaf, 2007), while simultaneously creating a strong elitist character (Ferlie et al., 2013; Gardner & Shulman, 2005). They developed a specific expert base (Brandsen & Honingh, 2013; Freidson, 2001), concerning explicit and tacit knowledge and skills (Evetts, 2013), that allowed them to 'render judgments with integrity under conditions of both technical and ethical uncertainty' (Gardner & Shulman, 2005, p. 14). Osborne (2010b, p. 3) mentions 'the hegemony of the professional in public service delivery' as one of the key elements of TPA. With regard to autonomy and the corresponding item of accountability, the TPA model implies considerable leeway for professionals and professional organizations. Political mandates and professional peers defined the main boundaries of this leeway, and professionals were primarily accountable to their professional peers.

Professionals as service-providers

The New Public Management model became popular since 1980, advocating private sector managerial techniques to increase public sector efficiency (Hood, 1991; Osborne, 2010b; Pollitt & Bouckaert, 2011). Market-type mechanisms and contracts were increasingly perceived as ideal resource allocation mechanisms, yet with many variation across nations

(Leicht et al., 2009; Pollitt & Bouckaert, 2011). In the NPM model, professionals' output in terms of services gained a central position, hence we characterize the main role of professionals in this era as service provider (Ackroyd, Kirkpatrick, & Walker, 2007; Ferlie et al., 1996; Newman, 2013). Professional communities were increasingly criticized since the 1970s and 1980s for occupational closure and the creation of self-interested elitist monopolies (Abbott, 1988; Evetts, 2013; Noordegraaf, 2007). NPM captured the role of professionals within managerial goals, and shifted their legitimacy base towards management and organization (Ferlie et al., 1996). In other words, management was no longer derived from professionalism but attributed a strong position in its own right (Bryson et al., 2014; Leicht et al., 2009). Knowledge management was introduced to standardize professional practices and enable managers to come to grips with the expert knowledge and skills of their employees (Leicht et al., 2009; Waring & Currie, 2009). To increase efficiency and accountability, precise goals for professional work were defined and indicators for performance measurement determined (Bryson et al., 2014; Ferlie et al., 2013; Osborne, 2010b). Overall, professionals' autonomy was challenged by the enhanced managerial prerogatives (Freidson, 2001).

Professionals as network partners

Since the late 1990s, the role as network partner is introduced for professionals in many new governance concepts, such as public-private partnerships, stakeholder governance and joint-up collaboration. Despite significant differences between these concepts (Bryson et al., 2014; Pollitt & Bouckaert, 2011), they are placed under the banner of New Public Governance (Osborne, 2010b). In general, the NPG model suggests a pluralist state where multiple interdependent actors collectively contribute to public service delivery, putting emphasis on deliberation and collaboration (Bryson et al., 2014; see also Ferlie et al., 2013). Due to the horizontal character of networks, the interventionist role of the state is seen as rather limited (Klijn, 2008). Instead, the state is regarded as navigator of the network process, and to offset network partners' power inequalities (Osborne, 2010b; Pollitt & Bouckaert, 2011). Within the NPG-model, professionals are perceived partners in co-creating public policies. This goes along with a shift of legitimacy base for professionals toward broader network communities, which challenges professionals to align professional standards with the interests of multiple stakeholders. Noordegraaf (2011b) shows how NPG's network formation for public service delivery calls for multi-professionalism: in order to provide adequate public services, new inter-professional and multidisciplinary arrangements need to be formed and maintained by professionals. Instead of emphasizing expert knowledge and skills (TPA), or standardization of professional knowledge and business skills (NPM), the NPG model introduces an ideal role for professionals to skilfully guide network processes with many stakeholders involved to foster clients' interests (Newman, 2013; Noordegraaf, 2011b). Boundaries for discretion are defined within the process of network formation, implying an open space and some variation in professional autonomy: it may be substantial because of the creative, self-governing role of

the professional (Klijn, 2008, p. 510) or jeopardized because 'the objectives and standards of individual professionals become contested within complex and dynamic arenas' (Brandsen & Honingh, 2013, p. 881). Autonomy and accountability have come to depend upon the collaboration with a multi-faceted group of (societal) stakeholders. For an overview of professional role characteristics, see Table 2.2.

Table 2.2 – Professionals' Role Characteristics related to major Public Sector Models

	Professionals as guardians (TPA)	**Professionals as service-providers (NPM)**	**Professionals as network partners (NPG)**
Basis of legitimacy	Professional community	Management and organization	Interorganizational community (network)
Knowledge and skills	Expert knowledge, bureaucratic skills	Standardized knowledge, business skills	Process knowledge, relational skills
Autonomy and accountability	Autonomous within political mandates and professional norms & accountable to politicians and professional peers	Autonomous within organizational targets, budgets and procedures & accountable to management	Autonomous within boundaries set within a process of negotiation & accountable to a multi-faceted group of stakeholders

In sum, our analytical framework contains three types of professional roles related to three main models of public sector reform: professionals as guardians, as service providers, and as network partners. In order to distinguish these three types of professionals, we have focused on the differences in their basis of legitimacy, knowledge/skills and autonomy/ accountability. The characteristics of public sector models (Table 1) and related professional roles (Table 2) will now be used to analyze empirically public sector reform and role expectations for GPs and secondary school teachers in the Netherlands since 1965. Before presenting our findings, we describe our methods.
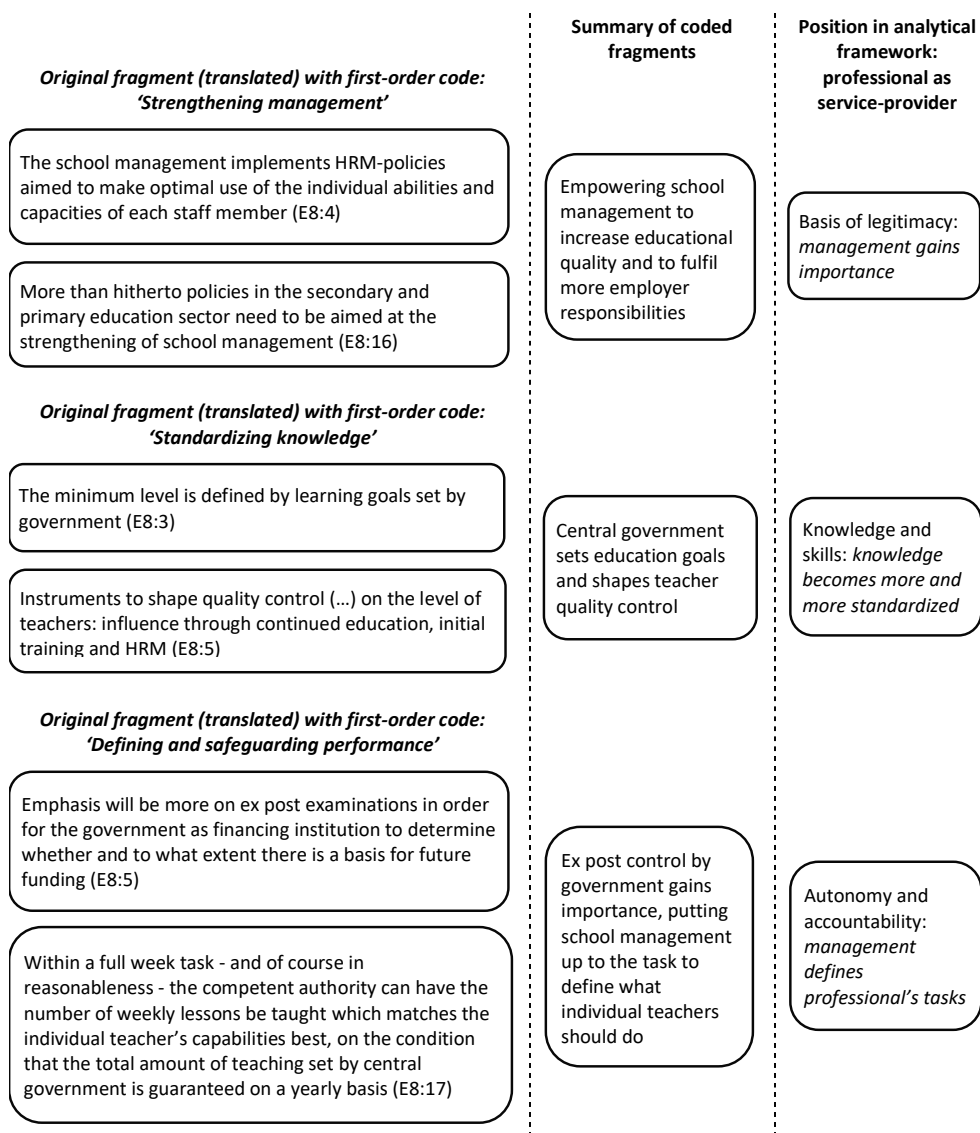
2.3 Methods

To examine whether and how (various) expectations of professional roles in public sector reform have contributed to current day hybrid professionalism, we applied a qualitative research approach (Miles & Huberman, 1994). Following Adams (2015) who calls for more in-depth comparative work within the sociology of professions, we used a comparative case study design as described by Yin (2009). We carefully selected two sectors for comparison i.e. healthcare and education in the Netherlands, focusing respectively on the general practitioner (GP) and the secondary school teacher. Both sectors are highly relevant to society: their professionals are important and recognizable for almost all citizens; the sectors contribute substantially to socio-economic development and (public) expenditure[1], and have been confronted with far-reaching public sector reforms that fit neatly into broader international trends (Pollitt & Bouckaert, 2011; Saltman et al., 2012). We studied both sectors by analyzing half a century of key public policy documents, since these documents adequately display the (implicit) expectations policy makers held for professionals at the time.

The research took place between October 2013 and September 2015. We started with a literature study to build a framework for analyzing the policy documents systematically. Second, overview studies were consulted to gain a deeper understanding of the political and societal contexts in which policy documents were written, and their impact on policy design and implementation. Three overview studies (1307 pages) proved to be particularly useful: Boot's (2013) standard reference work for healthcare, a parliamentary inquiry on education (Commission Dijsselbloem, 2008), and the education council study of Bronneman-Helmers (2011). In addition, we held interviews with policy experts in both fields (seven for general practitioner care and five for secondary education). The experts were selected for in-depth knowledge of reform and professional roles in both fields, and were having a background in academia, consultancy, professional associations and advisory boards. The interviews were important to verify our selection of key documents (see below), and to find and discuss the main changes in policy and roles in both sectors over time. All interviews were semi-structured, lasted around one hour (with two exceptions), and were taped and transcribed accordingly.

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[1] Expenditure as percentage of GDP: healthcare 11.1 in 2013 (OECD, 2015b) and education 5.5 in 2012 (OECD, 2015a)

Original fragment (translated) with first-order code: 'Strengthening management'	Summary of coded fragments	Position in analytical framework: professional as service-provider
The school management implements HRM-policies aimed to make optimal use of the individual abilities and capacities of each staff member (E8:4)	Empowering school management to increase educational quality and to fulfil more employer responsibilities	Basis of legitimacy: *management gains importance*
More than hitherto policies in the secondary and primary education sector need to be aimed at the strengthening of school management (E8:16)		

Original fragment (translated) with first-order code: 'Standardizing knowledge'		
The minimum level is defined by learning goals set by government (E8:3)	Central government sets education goals and shapes teacher quality control	Knowledge and skills: *knowledge becomes more and more standardized*
Instruments to shape quality control (…) on the level of teachers: influence through continued education, initial training and HRM (E8:5)		

Original fragment (translated) with first-order code: 'Defining and safeguarding performance'		
Emphasis will be more on ex post examinations in order for the government as financing institution to determine whether and to what extent there is a basis for future funding (E8:5)	Ex post control by government gains importance, putting school management up to the task to define what individual teachers should do	Autonomy and accountability: *management defines professional's tasks*
Within a full week task - and of course in reasonableness - the competent authority can have the number of weekly lessons be taught which matches the individual teacher's capabilities best, on the condition that the total amount of teaching set by central government is guaranteed on a yearly basis (E8:17)		

Figure 2.1 – An analysis process example: going from simple coding to a concise summary in the cells of 'Professional as service-provider' in the analytical framework

For an overview of key public policy documents in both sectors, we constructed two timelines, mapping the very multiform development since 1965. We choose 1965 as starting point, because governmental involvement with public services truly started to take shape then, in line with interventions in other industrialized countries (Pollitt & Bouckaert, 2011). The timelines contained titles (and abstracts) of all governmental policy documents, including

laws, as well as studies carried out by national advisory boards for policy reform in general practice care and secondary education. Since 1965, a total of 190 entries for education and 171 for healthcare were collected. Based on these timelines of relevant documents, we selected the 86 key public policy documents that were particularly relevant for our study (see Appendix). This selection was based on two criteria: the subject should be specifically about the role of the professionals under study, and/or the document should contain a proposal or design for structural reform in the respective sector.

Subsequently, these key policy documents were analyzed manually using our analytical framework (see Tables 2.1 and 2.2) as the coding scheme. Each fragment in the documents about model characteristics and/or professional roles was coded as part of a first-order coding procedure (Boeije, 2010). The coded parts were then summarized for each document, using the different cells of our analytical framework. As a result, we had a descriptive table for each key policy document, 86 tables in total. Comparing the tables per sector enabled us to reconstruct expectations for all three professionals' role aspects and to identify changes and developments over time. See Figure 2.1 for an example. Descriptive chronologies were written for each sector and profession to capture the overtime evolutions. In turn, these descriptions served as the basis for our comparative analysis and main findings that we present in the next section.

2.4 Public sector reform and hybrid roles for GPs and teachers

Our data analysis points to two main findings. First, despite our recognition of the three models in both sectors, the process of reform in Dutch healthcare and education since 1965 clearly demonstrates that various models for governance and coordination, as well as various ideal professional roles are not successive 'waves', restricted to particular periods. Instead, they accumulate over time, resulting in hybrid contexts and roles in parallel. Second, despite a similar national context for public sector reform in the two sectors, we found large differences in how GPs are affected by reforms as compared to secondary school teachers, implying a two-way relationship between state policies and professions being relevant to understand hybridity in professional roles. We will now elaborate on our main findings and illustrate these with examples from our data.

Accumulation of reform models and professional role expectations

Our analysis of the key public policy documents first of all reveals that we can recognize the three public sector reform models in primary healthcare and secondary education in the Netherlands since 1965. If we roughly go through half a decade of public policy reform with

big strides to illustrate this point, we see in the late 1960s/early 1970s that the government starts to map both sectors (see appendix: H1; E1) and publishes its first influential policy documents that aim for reform (H2; E2; E3). In the early 1980s, the expansion of governmental expenses and the economic crisis lead to a growing awareness that costs must be contained (H7; E7). To this end, late 1980s and throughout the 1990s, a vocabulary borrowed from the private sector is on the rise within the policy documents (H9; H16; E8; E13). Among others, 'management', 'competition', 'budgets', and an increasing focus on 'accountability' towards the clients of both sectors – i.e. the patients and the students – gain prominence (H19; H20; E17). In the late 1990s/early 2000s a reorientation in both sectors seems to take place (H24; H26; E20; E23), where actors in both fields are encouraged to collaborate in networks to achieve added value (H29; E29). Over the past ten years the local context of these networks becomes an increasing locus for public service-provision in both sectors (H35; H40; H42; E31; E35; E37).

Despite recognizing a changing emphasis on three models over time, our data show that role expectations for GPs as well as for teachers have not simply shifted from one model and period to another. Looking at the first role characteristic, the professionals' basis of legitimacy, policy documents often refer to multiple fora simultaneously as a (primary) source of public sector reform and professional legitimization. For example, according to NPG-like reforms, GPs and teachers are expected to collaborate with other stakeholders who get involved in defining their work (patients, students, other primary healthcare providers or youth care organizations) (H43; E29). Yet, at the same time, NPM policies continue to be developed for central government topics. For example, (extra) core objectives formulated by central government, like 'prevention' in healthcare (H41) and 'professional quality' in education (E33), that ultimately have to be realized by GPs and teachers. We thus observe NPM- and NPG-like reform principles that require GPs and teachers to adhere simultaneously to central government and local network expectations, representing a mix of governance structures and incentives. As one expert for education argued: *'The paradigms follow up on each other, but the structure and methods are not equally adapted. (…) It becomes a patchwork'* (R3).

Looking at professionals' knowledge and skills as the second important role characteristic (see Table 2.2), our study also shows that various expectations about this knowledge and skills do not replace each other but accumulate over time. Up until the mid-1970s, we recognize a pure TPA model in both sectors with much room for professional discretion and low governmental interference in the knowledge base of both teachers and GPs (E2; H2). Indeed, an accreditation system was in place for professional training – not everyone could call himself a teacher or a doctor – but the definition of professional expertise and how it should be applied was left up to the capabilities of the certified individual practitioner and the self-organization of the professional group (E1; H1). With the rise of NPM-like policies in the 1980s, expert knowledge remained undisputed, but standardization in both sectors was introduced with

central governmental guidelines and protocols and a shifting emphasis from input to output (E13; H24). Also, the NPG principles since the mid-2000s did not replace the earlier ideas on professional knowledge and skills, but were additional to these. For example in secondary education, next to a role of expert and service provider, teachers are expected to operate in a network of parents and social workers, who take care of school dropout or other social problems (E9). A similar development can be recognized in primary healthcare, where GPs are expected to collaborate locally with many other professionals, sharing knowledge and taking a leading role (H42). As one respondents argues: *'the GP is expected to be a doctor, but also that he fulfils a certain position within the neighbourhood or a societal network'* (R9). Over time, GPs and teachers thus need to respond to an increasingly diverse environment with accumulated role expectations for being a guardian, service provider and network partner at the same time.

A similar picture can be painted with regard to professional autonomy and accountability, the third role characteristic (see Table 2.2). Until the 1980s, both teachers and GPs had a relatively large degree of autonomy and were primarily accountable to direct peers. Once a professional had obtained his professional credentials, there was considerable leeway to practice the profession (E1; H1). As one of our interviewees illustrated the position of teachers: they were *'kings of their classrooms,'* and the same could be said about GPs in their consultation rooms. Yet, NPM-based reforms brought along a managerial delineation of professionals' autonomy next to the boundaries set by professionals themselves. For example, governmental policies for quality management led to the formulation of new goals in healthcare and education and a standardization of professional practice (H16; E13), creating tension between traditional professional autonomy and central regulation. As one of the experts reviewed this change: *'[As a GP] you do not decide anymore what happens, but [the minister] co-decides. [A GP] has to be transparent. (…) That becomes less non-committal and more compulsory'* (R6). With the rise of NPG-like reforms in the 2000s, the position of other stakeholders such as clients has been strengthened, with professional autonomy being dependent on network collaboration as well as increasing demands for accountability. Or in the words of a respondent: *'You need to account for the new freedom you received'* (R4). For example, patients' rights are strengthened implying that GPs need to account to their patients about the care provided (H26). The same goes for teachers, who are not only held accountable by school management but also by other stakeholders like parents and students, whose position in the formal participation structure has been strengthened (E29). Over time, GPs and teachers are thus held responsible to criteria set by professional peers (TPA); management targets and procedures (NPM) and the expectations of a multi-faceted group of other stakeholders (NPG).

Variations between professional role expectations in healthcare and education

Although the two sectors share the accumulation of reform models and role expectations; our study also reveals important variations. Especially NPM policies reveal and amplify these differences whereas our analysis shows that they have an earlier and much stronger impact on teachers than on GPs. For example, already in the early 1980s central government has strengthened the position of school management, simultaneously encouraging the merging of schools to achieve economies of scale (E8) (see also Commission Dijsselbloem, 2008). Schools had to become 'professional organizations', establishing a full-grown employment relationship with their teachers (E9), thereby shifting teachers' basis of legitimacy more towards their school organization. Consequently, what to teach and whether it was taught right, which relates to their knowledge and skills, became more and more under scrutiny by school management. As one of our interviewees argued: *'The teacher has become an executer of plans'* (R1). Another even claims: *'We have stripped that professional'* (R3). Contrary to teachers, GPs traditionally were rarely on the payroll of an organization, implying they did not have a supervising manager. Instead, the stress on management since the introduction of NPM policies in healthcare has resulted in them being treated as entrepreneurs, running their practice like a business (H40), which requires business knowledge and skills. Hence, NPM inspired policies affected GP's role in a less pronounced way and in an opposite direction.

Our data also highlight important differences between the two sectors with regard to the character and status of professionals' expertise and the role of professional associations. As soon as the NPM came into fashion, government started to work with budget financing specifically aimed at allowing school boards to have more control over the school's staff formation: *'the government created in between the educational planning and the teacher some sort of middle layer; the process management'* (R1). Shifting their basis of legitimacy and limiting their relative autonomy, teachers thus became encapsulated in a larger organizational context and were expected to fulfil an ever more executive role as service provider. Fragmentation of professional associations in secondary education, organized along the lines of professional subjects and (non)religious backgrounds, made them no real counterforce to NPM-like interventions. In contrast, NPM policies in healthcare, for example for deregulation, efficiency and effectiveness in a context of growing expenditure emphasized increasing entrepreneurial skills for GPs (H32). Professional associations for GPs soon adopted a proactive attitude towards this type of NPM reality. One of the associations – the LHV – advised GPs on how to run their practice in a more entrepreneurial manner; another - the NHG – developed evidence-based guidelines to offset quality differences between GPs, in an attempt to making the profession less vulnerable to external (governmental) interference. The government welcomed the associations' activities and their guidelines soon became *'the basis for many healthcare quality indicators'* (R11) in governmental policies.

However, the relative unaffectedness of GPs' autonomy seemed to have changed with the introduction of managed competition since the mid-2000s. The new Healthcare Act (2006) has brought the health insurer in a position to monitor, safeguard and foster healthcare quality (H28), leading to an increasing focus on GP performance. One respondent claims the health insurer became *an instrument of the government' that 'took over part of government's role'* (R9). Consequently, GPs are required to provide all sorts of data – among others to get their services reimbursed – and encouraged to expand the scope of their care services. Arguably, the health insurer increasingly has come to 'manage' the GP. Also the newly introduced remuneration system required GPs to 'code' each patient contact for the health insurer with the help of the International Classification of Primary Care (ICPC) codes, including the type of consultation, the examination, the specific diagnose, and the proposed treatment. The initial variation between the two sectors of how national public reforms have affected the role of frontline professionals thus seems to have decreased in the past decade, again highlighting the importance of a longitudinal analysis of reform and professionals' roles.

2.5 Discussion

While the literature on professionals in the public sector has taken huge strides towards addressing tensions between managers and professionals (Ackroyd et al., 2007; Llewellyn, 2001; Waring & Currie, 2009); there are only a few studies where the public sector reform context is fully taken into account from a longitudinal, comparative and empirical perspective (Noordegraaf & Steijn, 2013; Van Engen, Tummers, Bekkers, & Steijn, 2016). This study analyses a longitudinal process of reform in two fields of public services – primary healthcare and secondary education – and the role expectations of frontline professionals – GPs and secondary school teachers. To understand changing expectations of professional roles in the presence of their broader context, we drew on critical insights from the scholarly debate about shifts in reforms, distinguishing various models, called Traditional Public Administration (TPA), New Public Management (NPM), and New Public Governance (NPG) (Brandsen & Honingh, 2013; Bryson et al., 2014; Ferlie et al., 1996; Osborne, 2010b; Pollitt & Bouckaert, 2011). We linked these models to the literature on key aspects of professionals' role: their basis of legitimacy, knowledge and skills, autonomy and accountability, developing a framework for analysing changing role expectations of frontline professionals.

This study's analysis first of all reveals a picture of accumulating reforms and role expectations of public professionals in two sectors. It shows that although elements of each reform model can be recognized in both sectors in roughly the same period as expected in the literature, these reforms do not neatly replace one after the other. Instead, we witness an accumulation of different reform principles and multiple role expectations for public professionals that are simultaneously at play. More than once, these role expectations seem at odds with each other

and compete for priority. Already in the 1990s scholars described that managerial elements became part of professional roles (e.g. Ferlie et al., 1996; Fitzgerald, 1994), but we found that since then, this process of accumulating expectations has intensified, making professional roles even more convoluted and hybrid. In this respect, we found that especially NPM and NPG are closely intertwined in a complex way. For example, in healthcare, GPs are expected to collaborate with peers in a local network context to ensure continuity (NPG), as well as to be competitive, guided by financial incentives and performance measurement set by central government (NPM). In a similar vein, secondary school teachers are expected to provide tailor made trajectories for their students, in a joint effort with colleagues, parents and students (NPG), as well as meeting standardized performance targets set by government and school management (NPM). We therefore support the argument made by Ferlie et al. about UK public policy reform that network governance policies 'retained and even intensified some systems and policy instruments inherited from the NPM period' (Ferlie et al., 2013, p. 19). In accordance with Denhardt and Denhardt (2015) and Newman (2013), we conclude that neither of these two models have become dominant, but that NPG principles of collaboration and citizen participation are increasingly evident in the public sector, next to beliefs based on NPM.

Besides the accumulation of reform models and role expectations, the other key finding is that implications of public sector reform for professional roles vary per sector within one country. Most studies of public sector reform focus on nation states as the level of analysis, highlighting differences between countries (Kickert, 2008; Pollitt & Bouckaert, 2011). With regard to studies that explicitly focus on professions, the common focus is instead on single professions. As Adams (2015, p. 8) noted, 'narrow case studies of single professions in single locales have dominated the sociology of professions and hindered our ability to theorize professions adequately'. One of the main differences between the two sectors studied is that in the field of secondary education, each of the three reform models can be recognized already at an earlier point in time than in primary healthcare. Moreover, policy reforms in the education sector seem to fit the literature on models of public sector reform more neatly. While role expectations of secondary school teachers made them operate in an ever more executive role, our analysis shows that GPs have been relatively successful in keeping their autonomy.

One explanation for these differences between the two policy fields is that the strength of the professional community matters as a mediating factor, making role expectations the result of a two-way relationship. As Ackroyd et al. (2007, p. 22) argued for the UK context, 'the extent to which different professions have been *able* to mediate top-down demands' is an important factor in understanding different impact of public sector reforms on various sectors and professionals (see also Ferlie et al., 1996). Our study showed that compared to the strong and united representation of GPs, teachers have been far less a cohesive professional group. This has left them rather subjected to the whims of policy reform. GPs' professional organizations,

fulfilled a key role in mediating policy reforms. Contrary to Ackroyd et al. (2007), we argue that this influential role is not just a conservative one, opposing or slowing down reform. Professional associations in our study seem not – or at least not only – to be 'inherently conservative structures devoted to perpetuating rules of conduct and ensuring compliance by social actors' (Greenwood, Suddaby, & Hinings, 2002, p. 62). In line with Ferlie et al. (1996) we find they are also involved in 'actions geared toward creating new or changing old institutions' (Holm, 1995, p. 399, cited in Greenwood et al., 2002, p. 62). For example, we showed that professional associations in Dutch healthcare have adopted a proactive attitude to offset external interference by formulating evidence-based guidelines to overcome quality differences between GPs. Consequently, GPs have been rather successful in safeguarding their autonomy, contrary to teachers. Professional associations thus have a dual role in maintaining and changing the institutional context for professional work, where their influence does not only vary according to the stage of the change process, as emphasized by Greenwood et al. (2002) but also diverges with regard to different fields.

2.6 Limitations and future research

It is necessary to note that there are other influences on the development of hybrid professional roles that we have not been able to explore in this study. For example, in the light of our findings about the differences between the impact of reforms on GPs and teachers, we assume but did not further explore that the historically embedded position of a profession and its power within the state varies and account in part for impact. We encourage further exploration of these influences. With regard to the differences between sectors in the relationship between policy reform and role expectations for professionals, one other research avenue is to pay attention to the role of a self-employed status or employee position of the professional, since managerial impact and control may have a stronger impact on professionals in the latter case. For example, in our study, teachers have always been employees, working within the organizational setting of a school. GPs, on the contrary, were traditionally self-employed and working in solo-practices. Comparing the changing role expectations for GPs and teachers, our study endorses the importance of the organizational context as argued by Schott et al. (2016), whereas for professionals being organization members the influence of politics and (local) management seems much stronger, especially with the rise of the NPM. A third avenue for future research might be if and how the degree of homogeneity of professional knowledge may explain different pathways in the impact of public sector reform on role expectations of professionals. Whereas GPs share specific expert knowledge, teachers are trained within different fields of knowledge, such as mathematics, history or English, and therefore less unified in terms of shared expertise. Being more of a heterogeneous group than GPs, teachers are more dependent on their organization and management, which makes them more vulnerable to external interventions.

2.7 Conclusion

This study examined the emergence of hybrid professional roles of GPs and secondary school teachers in a context of public sector reform over half a century. We may conclude that the principles of different reform models and role characteristics for GPs and teachers are accumulated over time. Particularly the NPM appears to have set influential expectations for teachers and GPs. Professional knowledge is continuously held in high regard within both sectors, but the rise of NPM brought along standardization of this knowledge through guidelines and protocols and the formulation of goals. Subsequently, NPG added process knowledge and relational skills to the range whereas both teachers and GPs are more encouraged and expected to work with other professionals to offer a client-centred approach of service delivery. We also witnessed important differences between the two sectors, with reforms in secondary education taking place much earlier, faster and with a stronger impact than in healthcare. This appears to be partly due to the variation in the intermediating role of their professional organization. Expectations of professionals can be painted as the product of a complex, two-way relationship between professional bodies that play a key role in mediating policy reforms and protecting professional expertise and autonomy. The sedimentary layers of reform have worked out differently for both sectors examined, which can partly be explained by the organizational setting in which both kinds of professionals work – i.e. the teacher has always worked within a school organization and the GP traditionally was self-employed. Especially the NPM is notable in this respect, redefining the role of the teacher as one of employee by strengthening school management, and that of the GP as one of entrepreneur.

Chapter 3

Priced not praised: professional identity of GPs within market-oriented healthcare reform
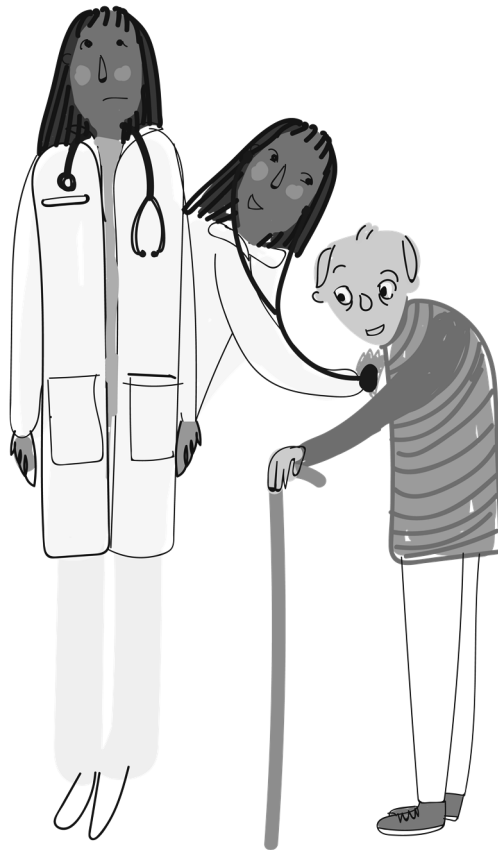
Abstract

To interpret and perform their tasks, professionals' perceptions of their professional identity are crucial. This article examines the perceptions of professionals – as members of institutionalized occupations – in light of public policy reform. It focuses on general practitioners (GPs) in the Netherlands in relation to market-oriented policy reform. It conceptualizes professional identity as dynamic relationship between abstract *'self-image'* and the enactment of a concrete *'role'*, and suggests the Good Work framework of *excellence*, *ethics* and *engagement* – the three 'Es' – to examine how professionals define their professional identity and navigate tensions between self-image and role. Based on a qualitative research strategy, the data indicate a growing gap between these two, indicating an emergent professional identity conflict. Using the three 'Es', it finds that GPs report important role changes in relation to policy reform, that emphasize medical-technical excellence at the expense of medical-social excellence, thereby compromising ethics and endangering engagement. However, despite these role changes, their self-image does not change: they continue to see themselves as autonomous professionals who should always put patients' interests first, indicating that self-image is resilient. To bridge the resulting discrepancy between self-image and role in their professional identity, GPs tend to miscode patient contact moments and play the system in various ways. While tensions between professionalism and managerial imperatives are well-known in literature, this article underlines the resilience of self-image in the face of role changes and evidences how physicians navigate identity conflicts to retain their self-image despite these changing role expectations.

This chapter is published as:

3.1 Introduction

As members of institutionalized occupations (Abbott, 1988), professionals are granted a certain amount of autonomy and prestige by society to carry out specific expert tasks, that are crucial for society (Gardner & Shulman, 2005; Noordegraaf, 2016). Literature on professionalism shows that for the way they carry out these tasks their *professional identity* is key, providing guidance for interpretation and action (Barbour & Lammers, 2015; Thornton, Ocasio, & Lounsbury, 2012). Professional identity encompasses professionals' self-image as members of a profession – that is how professionals think they should be as members of their profession – and their actual role performance – that is what professionals do in practice (Ashcraft, 2007). Over the past 30 years, public policy reforms have pushed professional roles towards adopting managerial imperatives such as commercialization and control, leading to tensions with professionalism encompassing autonomy and peer-based legitimacy, as is well described in literature (Leicht, 2016; Noordegraaf, 2016). However, whereas self-image and role are often described as evolving interactively (Ashcraft, 2007; Chreim et al., 2007), such policy reforms might ultimately impact self-image as well, thereby impacting professional identity as a whole (Pratt et al., 2006; Reay et al., 2017). Acknowledging the aforementioned centrality of professional identity for professional practice, understanding the dynamics between self-image and role in a context of policy reform is therefore crucial for policy design and implementation.

Professional identity has mainly been studied in relation to organizations, emphasizing the complex two-way relationship between individuals and their organizational context (e.g. Anteby, 2008; Ashforth et al., 2008; Ibarra, 1999; Swann, Johnson, & Bosson, 2009). However, as Pratt et al. (2006) correctly point out, this context is less important for professionals, who define themselves by *what they do*, rather than *where they work* (see also Reay et al., 2017). Subsequently, they show how professionals constantly adjust their notions of who they think they should be as professionals, to match what they do, hence concluding that the role aspect of professional identity is leading over self-image (Ashcraft, 2007; Pratt et al., 2006). However, their study is carried out with novice physicians throughout their residence training. As Chreim et al. (2007) argue, professional identity in this phase is not as solid as it will be in later career stages and they therefore include physicians in various career phases. Yet, their study in turn aims to relate micro-level agency to macro-level structure and not to explore the complex relationship between self-image and role. Studies that do place this relationship more centrally, are mainly interested in how successful professional identity change can be accomplished by an organizational strategy aimed at changing professional work (e.g. Ashcraft, 2007; Reay et al., 2017). Therefore, despite a growing interest in matters of professional identity, there is still a lot to learn about how self-image develops in relation to role change among professionals who carry out challenging functions in a context of public

sector reform (Baxter, 2011; Denis et al., 2015; Webb, 2016, p. 355). Addressing this gap allows for a deeper understanding of the complex processes of policy reform and its impact on professionals.

This study addresses the aforementioned gap by examining the professional identity of general practitioners (GPs) in the Netherlands in relation to market-oriented reform within Dutch healthcare (Schäfer et al., 2010; Van de Ven & Schut, 2008). It seeks to answer the following research question: *How does GPs' professional identity develop within a market-oriented healthcare reform context, and how do GPs navigate tensions between self-image and role?* The market-oriented reform in the Dutch healthcare sector fits a broader international trend introducing neo-liberal management mechanisms into public sector (healthcare) systems to improve quality and to reduce costs (e.g. Cloutier, Denis, Langley, & Lamothe, 2016; McDonald & Spence, 2016; Waldorff, Pederson, Fitzgerald, & Ferlie, 2015). For Dutch GPs, this implied a remuneration system change introducing a hybrid system combining capitation – an annual 'registration fee' – and fee-for-service (FFS) for all patients (Schut, Sorbe, & Høj, 2013; Van Dijk et al., 2013); and a strengthening of an 'audit culture' to make GP practice more transparent (RIVM, 2014; Schäfer et al., 2010; Van de Ven & Schut, 2008). As analytical framework to study GPs' professional identity in this context the Good Work framework is used. The framework has three principles: *excellence* (skill and expertise), *ethics* (social responsibility) and *engagement* (personal meaningfulness), also referred to as the three 'Es' (Barendsen & Gardner, 2009; Gardner et al., 2001; Mucinskas & Nichols, 2014). These principles cover the most important aspects that legitimize professionals' important societal roles: expert knowledge and skills; trust in carrying out tasks in a neutral and objective way; and a strong connection to the client and profession (Abbott, 1988; Evetts, 2013; Freidson, 2001; Gardner & Shulman, 2005).

This empirical study contributes to literature on professionalism, in particular the debate on professional identity, in two ways. First, it contributes to our understanding of how public policy reform impacts professional identity, by unravelling the complex relationship between self-image and role in a context of public policy reform. In contrast to studies that signal self-image change when institutional environments require role change (Pratt et al., 2006; Reay et al., 2017), this study finds that self-image and role do not necessarily evolve simultaneously, as generally assumed in literature (Ashcraft, 2007; Chreim et al., 2007). Instead, professional identity is resilient (Goodrick & Reay, 2010), whereas professionals retain their self-image in the face of policy induced role changes (Hendrikx & Van Gestel, 2017; Leicht, 2016), indicating an emerging professional identity conflict. Second, this study also contributes to our understanding of how the tensions between managerial imperatives and professionalism play out in professionals' practice (Noordegraaf, 2016), by evidencing how physicians navigate this identity conflict. In line with Croft et al. (2015), who argue that professionals sometimes perpetuate identity conflict to prevent identity transition, it shows that GPs sometimes

navigate the tensions between self-image and role by creatively implementing public policy's role demands, like miscoding patient contact moments and playing the system in various ways (see also Dwarswaard, Hilhorst, & Trappenburg, 2011).

The article is structured as follows. First, literature on professional identity and the Good Work framework in relation to medical professionalism is discussed. Next, market-oriented reform in Dutch GP care is outlined, followed by this study's research methods. Then, this study's results are presented along the lines of its two main findings: how self-image is closely in line with what can be expected based on literature, while role has come to deviate from that; and how GPs navigate the resulting professional identity conflict. In the final section, these findings are discussed in relation to the broader academic debate on how public policy reform impacts professional identity. It concludes with addressing this study's limitations and possibilities for future research.

3.2 Professional identity: a 'Good Work' approach

Professional identity

Professional identity encompasses a duality of 'self-image' and 'role' as is well-established and described in literature (Barley, 1989; Chreim et al., 2007; Reay et al., 2017). Self-image refers to how professionals see themselves as members of a profession (Chreim et al., 2007; Ibarra, 1999). In this article, it is specifically defined as *how professionals think they should be*, because despite some typical individual variation (Bévort & Suddaby, 2016; Reay et al., 2017), this helps to capture the predominant way in which professionals define themselves on a collective level and to which they constantly (re)relate when carrying out the concrete responsibilities of their professional role (see also Ashcraft, 2007; Ibarra, 1999). Following Ashcraft (2007), role on the other hand refers to *what professionals do in the context of everyday work life*. Self-image and role are commonly regarded as two sides of the same coin (Barley, 1989; Chreim et al., 2007), evolving interactively (Ashcraft, 2007; Reay et al., 2017): self-image provides the behavioural repertoires that guide action and language in workaday role (Pratt et al., 2006; Thornton et al., 2012), and the subjective experience of this workaday role in turn informs professionals' self-image (Ashcraft, 2007; Ibarra, 1999).

Given the centrality of professional identity for workers of all stripes to make sense of their environment and to determine a course of action (Barbour & Lammers, 2015), professional identity has increasingly been studied to foster our understanding of the relationship between an actor and the field in which he operates (Goodrick & Reay, 2010; Meyer & Hammerschmid, 2006). Most studies on professional identity have focused on individuals in relation to their organizational settings (Ashforth et al., 2008), showing among others how individuals develop their self-image within organizational settings by trying on provisional roles (Ibarra, 1999),

how individuals even desire to adopt organizational identities (Anteby, 2008), and how subjective interpretations of organizational roles lead to individual variations that in turn can lead to macro level change (Bévort & Suddaby, 2016). Studies focusing on the professional identity of professionals, as members of institutionalized occupations (Abbott, 1988; Gardner & Shulman, 2005), show that their professional identity is 'strong' (Barbour & Lammers, 2015): professionals have a clear idea of the environment in which they operate and commonly define themselves in terms of the work that they do. They have a strong shared self-image of the 'goals, values, norms and interaction patterns associated with their work' and a clear idea of the roles they must fulfil (Reay et al., 2017, p. 6).

Nevertheless, even professionals' strong professional identities can be influenced by forces in their respective fields (e.g. Scott, Ruef, Mendel, & Caronna, 2000). Research shows that professionals constantly (re)construct their professional identity through learning cycles whenever institutional forces like national policies require them to change (Pratt et al., 2006). These institutional forces provide interpretive, legitimating, and material resources that are adopted and adapted by professionals during this process of professional identity reconstruction (Chreim et al., 2007). Especially since many public policy reforms carry an economic signature (Freidson, 2001; Leicht, 2016; Noordegraaf, 2015), professionals are pushed to become 'hybrids', reconstructing their professional roles in ways that create tensions with traditional professional values like peer based legitimacy and freedom from oversight (Hendrikx & Van Gestel, 2017; Leicht, 2016). Whether this hybridity of roles also leads to successful self-image change depends upon agentic individual professionals (Bévort & Suddaby, 2016), as well as other actors that help professionals to facilitate the reconstruction process of their professional identity (Reay et al., 2017).

The studies discussed above that address the duality between self-image and role are mainly interested in how successful professional identity change can take place (Bévort & Suddaby, 2016; Chreim et al., 2007; Pratt et al., 2006; Reay et al., 2017). However, despite their ability to hybridize professional roles, public policy reforms usually do not have the explicit aim to change professionals' self-image: they just want to improve quality while reducing costs of service delivery (Cloutier et al., 2016; McDonald & Spence, 2016). Still, their impact on professional identity as a whole – that is on role *and* self-image – is very well imaginable considering the dynamic relationship between these two (Ashcraft, 2007; Barley, 1989). Therefore, we still have a lot to learn about how professional identities develop when this is not the explicit aim of policy reform, and about how professionals navigate possible tensions between self-image and role. This article puts forward the Good Work framework (Gardner et al., 2001) as a validated approach to empirically examine professionals' self-image and role and to find out how professionals navigate possible professional identity conflicts.

The Good Work framework

The Good Work studies aimed to examine what professionals themselves regard as 'good' and what they strive towards in their workaday practice. Covering nine different professions and including in-depth interviews with over 1,200 leading professionals, the Good Work studies found that 'good workers' in all professions embody three principles: excellence (skill and expertise), ethics (social responsibility) and engagement (personal meaningfulness) (Barendsen & Gardner, 2009; Gardner et al., 2001; Mucinskas & Nichols, 2014). Together, these three 'Es' of the Good Work framework show clear parallels to the characteristics that are most commonly associated with professionalism: expertise; affective neutrality and altruism; and a strong relationship with clients and professional community (Abbott, 1988; Saks, 1995). Therefore, this framework offers an approach to unravel for each 'E' how professionals define their self-image as well as their role, in order to explore where they are aligned or where they are at odds with each other, and what the consequences then are. In line with this study's interest, it is now first considered what each 'E' means in the context of the professional identity of GPs using literature on medical professionalism (Table 1).

Excellence refers to work which is 'high in quality and technically sound; it meets or exceeds standards by which other work is judged' (Fischman & Barendsen, 2010, p. 31). For professionals, it is about the quality standards they set for themselves and collectively preserve (Wilensky, 1964). In literature on medical professionalism, medical competency is perhaps the most prominent characteristic for physicians (Abbott, 1988; Freidson, 1970; Parsons, 1951). Intense and thorough training serves to ensure their competence (Calnan & Rowe, 2008), specificity and expertness (Cruess & Cruess, 2008). Despite the increased rationalization of their work due to administrative pressures (Hoff, 2000), medical professionals develop and safeguard their specific expert knowledge and competence through professional self-regulation. They constantly aim for evidence-based improvement of their standards and guidelines (Hafferty, 2006). Simultaneously, communication by physicians has gained importance (Barbour & Lammers, 2007; Real, Bramson, & Poole, 2009): nowadays physicians have to be more transparent about the actions and decisions for which they are be held accountable.

'*Ethics* is defined as social responsibility – being responsible for the impact that work, behaviour, decisions, and products can have on others' (Fischman & Barendsen, 2010, p. 67). With regard to professionals, it is about 'the capacity to step outside of one's skin and one's quotidian interactions (..) and instead to conceptualize oneself as a Worker' (Gardner, 2011, p. 84), thereby being able to apply professional norms to situations that might differ from personal preferences (Wilensky, 1964). Scholars of medical professionalism have often emphasized notions revolving around altruism, honesty, integrity and morality (see also Hafferty, 2006). Following Dwarswaard et al. (2011) this study focusses on three guiding

medical-ethical principles to study the effects of market-oriented policy reform on GP-ethics: physicians must treat patients 'according to urgency and medical need'; physicians must 'do no harm' meaning that they should not provide unnecessary and thus potentially harmful care; and physicians should regard fellow physicians as peers or 'brothers' (Dwarswaard et al., 2011, p. 392).

Engagement forms an important precondition for excellence and ethics (Barendsen et al., 2011). It is about the necessity for individual professionals to care dearly about the work they do and them finding it personally meaningful in some way (Fischman & Barendsen, 2010). Although over time professionals became regarded as elitists seizing power over their professional work and skills (e.g. Freidson, 1970), over the past few decades a more mild attitude towards professionals, gained prominence, highlighting their commitment to their profession (e.g. Freidson, 2001). In general, literature on medical professionals expects physicians to be highly motivated and committed individuals who feel a strong connection to their patients and profession (see also Cruess & Cruess, 2008; Hafferty, 2006; Hoff, 2000).

Table 3.1 – Good Work framework: physicians' professional identity

	Physicians are expected to...
Excellence	...be competent healers/experts ...organize self-regulation ...aim for state-of-art practice ...be communicative
Ethics	...treat patients according to urgency and medical need ...do no harm ...regard fellow physicians as peers
Engagement	...committed to their patients ...committed to their profession

To summarize, professional identity encompasses self-image and role. The former refers to how professionals think they should be as member of their profession and the latter to what professionals do in the context of everyday work life. Since the three elements of the Good Work framework – that is excellence, ethics and engagement – cover the most important characteristics of professionalism, the framework of offers a way to examine how professionals define this self-image and role. Based on the medical professionalism literature, a better understanding was acquired of what these three 'Es' mean in the context of GPs' professional

identity (Table 1). This will be revisited in the second phase of the data-analysis as will be explained in the methods section. Before presenting this study's findings, the market-oriented reform in Dutch general practice is outlined and the research methods are described.

3.3 Market-oriented reform in Dutch general practice

In line with broader international trends to introduce neo-liberal management mechanisms into public sector (healthcare) systems (Cloutier et al., 2016; McDonald & Spence, 2016; Saltman et al., 2012; Waldorff et al., 2015), a minority coalition of Christian democrats and liberal conservatives succeeded to radically transform the Dutch healthcare system with the Health Insurance Act (2006), in an effort to improve quality and to reduce costs (see Van de Ven & Schut, 2008 for a comprehensive overview). This market-oriented reform requires each individual legally living and/or working in the Netherlands to buy individual private health insurance from a private insurance company. Citizens pay a community-rated premium directly to their chosen insurer and an income-related contribution to a Risk Equalization Fund. Approximately two-thirds of Dutch households receive a monthly income-related allowance to ensure affordability (Schut et al., 2013; Van de Ven & Schut, 2008). Subsequently, health insurers are encouraged 'to act as prudent buyers of health services on behalf of their customers' (Schut et al., 2013, p. 13) by allowing them to selectively contract health care providers. All is being done under national regulatory conditions like the obligation for health insurers to accept every applicant for a legally defined basic health insurance package (Schäfer et al., 2010; Van de Ven & Schut, 2008).

For GPs in the Netherlands, the market-oriented healthcare reform impacted GP practice in at least two ways. First, the GP remuneration system changed. Before 2006, all patients either had public (63%) or private (37%) insurance, based on whether their gross annual income was below or above €33.000. GPs received a capitation fee for publicly insured patients and a fee-for-service (FFS) for privately insured (Van Dijk et al., 2013). The healthcare reform (2006) introduced a hybrid system combining capitation – an annual 'registration fee' – and FFS for all patients, with both fees having regulated maximums (Schut et al., 2013; Van Dijk et al., 2013). For a limited number of GP-services – the so-called 'modernization and innovation' services (M&I) like diabetes support and electrocardiography diagnostics – the fees GPs receive are negotiable with the health insurer (Van Dijk, 2012). The new remuneration system served to ensure a fair reimbursement of GP services – perceived as you do more, you earn more – and to encourage GPs to invest in their capacity for the substitution of expensive secondary for primary care. This output oriented reimbursement, initially led to an increase of GPs' total revenues with more than twenty percent in 2006 but this rapidly moderated in the following years (Schut et al., 2013).

Second, by strengthening an 'audit culture' (see also Shore & Wright, 2015), GP practice is being made more transparent. Transparency is key for the market-oriented system in general to function (e.g. RIVM, 2014), because health insurers as 'prudent buyers of health services' and patients as consumers of care can only make informed choices when sufficient and reliable information is at hand (Schäfer et al., 2010). Consequently, GP practice is being cut into well-described standardized pieces – sometimes called 'products' (Van de Ven & Schut, 2008) – that can be priced and/or measured. For example, a standard visit's maximum tariff is nine euros and is set to last ten minutes. Moreover, the evidence-based guidelines formulated by the GP scientific association (NHG) that initially served to support GP practice are more and more being used by authorities as a means to facilitate this standardization process. For example, in case of an eye complaint, these guidelines describe what a GP should ask a patient, what/how to check and what to do/prescribe next. Furthermore, GPs need to classify and label each patient contact using the International Classification of Primary Care (ICPC) codes, thereby recording the examination, the diagnosis and the planned action/treatment. These encodings are not only necessary for GPs to get their services reimbursed, but together with information like lab results or specific blood values, they allow GPs and health insurers to gain insight into GP performance.

3.4 Methods

To examine how professionals experience their professional identity against a background of public policy reform, a research strategy and methods that provide in-depth access to individuals' lived experience and perceptions of their professional identity and work context are essential. Therefore, this study applies a qualitative research approach (Miles & Huberman, 1994), with semi-structured interviews as described by Rubin and Rubin (2005) as method of data collection. Using a case study design, this study focusses on GPs in the Netherlands in relation to market-oriented healthcare reform. From a professionalism perspective it is a 'most typical case': medical professionals are considered to be prototypical professionals with strong professional identities (Freidson, 1970; Pratt et al., 2006). From an international public management perspective it is also a 'representative case': as in other countries, the market-oriented healthcare reform fits within a broader international trend introducing neo-liberal management mechanisms such as FFS remuneration into public sector (healthcare) systems to improve quality and to reduce costs (Cloutier et al., 2016; McDonald & Spence, 2016; Saltman et al., 2012; Waldorff et al., 2015).

Data collection

First, an extensive literature study was conducted to understand how GPs' societal, political and professional context had developed between 2005 and 2015, using Boot (2013), Maes

(2012) and Wiegers et al. (2011) – page count 1200. Then, in total twenty-two Dutch GPs were recruited and interviewed between May and July 2012, of whom nineteen were interviewed individually and three simultaneously for practical reasons. To recruit participants, an interview request was emailed to thirty GPs from the networks of three organizations that focus on (medical) professional training and agency – that is CAPHRI (School for Public Health and Primary Care, Maastricht UMC+); the Professional Honor Foundation; and Tranzo (Scientific center for care and welfare, Tilburg University). Only three GPs declined participation, apologizing for having too little time available. Ultimately, participants were selected bearing relevant factors in mind that might influence GPs' professional practice (see Table 2.2), hence five were kindly turned down to prevent a misbalance towards male GPs in the oldest age category (Dwarswaard, 2011; NIVEL, 2015).

Table 3.2 – Overview of participants

22 General Practitioners	
Male	13
Female	9
Age 25-40	6
Age 41-55	5
Age 56+	11
Solo-practice	4
Group-practice	8
Health center	7
Hires oneself out as GP	2
City	13
Countryside	9

The semi-structured interviews followed Rubin and Rubin's (2005) procedure for conversational partnership to win trust and to motivate GPs to reflect deeply upon their professional identity in relation to market-oriented reform. The interview topics were derived from the three 'Es' of the Good Work framework to gather the data systematically, leading to three main categories of answers. For each 'E', participants were invited to reflect upon GP self-image, through questions like *what do you consider to be 'excellence' in GP work?* in order to find out how they thought they should be as members of their profession. This was followed by questions about their role in relation to market-oriented reform, like *what does this 'excellence' look like in your workaday practice?* Then, participants were encouraged to reflect upon whether they experienced tensions between their self-image and role, and if so,

how they dealt with these tensions. Finally, participants were asked whether they missed factors they deemed important for their professional identity during the interview. On average, each interview lasted seventy minutes and all were recorded and transcribed verbatim, yielding approximately 340 pages of single-spaced, typed data.

Data analysis

The data-analysis consisted of two phases. During the first phase, the Good Work framework did not predetermine the analysis procedure *within* the three main categories itself. Instead, a two-step coding procedure was followed based on Robson and McCartan (2016), allowing for whatever to emerge from each category (see Figure 3.1). First, participants' answers to each topic were divided into individual fragments/statements that were attributed a summarizing 'initial code' using NVivo (qualitative analysis software). For example, the statement *'Everything has become cost-steered. But what if a patient only comes to cry a little? I don't have a code for that! (…) Everything is being delineated and that is not possible in our profession'* was coded *'Delineation of GP work jeopardizes social side'*. Second, these codes were collated – or 'clustered' (Miles & Huberman, 1994) – into potential themes, like *'medical technical side falsely considered more important than social side'*. Constantly checking whether the themes made sense in relation to the coded statements themselves, initial codes were revised if necessary.

During the second phase of data analysis, themes were compared and ordered. As Robson and McCartan (2016) describe, theoretical grounds may play a role in this ordering phase. To establish the 'dialogue with the empirical material' (Alvesson & Kärreman, 2007, p. 1269), the themes that had emerged in the first phase were re-related to the self-image and role distinction and the Good Work framework that had informed the interview topics. During this phase, it was noticed that the perceptions of self-image and role of GPs related to the three 'Es' might not be as separated as initially thought. For example, while talking about ethics all interviewees made claims about excellence as well by expressing their discontent about not being able to live up to their own ethical standards because they experience little room for delivering medical-social excellence. Therefore, themes were also compared across the 'Es' to take into account mutual connections.

Original fragment (translated) within category 'Excellence'	Initial codes	Themes	Self-image vs. role
'If you want to know whether a GP does a good job, you cannot only look at the medical-technical side. There are so many factors in the work of a GP that are very valuable and cannot be measured.'	GP work is more than medical technical side	Medical-technical side falsely considered more important than social side	Self-image excellence contains medical-technical side & social side. Role is primed towards medical-technical side.
'Everything has become cost-steered. But what if a patient only comes to cry a little? I don't have a code for that! (…) Everything is being delineated and that is not possible in our profession.'	Delineation of GP work jeopardizes social side		

Original fragment (translated) within category 'Ethics'			
'Occasionally, I don't mind calling something a 'medical necessity' while the criteria don't define it as one. I choose for the patient and not the health insurer.'	Misuse of code 'medical necessity' in favour of patient	Sometimes 'playing the system' to serve patient's interests	Self-image ethics is about serving patients' interests. Role allows little room to manoeuvre beyond medical-technical necessity.
'It's all about nuance. An X-ray photograph of someone's back for example. If someone really wants it and I think it's unnecessary, of course I don't know it for sure as well, I will say so but I do allow the patient to have the photo taken.'	Superfluous care in specific circumstances		

Original fragment (translated) within category 'Engagement'			
'Relational quality is the first thing that is being cut out. Somehow, the pressure on the practice only increases. People have more questions. Time is pressured constantly. We are too much in a hastiness mode.'	Time limitations jeopardizes relational quality with patients	Bonding with patient is crucial for healthcare quality, but fragile and being pressured	Self-image engagement is about relational quality. Role is about medical-technical problem solving.
'Engagement is that you fallow what happens with a patient. (…) You're a patient's central contact for all his problems; the spider in the web where all data comes together. (…) You know the ins and outs of a person and you can advice a person well.'	Relationship with patient is very personal		

Figure 3.1 – Coding example: from fragments to interpretation following the categories of the Good Work framework

Based on this two phased data-analysis, participants' perceptions of their professional identity could almost be reported upon. First however, four primary/GP care experts who were not GPs themselves were consulted to determine whether the analysis was recognizable and to validate the findings. The experts were two researchers from the Dutch institute for (primary) healthcare studies (NIVEL), one researcher from the institute of public health and environment (RIVM), and one medical advisor working for a health insurer, all of whom had a good overview of the primary healthcare (policy) context. These consultations did not lead to any substantial changes of the analysis. However, they did help to articulate the ways in which participants navigate the tensions between self-image and role for each of the three 'Es' in the light of public policies' aims of quality improvement and cost reduction more crisp. The analysis is reported upon in the next section.

3.5 Results

Using the three 'Es' of the Good Work framework, this study reveals a discrepancy between GPs' self-image and role. Whereas GPs' self-image remains highly similar to what can be expected based on literature (Table 1), their role shows important changes related to their context of market-oriented reform. This means that GPs continue to see themselves as autonomous professionals who should always put patients' interests first, even though what they report doing in practice has changed. These findings are now elaborated and illustrated with examples from the data. First, GPs' self-image is analysed for each of the three 'Es' in relation to what we can expect based on medical professionalism literature. Second, self-image is contrasted to role, exploring how the conflict between self-image and role unfolds along the three 'Es' and describing how these 'Es' turn out to be interconnected in practice. Finally, it is examined how GPs navigate the tensions between self-image and role.

GPs' self-image...

How GPs see themselves as emerges from the interview data shows great resemblance to our understanding of the three 'Es' based on the medical professionalism literature.

For GPs, *excellence* appears to be twofold: they see themselves in terms of being excellent at integrating the medical-technical and medical-social aspects of GP professionalism. Medical-technical means GPs consider themselves to be medical experts. All participants – and especially the youngest GPs – immediately refer to the evidence based guidelines formulated by the GP scientific association (NHG) as most important way to ensure the things also to be found in literature: 'competence' and 'state-of-the-art practice' through 'self-regulation' (Table 1). A young GP explains: *'You must embrace and respect scientific evidence and act accordingly, otherwise you're a quack.'* They see themselves as professionals whose duty it is to keep up with the continuous improvement of professional standards and apparently these

evidence based guidelines are key. Medical-social implies that GPs see themselves not only as professionals with 'communicative skills' (Table 1), but also as professionals who are 'socially sensitive' for factors like patient's personality, (family) background and (medical) history. One GP emphasizes patients' context to illustrate the importance of being excellent at both the medical-technical as well as the medical-social:

> *'The context in which people live their lives is very important. It's a patients' background that determines peoples' behaviour and how they deal with disease (…) Sometimes we even have four generations of family members as patients! It is very important to know how people have been raised in order to understand why they visit you.'*

With regard to *ethics*, GPs in this study see themselves conform what we can expect based on literature as professionals who 'treat patients according to urgency and need', 'do no harm' and 'regard fellow physicians as peers' (Table 1). One of them captures the core of what he believes GP-ethics is all about by saying: *'[It's about] the right intervention for the right problem at the right moment. To do neither too much, nor too little. And sometimes to do nothing. You should never 'over-medicalize'.'* On a more general level, GPs see themselves as altruistic professionals who 'always put patients' interests first'. The analysis shows this self-image goes beyond medical need and cure, as one of them explains: *'To cure someone is nice, but ultimately that's not what it's all about. You have to help people one step further ahead.'* This implies letting other arguments than medical-technical necessity prevail if necessary, or as one GP exemplifies: *'It's all about differences in nuance. Like an X-ray photograph of someone's back: if someone really wants it while I think it's unnecessary (…) I should say so but I could allow [it].'* Based on GPs self-image, it is important to reassure an anxious patient whose relatives have suffered from a certain condition: it is in patient's interest to have the X-ray made, but there is no direct medical-technical need, yet it is still in line with GPs' self-image of GP-ethics.

Engagement means for GPs that they see themselves as being 'committed to their profession' and 'committed to their patients' (Table 1). With regard to the former, they define themselves as being part of a responsible professional group that fulfils a crucial position in the Dutch healthcare system, as one GP explains: *'We're crucial for the healthcare system. As a profession, GPs must show that we're involved with all those [partners in the healthcare sector].'* The latter is even more central to GP-engagement, whereas GPs see themselves as professionals who are highly committed to their patients. This commitment implies having a relationship of trust and empathy for which it is crucial to know your patients as thoroughly as possible. As one GP says: *'Engagement is that you follow what happens with a patient. (…) Nowadays they call it case management, but it means you know about the ins and outs of a person so you can advise him well.'*

According to GPs' self-image, knowing a patient is ultimately crucial for excellence, because reconstructing the story behind patients' complaints, formulating a diagnosis, and proposing a treatment – or in the words of a GP the 'craft of consulting' – is a precise and time-consuming process for which a good relationship is key. During this process, GPs see themselves as 'companions' of their patients: *'You're a companion in the life of your patients'* which expresses the interdependency between GPs and patients for GP-engagement.

...tensions with GPs' role: the three 'Es' connected in practice

While their self-image remains close to what can be expected based on literature, GPs in this study do note important changes with regard to their *role*. Consequently, the analysis reveals substantial tensions between self-image and role for each of the three 'Es', indicating an emergent professional identity conflict. As explained below, it finds an interconnectedness of the three 'Es' whereas this conflict starts for excellence, which then leads to a discrepancy between self-image and role for ethics, which in turn puts both elements for engagement under pressure as well.

In contrast to their self-image of *excellence*, GPs argue that what they do in workaday practice is solely primed towards medical-technical excellence. Based on the NHG-guidelines and in line with the ICPC-codes, a comprehensive system of performance indicators is put in place. GPs must make use of this system to document their actions and to get their operations reimbursed. One GP expresses his discontent: *'Everything we do is being put under a magnifying glass. The performance indicators form an overdone way to gather all kinds of incomparable numbers that say nada about quality.'* This strong emphasis on the medical-technical side of GP-excellence in GPs' role not only brings along a bureaucratic pressure, it also negatively influences medical-social excellence. GPs in this study often got emotional while discussing excellence in their workaday role, like this one: *'What if a patient only comes to cry a little? I don't have a code for that! (...) What should I tell the health insurer? Everything is being delineated and that's impossible in our profession. (...) Not everything is measurable!'* According to GPs, doing a proper consultation depends upon *'sensing'* the patient and his context. Hence, GPs' medical-technical and medical-social excellence should go hand in hand. The following quote illustrates how too little time for the medical-social side jeopardizes GP care quality:

> *'You only have little time, therefore you can't let every patient finish their story. You must act fast. It's ironic that consequently you make mistakes. After all, we highly depend upon our senses: people come in with vague complaints and we formulate a probability diagnosis. It makes us vulnerable.'*

The narrow understanding of excellence as a mere medical-technical affair in GPs' role not only causes a tension with GPs' self-image on excellence. It also creates a follow-up tension

between self-image and role for *ethics*. GPs argue that while doing their practice they experience little to no room for decisions to be made on grounds beyond medical-technical necessity. According to them, this seriously jeopardizes GPs' moral obligation to be altruistic and always put patients' interests first. As one GP cries out: *'I shouldn't look at how many pills I must feed a person to achieve a certain blood-value!'* Moreover, GPs role in the current healthcare system encourages competition among them. However, according to GPs in this study, real competition evades GP-ethics. They are worried about this development because they feel GPs rely heavily on their peers to increase quality and to guarantee healthcare continuity for their patients. Especially in small communities, GPs try to collaborate for example to make sure patient care continues while taking leave days. As one GP argues: *'Real competition prevents (…) innovation! I'm convinced it decreases quality. As academics we're wired to collaborate as much as possible.'*

Besides leading to tensions between GPs' self-image and role first for excellence and second for ethics, the strong emphasis in GPs' role on medical-technical excellence thirdly also trickles down to *engagement*, thereby connecting the last 'E' as well. This study's analysis shows that especially the delineation of time – every consultation is set to last ten minutes per complaint – ultimately hinders GPs to realize their self-image of engagement. According to GPs, getting to know the ins and outs of a patient is a prerequisite for engagement, but this requires time. Yet, time is delineated, making it hard to be really engaged with a patient. As one of them explains: *'Relational quality is the first thing that is being cut out. (…) Time is pressured constantly. We are too much in a hastiness mode.'* To take it one step further, engagement is seen by GPs as an immeasurable requirement for excellent and ethical GP work. As one GP argues, the value of his work for the clients depends upon engagement:

> *'There are so many factors in the work of a GP that are very valuable and cannot be measured. It's personal engagement: how you approach your patients, your prior knowledge of people, taking initiative, curiosity, the time you devote to them… It's immeasurable!'*

Hence, not being able to live up to their self-image of GP-engagement implies a third tension between self-image and role.

With the discrepancies between self-image and role as described above in mind, the question arises how it is possible that GPs retain their self-image, meaning they continue to see themselves as autonomous professionals who should always put patients' interests first, while they also report important role changes in their workaday practice. The following section returns to this question.

Strategies to retain self-image despite role change

Fuelled by frustration over the mismatch between their self-image and role, GPs in this study disclose three ways in which GPs navigate the tensions in their professional identity. It should be noted that the interview data do not reveal frequency nor scope of these strategies. Nevertheless, all three ways are noteworthy, especially in the light of the policy aims of market-oriented reform – that is quality improvement and cost reduction – with which they are arguably hard to reconcile.

GPs occasionally choose to provide care even when they themselves are not convinced it is necessary, which goes again their self-image. For example, one GP explains that within the 10 minutes a consultation is supposed to take, he does not always have enough time to reassure anxious patients and consequently gives into their demands. While discussing GP-ethics, he illustrates: *'You can argue with a patient for ten minutes, but you can also say: just go to the pharmacist. Sometimes you feel like discussing, and sometimes you just don't. You compromise your ethics.'* Just like the GP quoted here, some participants say that because they are not able to act as they believe they should act, they just become more lenient simply to keep their work doable.

Furthermore, sometimes GPs miscode consultations. In most cases, this is done to serve patients' interests. One GP says: *'Occasionally, I don't mind calling something a 'medical necessity' while the criteria don't define it as one. I choose for the patient and not for the health insurer.'* Arguably, such behaviour protects GPs' self-image of especially ethics. After all, it is being done in the name of patients' interests. However, another GP warns that this miscoding never goes against their personal interests*: 'Sometimes you wonder: is it a regular consultation? A certain operation? Did it replace specialist care, which is also a code? (..) Sometimes you'll just choose one, which of course is almost always in your own advantage.'* Hence, by miscoding consultation moments GPs do not always feel responsible for costs of the healthcare system in which they fulfil a crucial role. One GP explains that this kind of behaviour follows from a sense of distrust by the market-oriented system: *'There's a lack of appreciation and trust. We're being distrusted!'* He questions why a GP should feel responsible for a system that distrusts him in return.

Taking this last way of navigating tensions between self-image and role even one step further, GPs occasionally also 'play the system' to acquire financial gains. One GP summarizes his negative feelings towards government and health insurers that according to him underlie this behaviour by exclaiming: *'I will get back to them!'* Consequently, they sometimes do not care about how expensive their care delivery is. Prime example is when GPs offer entire patient groups the possibility to take medical tests without direct necessity. However, this is controversial practice and some GPs in this study take a strong stance against it. One of them says:

> *'The commercialization sometimes goes very far, leading to an excess of reimbursements. For example, you should only offer [a memory test] to people who have memory problems (…), however, some GPs have summoned all their patients above a certain age to take the test. (…) That is despicable!'*

Another example is the Electrocardiography (ECG), for which many GPs invested in the equipment to carry these out themselves. One GP cries out: *'An ECG for every diabetic. Is it useful? No! It just brings in money! (…) commercialization sneaks in.'* Although most GPs believe this 'playing the system' kind of behaviour does not happen at a large scale, all of them admit that it exists and consider it a direct effect of the market-oriented system.

Overall, this study finds a discrepancy between self-image and role related to market-oriented reform. Because in GPs' role the medical-technical side of their practice has gained prominence over the medical-social side, this study shows a sequential reinforcement of these tensions, starting with excellence, followed by ethics and then engagement. To retain self-image despite role changes, GPs adopt at least three ways to navigate these tensions. In the next section, these findings are discussed in relation to the broader debates on professional identity and public policy reform.

3.6 Discussion and conclusion

The purpose of this study was to acquire a better understanding of how professional identities of professionals develop when market-oriented policy reform pushes towards role change (Hendrikx & Van Gestel, 2017; Leicht, 2016), and how professionals deal with possible conflicts within their professional identity. Exploring the mechanisms behind and within professional identity in relation to policy reform allows for an understanding of the consequences of tensions between managerial imperatives and professionalism (Leicht, 2016) that go beyond professionals' daily practices. Instead, it allows to examine its consequences for the deeper level of who professionals think they should be as members of their profession (self-image), in relation to what professionals do in practice (role) (Ashcraft, 2007; Barley, 1989). This is important because professionals' perceptions of their professional identity, conceptualized as self-image and role, ultimately determine how they interpret and perform their tasks (Chreim et al., 2007; Reay et al., 2017), and hence how they translate policy reforms into daily practice.

This study has two main findings. First, GPs' self-image is resilient in the face of substantial changes in GPs' role. This means that GPs keep seeing themselves as autonomous professionals who should always put patients' interests first, while what they do in practice has changed. These role changes are caused by a strong emphasis on the medical-technical side of GP practice, leading to an emergent professional identity conflict between self-image

and role for each of the three 'Es', starting with excellence, followed by ethics and then engagement. And second, to be able to retain self-image despite role change and to navigate the tensions between the two, GPs tend to creatively implement public policies' role demands by miscoding patient contact moments and playing the system in various ways. Based on these findings, the study contributes to literature on professions and professionalism in two ways.

The first contribution of this study is that it unravels the complex relationship between self-image and role in a context of public policy reform, showing that professionals' self-image and role do not necessarily evolve as two sides of the same coin, as generally assumed in literature (Barley, 1989; Chreim et al., 2007). Instead, public policy reform that induces important role changes (Hendrikx & Van Gestel, 2017; Leicht, 2016), can lead to a growing discrepancy between the two: professionals can retain their self-image, even when their workaday role no longer matches it. Expanding our understanding of *how* exactly public policy reform impacts professional identity, and hence professionalism (Leicht, 2016; Noordegraaf, 2016), the interconnectedness of the three 'Es' shows that market-oriented reform reduces the excellence aspect within GPs' role to a medical-technical affair, which subsequently also leads to tensions within ethics and then engagement. Thus, contrary to the idea of a closely and interactively evolving nature of abstract self-image and concrete role (Ashcraft, 2007; Reay et al., 2017), this study shows this relationship is multi-faceted and not per se 'close' and 'dynamic' (cf. Ashcraft, 2007): self-image can be robust and is not necessarily influenced by role changes. At least for the self-image part, this is an acknowledgement of the argument that professional identity is resilient and that change does not occur over night (Goodrick & Reay, 2010), if change occurs at all.

An important explanation lays in the strength of GPs' self-image, which is related to what some scholars refer to as 'strong professional identity' (Barbour & Lammers, 2015; Pratt et al., 2006). Market-oriented reform has affected GPs' workaday role, but did not change how GPs are socialized in their profession. This became clear in this study's analysis: participants articulated their definitions of self-image for each 'E' clearly and in an almost identical fashion, showing a strong shared understanding of what being a GP should entail. Another explanation for a resilient self-image is that in the case of market-oriented reform in Dutch healthcare, no explicit effort is being put into accomplishing professional identity change. However, as professional identity studies show, successful professional identity change by institutional forces like national policies is a complex and gradual process which requires careful attention (Chreim et al., 2007; Pratt et al., 2006; Reay et al., 2017). In accordance with what Meyer and Hammerschmid (2006) show for public executives, without such attention public policy reform as an 'identity project' runs the risk to remain unsuccessful in replacing old orientations. Therefore, when studying public policy reform's true impact on professionals, one has to take professionals' self-image into account, especially for professional groups whose shared sense of self-image is strong.

This study's second contribution lies in its explanation of how the tensions between managerial imperatives and professionalism play out for professionals, by showing strategies through which GPs are able to retain their self-image, even though they report their workaday role has changed. In contrast to Pratt et al. (2006) who claim that professionals always rectify violations between 'doing' and 'being' by customizing their self-image to match their role, this study acknowledges the finding of Croft et al. (2015), who argue that professionals sometimes perpetuate identity conflict to prevent identity transition. To do so, GPs navigate identity conflicts to retain self-image despite role change. This study has come across several practices through which GPs creatively implement public policies' role demands: they more easily provide unnecessary care while shifting responsibility towards the healthcare system; they miscode patient contact moments; and they play the system for financial gain just to 'get back' at it. Hence, they manage to uphold their self-image, seemingly at the expense of public policies' aims of quality improvement and cost reduction. Of course, this does not imply that all public policy reforms automatically lead to professional identity conflict. Building on Noordegraaf (2016) who argues that professionalism and public policy reform have a complex two-way relationship but are not necessarily incompatible, it is not an either-or situation where self-image ultimately should fully adapt to changes in role or vice versa. Nevertheless, with an eye on public policy effectiveness, policy reform should go beyond merely changing professional roles and acknowledge the importance of professionals' self-image to prevent professional identity conflict, advocating a more in-depth understanding of identity change in policy reform implementation.

The Good Work framework helped to explore the tensions within professional identity, which was crucial for examining how GPs navigate them. In comparison to other studies on professional identity that aim for a more open discussion about professional identity (e.g. Chreim et al., 2007; Pratt et al., 2006; Reay et al., 2017), or aim at measuring the strength of professional identity (e.g. Barbour & Lammers, 2015), the Good Work framework proved advantageous for understanding professional identity by exploring self-image in relation to role for each 'E'. Thereby, it helped to acquire a better understanding of professional identity based on a systematic analysis of these three key components, and allowed for a structured comparison of GP perceptions of these three 'Es'. Moreover, by conversations with professionals moving from abstract self-image to concrete role for each 'E', it was possible to reconstruct the professional identity conflict and pinpoint its starting point in a conflict on excellence. Adding to Gardner et al. (2001) who argue that excellence, ethics and engagement are intertwined, in case of Dutch GPs, identity conflict about excellence sets the tone for changes in ethics, and subsequently for engagement. As the analysis indicated, GPs feel their practice is reduced to a medical-technical affair, while the medical-social side of their work accounts for a great part of their 'excellence' as well. Consequently however, it has become

harder to always act in patients' interests (ethics), and to establish a committed relationship with patients (engagement), thereby jeopardizing GP practice as a whole.

In conclusion, the applicability of this study's findings to other cases and possibilities for future research should be addressed. This study is a qualitative examination of the professional identity of GPs in the Netherlands in relation to market-oriented healthcare reform. Some may view this as a limitation with regard to its generalizability. Indeed, one must be careful when generalizing these findings to other professional groups. However, although it holds no statistical generalizability, transferability and comparability are more important criteria for qualitative research (Robson & McCartan, 2016). As Pratt et al. (2006) argue, being members of a prototypical profession (Freidson, 1970; Noordegraaf, 2011a; Wilensky, 1964), GPs show 'easy-to-see parallels' with other professionals, particularly and most obviously with other types of physicians. In the Netherlands and beyond, these other types have also been confronted with highly similar kinds of market-oriented policy reforms (Cloutier et al., 2016; McDonald & Spence, 2016; Saltman et al., 2012; Waldorff et al., 2015), making their context comparable to at least a certain extent. With regard to other professional groups, this study opens up avenues for future research to find out how policy reform impacts the dynamics of their professional identity. Having demonstrated its value for making the tensions between self-image and visible, the Good Work framework can be recommended for such future research. Moreover, turning to the practical context, it is important to find out how GPs and policy makers can deal with the situation that according to GPs themselves it has become harder to always patients' interests first. One way might be to put patients' perspective more central in future research, because as Leicht (2016) argues, a central dynamic for the future will be how patients and consumers engage with changed professional environments.

Chapter 4

What we should do vs what we do: teachers' professional identity in a context of managerial reform

Abstract

Against a background of public management reform strengthening managerialism, this study examines the professional identity of secondary school teachers in the Netherlands. It uses the Good Work framework of *excellence, ethics* and *engagement* to explore what teachers think they should do – self-image – versus what they do – role. It finds that managerial reforms in secondary education enhance a discrepancy between these two sides of teachers' identity. The study discovers three strategies teachers employ to navigate the emerging tensions. These findings contribute to our understanding of how public management reform plays out in both teachers' beliefs and practices.

Keywords: teacher identity, professional identity, public management reform, secondary school teachers, Good Work framework

4.1 Introduction

Secondary education throughout the western world has been prone to substantial managerial reforms aimed to increase efficiency and effectiveness, leading to important changes for teachers (Biesta, 2012; Day, 2007; Hargreaves, 2000; Schimank, 2015). Most prominently, the management of education has been further decentralized to school level to enhance the performances of students, teachers and school organizations by increasing flexibility and competitiveness (Schimank, 2015). Schools have become responsible among others for the management of budgets, staff employment, student affairs, curriculum and assessment, leading to an expansion of the autonomy of school boards (Ball, 2003; Hargreaves, Stone-Johnson, & Kew, 2016). Moreover, high-stakes accountability mechanisms have been introduced to control educational quality and content (Buchanan, 2015). This has led to a far-reaching standardization and quantification of educational practice using 'centrally determined and monitored measures of pupil achievement' (Day, 2007, p. 677) as a means for comparing and ranking educational performance.

For teachers' professional identity, these managerial reforms have had substantial implications (Ball, 2003; Day, 2007). Literature shows professional identity is about the answers to the question 'who are we as members of a profession?' (Barbour & Lammers, 2015; Beijaard et al., 2004), having two interacting sides (Reay et al., 2017). On the one hand, it encompasses *who professionals think they should be* as members of the profession, that is their 'self-image' (Pratt et al., 2006). On the other hand, it is about *what they do* in workaday practice, that is their 'role' (Ashcraft, 2007). The aforementioned reforms aimed to impact this latter side of professional identity, namely teachers' role. Nowadays, teachers must guide students' educational processes towards standardized 'learning outcomes' following evidence-based methods (Day, 2007; Schimank, 2015). School boards keep track of student results and use them to evaluate teacher performance (Biesta, 2012; Buchanan, 2015). These role changes seem at odds with traditional professional values of teachers like autonomy and service ethos (Ball, 2003; Kelchtermans, 2005). It is increasingly recognized that managerialism may affect teachers' professional identity, creating tensions between self-image and role (Buchanan, 2015). This study aims to address these tensions, to contribute to our understanding of how public management reform plays out for teachers in their practice *and* their beliefs.

To realize this aim, this empirical study focuses on secondary school teachers in the Netherlands in relation to managerial reform within the Dutch educational sector. It addresses the following research question: *how do Dutch secondary school teachers (re)construct their professional identity in a context of managerialism and how do they navigate possible tensions between self-image and role?* To answer the research question, this study uses the Good Work framework as analytical lens to study teachers' perceptions of

both self-image and role. The framework consists of excellence, ethics and engagement (Barendsen & Gardner, 2009; Gardner et al., 2001). It offers an interesting opportunity to study professional identity whereas it captures the most important aspects of professionalism including expertise (excellence); objectivity and altruism (ethics); and commitment to client and profession (engagement) (Leicht, 2016). Furthermore, this study applies a qualitative research approach with semi-structured interviews as method of data-collection.

This study holds two contributions to literature on teacher professionalism. First, although self-image and role are often viewed in literature as two sides of the same coin (Ashcraft, 2007; Reay et al., 2017), this study points to managerialism as creating a gap between self-image and role. Adding to literature on its consequences for teachers' role (Ball, 2003; Buchanan, 2015; Day, 2007; Schimank, 2015), this study shows that it is in particular managerialism's impact on teachers' engagement in response to new standards for excellence which causes this gap between self-image and role. Second, this study found three strategies teachers use to cope with the tensions between self-image and role, ranging from working extra hours to playing the administrative system. Highlighting teachers' strategies to navigate the tensions as a consequence of managerial reform is crucial for improving effective policy designs in education and understanding teacher identity (re)construction (Brain, Reid, & Comerford Boyes, 2006).

This paper first offers a literature review on teachers' professional identity, introducing the Good Work framework to analyze teachers' professional identity. Next, the research methods used for this study are discussed. This will be followed by a presentation of this study's empirical findings, in which the three elements of the Good Work framework are discussed, and the three strategies teachers employ to navigate tensions between self-image and role are described. Finally, these findings are discussed in relation to the scholarly debate on teachers' professional identity in relation to public management reform.

4.2 Professional identity as 'Good Work'

Professional identity

Professional identity can be defined as the relatively stable ways in which professionals see themselves in terms of *who they think they should be* – i.e. self-image – and *what they do* – i.e. role (Chreim et al., 2007; Pratt et al., 2006). Self-image refers to the normative beliefs professionals hold about the purpose, goals, values, norms and interaction patterns associated with being a member of their institutionalized collective (Ahuja et al., 2017; Reay et al., 2017). Role is associated with the 'real life' day-to-day practice of 'enacting a job and making sense of the work' (Ashcraft, 2007, p. 12). Self-image and role are two sides of the same coin and develop simultaneously (Reay et al., 2017). Professionals (re)construct their self-image

through elaborate socialization processes (Beauchamp & Thomas, 2009; Pratt et al., 2006), in which they try on provisional roles (Ibarra, 1999). In turn, these roles are guided by behavioral repertoires that stem from professionals' self-image. Acknowledging individual variation (Bévort & Suddaby, 2016), literature shows the link between self-image and role is especially strong for those professionals who are members of highly institutionalized occupations (Barbour & Lammers, 2015; Gardner & Shulman, 2005), whereas they commonly express who they should be in terms of what they do in practice (Pratt et al., 2006; Reay et al., 2017).

Recognizing professional identity is key for understanding the interaction between professionals and their respective fields (Barbour & Lammers, 2015; Goodrick & Reay, 2010), the self-image and role interplay has increasingly been studied under different names in various domains to theorize the process of professional identity (re)construction (Ahuja et al., 2017; Beauchamp & Thomas, 2009; Bévort & Suddaby, 2016; Buchanan, 2015; Hendrikx, 2018; Reay et al., 2017). Hence, we know that institutional pressures like public management reform can imply substantial role change for professionals like doctors and teachers (Ball, 2003; Chreim et al., 2007; Day, 2007; Hendrikx & Van Gestel, 2017). Subsequent self-image change depends upon subjective interpretations of role changes by agentic individual professionals, who all uniquely make sense of their roles, which ultimately shape their self-image on a collective level (Bévort & Suddaby, 2016). Sometimes this process of gradual identity (re)construction is carefully managed (Reay et al., 2017), but more often roles are changed without paying attention to professionals' self-image (Day, 2007). As such, professionals start to experience professional identity conflict whereas discrepancies between self-image and role arise (Ahuja et al., 2017; Brain et al., 2006).

Having managerialism become a dominant theme in the field of educational studies (Machin, 2017), literature shows that for teachers in the western world such a discrepancy is very recognizable (Ball, 2003; Brain et al., 2006). Most scholars agree managerialism 'increasingly reduces the role of teaching to that of a technical deliverer of pre-set pedagogies' with the teacher as 'technocratic implementer of policy' (Brain et al., 2006, p. 412; Schimank, 2015). However, it is more up for debate to what extent these role changes have also led to changes in teachers' self-image. Some scholars claim they have already fundamentally changed who teachers are, emphasizing that teachers have come to accept redefinitions of good teaching, geared towards student output and performance (Ball, 2003; Biesta, 2012; Buchanan, 2015; Day, 2007; Hargreaves, 2000). Others focus more on an ongoing discrepancy between self-image and role. This has led to attention for teachers' personal cost associated with this discrepancy whereas it challenges their self-esteem and leads to 'intense emotions of doubt, anxiety, guilt and shame' (Kelchtermans, 2005, p. 1001). Moreover, it made scholars think about the (theoretical) ways in which teachers can deal differently with the consequences of managerial reforms, ranging from conformity to rebelling against new role demands (Brain et al., 2006; Moore, Edwards, Halpin, & George, 2002; Stone-Johnson, 2014). Nevertheless,

more is to explore empirically about how teachers subsequently navigate possible discrepancies between self-image and role.

Teachers' identity as 'Good Work'

This study uses the Good Work framework (Gardner et al., 2001) to examine the self-image and role interplay empirically. This framework consists of three 'Es' that a 'good worker' in every profession exhibits: *excellence*, that is standards of skill and expertise by which work is judged; *ethics*, that is social responsibility for the impact of work, behavior, decisions, and products on others; and *engagement*, that is care for and personal meaningfulness of work (Barendsen & Gardner, 2009). These three elements coincide to great extent with the most important characteristics often associated with professionalism (see also Hendrikx, 2018), namely ownership over expertise, objectivity and altruism, and commitment to clients and profession (Abbott, 1988; Gardner & Shulman, 2005). Although the nature of teaching as a profession is contested, it surely has considerable professionalism traits (Schimank, 2015), like specific teacher training, neutrality, and dedication to student development, providing an interesting opportunity for the study of professional identity to learn from its well-developed literature. In general, this literature approaches professional identity as a 'complex' and 'multi-dimensional' concept (Beauchamp & Thomas, 2009), and some even claim it exists of multiple interrelated sub-identities (Avraamidou, 2014; Beijaard et al., 2004). Before examining it empirically, this study's understanding of professionals' self-image and role is now first deepened by describing each 'E' through literature.

Excellence for teacher identity revolves around subject knowledge and didactics. First of all their knowledge of subject matter is crucial (Avraamidou, 2014; Helms, 1998). Becoming a teacher requires specific teacher training through which a particular knowledge base is acquired; that is a 'full understanding of the subject area' (Calderhead, 1996 in Beijaard, Verloop, & Vermunt, 2000). What this training program looks like – including the institutional specificities and socialization practices – differs per subject, but is always crucial for teachers' professional identity construction (Flores & Day, 2006). However, nowadays it is widely accepted that the complexities of teaching reach beyond the mere transmission of knowledge. Literature shows teachers are also expected to be skillful didactics, mastering multiple models of teaching; of planning, executing and evaluating lessons (Beijaard et al., 2000). The dominance of these models changes over time. Contemporary beliefs about *how* to educate students best have become more student-centered, thereby replacing traditional teacher-centered ones.

Ethics for teachers is less clearly described in literature, but most often ethical and moral features of the teaching profession are linked to pedagogy (Beijaard et al., 2000; Van Veen, Sleegers, & Van de Ven, 2005). It is about the normative judgments that a teacher has to make

which are about the 'why' of teaching (Biesta, 2012). As Beijaard et al. (2000) argue, value-loaded judgements are particularly present in the teaching profession, because in our postmodern societies, teachers are increasingly confronted with moral, social and emotional dilemmas. For example, how should we educate students within individualized societies with diminished social control? In this vein, a part of pedagogical literature describes teachers as role models who carry norms and values – often 'virtues'. Research shows teachers usually do not explicate these by talking about them, but rather serve as role models in a non-verbal fashion (Sanderse, 2013).

Engagement for teachers concerns the emotional bond with their students and their school, which is strongly related to teachers' persona. Teachers are expected to show a great emotional involvement (Beauchamp & Thomas, 2009; Van Veen et al., 2005). This means they not only need to show interest, but need to *feel* interest for the well-being of their students which requires them to be social chameleons whereas every student is unique. At the same time, establishing good relationships often requires them to show a lot from themselves. In literature it is therefore often argued that teachers' personal lives, experiences, beliefs and practices are inherently linked to their teaching lives (Beauchamp & Thomas, 2009; Day, Kington, Stobart, & Sammons, 2006; Kelchtermans, 2009). To emphasize the importance of this link, it is commonly directly associated with motivation, job fulfilment and commitment (Day, 2007; Kelchtermans, 2005).

Table 4.1 – Good Work framework: teachers' professional identity

	Teachers are expected to...
Excellence	...be have a thorough subject knowledge ...be skillful in applying multiple didactical models
Ethics	...have a clear understanding of pedagogy ...have the capacity to make normative judgments ...be role models embodying values and norms
Engagement	...have a strong emotional bond with students ...show themselves in this relationship

In sum, professional identity consists of both self-image and role; that is of *who professionals think they should be* as members of their institutionalized collective and *what they do* in their day-to-day context. Self-image and role are inherently linked, and whenever either one is being changed the resulting discrepancy between them ultimately leads to a process of identity

(re)construction to realign them again. To examine how professionals define their self-image and role, this study uses the Good Work framework of excellence, ethics and engagement. Together, these three elements capture the essence of professionalism. Literature on teaching and teacher identity has been consulted to deepen our understanding of these three elements prior to the empirical part of this study (Table 4.1). It shows excellence is both subject knowledge and didactics; ethics is most often discussed in terms of pedagogy and role-modeling; and engagement in terms of teachers' emotional involvement with students and school. This study's methods' will now be discussed first.

4.3 Methods

This study focuses on secondary teachers working in the senior years of the two highest school levels in the Netherlands, because they hold a post-graduate degree in their subject field and are expected to have the most strongly developed professional identity. Three schools were then selected for similar characteristics, being average in size (having 550-850 students in the senior years) and with a mainstream educational philosophy (without special approaches such as Montessori, Jena Plan etcetera). Teachers were selected from different subject areas (languages, social science, mathematics) since subject area matters for teachers' perceptions of professional identity (see also Helms, 1998).

Data collection

In order to examine teachers' professional identity against a background of managerial public management reform, a qualitative research strategy as described by Miles and Huberman (1994) has been applied. Semi-structured interviews were held as method of data collection, using the conversational partnership style as described by Rubin and Rubin (2005). This strategy helped to establish a basis of trust with the interviewees and hence allowed for an in-depth exploration of individuals' perceptions of self-image and role. Ten teachers per school were recruited and interviewed between May and September 2017, leading to a total of 30 teachers varying in gender, age and teaching subject (Table 4.2).

Following the Good Work framework, the topics discussed were excellence, ethics and engagement. For each topic, participants were first invited to describe what they considered this topic should be, to discover their self-image in their own terms. Then, turning to their role, they were asked to reflect upon how each topic played out in workaday practice. First as an open question and then specifically in relation to managerialism. The expectations about excellence, ethics and engagement based on literature (Table 4.1) served as inspiration during the data analysis, but they did not determine the topic list for data collection because in the Good Work framework approach it is very important to explore professionals' own definitions. Consequently, although teachers sometimes struggled to put words to their self-image

especially for ethics; defining excellence, ethics and engagement was left up to the teachers themselves. Finally, teachers were asked to reflect upon the tensions they signaled between their self-image and role and upon the role of their school organization. The interviews lasted approximately 60 minutes on average. All were audio recorded and transcribed verbatim.
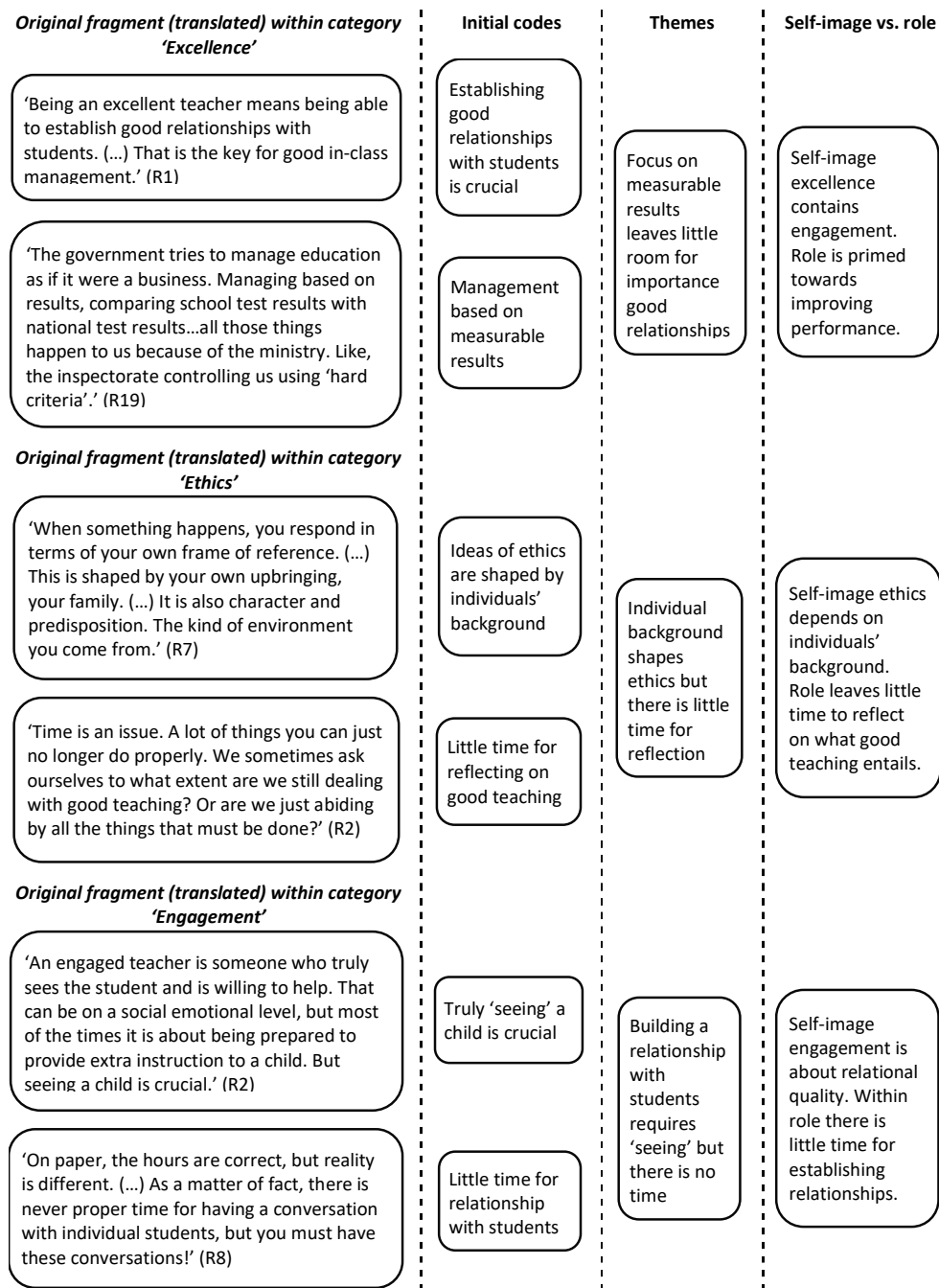
Table 4.2 – Overview of participants

30 Teachers	
Male	17
Female	13
Age 25-40	9
Age 41-50	11
Age >50	10
Languages	6
Social sciences	14
Sciences/mathematics	10

Data analysis

The data has been analyzed using a two-phased procedure. In the first phase the coding process described by Robson and McCartan (2016) was followed to code within each category of the Good Work framework: individual statements were labeled with an initial summarizing code using the qualitative data analysis program NVivo. Next, these codes were thematically categorized, constantly checking whether the themes that emerged kept making sense in relation to the original data fragments (Figure 4.1). In the second phase the themes themselves were ordered in relation to one another. According to Robson and McCartan (2016) theoretical grounds can play a role in this phase, allowing for a 'dialogue' between theory and empirics (Alvesson & Kärreman, 2007). Hence, the themes were re-examined in the light of the self-image and role interplay for each element of the Good Work framework and in relation to Table 4.1. It turned out that respondents' perceptions of self-image and role sometimes transcended the boundaries of the elements of the Good Work framework. For example, when discussing teacher excellence their engagement with their students and school was always addressed. To take into account these relations between the different elements of the Good Work framework, themes were also compared, related and if necessary double coded across excellence, ethics and engagement. This allowed to unravel the interrelatedness within teachers' professional identity, of which the results are reported in the following section.

Original fragment (translated) within category 'Excellence'	Initial codes	Themes	Self-image vs. role
'Being an excellent teacher means being able to establish good relationships with students. (…) That is the key for good in-class management.' (R1)	Establishing good relationships with students is crucial	Focus on measurable results leaves little room for importance good relationships	Self-image excellence contains engagement. Role is primed towards improving performance.
'The government tries to manage education as if it were a business. Managing based on results, comparing school test results with national test results…all those things happen to us because of the ministry. Like, the inspectorate controlling us using 'hard criteria'.' (R19)	Management based on measurable results		

Original fragment (translated) within category 'Ethics'			
'When something happens, you respond in terms of your own frame of reference. (…) This is shaped by your own upbringing, your family. (…) It is also character and predisposition. The kind of environment you come from.' (R7)	Ideas of ethics are shaped by individuals' background	Individual background shapes ethics but there is little time for reflection	Self-image ethics depends on individuals' background. Role leaves little time to reflect on what good teaching entails.
'Time is an issue. A lot of things you can just no longer do properly. We sometimes ask ourselves to what extent are we still dealing with good teaching? Or are we just abiding by all the things that must be done?' (R2)	Little time for reflecting on good teaching		

Original fragment (translated) within category 'Engagement'			
'An engaged teacher is someone who truly sees the student and is willing to help. That can be on a social emotional level, but most of the times it is about being prepared to provide extra instruction to a child. But seeing a child is crucial.' (R2)	Truly 'seeing' a child is crucial	Building a relationship with students requires 'seeing' but there is no time	Self-image engagement is about relational quality. Within role there is little time for establishing relationships.
'On paper, the hours are correct, but reality is different. (…) As a matter of fact, there is never proper time for having a conversation with individual students, but you must have these conversations!' (R8)	Little time for relationship with students		

Figure 4.1 – Coding example: from fragments to interpretation following the categories of the Good Work framework

4.4 Results

Having used the Good Work framework as analytical lens to examine secondary school teachers' professional identity against a background of public management reform, this study finds a discrepancy between self-image and role, indicating an identity conflict for teachers. This conflict is related to managerialism which has led to substantial role changes. These findings are reported upon below and illustrated with quotes – translated from Dutch – from the interviews. First, teachers' self-image is examined for each of the three elements of the Good Work framework in relation to expectations from literature (Table 1). Second, teachers' role is analyzed, showing a discrepancy with teachers' self-image and how the subsequent identity conflict emerges along the lines of the three elements of the Good Work framework. Finally, three strategies that teachers employ to cope with tensions that arise from this identity conflict are discussed.

Teachers' self-image

Regardless of their subject, teachers in this study emphasize that their self-image of teacher *excellence* has a clear dual core, directly linking it to teacher engagement. The first part is in line with excellence from literature: teachers see themselves as professionals who must have a thorough subject knowledge that goes beyond the course material and they must have the didactical skill to teach this knowledge to their students. One of them says: *'A teacher needs to excel in his subject area; he needs to master it.'* (R5) In line with literature, all teachers emphasize that inherently linked to subject knowledge is didactics: *'People who are great with group dynamics [getting their message across], but have little subject knowledge, or academics who just tell their story in front of a group: in both cases you do not actually reach adolescents. It is the interplay of both!'* (R30) Only when mastering both, a teacher can truly challenge pupils to excel.

However, the second part of teacher excellence – which all teachers claim to be most important – goes beyond subject knowledge and didactics. It is teachers' ability to establish a constructive social relationship with individual students, thereby positioning *engagement* as prerequisite for teacher excellence. Teachers argue that without a good relationship student learning will remain limited. As one teacher explains: *'Contact is crucial. The relationship comes first!'* (R7) Every relationship between a teacher and a student is unique. What this relationship looks like depends upon context and interpersonal factors. This latter is emphasized by one teacher who draws a clear line to teachers' personality: *'You have a professional position, but for the relationship you nevertheless should show yourself.'* (R27) Teachers' self-image of engagement hence means being able to establish a personal bond with students.

When invited to reflect upon their self-image of *ethics*, teachers in this study struggled and did not raise answers related to pedagogy as one would expect based on literature. Acknowledging that teachers were not used to using ethics in their vocabulary, it stood out that the majority of teachers in this study did not have a clear notion of what teacher ethics should be. One of them even felt embarrassed, saying: *'Nothing really comes to mind. (…) I feel as if I have 'failed' this element.'* (R1) Some teachers – all young men – emphasized the importance of not showing any improper behavior towards (female) students. More in line with literature, others argued that teachers – regardless of their subject – have the responsibility to prepare students for real life in society, focusing on citizenship. According to these teachers, this should be done through showing exemplary behavior. However, what citizenship and exemplary behavior entail remains unclear. One teacher tries to explain: *'You should train yourself to behave in a certain way to make you 'fit' the position of a teacher.'* (R27) Another teacher is more explicit about the consequences, saying: *'Most of the day, I should not completely be myself, because I have a job that comes with a responsibility.'* (R4) Furthermore, some teachers argued they should uphold social norms like mutual respect. Others had a more practical explanation saying that they should always be on time, should not eat nor drink in class, and should have tests graded within a few days. Nevertheless, there seems limited clarity as well as consensus over what teacher ethics should be.

To summarize, in teachers' self-image teacher excellence is subject knowledge, didactics *and* engagement. This latter implies having a personal bond with students. Teacher ethics is a diffuse individual affair rather than a clear collective pedagogy.

Teachers' role: tensions with self-image

Teachers in this study report how their role – i.e. what they do in practice – has come to deviate from their self-image under the influence of public management reform introducing managerialism, indicating a professional identity conflict as will be explained and illustrated below.

Teachers argue that contrary to their self-image, teacher *excellence* in their workaday role solely boils down to getting students to perform well on standardized tests, while time is constantly being pressured. They report that managerialism requires them to write detailed curricula and to argue how these will lead up to the nationally formulated examination requirements. Consequently, instead of continuously improving subject knowledge and didactics, in reality teachers say they must adopt and follow predetermined routines as much as possible, leaving them little leeway for developing innovative practices within their teaching. This is for example to great extent caused by school management requiring them to use readymade teaching curricula from educational publishing companies that provide detailed prescriptions of what needs to happen when in the classroom. Simultaneously, they

report increased workloads, whereas teachers are required to constantly monitor students' results; write small logs on student progress, student care and parent contact; and provide plans for individual students while classes have become more heterogeneous. As one teacher explains:

> *'More students have a special educational need, ranging from dyslexia, to PDD NOS to ADHD. However, I am expected to tailor my teaching to each individual students (...) I struggle with that. How on earth should I monitor 31 of these kids?!'* (R2)

Arguing they have little time to continuously develop new lessons, teachers often lean upon routine and reuse older materials. One of them says: *'Teaching becomes a routine (...); work pressure is too high, and the curriculum too full.'* (R24)

Teachers in this study are even more explicit about a discrepancy between their self-image and role when it comes to teacher *engagement* as prerequisite for excellence. Considering their claim that establishing a constructive relationship with students is crucial for learning, teachers argue that within their role there is too little eye for this side of their profession. One of them says: *'Often you drown in numbers and arguments you need to generate to argue why you do the things you do, but it doesn't add anything.'* (R28) Another one adds: *'We waste so much time administrating stuff; time that we'd better spend doing the real work'* (R30) And that 'real work' means spending time on developing lessons and being engaged with students. Managerialism has caused student performance being too one-sidedly measured in terms of test result progress. However, teachers claim these results often give a false sense of reality, as one illustrates:

> *'We use [a standardized test] which unfortunately includes questions about some topics that we have not yet discussed in class, simply because they are planned for in a few months. As a consequence, students score low on that part. (...) However [based on this test], nowadays all sorts of conclusions are drawn about student performance!'* (R29)

Moreover, with managerialism delineating teachers' role and pressuring time, teachers experience little room to maneuver in student contact. One teacher exemplifies: *'When a student with an urgent problem comes up to you [while you have no time], you have to say 'come back later'. This is true on paper, but in practice it just doesn't work like that.'* (R2) Teachers argue that things like this simply cannot wait; they have to be flexible. Engagement being a prerequisite for teacher excellence, teachers warn the tension between self-image and role ultimately jeopardizes their teaching quality. After all, experiencing they have too little time for establishing a constructive relationship with their students, teachers argue that student learning cannot be optimal.

This tension creates a follow up tension between self-image and role for teacher *ethics*. Already having a diffuse shared self-image of their ethics, teachers also struggle to realize in practice the role of the teacher they think they should be. Pressured by managerialism to improve student performance, teachers feel they can no longer do the things right, as one teacher disappointedly says: *'A lot of things you just can no longer do properly.'* Or arguably, they cannot even do the right things, as the same teacher continues: *'To what extent are we still thinking about good education, or are we just doing the things we are told to do?'* (R2) With a focus on student performance and output, questions about teacher ethics are rarely raised in their workaday role. One of them explains that *'ethics is a neglected thing in teaching. It is rarely discussed what acting ethically entails.'* (R24) Nevertheless, teachers in this study enjoy thinking about questions on teacher ethics in their role because it leads to conversations over the kind of teacher they actually are for their students.

When asked, most teachers point towards their school organization and boards as responsible for teacher ethics in their role, because every school in the Netherlands needs to have a school plan containing a vision statement. However, they also admit this provides little hold whereas these statements are formulated very abstractly and allow for big differences in interpretation. As one teacher emphasizes with a sigh: *'Everybody just does whatever he or she thinks is right. And that is often quite diverse!'* (R27) Consequently, teachers seek out likeminded colleagues in- and outside their schools to avoid tough discussions. One says: *'I'm still in touch with a really good colleague from my previous school (...) because we share a vision on education; on how to teach and what to focus on. You just seek and find one another.'* (R26) In response to follow up questions on where teachers had developed their ethics – for as far as they had been able to define it – most teachers in this study mentioned their own upbringing. Some even started to scrutinize their own professional training, saying: *'Teacher training doesn't prepare you for that. It's only about how you teach your subject, not about what good education entails.'* (R10)

To summarize, contrary to their self-image of excellence, teachers in this study argue that excellence in their role means focusing on improving student performance by writing detailed curricula, by using predetermined routines, and by continuously rendering account for their practices. They say this leaves little time for them to realize their self-image of teacher engagement which they regard as a prerequisite for teacher excellence. Moreover, teachers in this study describe there is little attention for teacher ethics within their role. They already do not have a strong collective self-image of what ethics in their work entails and they blame having too little time in their workaday role to reflect upon ethical questions.

Strategies to cope with professional identity conflict

Despite the discrepancy between self-image and role for all three elements of the Good Work framework, teachers manage to uphold their self-image in the face of role change. Although neither their frequency nor their scope have been examined, this study finds three strategies teachers employ to deal with the tensions between self-image and role clearly emerging from the data.

First and foremost, practically all teachers say they simply work longer hours to keep their self-image intact while also meeting the new the new role demands imposed by managerialism. Although some feel frustrated over their own obedience, saying things like *'we're a group of cowards afraid to rebel!'* (R2) and *'we do it to ourselves!'* (R24), teachers feel responsible towards their students and school organization for being the teacher they think they should be – i.e. their self-image – while keeping up-to-date with all (administrative) tasks that come along with their role in workaday practice. Consequently, all teachers report increasingly high workloads and an imminent danger of burn-out. In dealing with this situation, teachers in this study report they themselves or colleagues have started to work 'part-time'. Part-time employment refers to reducing one's tenure to less hours than those of one full-time equivalent. In the Netherlands, such employment is culturally and institutionally well-accepted with Eurostat data showing that nearly half of all employees work part-time (Eurostat, 2018). Teachers argue some off them work part-time to use their extra off-time to be able to finish all the work that needs to be done. As one participant explains: *'I officially work [60 percent of a full-time equivalent] because otherwise I can't get all the work done [in a full-time week in practice]. (...) We teachers are just too perfectionistic.'* (R2)

Second, other teachers feel they fail to do it all and focus either on their self-image or their role. One teachers explains:

> *'You see more and more teachers who say 'I cannot do it all'. So you start to do things halfheartedly. As a consequence, I have started to do the core business – i.e. to teach – based upon routine. (...) More and more teachers are burned out.'* (R2)

Those teachers who let their self-image prevail are often in conflict with their school organization. They are sloppy in keeping their administration up-to-date. One teacher shrugs his shoulders and says: *'And every year I get a reprimand, and then I promise to improve, but obviously I don't.'* (R8) This strategy is exceptional though. More common is letting the new role demands prevail over self-image. These teachers feel as if the responsibility for education has been taken away from them anyway. Consequently they withdraw to a situation of 'teach to the test'. One teacher explains: *'My classes rank among the best of the country. (...) Of course that's because government focusses on results, so I only focus on results. (...) If that's how they want it, they can have it that way.'* (R19) The same teacher acknowledges this

comes with a price, including a diminished work motivation, whereas he believes that although 'teach to the test' might lead to good exam results, it is simply not the same as good education. As a consequence of this strategy, teachers in this study express a loss of ownership and a feeling of alienation by doing irrelevant work, but they also argue they have become indifferent to it.

Third, and of a slightly different order, some teachers in this study say they apply a form of 'playing the system'. This is specifically related to the administrative practices that come along with teachers' new roles. Teachers use these practices not as a basis for their judgement, but simply as tools to support the professional judgements they have often made beforehand. Teachers in this study hence confess they sometimes selectively report student information in their student tracking system, solely to make sure that their decisions are backed. One teacher illustrates this strategy by saying: *'The annoying thing is that basically you construct your argument in such a way that you are always right and others agree.'* (R28) Administrative systems provide in that sense not a reflection of reality, nor a basis for decision making, but solely a means to make the 'evidence' for teachers' professional judgement. The same teacher continues by saying: *"It should not be the case that you use the system to make a student transfer to another school (…) but there are school where this is happening."* (R28) In this vein, reporting student information provides not just a way of rendering account, but serves to legitimate the reality created by teachers.

In the following section, these findings – the tensions between self-image and role, and the strategies to navigate these tensions – are discussed in relation to literatures on professional identity, in particular of teachers, and public management reform.

4.5 Discussion and conclusion

Professional identity is a crucial link in our understanding of the relationship between macro-level change and micro-level context (Brain et al., 2006; Hargreaves, 2000). This study aimed to explore how secondary school teachers in the Netherlands perceive their professional identity in a context of managerial reform (Ball, 2003; Day, 2007; Schimank, 2015). It defined professional identity as a two-way relationship between self-image and role (Reay et al., 2017), and subsequently aimed to enhance our knowledge of the strategies teachers use to bridge possible tensions between these two elements. Its analysis holds two main findings. The first is on the discrepancies between self-image and role. With teachers' role being primed towards optimizing (student) performance, teachers argue a narrow understanding of teachers' excellence has become dominant. However, teachers' self-image of excellence also encompasses engagement – i.e. establishing and maintaining constructive relationships with individual students. The second finding is on teachers' strategies: teachers describe they work

longer hours to meet the new role demands while continuing their self-image; some feel they can no longer do it all and focus either on their self-image or on their role; and practically all teachers try to bend their role requirements to match their self-image using the administrative systems not to render account but as tools to legitimate their practice.

These two findings lead to two contributions to ongoing debates in literature on teacher professionalism in relation to public management reform (Buchanan, 2015; Day, 2007; Schimank, 2015). First, this study helps to explain why reform processes are often 'challenging' for teachers' professionalism (Ball, 2003; Kelchtermans, 2005). It shows how managerial reforms makes teachers' role deviate from their self-image, because they emphasize an instrumental understanding of teacher excellence (Ball, 2003), and especially because they leave little room for teacher engagement. Consequently, adding to studies that claim teacher professionalism is changing in an era of accountability because factors like autonomy, competence and relatedness are affected (Buchanan, 2015; Day, 2007), this study stresses the importance of incorporating teacher engagement, understood as teachers' ability to form constructive relationships with students, into the study of teacher professionalism and public management reform. Second and foremost, the three strategies teachers employ provide insight into how public management reform plays out at micro-level (Brain et al., 2006; Kelchtermans, 2005). The first strategy of teachers arguing they work longer hours makes clear that rather than either accepting or rejecting managerial goals and means (Brain et al., 2006), teachers struggle to meet contradictory demands. Only when they feel they fail to do so, the second strategy comes into play. Teachers then reject managerialism but choose either to resist or to follow their new role requirements (Brain et al., 2006). Having an employment relationship with their schools (Day, 2007), most teachers do the latter. The third strategy will now be discussed in the light of public policy effectiveness.

These contributions raise questions about the effectiveness of public management reform (Brain et al., 2006). It seems that although policy makers have aimed to strengthen efficiency and effectiveness within education (Biesta, 2012; Day, 2007; Hargreaves, 2000), they have not taken into consideration teachers' self-image part of identity, thereby they have never considered public management reform to be an 'identity project' (Ball, 2003; Day, 2007). However, literature shows that for reforms to have a true impact with professionals as agents translating them into desired outcomes, attention should be given to the gradual and complex processes of professional identity change (Reay et al., 2017). Therefore, by not acknowledging the importance of identity – both role *and* self-image, the public management reforms in education have seriously jeopardized their chances for reaching their desired outcomes. It is especially here that the third strategy about teachers trying to align role expectations with their self-image is exemplary. This study shows that in practice teachers not just keep their student administration up-to-date to then use it as a basis for decision making. They rather use these systems, for example through selective reporting, to legitimate what they already

would do in case such administrative systems had not existed. Although this is arguably effective as a coping strategy, it is arguably not efficient nor the desired outcome of public management reform.

Furthermore, for policy makers this study raises concern about the well-being of teachers and teacher motivation. Especially in the light of discussions on teacher shortages these are very relevant themes whereas research shows that some of this study's most prominent findings like working long hours, difficulty in managing social relations, and pressure towards focusing solely on student performance are all directly associated with teacher motivation an attrition (Den Brok, Wubbels, & Van Tartwijk, 2017). Encouraging schools to limit the ongoing expansion of data that needs to be entered into student tracking systems will be a good start, but that needs to go hand in hand with a decreased focus on student performance in terms of test results. After all, policy makers cannot talk about more leeway for teacher, while the inspectorate walks the line of demanding more transparency for accountability purposes.

Being the result of a qualitative endeavor into the professional identity of secondary school teachers in the Netherlands, this study's statistical generalizability remains limited. However, with transferability and comparability being more important criteria for this kind of research (Robson & McCartan, 2016), the educational reforms that are examined here highly similar to the managerial reforms in most countries in the western world with which teachers see themselves confronted (Day, 2007; Schimank, 2015). Nevertheless, for future research it is interesting to explore whether the discrepancies between self-image and role are recognizable in other countries in the same way. Literature gives reason to believe they do so (Ball, 2003; Biesta, 2012; Day, 2007), but the empirical evidence remains limited. The same goes for the question whether all teachers who are confronted with managerial reforms adopt the same strategies to deal with resulting the discrepancies between self-image and role.

Although it has not been a central point in this study, another potentially relevant research opportunity arose with regard to teacher ethics: among others school environment takes in a prominent position among the sources that teachers use to constantly (re)construct their professional identity (Chreim et al., 2007). Thereby this study adds empirical support to Evetts (Evetts, 2011) who argues for the rise of organizational professionalism over occupational professionalism. Teaching is an example of a profession that is encapsulated by the direct organizational context of its individual professionals. The collectivity of organizational professions is in general not as strong as it is of occupational professions, making them potentially more prone to external changes like public management reforms (Evetts, 2011; Kelchtermans, 2005). One avenue for future research is therefore linked to studying teacher identity (re)construction specifically in relation to their school environment in order to find out whether this makes a difference in how teachers working at different schools experience public management reforms, and whether their coping strategies differ.

Chapter 5

Managerialism and its consequences for professional identity: a comparative analysis of GPs and secondary school teachers

Abstract

Literature on the consequences of managerialism for professionals in public services has often taken the professions as a universal phenomenon, unaffected by sectoral heterogeneity. In this paper we compare the consequences of managerialism in two domains in the Netherlands – health and education. Focusing on professionals' own perspectives, our study notes important similarities and significant variations between the two domains. The findings are attributed to professional values of excellence, ethics and engagement, against which reforms were directed, and to the capacity of different professional groups to develop strategies based on these values. We suggest that both similarities in the consequences of managerialism for professionals as well as variation are related to the identity of specific professions, creating different conditions and consequences for introducing new management practices.

Keywords: Managerialism, professional identity, GPs, teachers, sectoral variation

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5.1 Introduction

For more than three decades, public services in most western countries have been prone to public management reforms leading to managerial changes (Pollitt & Bouckaert, 2017). As is well-described in literature, private sector principles like competition and outsourcing were introduced into public services to improve efficiency and strengthen the control of costs (Ferlie & Ongaro, 2015). Reforms also rapidly came to focus on the introduction of management as a condition for service re-organization (Ackroyd et al., 2007). Although the 1980s and 1990s are considered the heyday of managerialism – or New Public Management (NPM) (Pollitt & Bouckaert, 2017) – an emphasis on NPM has continued even after new waves of reform gained prominence, such as network governance and co-production of public services with citizens (Ackroyd et al., 2007; Bryson et al., 2014; Fossestøl, Breit, Andreassen, & Klemsdal, 2015; Torfing, 2019). Therefore, whereas current reforms often include a mixture of governance modes, and the contested nature of the hybrid process of restructuring is acknowledged (Denis et al., 2015), few dispute the claim that in this vein the NPM has managed to be and remain a dominant discourse over the past decades (Peters, 2015; Pollitt & Bouckaert, 2017).

In literature there are now many overviews of NPM-reforms, but few systematically compare the consequences of restructuring in different professional domains (Adams, 2015; Mauri & Muccio, 2012). Most scholars have studied the consequences of managerialism for a single profession (Brodkin, 2011; McGivern et al., 2015; Shams, 2019), or infer general (inter)national trends (Dent, Bourgeault, Denis, & Kuhlman, 2016; Faulconbridge & Muzio, 2011; Leicht et al., 2009) without sectoral specificities. This does leave us with the question whether results of single case studies or of the more abstract and generalized trends are relevant to all domains, or may need further specification. It is argued that despite a few exceptions (see Klenk & Pavolini, 2015; Turner et al., 2016), more comparative analyses across various professional domains are necessary (Ackroyd et al., 2007; Ferlie, Hartley, & Martin, 2003). This is particularly true for the perspectives of professionals on their (changing) role expectations and identity (Denis et al., 2015). Understanding sectoral variance in the consequences of managerialism on identity is crucial to improve our theoretical insights in the role of professional values in implementing reform, and to prevent public policy makers from copying policies and 'best practices' automatically across domains.

This study aims to acquire such better understanding by studying the consequences of managerialism on professionals in two different domains within one national context from a professional identity perspective. It systematically compares professions that have been confronted across nations with managerial reforms (Pollitt & Bouckaert, 2017): general practitioners (GPs) in primary healthcare and teachers in secondary education. The national context for this study is the Netherlands where since the 1990s, in particular since the Liberal

- Social Democratic administration in the Netherlands, an important turning point towards NPM/managerialism became evident (Kickert, 2008). Although there had been managerial changes before, from this point onwards one can clearly observe a movement from the traditional pattern of administered services where professional ideas about services were dominant, to marketization and managed service provision with an emphasis on efficiency that may supersede professional priorities. Yet, our comparative analysis of reform in the two sectors suggests important differences in the timing, approach and outcomes of reform (Hendrikx & Van Gestel, 2017; cf. Ackroyd et al., 2007). As this study argues, these variable outcomes of managerialism in two sectors can be attributed in large part to the professional values against which reforms were directed and the strength of professionals' identity determining the extent to which different professional groups were able to develop strategies for promoting professional aims.

Our analysis of the consequences of managerialism on the professionals across two services is presented in four parts. First, we consider the origins of management restructuring and the nature of change in the context of the literature on public management reform and professional identity. Then, we describe our research methods, including interviews with 52 GPs and secondary school teachers. In the third and main section of the paper we compare the managerial reforms within the two sectors and their differing consequences on the two professions, as perceived by GPs and teachers. Finally, we look at how the observed variations across the two domains can be explained.

5.2 The consequences of managerialism on professional identity

Although the status of the New Public Management (NPM) as coherent and clearly definable paradigm is disputed (Kickert, 2008; Pollitt & Bouckaert, 2017), its objectives for improving efficiency and effectiveness of public service delivery using managerial techniques and principles from the private sector have had deep impact throughout the western world (Ackroyd et al., 2007; Pollitt & Bouckaert, 2017). Since the late 1980s, NPM-based reforms implied that professionals became profiled as accountable service providers rather than autonomous experts with considerable discretion from public and political accountability (Evetts, 2013; Hendrikx & Van Gestel, 2017). A growing focus on their (measurable) output led to a shift towards more top-down knowledge and performance measurement, thereby standardizing professional practice and enhancing accountability procedures (Bryson et al., 2014; Newman, 2013). Although professionals' community and collaboration with their peers as basis for their legitimacy remained highly relevant, competition amongst professionals in many sectors has simultaneously been encouraged, creating a layered and complex

environment of expectations in which professionals need to ensure the continuity of public service delivery (Hendrikx & Van Gestel, 2017; Leicht, 2016).

Literature increasingly acknowledges professional identity to be a crucial link in our understanding of the interactions between professionals and the (policy) changes in their respective fields (Barbour & Lammers, 2015; Denis et al., 2015; Reay et al., 2017; Shams, 2019). In literature on professional identity, it is argued that the concept has two sides that are simultaneously at play and influence each other. These two sides of the coin are *self-image* and *role* (Ashcraft, 2007; Barley, 1989; Chreim et al., 2007; Reay et al., 2017). Self-image refers to the normative beliefs individual professionals hold about the collective purpose, goals, values, norms and interaction patterns associated with being a member of their profession (Ahuja et al., 2017; Ibarra, 1999; Reay et al., 2017). These beliefs are the relative stable ways of *how professionals think they should be*, and they are initially shaped through early career processes of professional socialization and constantly reconstructed ever since. Role refers to the real life actions and experiences of enacting a job (Ashcraft, 2007; Ibarra, 1999). Role is thus about *what professionals perceive they do,* which is determined by workaday practice throughout their career (Hendrikx, 2018). In literature it is generally argued that these two sides of professional identity evolve interactively (Ashcraft, 2007; Reay et al., 2017). Professionals' self-image is thus perceived as (re)constructed through elaborate socialization processes in which they experiment with provisional roles (Beauchamp & Thomas, 2009; Ibarra, 1999). Simultaneously, professionals' role is influenced by the normative beliefs of their self-image on which they base their behavioural repertoires in practice (Ibarra, 1999; Pratt et al., 2006).

To study the consequences of managerialism for professionals in two domains, we operationalize professional identity with the values from the so-called 'Good Work framework' (Barendsen & Gardner, 2009; Gardner et al., 2001). This framework has been developed to comprehend three main values of professional work – excellence, ethics and engagement – and thereby includes the most important features of professionalism (see also Hendrikx, 2018, 2019). *Excellence* refers to the standards of skills and expertise, which allures to the most prominent facet of professionalism and that is high-skilled exclusive expertise. *Ethics* is about the social responsibility a worker has towards others, which resonates with professional objectivity and altruism often captured in (implicit) ethical codes. *Engagement* taps into a worker's dedication to his or her work, which captures professionals' commitment to clients and profession. For each value, this study examines how professionals define their self-image followed by their perception of how they enact upon it in the lived reality of their workaday roles. In this vein, professional identity offers a unique way to study how professionals think they should act in close relation to what they perceive doing in daily reality, in a context of managerial reform.

5

In terms of the self-image and role dynamic, managerial changes have led to an accumulation of role expectations requiring professionals to change their practices (Hendrikx & Van Gestel, 2017). Hence leading to concrete role changes, the consequences of managerialism have therefore primarily been on the role side of the professional identity coin. However, considering the close link between the two, this study aims to find out how this affects professionals' self-image as well by examining how professionals of two domains perceive these role changes in relation to their self-image for each of the three values of the Good Work framework (see Figure 5.1).
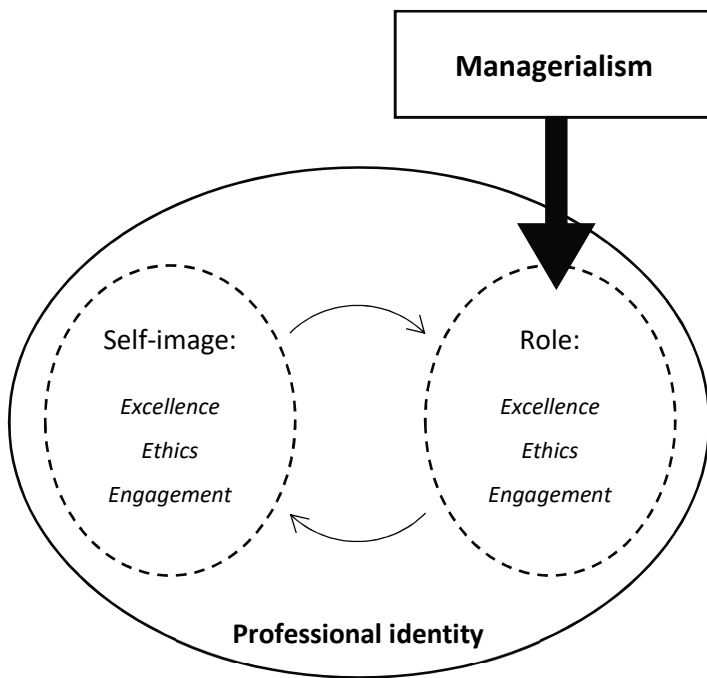
Figure 5.1 – Managerialism impacting professional identity

5.3 Methods

The two professional domains that make up this study's research setting – i.e. primary healthcare and secondary education in the Netherlands – have been affected by managerial reforms of the NPM to relatively large extent compared to other non-Anglo-Saxon countries in the Western World (Pollitt & Bouckaert, 2017). Nevertheless, comparative analysis of these

reforms in the two domains shows important differences in their timing, approach and outcomes even within one national context (Hendrikx & Van Gestel, 2017; cf. Ackroyd et al., 2007). While the Liberal - Social Democratic administration in the 1990s is generally considered an important turning point towards NPM's managerialism (Kickert, 2008), teaching was prone to constant managerial change starting up to ten years before this administration took office (Bronneman-Helmers, 2011). For teachers, managerial reforms fostered school merging, and strengthened the position of school management by introducing a system of lump sum financing while delegating many tasks including staff management to school boards (Karsten, 1999; Waslander, Hooge, & Drewes, 2016). The increase of school autonomy has been accompanied by high-stakes accountability mechanisms to control educational quality and content to enhance the performances of students, teachers and school organization (Hooge, 2017), putting teachers in an ever more executive role. For GPs, it took up until mid-2000s before managerial reform changed their practice considerably with the introduction of a market-oriented system in Dutch healthcare (Van de Ven & Schut, 2008). With this system overhaul, an output oriented reimbursement system was put in place and GP practice was cut into standardized pieces for transparency and reimbursement purposes (Hendrikx, 2018; Van Dijk et al., 2013). Compared to teachers, GPs managed to retain their autonomy in line with their non-employee background.

General practice and secondary education vary systematically in scale and organization of their professional groups. In 2016, approximately 11.834 GPs worked in the Dutch primary care sector (Van der Velden, Kasteleijn, & Kenens, 2017). In the same year, Dutch secondary schools employed a total of 75.700 teachers. This study focusses on teachers holding a post-graduate degree in their subject field, whereas their identity is expected to be most strongly developed. Although the exact numbers are not registered, based on the amount of hours taught, 44.616 persons are calculated to be post-graduate degree teachers (DUO, 2018). In addition, the two sectors exhibit distinct patterns of formal organization. Healthcare professionals, especially GPs, have a background of local individual entrepreneurs with strong informal networks. Since the 2000s, they are increasingly organized in primary health groups, with the GPs and multiple practitioners such as physiotherapists in a collaborative setting (Boot, 2013). Teachers, by contrast, have traditionally been located in more bureaucratic and 'managed' settings (Bronneman-Helmers, 2011).

Building on earlier studies drawing on a variety of (secondary) data sources (Ackroyd et al., 2007; Turner et al., 2016), we use comparable interview data as main source, which allows taking into account professionals' views on their professional values of expertise, ethics and engagement across two domains related to managerial reforms in their respective fields. In total, 22 GPs were interviewed in 2012, and 30 secondary school teachers with a post-graduate degree in 2017 (see Table 5.1). All professionals were interviewed using Rubin and Rubin's (2005) procedure for conversational partnership which allowed to win trust and to encourage

professionals to reflect deeply upon their self-image and role, first for excellence, then for ethics and finally by engagement. For each of these three elements of the Good Work framework, professionals were asked to describe what they believed this element should be, appealing to their self-image. Then, participants were asked to describe how they believed what this element actually looked like in their workaday practice, appealing to their role. This exploration of their own definitions of their self-image and role for each of the three elements of Good Work was crucial to define their professional identity in their own terms. All interviews lasted an hour on average and were audio recorded and transcribed.

Table 5.1 – Overview of interviewees

22 GPs		30 Teachers	
Male	*13*	*Male*	*17*
Female	*9*	*Female*	*13*
Age 25-40	*6*	*Age 25-40*	*9*
Age 41-55	*5*	*Age 41-50*	*11*
Age 56+	*11*	*Age >50*	*10*
Solo-practice	*4*	*Languages*	*6*
Group-practice	*8*	*Social sciences*	*14*
Health center	*7*	*Sciences/mathematics*	*10*
Hires oneself out as GP	*2*	*School Central NL*	*10*
City	*13*	*School East NL*	*10*
Countryside	*9*	*School South NL*	*10*

Using the coding procedure as described by Robson and McCartan (2016), the data was analyzed in two phases. First, for excellence, ethics and engagement separately, all statements were labelled with an initial summarizing code. For this, the qualitative data analysis program NVivo was used. Subsequently, these codes were categorized in themes, which was done so in relation to the original data to make sure that these themes kept making sense. Second, the themes were ordered amongst themselves. Here, the elements of the Good Work framework were related to all the data again to see if statements on excellence also contained notions on ethics for example. Doing so, allowed for a 'dialogue' between theory and empirics (Alvesson & Kärreman, 2007). This allowed to gain a deep understanding of GPs' and teachers' professional identity in relation to managerialism, upon which in the following section is reported.

5.4 Results

The perspectives of GPs and secondary school teachers on the consequences of managerialism on their profession are described along the lines of the three values of the Good Work framework – i.e. *excellence*: high skilled expertise; *ethics*: the ethical code of providing service in the interest of the client; and *engagement*: commitment to the profession and the clients. For each element, the most prominent similarity is given, followed by defining differences. These defining differences include the extent to which a professional identity is shared among professionals and underline the importance of professional identity for understanding how managerialism affects professions.

Excellence

When it comes to professionals' expert knowledge and skills, GPs and secondary school teachers both argue that the core of their expertise has two sides and that managerial role expectations place a unilateral emphasis on one of them. The two sides involve a 'technical' side comprising medical knowledge for GPs and subject knowledge and didactics for teachers, and a relational side that is perceived a prerequisite for good professional practice. GPs and teachers alike perceive they must be 'socially sensitive' for the personality, mood, context and history of their patients respectively their students, in order to establish constructive relationships in which proper curing or learning can take place. They thus emphasize that the 'technical' or 'substantial' part of their role and the relational element are closely intertwined. As a teacher explains: *'The teaching profession has two components I value equally: being knowledgeable and passionate for a specific subject on the one hand, and pedagogy, flexibility and the social on the other.'* (T30). In a similar vein, a GP views both sides equally important for being an excellent professional: *'When patients are satisfied about your medical practice as well as your communication and trust, I believe you are doing a good job as a GP.'* (G18).

Respondents of both professions however argue that current role expectations – based on NPM reforms – solely focus on the more technical sides of their professions. The consequence of managerialism for their profession is illustrated by a teacher: *'Government constantly tries to steer education as if it were a company: managing for results, benchmarking central exam results, all those things that come over us from the ministry.'* (T19) In parallel, GPs emphasize that the consequences of managerialism on their profession do not correspond with their self-image. As a GP says: *'When you measure whether a GP performs well, you should not only look at medical practice. There are so many factors in GP work that are valuable, but unmeasurable!'* (G1).

Both GPs and teachers argue they feel deeply involved with the wellbeing of patients respectively the personal development of students, but emphasize that managerialism led to a strong result oriented practice. Within this reality, respondents experience the delicate process of carefully crafting personal relationships that serve as prerequisite for patient curing and student learning to be marginalized. For example, while it might be efficient to transfer more simple tasks to lower ranked assistants, it does undermine the effectiveness of professional care. A GP illustrates the opposite effect, saying: *'In a business-like way it is being decided that simple tasks can be done by someone else so you can do the difficult things. However, you can only do difficult things when people trust you. I think this [transfer] is very dangerous because it jeopardizes the relationship with the patient.'* (G8). The emphasis in NPM-based reforms on 'results' often goes along with increased time pressure. Despite the obvious differences between GPs and teachers with regard to the nature of their respective professional services, both kind of professionals express their concern for not being able to invest as much time as they should – based on their self-image – in building individual relationships with patients and students. A teacher illustrates this concern, saying: *'When I teach to 11 classes, so more or less 300 students, I will signal something problematic that needs my attention with 10 percent of them. Well, that implies 30 students spread over those classes with whom I should have a little chat or for whom I should make extra materials and that's hardly possible.'* (T1). Managerialism and the related focus on results and time pressure thus leads to lowering professional excellence, in the perception of both groups of professionals.

A defining difference between respondents from both professions with regard to excellence lies in the degree of homogeneity of professional knowledge. For GPs, the evidence-based guidelines formulated by their own scientific association offer a shared knowledge base and define their expertise in shared norms of what to do when faced with a specific medical complaint. A GP proudly explains: *'We have medical guidelines defining best practices on how to deal with specific problems written by the profession itself. Now that is professional!'* (G1). For teachers, their professional knowledge base is much more fragmented. They teach different subjects, ranging from languages to sciences, which leads to different didactics that come along with each subject. One teacher's remarks are illustrative for this diversity and the consequences for educational innovation this brings along:

> *'We [mathematics teachers] cannot vary endlessly. For languages, you have oral, reading and writing skills, but we don't have that. It's frustrating because we try to come up with innovative work forms, like group work, presentations, and papers. But while these are very normal work forms for other subjects, they are not for mathematics.'* (T25).

In our study, GPs thus seem to have a much more shared self-image of their professional knowledge compared to teachers.

Ethics

With regard to ethics, the data show that both GPs and teachers attach great value to deliver public services in the best possible interest of their clients. Yet, they argue that with measures for treatment and accountability based on managerialism, serving these needs has become a challenge. They believe that patients and students often simply do not 'fit' the standardized boxes used for treatment and teaching, leading to unequal cases being treated equally. A teacher explains how students with similar grades cannot be treated as if they are on the same level without taking the differences in assistance – for example outside school trainings – into account (T5). Grades therefore do not tell the whole story in the perception of teachers, implying that without context information, teachers feel they cannot fulfil their professional role in correspondence with their self-image. Managerialism also requires GPs and teachers to act as prudent followers of predefined procedures to improve the output of their services, measured in standardized ways. Both groups of professionals in our study emphasize there is little room and time left for tailor made processes, as requested by the needs of their patients or pupils. The pressures for more standardized treatment therefore also affect professionals' perception of the degree of ethics in their role. As a GP points out in reference to a lack of context information in interpreting lab results: *'It is not taken into consideration whether someone is 19 or 89 [years old], but just whether a certain value in the lab is below 2.5. It makes me wonder: what the hell are we doing?!'* (G11).

Ethical codes are however not similar to GPs and teachers; each group has a different way to explain what 'good' means for serving their patients' or students' interests. Unlike the teachers, the GPs in this study have a shared idea of how to serve their clients' interests, based on a reference to their professional ethical code and professional association. In other words, they seem to have a relative strong self-image for ethics and their professional community plays a key role in articulating professional values and facilitating collective sharing. As a GP illustrates: *'Ethics is conscientiously delivering decent work. (...) Working in good faith with your patient and our Hippocratic Oath puts that to words nicely.'* (G2). Secondary school teachers on the other hand are less confident about professional ethics. When being asked for their ethical standards as a professional, they mention the mission and vision formulated at school board level or their own gut feeling. They make almost no reference to their professional community. One teacher illustrates the difference with GPs with regard to ethics and displays a relatively 'weak' professional self-image that seems to hamper professional role execution:

> *'GPs have had to study that much more. For us, it's much more intuitively knowing what is right and what is wrong. I have colleagues who give penalties to kids constantly for misbehaving, while others never do that. (...) I have very little to hold on to. Our principal is too little involved. (...) I sometimes miss direction and clarity.'* (T2)

GPs thus seem to have stronger shared and established ethical codes than teachers do in our study.

Engagement

Turning to engagement, both GPs and teachers in this study unanimously argue that managerialism has posed challenges for their professional engagement with their clients and with their profession. With regard to engagement with their clients, GPs and teachers argue that it is part of their professionalism to actually 'see' a patient or a student. This means that they feel they need to know the ins and outs of a person and follow their development, whether it be in health or education. A teacher emphasizes: *'You need to have a sincere interest in those kids. You need to really like those kids. And you need to keep seeing them as individuals and not as a group.'* (T27). Similarly, a GP explains that engagement means knowing your patients: *'You need to have a caring feeling for your patients in a professional way. So you need to feel that responsibility.'* (G12). Both professional groups thus have a self-image that they need to be engaged with patients or pupils Moreover, both professional groups share that this self-image is under pressure due to time constraints, whereas all respondents argue that there is little time to build this kind of relationship with their students respectively their patients.

With regard to engagement with their profession, GPs and teachers argue professionals have a responsibility to invest time in keeping up to date with the state-of-the-art knowledge in their respective fields. They also think they should contribute to their professional community and be opinionated about the new developments for their profession. As a teacher describes her feeling of engagement: *'Engagement in education means that you follow the discussions, that you read about it, that you know what is going on.'* (T4) Comparably, a GP says: *'Everybody stands for our profession – whatever that may mean, we stand for it. (...) There is a big feeling of solidarity.'* (G17) In this way, both emphasize the responsibility you have as a professional to be involved.

However, for engagement with their profession we also find an important difference between the two professions. While GPs claim they are strongly involved in advocating and serving their profession's interests, teachers complain that they are 'too passive' in this. They argue they should stand up for themselves on a collective level and serving their professional

community, but in reality, most teachers admit they do not. One teacher criticizes this attitude:

> 'When we are granted more professional leeway, even then I see many teachers saying 'we have more leeway,' period. But they don't actually take it! (…) People do not claim that ownership. If a board member says 'we all turn left', then 95 percent will turn left while 80 percent of them thinks 'I don't want to turn left, but I'll just do it.'' (T24)

Teachers thus seem less inclined to stand up for their own profession compared to GPs.

In sum, this study finds many similarities demonstrating the consequences of managerialism on professional identity, where both professions seem to loose grip on keeping up traditional professional values of excellence, ethics and engagement. Our findings also highlight some important variation between GPs' and teachers' professional identity, in particular the degree to which their self-image is shared amongst peers and the importance of their professional community for this collective sharing. The next section discusses these findings in relation to literature on public management reform and professional identity.

5.5 Discussion

Based on a qualitative research strategy including semi-structured interviews with professionals across two sectors, we sought to answer the following research question: *What are the consequences of managerial reform across two domains within one national context and how can we explain similarities and variation from a professional identity perspective?* Our case is comparing the reforms and their relevance for the professions of GPs and secondary teachers in the Netherlands. By using a theoretical framework combining literature on public management reform and professional identity, we systematically compared both domains and professions, unravelling the consequences that have contributed to sectoral variation and offering leads for more effective policy design and implementation by improving the fit between reform and professionalism. Our contribution to literature on professionalism in relation to managerial reforms is twofold.

First, going beyond the in literature well-described pressures on professionalism by managerialism (Freidson, 2001), the analysis of this study reveals that a specific aspect of professionalism is key here: the necessity to establish a personal relationship between professional and client. Although the nature of their professional services differs, both GPs and teachers often fulfil important roles in the lives of their patients and students. Not just by curing and teaching, but by providing moral and social guidance in situations where their clients are vulnerable, for example in situations of serious illness, or deeply problematic

situations at home. Where policy makers and public managers often focus on the 'hard' and 'technical' quality of professional work (Klenk & Pavolini, 2015; Newman, 2013), this study shows that professionals have a different take on what the quality of their work actually is – or at least should be. It shows that professionals prominently value the social side of professional work as crucial precondition for professional service delivery. Therefore, while managerialism aims to increase the quality of professional work, it seems to fall short in recognizing what this quality actually entails, with professionals themselves arguing that the results of their services will be better in case they can pay more attention to the social sides of their professional work.

Second, this study contributes to our understanding of exactly how and why the consequences of managerialism vary across professions. It moves beyond a common focus on a single profession or explanations derived from different national contexts (Adams, 2015; Mauri & Muccio, 2012), and explains sectoral variation based on a systematic analysis of how professionals themselves define the main values of professionalism – i.e. high skilled expertise, ethical codes, and engagement to the profession. This analysis reveals that how professions are affected by managerialism is related to a more 'strong' or a 'weak' professional identity. The strength of such an identity depends on the one hand on how clearly professionals are able to define what these main values mean for their profession and on the other hand on the extent to which these definitions are shared on a collective level for which the professional community plays a key role. The more professionals are able to articulate a shared identity, the less prone they are to external influences defining the output of their professional service delivery. Highlighting how managerial reform affects professions differently stresses the importance of studying policy design and implementation processes while taking into account the differences between the professions and professionals that translate these policies into practice. This goes beyond focusing on professional practices and roles (Brodkin, 2011; Hendrikx & Van Gestel, 2017), but reaches into the realm of professional values and identity.

When reaching into this realm, this study's main implication for policy makers and scholars interested in the field of public administration and implementation by professionals is that more empirical and theoretical attention needs to be devoted to professionals' own definitions of good professional work. Although they are seldom recognized as such (Meyer & Hammerschmid, 2006), public management reforms are inevitably 'identity projects', whereas they affect professional roles and require professionals to re-relate their self-images to these new roles. Literature on professional identity shows that successful identity change requires a careful process of identity reconstruction, in which professionals are slowly but steadily guided towards internalizing new role expectations into their self-images (Reay et al., 2017). However, this study's usage of the Good Work framework to explore professionals' identity has made clear that in the eyes of professionals themselves managerial reforms have

fallen short in recognizing what professionalism for GPs and teachers is all about: the combination of high quality work *and* social relationships. Taking into account professionals' identity in processes of policy making holds potential to ensure a stronger 'fit' between public management reform and professionalism.

5.6 Limitations and future research

It should be noted that based on its qualitative data set, strong generalizing claims about professionals in general cannot be made. However, aiming for transferability and comparability rather than statistical generalizations (Robson & McCartan, 2016), the setup of this study and its 52 semi-structured interviews allowed for an insightful and systematic comparison across professions within one national context. Rather than 'measuring' professionals' identity with fully predefined categories, using the Good Work framework allowed for professionals themselves to define what the professional values of their identity are all about, making visible the difficult struggle between managerial role demands and professionals' self-image. It hence revealed that while managerial reforms do lead to important role changes, these changes are not automatically incorporated into professionals' identity, putting professionals in a complex situation in which they need to deal with multiple and often competing demands. Building on Reay et al. (2017), for future research, this brings up questions for example about how public management reforms can make sure professionals' identities change along with the role changes they aim for. However, also questions that are more fundamental are relevant. Instead of just adding new role expectations, on a societal level we need to answer what roles we want our professionals to fulfill, what kind of people they need to be, and what capacities they need to have? Are they for example moral agents (Zacka, 2017)? Or do we want to limit their professional leeway to keep a firm grip on professional service delivery?

Moreover, with regard to the professionals in this study, additional research is recommended to see if its findings translate to professionals from other levels and professions, for example teachers in primary school or university, or medical specialists. Literature gives strong grounds to expect this to be the case (Reay et al., 2017; Shams, 2019; Van Hulst, Van den Brink, Hendrikx, Maalsté, & Mali, 2016), but since sectoral variation is one of the main claims of this study, additional comparisons are recommendable. Furthermore, this study opens up the research possibility for international comparison (Adams, 2015). Literature shows that the managerial reforms share many similarities across countries for medicine (Cloutier, Denis, Langley, & Lamothe, 2016; Waldorff, Pederson, Fitzgerald, & Ferlie, 2015) as well as for teaching (Day, 2007; Schimank, 2015). However, the question remains whether managerialism affects the professional identities of GPs and teachers elsewhere in a similar vein as described in this study, or whether new mechanisms can be discovered. This could

provide insight into the influence of institutional characteristics like administrative culture (Pollitt & Bouckaert, 2017) and institutions in the field on the content and shape of managerial reforms.

5.7 Conclusion

This study reveals that managerialism has affected two professional domains in one single national context in both similar and different ways. Both professional domains went through managerial reforms aimed to strengthen efficiency and effectiveness. Looking at the perspectives of professionals themselves on the three values we distinguished in professional identity – excellence, ethics, and engagement – we can conclude that professionals experience a discrepancy for each of them between the new managerial role expectations and their professional self-images. Where managerialism only stresses the importance of the technical sides of professionalism, professionals themselves argue that the relational side of their professional service delivery is at least equally important and even a prerequisite. Nevertheless, besides these differences, managerial reforms in the two domains differed in timing and consequences. Where teaching was prone to more constant change from the mid-1980s onwards, putting them in an ever more executive role; for GPs it took up until mid-2000s before managerial reform changed their practice considerably with the introduction of a market-oriented system in Dutch healthcare. This appears to be partly due to the degree to which professionals were able to articulate their self-image for each of the three values and subsequently the degree to which these definitions where shared on a collective level for which the organization of the professional community is crucial. Although more empirical work into other professions is recommendable, this study's findings suggest that this 'strength' of professional identity mediates the consequences managerial reforms have on professions, allowing professions whose members have a 'strong' professional identity to retain more control over the output of their professional services than those with a 'weak' professional identity.

Chapter 6

General discussion and conclusion

6.1 Summary of main findings

This PhD thesis contributes to public administration research and the sociology of professions by studying public management reform at macro-level in relation to professionals' perceptions of professionalism at micro-level. Public management reform is considered in this PhD thesis by means of the three models that are well-described in public administration literature, that is Traditional Public Administration (TPA), New Public Management (NPM) and New Public Governance (NPG) (Bryson et al., 2014; Osborne, 2010a). Whereas ideas, innovations and trends ultimately find their way into new polices, these models reflect the multiple societal developments described in chapter one and are considered as paradigms, rather than specific policies. While awareness is growing in public administration literature that professional identity and role are key for understanding how professionals implement public management reforms (Denis et al., 2015), we are only just beginning to understand how their identities and roles develop when delivering the public services that are crucial in the daily lives of citizens. Caught in the middle of competing expectations, professionals are challenged by the complex task to navigate how they think they should be – that is their 'self-image' – with what they are required to do in workaday practice – that is their 'role'. This PhD thesis has tried to provide us with a better understanding of the changing role and identity of frontline professionals in a context of public management reform, focusing on expectations both on the public policy side as well as on the side of the professionals themselves. It has sought to answer the following research question:

> How can we describe and explain the development of the role and identity of frontline professionals in a context of public management reform and how do they navigate competing expectations?

To answer this research question, chapter two has sought to explore how professional roles have developed by looking at policy documents and finds that public management reforms have led to an accumulation of expectations for professionals as well as variation between policy areas. Chapters three and four turned to the perspective of professionals and described for GPs and secondary school teachers respectively how professionals define their professional identities and how they navigate tensions between their self-images and roles. These chapters show how in the eyes of professionals themselves new role expectations tend to reduce their professional work to a technical affair, leaving little room for the social/relational sides of their work while these are a prerequisite for good professional service delivery. Professionals subsequently seek ways to retain their identities in the light of role change, like forms of playing the system. Chapter five took a comparative approach and sought to explain the similarities and differences of the consequences of public management reform for GPs and secondary school teachers from a professional identity perspective. It finds that similarities

and differences can be attributed in large part to the professional values against which reforms were directed and the strength of professionals' identity determining the extent to which different professional groups were able to develop strategies for promoting professional aims. In answer to the main research question, below these main findings are further summarized per chapter.

The emergence of hybrid professional roles

In chapter two, developments in expectations of professional roles in public policies were traced. To do so, half a century of public policy documents of two policy areas in the Netherlands – primary healthcare and secondary education – were analyzed, starting mid-1960s. As analytical frame, the three public administration models – Traditional Public Administration (TPA), New Public Management (NPM) and New Public Governance (NPG) (Bryson et al., 2014; Osborne, 2010a) – were combined with key professional attributes (Brandsen & Honingh, 2013). Consequently, three ideal types of professional roles were defined, namely the professional as guardian (TPA), as service provider (NPM) and as network partner (NPG). Using these three ideal types, it was found that rather than successive waves replacing old role expectations with new ones, the public management reforms of the three public administration models have led to an accumulation of sometimes competing role expectations that are simultaneously at play for professionals. Contrary to the common assumption in literature, that hybrid professionalism is due to an incorporation of NPM's managerial elements into professional roles (Croft et al., 2015; Noordegraaf, 2015), it was shown that role expectations of all three models are to be found in modern day hybrid professional roles. Subsequently, it was found that within one national context, the development of hybrid professionalism differs substantially, with public management reform impacting secondary school teaching much earlier and more strongly than general practice. This stresses the importance of taking the uniqueness of policy areas into consideration.

Priced not praised: GPs' professional identity conflict

To that end, in chapter three an eye was first turned to professionals within one of the policy areas under study; to General Practitioners (GPs). Being confronted with a healthcare system overhaul introducing a market-oriented healthcare system (Boot, 2013; Van de Ven & Schut, 2008), it was examined how GPs perceive their professional identity and how they navigate possible tensions between their own expectations and those cast by the healthcare system in which they are to deliver their professional services. For GPs, the market-oriented healthcare reform implied the transition towards a fee-for-service remuneration system and the strengthening of an audit culture for transparency purposes. The concept of professional identity was conceptualized as having a dual core, consisting of an abstract 'self-image' of who professionals think they should be, and the perceived enactment of a concrete 'role' referring

to what professionals have to do in workaday practice (Ashcraft, 2007; Barley, 1989; Chreim et al., 2007; Reay et al., 2017). In literature it is argued that these two sides are simultaneously at play and evolve interactively (Ashcraft, 2007; Reay et al., 2017). Acknowledging that the market-oriented healthcare reform has had substantial implications for the professional roles of GPs, it was examined through interviews with 22 GPs how they defined their self-image, which was then contrasted with their perceptions of this context of role change.

To enable this study of professional identity, the three 'Es' of the Good Work framework – *excellence, ethics* and *engagement* – were used to explore how GPs define their self-image and their role. Contrary to their commonly assumed interactive evolving, it was found that self-image and role are more and more growing apart, indicating an emerging professional identity conflict. The analysis shows that in their role medical-technical excellence has come to prevail over the other side of their work, which is GPs' medical-social excellence. As a consequence, it has become increasingly hard for GPs to live up to their self-images of ethics and engagement as well. Nevertheless, despite changes in their role, their self-image turns out to be resilient whereas GPs continue to see themselves as autonomous professionals with a duty to put patients' interests above all else. To be able to retain their self-image, it was found that GPs employ at least three strategies to 'creatively implement' public policies' role demands in order to navigate the discrepancies between their self-image and role: they say they more easily provide unnecessary care demanded by patients because the standard time a consultation is set to last is often not enough to convince a patient of its unnecessity; they sometimes miscode patient contact moments to better serve patients' interests; and – although the frequency has not been examined – they occasionally play the system for personal financial gain because sometimes GPs do not care about a system they feel does not care for them either.

What we should do versus what we do: teachers' professional identity

Chapter four turns to professionals in the other policy area under study; to secondary school teachers. It focuses specifically on teachers working in the senior years of the two highest secondary school levels because these teachers all hold a post-graduate degree in their respective subject fields and are expected to have the most strongly developed professional identity. The same conceptualization and operationalization for professional identity was adopted as in the study of GPs presented in chapter three. For teachers, public management reform has led to a decentralization of educational management to school level in order to increase flexibility and competitiveness, which has been deemed necessary to enhance the performances of students, teachers and school organization (Bronneman-Helmers, 2011; Schimank, 2015). For the professional roles of teachers, these reforms require them to guide students' educational processes towards standardized 'learning outcomes' using evidence-based teaching curricula developed by educational publishing companies (Ball, 2003; Day, 2007; Schimank, 2015). Previous research points out that these role changes lead to self-

image changes (Ball, 2003; Biesta, 2012; Day, 2007; Kelchtermans, 2005), but the empirical evidence for these claims remains more limited (Buchanan, 2015), which also goes for how teachers navigate possible discrepancies between their self-image and role in daily practice (Brain et al., 2006). Interviews were held with 30 secondary school teachers from three average sized schools – i.e. having between 550 and 850 students in the senior years – with a mainstream educational philosophy and from various subject areas – i.e. languages, social sciences and mathematics.

Using the Good Work framework, a growing gap was found between what secondary school teachers think they should do and what they perceive doing in workaday practice; between their self-image and their role. Public management reforms have come to emphasize school results, pressuring teachers to get their students to perform well on standardized tests. The analysis shows that this appeals only to teachers' subject knowledge and didactics, while for teachers there is more to their excellence. At least as important to them is to be engaged with their students, establishing constructive personal relationships with each of them, which is regarded as a prerequisite for student learning. However, the analysis also shows that while the engagement side of teacher excellence is more important than ever due to modern day complexities in the lives of students, there is very little room for attention to it in the practice of their everyday role. Teachers deal with the discrepancies between self-image and role in several ways. First, they describe they often work longer hours to meet all expectations, thereby fulfilling the new role demands while continuing their self-image. Second, when they feel they fail to meet all expectations, teachers choose between their own expectations coming from their self-image or the expectations that stem from their role. Often they choose for the latter and indifferently do what they are being told to do by their school organization to avoid conflict. Third, and of a slightly different order, practically all teachers in this study claim they apply a form of 'playing the system', trying to bend their role requirements to match their self-image. This is specifically related to the administrative practices that teachers must do: teachers sometimes selectively report student information into their student tracking system so that their outcome supports their professional decisions, instead of basing these decisions on the data.

Managerialism and its consequences for professional identity

To bring back together again the two professional domains under study in this PhD thesis, chapter five compared the consequences of the most prominent public management reform – i.e. managerialism – for both GPs and secondary school teachers. It subsequently sought to explain the similarities and differences found from a professional identity perspective. Such a perspective allows to improve our theoretical and empirical insights into the role of professional values in implementing public management reforms by professionals (Croft et al., 2015; Denis et al., 2015), and to prevent policies that work in one context to be copied to

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another without restraint. With regard to the similarities, professionals from both domains argue that managerial reform does not understand what professionalism is all about: the combination of high quality technical work *and* social relationships, with the latter viewed as a condition to allow the first one to be possible. Concerning the differences, managerial reforms in both domains differed in timing and strength. While managerial reforms targeted teachers from the mid-1980s onwards, placing them in an executive role, GPs remained relatively unaffected until mid-2000s with the introduction of a market-oriented healthcare system, but they nevertheless kept a high degree of professional autonomy. An important explanation for these differences lies in the strength of professionals' identity. That is, the degree to which professionals are able to provide definitions for the values of their professional identity, and the extent to which these definitions are collectively shared. Professional communities play a key role in articulating professional values and facilitating this collective sharing. Having a 'strong' professional identity provides counterweight to managerial reforms trying to define professional processes and output. It is therefore key for policy design and implementation to look beyond a common focus on professional practices and roles, and to enter the realm of professional values and identity.

6.2 Contributions to public administration and the sociology of professions

A call for more attention to professionals' perspective

Frontline professionals like GPs and teachers are the human face of government for citizens in many occasions (Tjeenk Willink, 2018; Zacka, 2017). Too often, they are regarded as a-political executers of the policy goals specified and decided upon by policy makers (Hupe & Hill, 2016). However, literature on policy formation and implementation shows, such a perspective does not do justice to what actually happens in practice. Implementation is not just another step in the policy process; it is a world on its own where perspectives of all sorts of actors like citizens, clients, non-profit actors and companies play their part (Pressman & Wildavsky, 1973). Within that world, professionals are among others workers who as implementers need to interpret the rules and regulations set by policy makers (Zacka, 2017). Subsequently, they need to make professional judgements based on these interpretations under conditions of ethical and technical uncertainty (Gardner & Shulman, 2005). In doing so, they are expected to act as responsible moral agents 'doing the right thing' (Van Hulst et al., 2016; Zacka, 2017). Being confronted with an environment characterized by an increasing amount of competing demands (Leicht, 2016), what this 'right thing' is becomes increasingly controversial. Research shows professionals even start to settle for reductive conceptions of their responsibilities, simply to remain being able to determine a course of action (Zacka, 2017). However, this inevitably erodes their moral sensibility and eventually jeopardizes how

citizens perceive the adequacy of public service delivery (Tjeenk Willink, 2018; Zacka, 2017). Although intransparant professional elitist dominance should be avoided (Freidson, 1970), against this background a bottom up perspective on policy implementation (Hupe & Hill, 2016), starring professionals' own perspectives on the rules and regulations they need to implement, should be center of scholarly attention.

This PhD thesis addresses this lacuna in public administration literature and contributes to knowledge on policy implementation by showing that public management reform often fails to address what professionals themselves see as the basis of their professional identity. Professional identity forms the missing link in between macro-level public management reform and micro-level public service delivery, whereas it shapes how professionals interpret and translate public policies into daily practice (Brodkin, 2011; Hupe & Hill, 2007). As shown in chapter two, public management reforms hold many expectations for professionals. By applying a form of 'backwards mapping' in which the bottom is put central (Elmore, 1979; Hupe & Hill, 2016; Winter, 2006), chapters three, four and five show these expectations lead to substantial role changes according to professionals themselves. Nevertheless, these chapters also show that professionals experience fundamental discrepancies between these role changes and their identities. In the eyes of professionals, public management reform – and especially managerialism – reduces their professionalism to 'hard' and 'technical' quality. However, according to them, the essence of professionalism is the combination between high quality technical work *and* social relationships, which is about building constructive relationships founded on mutual trust with clients. By ignoring the latter, public management reform and its scholarly study fail to recognize what professionalism means to the implementers themselves, which ultimately jeopardizes the quality of public service delivery. Therefore, this PhD thesis calls to redefine professional work, in order to increase awareness for the social sides of professional work, thereby doing justice to professionals' own definitions of professionalism.

Public management reform changes roles, but neglects identities

By looking beyond professional practices and roles, this PhD thesis reaches into the realm of professional values and identities. It contributes to recent calls for expanding our knowledge in how far role changes due to public management reforms have also led to changes in professionals' identities (Denis et al., 2015). In chapters three, four and five, professional identity has been defined as an interplay between *self-image* and *role*. Self-image is how professionals think they should be, which is initially shaped through early career processes of professional socialization and constantly reconstructed ever since (Ashcraft, 2007; Barley, 1989; Ibarra, 1999; Reay et al., 2017). Role is what professionals perceive doing in practice, which is determined by workaday life throughout their career (Ashcraft, 2007; Barley, 1989; Ibarra, 1999; Reay et al., 2017). Despite many studies arguing that self-image and role are two

sides of the same coin that always evolve simultaneously (Barley, 1989; Buchanan, 2015; Chreim et al., 2007; Pratt et al., 2006; Reay et al., 2017), this PhD thesis shows that while public management reform changes professional roles, it does not always lead to transitions in self-image right away. So although discrepancies between the two cause professionals to experience identity 'paradoxes' (Ahuja et al., 2017) or even 'conflicts' (Croft et al., 2015), this PhD thesis' findings in chapters three and four support studies that show professionals put in purposeful effort to hold on to their strong self-images as much as possible (Croft et al., 2015; Machin, 2017; Spyridonidis et al., 2015).

Although policy makers seem unaware, this PhD thesis shows that public management reforms are inevitably 'identity projects'. As shown in chapter two, public management reforms are geared towards changing professionals' practices and roles. However, as shown in chapters three and four, by doing so they require professionals to re-relate their self-images to these new role expectations. Their sole focus on role change while paying little attention to professionals' self-image causes public management reforms to trigger a variety of responses or strategies by professionals to navigate the identity conflicts that arise (Lok, 2010; Pache & Santos, 2013). Chapters three and four show these strategies are mainly forms of rule bending, rule breaking and usage of personal resources, which is in line with studies arguing that professionals' coping has a tendency to move towards clients, instead of moving away or against them (Kerpershoek, Groenleer, & De Bruijn, 2014; Tummers, Bekkers, Vink, & Musheno, 2015). Nevertheless, these strategies are certainly far off from public management reform's universal aim to continuously improve the quality of professional service delivery. Therefore, as argued for in chapter five, policy makers' attention needs to be devoted to the delicate process of professional identity change, which requires patience and careful management in order to assure professionals' ongoing support (Reay et al., 2017). However, as long as policy makers fail to acknowledge that reforms are always 'identity projects', by respecting and taking into account professionals' self-definitions, the processes of reform will always be uncomfortable to say the least.

New modes of professionalism: innovation or toxic mixing?

Based on this PhD thesis, we can enrich our understanding of modern-day professionalism as something more than the mixing of managerial elements with professional roles (Croft et al., 2015; Llewellyn, 2001; Noordegraaf, 2015; Turner et al., 2016). Instead, by taking into consideration public management reforms over a long period, chapter two has shown that modern-day professionalism should be understood as the accumulation of role expectations belonging to each of the three public administration models – Traditional Public Administration (TPA), New Public Management (NPM) and New Public Governance (NPG) (see also Brandsen & Honingh, 2013). These accumulated expectations lead to unique constellations of guardian (TPA), service-provider (NPM) and network partner (NPG) roles.

They require them for example to be highly skilled experts *and* to be successful entrepreneurs *and* to be considerate network managers; or to be accountable to their professional community *and* to their management *and* to their network partners all at the same time. Depending on the specific combination, a more detailed understanding of where expectations either go well together or where they collide, causing role conflict, can be constructed. Nevertheless, questions arise what these constellations of expectations mean for professionalism. Do they make professionals' lives easier, or do they increase their workload? Are they easy to combine, or do they displace – or perhaps even contradict – each other? Questions like these ultimately require us to consider whether constellations of expectations are an innovation or in fact a toxic mix.

There is no clear answer to this, but this PhD thesis does warrant caution. Within the sociology of professions, studies seem eager to embrace notions of role mixing leading to new 'hybrid' modes of professionalism (Machin, 2017; Noordegraaf, 2007; Waring, 2014). Subsequently, they commonly argue that professionals need to acquire new skills and capacities to deal with competing demands (Noordegraaf, 2015). Such a perspective of 'organizing professionalism' purposefully integrates the multiplicity of (competing) expectations as the new mode of professionalism itself. Hence, professionals need to develop the reflexive capacity to organize high-quality processes that enable them to deal with these potentially competing expectations and not per se to solve them: 'organizing is part of the job' (Noordegraaf, 2015, p. 16). Nevertheless, based on chapter five, this PhD thesis adds a critical note to the idea of organizing professionalism. If organizing professionalism implies professionals become coordinators rather than providers of professional services themselves, it holds the potential to undermine the social relationship between professional and client, which is key for professional excellence, ethics and engagement, and thus key for professionals' identity and service delivery. So although at first sight it might seem 'good professionalism', it can easily become a disruptive force. Hence, based on empirical research this PhD thesis raises awareness for the continuous (scholarly) attention for professionals' direct engagement with their clients to foster strong social relationships, thereby doing justice to the basis of professionalism.

Professional identity: sources for (re)construction

Comparing professionals from the two domains under study in this PhD thesis, chapter five shows how differences in the strength of professional identity contribute to explain variety in the consequences of managerial reform for professions. Where secondary school teaching has been much more prone to external meddling, allowing successive Dutch governments to decentralize responsibilities to school managers, GPs have mitigated processes of managerial reform much stronger and longer. One explanation for this difference lies in the strength of professionals' identity and relatedly the degree of professional organization. Compared to

GPs, secondary school teachers turn out to have a 'weaker' professional identity. This means they are less able to define what the main values of their professional identity – i.e. excellence, ethics and engagement – entail for their profession, and they share these definitions to a lesser extent on a collective level making organizing themselves a challenging task. Teachers turn out to have a more heterogeneous understanding of what 'good teaching' entails: not only their knowledgebase is more fragmented and controversial, also their ethical standards are less clearly established and their engagement with their professional group is less activist by default.

To understand how such differences in strength of professional identity come about, it is important to take into consideration the delicate and complex process of professional identity (re)construction. Literature shows that professional identity is constructed and constantly reconstructed in learning cycles, with multiple 'intermediary influences' that feed into them (Chreim et al., 2007). These 'influences' are the sources that professionals use to derive their sense of 'good' professional practice from. They do so through elaborate socialization processes (Evetts, 2013). Especially while focusing on the ethics dimension of the Good Work framework, chapters three, four and five of this PhD thesis combined show that at least three intermediary influences on professionals' self-image and role should be distinguished. These sources are of different importance to GPs and secondary school teachers contributing to the found differences in strength.

First, professionals draw on organizational influences. In line with most research on professional identity which has been conducted in organizational settings (Anteby, 2008; Ashforth et al., 2008; Chreim et al., 2007), chapters three and four show that GPs and secondary school teachers come to identify with the norms and regulations from their direct organizational context. Maybe not surprisingly because GPs often do not work in organizations other than their own practice, but teachers very much hold on to their school organization as anchor point in defining their professional identity.

Second, professionals refer to institutional influences. Literature shows that especially in the domain of professionalism (Barbour & Lammers, 2015), professional communities and authoritative bodies outside professionals' direct organizational environment influence self-image and role (Chreim et al., 2007; Thornton et al., 2012). During elaborate socialization processes within respective domains and professional communities, professionals' carefully construct their identities (Pratt et al., 2006), based on tacit knowledge (Van den Brink, 2015). Professional communities remain crucial after initial professional training determining for example state-of-art practice (Noordegraaf, 2011a). For GPs chapter three shows that their professional community is of utmost importance for defining their professional identity. For teachers on the other hand, chapter four shows that their professional community is almost never a point of reference.

Third, professionals are subjected to personal influences. Literature seems divided over the extent to which professionals' personal values need to be taken into account. Some studies try to exclude this very personal dimension from the study of professional identity, claiming that it is 'developed during one's personal upbringing and development' and therefore 'too personal' (Canrinus, Helms-lorenz, Beijaard, Buitink, & Hofman, 2012, p. 116). Others argue for a close link between professional identity and personal values (Beauchamp & Thomas, 2009; Beijaard et al., 2004; Hafferty & Castellani, 2010). Empirical research into police officers shows for example that personal values are crucial for how police officers deal professionally with situations they encounter (Van Hulst et al., 2016) This study evidences this latter approach in two ways. First, the Good Work framework made clear how important it is to have professionals to define *themselves* what good professional work entails, allowing for very personal reflection on their collectively shared identity and thereby showing how much personal and professional values become intertwined to them. Second, chapter four shows that especially the secondary school teachers rely strongly upon their own upbringing for defining what constitutes a good teacher, making personal values an invaluable source for processes of professional identity (re)construction.

In sum, when studying public management reform in relation to professionalism, this PhD thesis shows that differences between professions and their professionals cannot be ignored. Gaining deeper knowledge of the strength of professionals' identity can help to acquire a better understanding of these differences and of how they come about. One explanation for them can be found in the different sources professionals use for their identity (re)construction. Adding to studies that argue for a difference between occupational/institutional and organizational professionalism (Evetts, 2013), this PhD thesis has found in chapter four that personal sources are also worth looking at. Although further research into professional identity (re)construction is recommendable, those professionals with a strong professional identity seem to rely mostly on institutional sources, while those with a weaker professional identity on organizational and personal sources that are inevitably more heterogeneous. Therefore, while policymakers and scholars often assume that professionals of the same profession also share a professional identity, this PhD thesis shows such collectivity cannot be taken for granted.

6.3 Practical implications

The contributions to public administration and the sociology of professions of this PhD thesis as explained above also hold implications for practice: for policy makers and for professionals. They are timely whereas in the last few years, the relationship between government and professionals of all stripes has been difficult at times to say the least (Dujardin & Kreulen, 2018). This is especially true for the two kinds of professionals under study in this PhD thesis.

For example, after years of legal procedures on healthcare costs and competition laws between GPs' professional association LHV and the Dutch Competition Authority (NMa, 2015), two-thirds of Dutch GPs signed a manifesto in 2015 to demand more leeway for professional collaboration to enable innovation instead of restrictive competition regulations and to reduce red tape (Effting & Stoffelen, 2015; Knoop, 2016). More recently, in March 2019 over 40.000 teachers from all levels gathered in The Hague for a massive strike against high work pressures, ongoing cutbacks, low salary, continuous efficiency stress, and staff shortages (Dujardin, 2019). To improve this relationship, the contributions of this PhD thesis hold as least two implications and a follow-up implication.

The first implication for practice revolves around the complex and competing demands professionals face when delivering their public services. In general, the complexity modern-day professionals are faced with does not only stem from governmental policies. Yet again, as shown in chapter two, public management reforms do play a major role in the accumulation of competing demands for professionals. As explained, they require them for example to be experts *and* entrepreneurs *and* network managers. As chapters three and four show, these constellations of accumulated demands can lead to identity conflicts for professionals. Government could play a leading role in prioritizing demands and cutting back complexity. This is not just about policymakers developing a keen eye for the difficulties professionals encounter. This requires primarily that policy makers take a bottom up perspective and acknowledge more than they do now that policymaking is not a hierarchical activity. Instead, professionals' perspective should be taken as starting point in the policymaking process because they are the ones who ultimately decide how the normative expectations and technical considerations of rules and regulations turn out in practice.

Nevertheless, as is often argued in literature, professions and their professionals are not all equal (Abbott, 1988; Etzioni, 1969; Larson, 1977; Wilensky, 1964), which should be taken into account by policymakers. Although professional projects share the ability to control who can enter the profession – i.e. professional closure – and the ability to control how professionals execute their work – i.e. professional control – as described in chapter one (Faulconbridge & Muzio, 2011; Noordegraaf, 2007), especially medical professions are often considered 'full-professions', while less knowledge intense professions like teaching are more regarded as 'semi-professions' (Etzioni, 1969). This PhD thesis empirically shows that this difference is real. However, this should not just be attributed to claims of unique knowledge and skills (Larson, 1977); as this PhD thesis shows it should also – and maybe especially – be attributed to the strength of professionals' identity. This stretches beyond knowledge, skills – or excellence – but in terms of the Good Work framework also reaches into values of ethics and engagement (Gardner, Csikszentmihalyi, & Damon, 2001). Policymakers must realize that public management reforms not only have consequences for professionals' identity leading to identity change, but also that these consequences will be different for different kinds of

professionals. Those with a strong professional identity may for example be less and later affected by public management reform, as was the case for the GPs in this PhD thesis. Acknowledging that the same kind of reforms do not automatically resort the same kind of effects for different professions, policymakers need to be sensitive for the way in which their expectations accumulate and play out for professionals whereas the consequences of conflicting expectations are ultimately for professional services' end-users: citizens.

The second implication for practice has to do with restoring a relationship of mutual trust between government and professionals. With demands from the NPM still being the most dominant as argued for in chapters three, four and five, many professionals struggle with high stakes accountability mechanisms and incentivized environments. From government's perspective, such managerial demands make perfect sense for efficiency and marketization purposes. After all, being able to control, benchmark and market professional work requires standardization and transparency. Nevertheless, from professionals' point of view, these managerial demands are not only experienced as a neglect of the social side of their professional work, but also as a sign of distrust for their professional judgment as chapters three and four show. Since government and professionals depend upon each other in the process of public policy design and implementation, such mutual distrust is a destructive force, which shows when professionals start to play the system as is being described in chapter three. Nevertheless, there is also a responsibility on the side of the professionals themselves. While professional groups deliver public services that are crucial for society, they are granted relatively high levels of autonomy to decide how to deliver these services as well as the ability to control who can enter the profession (Faulconbridge & Muzio, 2011; Gardner & Shulman, 2005). To avoid going back to the era of intransparant professional dominance (Freidson, 1970), this also comes with a responsibility to proactively communicate how and why their moral judgements come about to maintain the support of the nowadays better educated and informed citizens (Evetts, 2011).

Adding to this last point, professionals cannot readily be assumed to act as moral agents on behalf of their profession as especially the case of secondary school teachers shows. Being able to make moral judgements under conditions of ethical and technical uncertainty (Gardner & Shulman, 2005; Zacka, 2017), requires professionals to build the capacity to do so. Based on the role professional institutions play for professionals having a 'strong' identity compared to those having a 'weak' identity, it seems here lies an important responsibility for professions as collectives to shape and maintain the institutional sources that professionals can use for their identity (re)construction. For teachers and teacher training this for example means that more attention needs to be devoted to what good teaching looks like and how good teachers act. After all, as chapter four of this PhD thesis shows, teachers struggle with the ethics dimension of their profession. This finding underlines calls to spend more attention to the moral education of teachers who are inevitably the role models of their students: *"the inconvenient*

truth is that modelling has been taken for granted to such an extent that the question whether teachers are morally good and effective role models has hardly received serious attention" (Sanderse, 2013, p. 38). This is not a call for the codification of 'good teaching', but for the formation of professional institutions that play an important role in facilitating an ongoing debate among professionals about what 'good teaching' entails. Adding to practical recommendations done by others like keeping a professional ethics journal (Sanderse, 2013), the interviews for this PhD thesis show that teachers who use numerous examples of themselves and colleagues are narrative learners like many professionals (Van Hulst et al., 2016). Hence, a vignette based approach to discuss real-life or hypothetical situations could help increase professionals' capacity to make and to render account for their moral judgments in day-to-day professional work.

6.4 Methodological reflection and avenues for future research

As explained and argued for in chapter one, this PhD thesis had a qualitative research approach (Miles & Huberman, 1994), with a comparative case study design (Yin, 2009) focusing on GPs and secondary school teachers in the Netherlands. For chapter two, a document study was conducted of 86 key policy documents supplemented with twelve expert interviews. For chapters three, four and five a total of 52 semi-structured interviews were held with professionals: 22 GPs and 30 secondary school teachers. The interviews served to examine professionals' own perceptions of their professional identities, inviting them to define their self-images compared to their roles in daily practice. It was done so for each of the three Es of the Good Work framework – i.e. for *excellence*, *ethics* and *engagement* (Barendsen & Gardner, 2009; Gardner et al., 2001). The adopted research approach and methods helped to explore professionals own perspectives on their professional roles and identities in a context of public management reform. As explained above, this PhD thesis contributes to public administration, the sociology of professions and practice in several ways. Nevertheless, it is necessary to make explicit its limitations as well. Next to the specific limitations and directions for future research that are described in each of the empirical chapters, several general limitations and directions will now be discussed.

A first general limitation has to do with the time horizon of this PhD thesis. While chapter two made clear how important it is to study public management reforms over a long period, the subsequent chapters necessarily had to focus on changes that are more recent, most notably NPM. This was done for several reasons. Most importantly, narrowing the public management reform context was necessary for this PhD thesis' respondents. Based on interviews with professionals of varied age, it was not possible to reflect on role changes in a context of public

management reform over half a century. Not even those belonging to the oldest age category have lived through the role changes of the late 1960s, and even if they had, it would not be easy – and probably even impossible – to reflect on these changes from the early days of their career. Therefore, the public management reform context was limited to approximately the last twenty years. Moreover, narrowing the public management reform context proved more recognizable for a wider international audience whereas – despite many variations (Pollitt & Bouckaert, 2017) – NPM has managed to remain the most dominant discourse over the past decades in most policy domains in most Western countries (Peters, 2015; Pollitt & Bouckaert, 2017). Even public management reforms carrying NPG demands often do so through systems and policy tools stemming from the NPM era (Ferlie et al., 2013). For example, encouraging collaboration between professionals, but doing so using financial incentives and accountability structures. Nevertheless, public management reforms carrying NPG-values of collaboration, network governance, and co-creation are undeniably on the rise (Torfing, 2019). At first impression, professionals seem to be able to embrace NPG demands more easily compared to the ones stemming from NPM, whereas collaboration and client-centeredness are seen as the core of professionalism. For future research, a next step should be to examine specifically how values from the NPG model find their way into professionals' perceptions of their identity and roles and how they relate to expectations for professional roles stemming from TPA and NPM reforms.

The perspective of this PhD thesis poses a second general limitation. By focusing on professionals' perspective, it may come across as if there are no other relevant perspectives in processes of policy design and implementation. That is not the case though: all stakeholders matter in these processes, including citizens, clients, policy makers, experts, non-profit actors and companies. Note well, it is up for debate whether all perspectives (should) matter equally. Without intending to downplay the importance of other perspectives, this PhD thesis makes a call to increase substantially the importance attributed by scholars and policy makers to professionals' perspective. A subsequent step for future research is to focus on the perspective of clients whereas they are the end-users of professional services. This is in line with Leicht (2016) who argues that the client perspective will ultimately determine the future of professional work. However, while the client perspective is ultimately at individual level, this PhD thesis also raises awareness for the collective or societal level. After all, the bond between professions and society can be regarded as a social contract (e.g. Cruess & Cruess, 2008) in which professionals are granted a certain level of autonomy and prestige to deliver complex services in a 'disinterested' way (Gardner, 2015; Gardner & Shulman, 2005), or act as responsible moral agents (Zacka, 2017). Instead of adding new role expectations to this contract, fundamental questions about what do we want of our professionals and how do we make sure they have the capacity to meet these expectations are worthy of our attention and future research.

Third, three types of validity deserve extra attention: negativity tendency, construct validity and generalizability. With regard to a negativity tendency, people can have a tendency to experience changes like public management reforms as a threat to their position and work routines. By interviewing professionals themselves about the changes in their professional roles, this tendency could prove to be problematic. Although it is not possible to completely avoid such a 'negativity tendency', it should be emphasized that respondents were not asked simple opinion questions like 'these are the reforms, what do you think of them?' Instead, as explained in chapters three and four, the Good Work framework proved to be useful as a means to first invite respondents to define each of its three Es, then to ask them to zoom in on role changes, and finally to relate these changes to public management reforms. This way, the interview data provided a more nuanced description of professionals' perceptions starting from their own experience.

With regard to construct validity, it can be questioned whether asking professionals to define something like their professional 'excellence' and 'ethics' leads to valid answers. This has proven to be a difficult point indeed, especially for ethics. While the medical professionals – the GPs – were more used to the word ethics and were able to describe what it meant for them, teachers struggled. Nevertheless, the semi-structured interviews did grant the opportunity to pose follow up questions. These questions were for example on responsibility, since in the Good Work framework ethics is being related to feeling responsible to one's self, to others (like clients, family and peers), to one's institution, to one's domain or profession, and to the wider world (Fischman & Barendsen, 2010). Answers to these follow up questions helped to enable the cross-sectoral comparison of this PhD thesis.

With regard to the generalizability of this PhD thesis' results to other professionals, it should be noted this needs to happen with care. The two kinds of professionals under study in this PhD thesis have in common that they are very 'frontline', meaning they are in direct contact with their clients and arguably, they even depend to great extent upon their client-interactions for delivering their professional services. Both kinds of professionals made ample reference to their clients, emphasizing the importance of establishing (relatively) long-term in-depth relationships with them. Although as explained in chapter one, being close to clients was one of the reasons for choosing them for comparison in the first place, this does come with a price. The findings of this PhD thesis may not easily translate well to other professionals for whom interaction with clients may have a different nature, like medical specialists, accountants or judges. GPs and teachers often fulfil important roles in the lives of their patients and students by not just curing and teaching, but by providing guidance in situations where their clients are vulnerable. In the case of GPs, they provide guidance when patients see themselves confronted with serious illness or with psychological difficulties for example due to the process of aging. In the case of teachers, they are role models and guide students to find their way in society. Therefore, the professionals and the nature of the services they deliver that have been

examined in this PhD thesis need to be taken into consideration when interpreting its results. After all, to repeat one of its central warrants here: we always need to take into account the uniqueness of policy domains and professions when studying professionalism.

 A final limitation relates to the individual versus collective level of analysis. In line with other studies mentioned in chapters three, four and five, this PhD thesis focuses on professional identity at a collective level (Barbour & Lammers, 2015; Reay et al., 2017). However, finding that individual teachers have a relatively heterogeneous understanding of their collective identity as discussed in chapters four and five already points out there is more to examine about how the individual and the collective influence each other. Therefore, diversity in professional identity among individual professionals from the same profession remains an important research gap. These differences may be generation bound with young professionals dealing differently with new role expectations compared to older members of their professional community, leading to 'parallel professionalism' (Stone-Johnson, 2014). However, for as far as differences were noted between professionals during the analysis of the interviews for chapters three, four and five, these differences rather point towards differences in values instead of between generation. Some scholars have already set the first steps towards examining different profiles of professionalism (Canrinus, Helms-Lorenz, Beijaard, Buitink, & Hofman, 2011; Hafferty & Castellani, 2010), but a systematic way to conceptualize professional identity is still lacking. Whereas the Good Work framework has proved valuable for studying professional identity, it could offer a useful starting point for examining diversity between professionals of the same profession.

6.5 Concluding remark

To conclude, this PhD thesis raises awareness for professionals' perspective in processes of policy design and implementation and in the study of public management reform. Following a neo-Weberian perspective on professionals (Brock & Saks, 2015), it recognizes professions as 'state sanctioned occupational monopolies' (Saks, 2016, p. 6) that are granted a certain level of autonomy and prestige to deliver high quality services in a 'disinterested way' (Gardner & Shulman, 2005, p. 14). Taking professionals' perspectives as starting point for policy design and implementation should not be interpreted as a call for a revival of professional elitist dominance (Freidson, 1970). Instead, it should be interpreted as a call for redefining the balance between policy makers and professionals, not in the direction of 'more market', nor in the direction of 'more state', but in the direction of 'more mutual trust'. For policy makers this requires showing more trust in – and providing leeway for – professionals. For professionals this requires a constant effort to show that they are worth the 'autonomy and prestige' granted by society by taking up the responsibility to explain how and why the judgements they make as moral agents come about.

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Appendix

Key policy documents

Healthcare

H1. Ministry of Health (1966). *Volksgezondheidsnota*. Kst-8462-2.
H2. Ministry of Health (1974). *Structuurnota gezondsheidszorg*. Kst-13012-2.
H3. Ministry of Health (1979). *Het beleid ter zake van de gezondheidszorg met het oog op de kostenontwikkeling*. Kst-15540-2.
H4. Ministry of Health (1980). *Schets van de Eerstelijnsgezondheidszorg*. Kst-16066-2.
H5. Ministry of Health (1981). *Patiëntenbeleid*. Kst-16771-2.
H6. Ministry of Health (1983). *Eerstelijnszorg*. Kst-18180-2.
H7. Ministry of Health (1983). *Volksgezondheidsbeleid bij beperkte middelen*. Kst-18108-2.
H8. Ministry of Health (1986). *Nota 2000*. Kst-19500-2.
H9. Commission Structuur en Financiering Zorg (Dekker) (1987). *Bereidheid tot verandering*. The Hague: SDU.
H10. Ministry of Health (1988). *Verandering verzekerd*. Kst-19945-28.
H11. Ministry of Health (1989). *(Ontwerp-)kerndocument gezondheidsbeleid voor de jaren 1990-1995*. Rijswijk: WVC.
H12. Ministry of Health (1989). *Verdere stappen inzake 'Verandering verzekerd', adviesaanvraag*. Kst-19945-51.
H13. Ministry of Health (1990). *Werken aan zorgvernieuwing*. Kst-21545-2.
H14. Commission Keuzen in de zorg (Dunning) (1991). *Kiezen en delen, advies in hoofdzaken*. Rijswijk.
H15. Ministry of Health (1991). *Kwaliteit van zorg*. Kst-22113-2.
H16. Ministry of Health (1991). *Gezondheid met beleid*. Kst-22459-2.
H17. Ministry of Health (1992). *Modernisering zorgsector: Weloverwogen verder*. Kst-22393-23.
H18. Ministry of Health (1992). *Gepast gebruik. Bijlage bij nota 'weloverwogen verder'* Kst-22393-23.
H19. Ministry of Health (1992). *Patiënten/consumentenbeleid*. Kst-22702-2.
H20. Commission Modernisering Curatieve Zorg (Biesheuvel) (1994) *Gedeelde zorg: betere zorg*. Rijswijk.
H21. Ministry of Health (1995). *Gezond en wel; het kader van het volksgezondheidsbeleid 1995-1998*. Kst-24126-2.
H22. Ministry of Health (1995). *Kostenbeheersing in de zorgsector; Bestuurlijk/wetgevend programma zorgsector 1995-1998*. Kst-24124-2.
H23. Ministry of Health (1999). *Zicht op zorg; Plan van aanpak modernisering AWBZ*. Kst-26631-1.
H24. Ministry of Health (2000). *Zorg van betekenis*. The Hague: VWS.

H25. Commission Toekomstige Financieringsstructuur Huisartsenzorg (Tabaksblat) (2001). *Een gezonde spil in de zorg*. The Hague: VWS.

H26. Ministry of Health (2002). *Vraag aan bod*. Kst-27855-2.

H27. Commission Modernisering eerste lijn (Van der Grinten) (2002). *Een perspectief voor de eerstelijnszorg*. The Hague.

H28. Ministry of Health (2002). *Vernieuwing van het zorgstelsel*. Kst-27855-17.

H29. Ministries of Health & Finance (2003). *Bouwstenen zorg in de buurt*. Kst-28600-XVI-115(appendix).

H30. Taskforce Knelpunten Huisartsenzorg (2003). *Huisartsenzorg roept om zorg*. The Hague.

H31. Ministry of Health (2003). *Langer gezond leven, ook een kwestie van gezond gedrag*. Kst-22894-20.

H32. Ministry of Health (2003). *Visie op de Toekomstbestendige Eerstelijnszorg*. Kst-29247-4.

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H34. Ministry of Health, LHV & ZN (2005). *Vogelaarakkoord*. The Hague.

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H37. Ministry of Health (2007). *Brief akkoord VWS/LHV/ZN*. Kst-29247-52.

H38. Ministry of Health (2008). *Dynamische eerstelijnszorg*. Kst-29247-56.

H39. Ministry of Health (2008). *Doelstellingenbrief eerstelijnszorg*. Kst-29247-76.

H40. Ministry of Health (2008). *Patiënt centraal door omslag naar functionele bekostiging*. Kst-29247-84.

H41. Ministry of Health (2009). *Overgewicht*. Kst-31899-1.

H42. Ministry of Health, Committee chronic care (2010). *Integrale zorg in de eigen omgeving*. The Hague: VWS.

H43. Ministry of Health (2011). *Gezondheid dichtbij*. Kst-32793-2.

H44. Ministry of Health (2013). *Van systemen naar mensen*. Kst-32620-78.

H45. National Government (2013). *Alles is gezondheid; Het Nationaal Programma Preventie 2014 – 2016*. Kst-32793-102(appendix).

H46. Ministry of Health (2014). *De maatschappij verandert, verandert de zorg mee?* Kst-27529-130(appendix).

H47. Ministry of Health & representatives of the field (2014). *De eerstelijn verbonden door ontwikkeling*. Kst-33578-11(appendix).

H48. Ministry of Health & representatives of the field (2015). *Het roer gaat om*. Kst-33578-1(appendix).

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E2. Ministry of Education (1974). *Naar een structuur voor de ontwikkeling en vernieuwing van het primair en secundair onderwijs*. Kst-13432-2.

E3.   Ministry of Education (1975). *Contouren van een toekomstig onderwijsbestel*. Kst-13459-2.

E4.   Ministry of Education (1977). *Contouren van een toekomstig onderwijsbestel 2 (vervolgnota)*. Kst-14425-2.

E5.   Ministry of Education (1982). *Verder na de basisschool*. The Hague: Staatsuitgeverij.

E6.   Ministry of Education (1982). *De tweede fase vervolgonderwijs*. The Hague: Staatsuitgeverij.

E7.   Ministry of Education (1982). *Herziening Onderwijssalarisstructuur*. Kst-17497-2.

E8.   Ministry of Education (1985). *Meer over management*. Kst-19132-2.

E9.   Ministry of Education (1988). *De school op weg naar 2000*. Zoetermeer: O&W.

E10.   Ministry of Education (1990). *Tweede nota van wijziging*. Kst-20381-17.

E11.   Ministry of Education (1990). *Beroepsvereisten voor leraren*. Zoetermeer: O&W.

E12.   Ministry of Education (1991). *Profiel van de tweede fase VO*. Zoetermeer: O&W.

E13.   Ministry of Education (1992). *Vervolgnota profiel van de tweede fase VO*. Kst-22645-2.

E14.   Commission Toekomst Leraarschap (Van Es) (1993). *Een beroep met perspectief: de toekomst van het leraarschap*. Amterdam/Leiden.

E15.   Ministry of Education (1993). *Vitaal leraarschap*. Zoetermeer: O&W.

E16.   Ministry of Education & representatives of the field (1993/1994). *Gezamenlijke richtinggevende uitspraken; Schevenings beraad*. Zoetermeer: O&W.

E17.   Ministry of Education (1995). *De school als lerende organisatie*. Kst-24248-2.

E18.   Ministry of Education (1995). *Lokaal onderwijsbeleid*. Zoetermeer: OC&W.

E19.   Ministry of Education (1998). *Verder met vitaal leraarschap*. Zoetermeer: OC&W.

E20.   Ministry of Education (1999). *Maatwerk voor morgen*. Zoetermeer: OC&W.

E21.   Ministry of Education (2000). *Maatwerk 2*. Zoetermeer: OC&W.

E22.   Ministry of Education (2000). *Onderwijs in stelling*. Zoetermeer: OC&W.

E23.   Ministry of Education (2001). *Grenzeloos leren*. Zoetermeer: OC&W.

E24.   Ministry of Education (2001). *Maatwerk 3*. Zoetermeer: OC&W.

E25.   Ministry of Education (2003). *Ruimte laten en keuzes bieden in de tweede fase van havo en vwo*. The Hague: OCW.

E26.   Ministry of Education (2004). *Koers VO: De leerling geboeid, de school ontketend*. The Hague: OCW.

E27.   Ministry of Education (2004). *Een goed werkende onderwijsarbeidsmarkt*. Kst-29200-VIII-151-b2.

E28.   Ministry of Education (2005). *Vooruit! Innoveren in het VO*. The Hague: OCW.

E29.   Ministry of Education (2005). *Governance: ruimte geven, verantwoordelijkheid vragen en van elkaar leren*. Kst-30183-1.

E30.   Commission Leraren (Rinnooy Kan) (2007). *LeerKracht!* Den Haag.

E31.   Ministry of Education (2007). *Actieplan LeerKracht*. Kst-27923-45

E32.   Parliamentary commission Onderwijsvernieuwingen (Dijsselbloem) (2008). *Tijd voor onderwijs*. Kst-31007-6.

E33. Ministry of Education (2011). *Actieplan beter presteren: opbrengstgericht en ambitious*. Kst-32500-VIII-176(appendix1)

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Summary

Public Administration literature usually distinguishes three models of public management reform over time: *Traditional Public Administration* (TPA) with an emphasis on governmental planning and hierarchy; *New Public Management* (NPM) introducing private sector methods to improve public sector efficiency and effectiveness; and *New Public Governance* (NPG) shifting focus towards collaborative approaches to co-produce public services together with stakeholders (Bryson et al., 2014; Osborne, 2010a). How these models of public management reform shape daily practices depends greatly on professionals who fulfill key positions in implementation (Brodkin, 2011; Hupe & Hill, 2016; Zacka, 2017). Frontline professionals like doctors and teachers have important tasks for delivering public services in the life of citizens and for society at large (Freidson, 2001; Gardner & Shulman, 2005). Yet, the environments in which they deliver these services have grown increasingly complex and demanding (Leicht, 2016; Zacka, 2017), implying competing pressures that challenge their professional identity and role, as well as their performance (Bévort & Suddaby, 2016; Denis et al., 2015; McGivern et al., 2015).

Although there are many studies about public management reform, in particular of the implications of NPM, professionals' own perspectives on the rules and regulations they need to implement and their perceptions of their position in a context of changing and sometimes competing expectations have received less attention by policy makers and public administration scholars (Ahuja et al., 2017; Spyridonidis et al., 2015). This PhD thesis brings together a study of changing policy expectations of professionals' roles over time and an in-depth investigation of professionals' own perceptions of professionalism. Central in this study of professionals' perceptions in a context of public management reform is the concept of *professional identity*, i.e. professionals' *self-image* – how professionals think they should be – and their *role* – i.e. what professionals perceive doing in workaday practice (Ashcraft, 2007; Reay et al., 2017). Research studying professional identity is timely whereas awareness is growing in literature that in order to understand processes of policy implementation one must turn to the values of professionals' identity to gain insight into how they translate public management reforms into daily practice (Bévort & Suddaby, 2016; Buchanan, 2015; Denis et al., 2015).

To examine professional identity in a context of public management reform, this study focuses on frontline professionals from two domains in the Netherlands: general practitioners (GPs) and secondary school teachers whereas both domains have been confronted with the introduction of market mechanisms combined with an increasing emphasis on collaborative governance practices (Boot, 2013; Bronneman-Helmers, 2011). Moreover, since both domains are crucial in the life of all citizens, the quality of GPs' and teachers' work has a direct impact

on citizens' perceptions of the quality of public service delivery in general (Zacka, 2017). It is guided by the following research question:

> *How can we describe and explain the development of the role and identity of frontline professionals in a context of public management reform and how do they navigate competing expectations?*

To answer this question, four sub-questions have been formulated. These are addressed in chapters two to five:

1. *How have (various) expectations of professional roles in public management reform contributed to current-day hybrid professionalism?*
2. *How does GPs' professional identity develop within a market-oriented healthcare reform context, and how do GPs navigate tensions between self-image and role?*
3. *How do Dutch secondary school teachers (re)construct their professional identity in a context of managerialism and how do they navigate possible tensions between self-image and role?*
4. *What are the consequences of managerial reform across two domains within one national context and how can we explain similarities and variation from a professional identity perspective?*

Chapter two seeks to answer the first of these sub-questions: how do (various) expectations of professionals in public management reforms translate into roles that shape current-day hybrid professionalism? Three ideal types of professional roles emerge when we combine key professional attributes (Brandsen & Honingh, 2013) with the three models of public management reform. These are the professional as *guardian* (TPA), the professional as *service provider* (NPM) and the professional as *network partner* (NPG). Using these three roles as analytical framework, over half a century of policy documents in primary healthcare and secondary education in the Netherlands are analyzed to assess and interpret how developments in policies have affected expectations of professionals.

Findings suggest that expectations of professionals within subsequently introduced public management reforms rather pile up on top of previously dominant expectations instead of replacing them. This accumulation leads to constellations of (sometimes incompatible) role expectations of professionals, thereby 'hybridizing' professional roles. Contrary to what is often argued for in literature, hybrid professionalism is therefore not just due to managerial expectations originating from New Public Management (Croft et al., 2015; Noordegraaf, 2015), but due to the interplay of expectations of all three models – i.e. TPA, NPM and NPG – at the same time. Furthermore, the analysis shows that secondary school teaching has been impacted much earlier and also stronger by public management reforms than general health

practice. Thus, even within one national context, there are substantial differences in timing and pace of the development of role expectations of professionals within public management reform. Rather than assuming that mainly (inter)national institutions are dominant in understanding the character and impact of public management reform (Kickert, 2008; Pollitt & Bouckaert, 2017), this underlines the importance of taking differentiations between policy areas and professional groups into consideration.

Chapter three answers the second sub-question: how does GPs' professional identity develop within a market-oriented healthcare reform context, and how do GPs navigate tensions between self-image and role? With a system overhaul in the mid-2000s, a market-oriented healthcare system was introduced in the Netherlands (Boot, 2013; Van de Ven & Schut, 2008). The most prominent changes for GPs were the transition towards a fee-for-service remuneration system and the strengthening of an audit culture for transparency purposes (Van Dijk et al., 2013). Through interviews with 22 GPs, this chapter explores professionals' identity by examining their self-image in relation to their own role perceptions within this context of role change (Ashcraft, 2007; Barley, 1989; Chreim et al., 2007; Reay et al., 2017). The three 'Es' of the Good Work framework (Gardner et al., 2001) – i.e. *excellence* (skill and expertise), *ethics* (social responsibility) and *engagement* (personal meaningfulness) – are used to explore professionals' self-definitions.

Contrary to what is commonly argued for in literature (Ashcraft, 2007; Reay et al., 2017), the analysis shows that self-image and role do not always evolve interactively . They grow apart in the case of Dutch GPs, indicating an emerging professional identity conflict. While medical-technical excellence with its emphasis on GPs medical knowledge has come to prevail over medical-social excellence which emphasizes the relational aspects of GP care, it has become increasingly hard for GPs to live up to their self-images of ethics and engagement. Still, GPs employ at least three strategies to 'creatively implement' public management reform's new role demands to enable them to retain their self-image in spite of role change. First, they indicate that they more easily provide unnecessary care services demanded by patients. Second, some even miscode – i.e. illegally misadminister – patient contact moments to better serve patients' interests. Third – although the frequency has not been examined – it has been admitted they occasionally play the system for personal financial gain because some GPs indicate that they do not care about a system they feel does not care for them either. Apart from the consequences for professional practice, these unintended outcomes negatively affect the affordability of care provisions, which are already under pressure due to increased societal demands that health systems face nowadays (OECD, 2017).

Chapter four answers the third sub-question: how do Dutch secondary school teachers (re)construct their professional identity in a context of managerialism and how do they navigate possible tensions between self-image and role? It thereby addresses another policy

area, in addition to chapter three. Due to a decentralization of educational management to the level of school boards in order to increase flexibility and competitiveness for performance purposes (Bronneman-Helmers, 2011; Schimank, 2015), teachers have acquired more responsibilities. They are required to guide students' educational processes towards standardized 'learning outcomes' and to administer student progress through student tracking systems (Ball, 2003; Day, 2007; Schimank, 2015). While studies commonly argue that these role changes have fundamentally altered teachers' identity (Ball, 2003; Biesta, 2012; Day, 2007; Kelchtermans, 2005), empirical evidence remains limited (Buchanan, 2015). Using the Good Work framework and its corresponding 'Es' of *excellence, ethics* and *engagement* to explore professionals' self-image in relation to their perceived role, 30 secondary school teachers with variation in subject fields were interviewed from three average sized schools.

Findings show a growing gap between self-image and role. In terms of self-image, teachers indicate that it is of key importance in their work as professionals to establish constructive personal relationships with students; they consider these relationships even a prerequisite for student learning. The professionals however argue that personal coaching of students receives low attention while they are constantly pressured in their role to teach their students to perform well on standardized tests. The analysis reveals three strategies of how teachers deal with this growing gap. First, the professionals describe that they often work longer hours to retain their self-image as well as to meet new role demands following from managerial reforms. Second, when they fail to meet all expectations, they often indifferently follow what their management expects them to do, even when this does not correspond with their self-image. Third, teachers describe a form of 'playing the system' with regard to administering student performance. They indicate that they selectively enter data into their student tracking systems, to back up decisions that they already made upfront. These outcomes reveal unintended effects of managerial policies that not only impede teachers' work processes within an educational context, but also calls into question whether these policies reach their intended goals of increasing educational efficiency and effectiveness (Biesta, 2012; Day, 2007; Schimank, 2015).

Chapter five seeks to answer the final sub-question: what are the consequences of managerial reform across two domains within one national context and how can we explain similarities and variation from a professional identity perspective? Revisiting the interviews with General Practitioners (GPs) (22) and teachers (30), this chapter compares the meaning of managerial reform in two domains: Dutch primary healthcare and secondary education. The focus is on the role of professional values in implementing public management reforms by professionals (Croft et al., 2015; Denis et al., 2015).

Findings show that both groups of professionals indicate that managerial reforms have reduced their professionalism to a 'technical' affair (see also Klenk & Pavolini, 2015; Newman,

2013), while they themselves perceive their professionalism as a combination of high quality skills and expertise work *and* social relationships, and see the latter as an important precondition for their professional work. Differences between the two groups are that teachers seem to be affected by managerial reforms earlier and stronger than GPs. An important explanation for these differences may be the strength of professionals' identity. GPs turn out to have a relatively 'strongly' developed professional identity compared to teachers, meaning that both the degree to which they are able to provide definitions for the values of their professional identity (the three E's) *and* the extent to which they share these definitions collectively, are relatively high. GPs' professional communities play a key role in articulating their professional values and facilitate dissemination across the profession. A 'strong' professional identity subsequently enables professional communities to mitigate managerial reforms that try to define professional processes and output. Therefore, it is crucial for policy design and delivery to recognize that public management reforms are 'identity projects', where policy makers should integrate professional values if they wish to meet the policy goals aspired by the reforms (Meyer & Hammerschmid, 2006). Such recognition will open up the possibility to support professionals in processes of identity transition (see also Reay et al., 2017) instead of just requiring them to adopt new practices, which may benefit clients/citizens and society at large as well.

Chapter six connects the overall research question to the before-mentioned sub-questions and brings this study's outcomes together, resulting in four contributions to public administration and the sociology of professions:

First, while frontline professionals are the human face of government for citizens in many occasions (Tjeenk Willink, 2018; Zacka, 2017), the engagement of professionals and their own perspectives on the rules and regulations they need to implement so far receive relatively little attention in literature and policy making (Ahuja et al., 2017; Denis et al., 2015; Spyridonidis et al., 2015). This is surprising since decades of research and theory have demonstrated the importance of implementation for the effectivity of policies (Hupe & Hill, 2016; Pressman & Wildavsky, 1973). In that regard, this PhD thesis shows that public management reforms often focus on 'hard' and 'technical' quality aspects of professional service delivery, but fail to address what professionals themselves see as the most crucial for the quality of public service delivery: a combination of high quality technical work *and* social relationships. Therefore, the findings in this study call for a redefinition of professional work in public policies, in order to increase awareness for the social sides of professional work. In this vein, it will not only do justice to professionals' own definitions of their professional identity, but more importantly, it will also lead to higher quality of public service delivery by professionals, which is ultimately key for how citizens perceive the effectiveness of public administration.

Second, public management reforms are inevitably 'identity projects' because they usually bring along new role expectations, requiring professionals to re-relate their self-image to the expected role change (Ashcraft, 2007; Reay et al., 2017). Simultaneously, professionals often put in purposeful effort to hold on to their self-image as much as possible (Machin, 2017; Spyridonidis et al., 2015), which creates identity paradoxes and other conflicts (Ahuja et al., 2017; Croft et al., 2015). In this context, professionals employ strategies to navigate these conflicts, which are often undesirable. These findings call for the recognition of public management reforms as the 'professional identity projects' they really are, which requires policy makers' and scholars' attention for the professional values of *excellence*, *ethics* and *engagement* and for the delicate and continuing processes of professional identity (re)construction. As long as we fail to acknowledge reforms as identity projects, and do not take into account that professionals' self-definitions need to change along, processes of reform will always lead to discrepancies between policy and professionalism.

Third, rather than emphasizing that modern-day (hybrid) professionalism is a mixture of managerial elements with professional roles (Croft et al., 2015; Llewellyn, 2001; Noordegraaf, 2015; Turner et al., 2016), this study shows that professionalism should be understood as an accumulation of role expectations originating from multiple public administration models, and leading to unique constellations of guardian (TPA), service-provider (NPM) and network partner (NPG) roles. For example, professionals are expected to be highly skilled experts *and* to be successful entrepreneurs *and* to be considerate network managers (see also Brandsen & Honingh, 2013). Adding new skills and capacities to professionalism might seem necessary to meet the demands posed by increasingly complex environments (Machin, 2017; Noordegraaf, 2007, 2015; Waring, 2014). However, this PhD thesis highlights it also holds the risk of undermining the social relationships between professionals and clients, which according to professionals themselves ultimately harms the implementation of public policies and the quality of service delivery. Therefore, this study raises awareness for the continuous (scholarly) attention for professionals' direct engagement with their clients to foster strong social relationships.

Fourth, this PhD thesis shows that differences in the strength of professional identity (development) contribute to explaining variety in consequences of managerial reform for professions. In this study, secondary school teachers turn out to have a 'weaker' developed professional identity compared to GPs. This means that they are less able to define what the main values of their professional identity – i.e. excellence, ethics and engagement – entail for their profession, and that they share these definitions to a lesser extent. While literature shows that professional identity is constructed and constantly reconstructed in learning cycles, with multiple 'intermediary influences' that feed into them (Chreim et al., 2007), this study has come across at least three influences that are of *different* importance to GPs and secondary school teachers. (1) *Organizational influences*: compared to GPs, teachers very strongly hold

on to their school organization as an anchor point in defining their professional identity. (2) *Institutional influences*: while GPs attribute great importance to their professional community for defining their professional identity, for teachers their professional community is almost never a point of reference. (3) *Personal influences*: teachers seem to rely much stronger than GPs on their own upbringing for defining what constitutes a good teacher respectively GP, making personal values an invaluable source for professional identity (re)construction. Acknowledging the importance of these differences, this study argues that collectivity of professional values and a shared identity in a profession cannot be taken for granted.

Besides these four contributions to public administration and the sociology of professions, this PhD thesis holds at least two practical implications for policy makers and professionals as well:

First, although professionals face complex and competing demands when delivering public services, governments could play a leading role in prioritizing demands and cutting back complexity. This requires primarily that policy makers take professionals' perspective as an important input in processes of policymaking because they are the ones who ultimately apply normative expectations and technical considerations of rules and regulations in service delivery and hence determine how policies are translated to practice. Moreover, as this study has shown, public management reforms not only have consequences for professionals' identity, but these consequences are also different for various professions and professionals. Policymakers therefore need to be sensitive for the way in which their expectations about the roles of professionals accumulate and play out for different types of professionals.

Second, with demands stemming from NPM still being dominant as argued for in chapters three, four and five, many professionals struggle with high stakes accountability mechanisms and incentivized environments. From a government's perspective, such managerial demands make perfect sense for efficiency and marketization purposes. Nevertheless, from a professionals' point of view, these managerial demands are not only experienced as neglecting important aspects of their professional work, but also as a sign of distrust for their professional judgment. As this PhD thesis has shown, this may impede their performance and has different kinds of unintended effects. However, professionals themselves may also step up their game to show that they are both capable and to be trusted to fulfil their important roles in society. They could increase their ability to proactively communicate how and why their professional judgements are appropriate, in order to maintain the support of the nowadays better educated and informed citizens. Especially professions as collectives can play a key role in enhancing professionals' capacity to make and communicate these professional judgements by shaping and maintaining the institutional sources that facilitate an ongoing debate among professionals about what 'good' professional work entails.

Dutch Summary I Nederlandse samenvatting

Bestuurskundigen onderscheiden meestal drie modellen om hervormingen door de jaren heen in het openbaar bestuur te beschrijven: *Traditional Public Administration* (TPA) waarbij de nadruk lag op overheidsplanning en hiërarchie; het *New Public Management* (NPM) dat methoden uit de private sector introduceerde om de efficiëntie en effectiviteit van de publieke sector te vergroten; en *New Public Governance* (NPG) waarbij de focus is verschoven naar allerlei samenwerkingsvormen tussen (semi-)publieke en private partijen om publieke diensten samen met stakeholders te 'coproduceren' of te 'co-creëren' (Bryson, Crosby, & Bloomberg, 2014; Osborne, 2010). Hoe deze hervormingsmodellen uiteindelijk uitpakken in de dagelijkse praktijk hangt voor een groot deel af van *professionals* die sleutelrollen vervullen in beleidsimplementatieprocessen (Brodkin, 2011; Hupe & Hill, 2016; Zacka, 2017). 'Frontlinie' professionals, zoals artsen en leraren, verlenen namelijk essentiële publieke diensten en zijn daarmee cruciaal voor burgers en samenleving (Freidson, 2001; Gardner & Shulman, 2005). De omgeving waarbinnen zij hun diensten verlenen is in toenemende mate complex en veeleisend geworden (Leicht, 2016; Zacka, 2017). De spanningen die dit veroorzaakt zetten hun professionele identiteit en rol en daarmee ook hun prestaties onder druk (Bévort & Suddaby, 2016; Denis, Ferlie, & Van Gestel, 2015; McGivern, Currie, Ferlie, Fitzgerald, & Waring, 2015).

Hoewel er veel onderzoek is gedaan naar hervormingen in het openbaar bestuur, en dan vooral naar het NPM, hebben beleidsmakers en bestuurskundigen tot nu toe relatief weinig aandacht besteed aan hoe professionals zelf aankijken tegen de beleidsmaatregelen die ze moeten implementeren en tegen hun positie in een context van veranderende – en soms zelfs tegengestelde – verwachtingen (Ahuja, Nikolova, & Clegg, 2017; Spyridonidis, Hendy, & Barlow, 2015). Dit proefschrift combineert een studie naar veranderende verwachtingen van professionals in beleid door de jaren heen met een grondige analyse van de eigen percepties van professionals over professionalisme. Centraal in dit onderzoek naar professionals en hun percepties in een context van beleidshervormingen staat het concept *professionele identiteit*; dat wil zeggen professionals' *zelfbeeld* – hoe denken professionals dat ze moeten zijn – en hun *rol* – wat doen professionals naar hun idee in hun dagelijkse praktijk (Ashcraft, 2007; Reay, Goodrick, Waldorff, & Casebeer, 2017). Onderzoek naar professionele identiteit is nodig, omdat uit de literatuur steeds meer blijkt dat als we willen begrijpen hoe beleidsimplementatieprocessen daadwerkelijk verlopen, we naar de waarden van de identiteit van professionals moeten kijken om te begrijpen hoe zij beleidshervormingen vertalen naar de dagelijkse praktijk (Bévort & Suddaby, 2016; Buchanan, 2015; Denis et al., 2015).

Om professionele identiteit in een context van beleidshervormingen te onderzoeken, richt deze studie zich op 'frontlinie' professionals van twee beleidsdomeinen in Nederland: huisartsen en leraren in het voortgezet onderwijs. Beide beleidsdomeinen zijn namelijk

ingrijpend veranderd door de introductie van marktmechanismen en kennen een toenemende nadruk op besturen door middel van samenwerking met andere stakeholders (Boot, 2013; Bronneman-Helmers, 2011). Bovendien zijn beide domeinen dusdanig belangrijk in het leven van alle burgers, dat de kwaliteit van de huisartsenzorg en van het voortgezet onderwijs afstraalt op de kwaliteitsbeleving die burgers hebben van de publieke dienstverlening in het algemeen (Zacka, 2017). De volgende samengestelde onderzoeksvraag staat in dit onderzoek centraal:

> *Hoe kunnen we de ontwikkeling van de rol en identiteit van 'frontlinie' professionals in een context van hervormingen in het openbaar bestuur beschrijven en verklaren en hoe gaan zij om met tegenstrijdige verwachtingen?*

Om deze vraag te beantwoorden zijn vier deelvragen geformuleerd. Deze staan ieder afzonderlijk centraal in de hoofdstukken twee tot en met vijf:

1. *Hoe hebben (verschillende) verwachtingen van professionele rollen in beleidshervormingen bijgedragen aan hedendaags hybride professionalisme?*
2. *Hoe ontwikkelt de professionele identiteit van huisartsen zich in een context van marktgeoriënteerde hervormingen en hoe gaan huisartsen om met spanningen tussen zelfbeeld en rol?*
3. *Hoe (re)construeren leraren in het voortgezet onderwijs hun professionele identiteit in een context van 'managerialism' (efficiënt management) en hoe gaan zij om met mogelijke spanningen tussen zelfbeeld en rol?*
4. *Wat zijn de consequenties van 'managerial' beleidshervormingen in twee domeinen binnen dezelfde nationale context en hoe kunnen we overeenkomsten en verschillen verklaren vanuit het perspectief van professionele identiteit?*

Hoofdstuk twee beantwoordt de eerste van deze deelvragen: hoe hebben (verschillende) verwachtingen van professionele rollen in beleidshervormingen bijgedragen aan hedendaags hybride professionalisme? Door de drie modellen van hervormingen in het openbaar bestuur te combineren met karakteristieken van professionals (Brandsen & Honingh, 2013) ontstaan drie ideaaltypen van professionele rollen. Deze zijn de professional als *hoeder* (TPA), de professional als *dienstverlener* (NPM) en de professional als *netwerkpartner* (NPG). Met deze drie rollen als analytisch kader is meer dan een halve eeuw aan beleidsdocumenten van de primaire gezondheidszorg en het secundair onderwijs geanalyseerd. Zo is beoordeeld hoe ontwikkelingen in beleid de verwachtingen ten aanzien van professionals hebben beïnvloed.

De bevindingen laten zien dat de verwachtingen ten aanzien van professionals in de opeenvolgende beleidshervormingen zich opstapelen in plaats van elkaar vervangen. Deze stapeling leidt tot samenstellingen van (soms zelfs tegenstrijdige) verwachtingen die daarmee de rollen van professionals 'hybride' maken. In tegenstelling tot wat vaak beweerd wordt in de

literatuur is hybride professionalisme dus niet slechts het gevolg van *managerial* verwachtingen die voortkomen uit het NPM (Croft, Currie, & Lockett, 2015; Noordegraaf, 2015), maar is dit het gevolg van het samenspel van verwachtingen, zoals deze voortkomen uit alle drie de modellen tegelijkertijd – dat wil zeggen TPA, NPM én NPG. Daarnaast laten de bevindingen zien dat het voortgezet onderwijs veel eerder en veel sterker door beleidshervormingen wordt geraakt in vergelijking tot de primaire gezondheidszorg. Dus zelfs binnen één nationale context zijn er in beleidshervormingen substantiële verschillen te ontwaren in de timing en het verloop van de ontwikkeling van rolverwachtingen ten aanzien van professionals. In plaats van aan te nemen dat vooral (inter)nationale instituties van belang zijn voor het begrijpen van het karakter en de impact van beleidshervormingen (Kickert, 2008; Pollitt & Bouckaert, 2017), toont dit aan dat het minstens zo belangrijk is om oog te hebben voor de verschillen tussen beleidsdomeinen en professionele groepen.

Hoofdstuk drie beantwoordt de tweede deelvraag: hoe ontwikkelt de professionele identiteit van huisartsen zich in een context van marktgeoriënteerde hervormingen en hoe gaan huisartsen om met spanningen tussen zelfbeeld en rol? Door middel van een ingrijpende beleidshervorming werd halverwege de jaren 2000 een systeem van marktwerking in de zorg geïntroduceerd in Nederland (Boot, 2013; Van de Ven & Schut, 2008). Voor huisartsen betekende dit een transitie naar een systeem dat voor een belangrijk deel gebaseerd is op een betaling per verrichting en een versterking van de verantwoordingscultuur om de transparantie van de huisartsenzorg te vergroten (Van Dijk et al., 2013). In dit hoofdstuk wordt in deze context van rolverandering de professionele identiteit van huisartsen verkend door middel van semigestructureerde diepte-interviews met 22 huisartsen waarbij hun *zelfbeeld* in kaart wordt gebracht in relatie tot hun *rolpercepties* (Ashcraft, 2007; Barley, 1989; Chreim, Williams, & Hinings, 2007; Reay et al., 2017). De drie 'E's' van het Good Work analysekader (Gardner, Csikszentmihalyi, & Damon, 2001) – namelijk *excellence* (vaardigheid en expertise), *ethics* (sociaal verantwoordelijkheid) en *engagement* (persoonlijke zingeving) – worden gebruikt om deze zelfdefinities van professionals te verkennen.

In tegenstelling tot wat vaak beweerd wordt in de literatuur (Ashcraft, 2007; Reay et al., 2017), laat de analyse zien dat zelfbeeld en rol zich niet altijd in interactie met elkaar ontwikkelen. In het geval van de Nederlandse huisartsen groeien ze zelfs uit elkaar, wat duidt op een identiteitsconflict. Het blijkt namelijk dat de medisch-technische kant van huisartsen-*excellence,* met nadruk op medische kennis, de overhand heeft gekregen over de meer medisch-sociale kant, met nadruk op relationele aspecten. Als gevolg daarvan vinden huisartsen het steeds moeilijker om hun zelfbeeld van huisartsen-*ethics* en -*engagement* te verwezenlijken in de dagelijkse praktijk. Desalniettemin hebben huisartsen ten minste drie strategieën om de nieuwe rolvereisten uit het beleid 'creatief' te implementeren, zodat ze ondanks deze rolveranderingen aan hun zelfbeeld vast kunnen houden. Ten eerste geven zij

aan dat ze makkelijker dan voorheen onnodige zorg verlenen als patiënten daarom vragen. Ten tweede coderen zij soms bewust hun consulten foutief als zij dat in het belang van de patiënt achten. Ten derde – hoewel de frequentie niet onderzocht is – geven sommige huisartsen toe dat binnen de huisartsenzorg soms het zorgsysteem misbruikt wordt voor eigen financieel gewin. Zij leggen dat uit door te stellen dat zij zich niet altijd verantwoordelijk voelen voor een systeem, waarin het werk van de huisarts moeilijk wordt gemaakt. Naast de consequenties voor de publieke dienstverlening door huisartsen als professionals zetten deze onbedoelde gevolgen van beleidshervormingen de betaalbaarheid van de zorg verder onder druk (OECD, 2017).

Hoofdstuk vier geeft antwoord op de derde deelvraag: hoe (re)construeren leraren in het voortgezet onderwijs hun professionele identiteit in een context van 'managerialism' (efficiënt management) en hoe gaan zij om met mogelijke spanningen tussen zelfbeeld en rol? Daarmee gaat dit hoofdstuk in op het andere beleidsterrein dat centraal staat in dit proefschrift: het voortgezet onderwijs. Met het decentraliseren van verantwoordelijkheden naar het niveau van schoolbesturen en -management zijn de flexibiliteit en het concurrentievermogen van scholen vergroot om onderwijsprestaties te verbeteren (Bronneman-Helmers, 2011; Schimank, 2015). Voor leraren hebben deze veranderingen er onder andere toe geleid dat zij meer verantwoordelijkheden hebben gekregen: zij dienen hun onderwijsprocessen toe te spitsen op gestandaardiseerde 'leeropbrengsten' en zij moeten de voortgang van hun leerlingen bijhouden in leerlingvolgsystemen (Ball, 2003; Day, 2007; Schimank, 2015). Hoewel in onderzoek vaak wordt beweerd dat deze rolveranderingen hebben geleid tot fundamentele veranderingen in de professionele identiteit van leraren (Ball, 2003; Biesta, 2012; Day, 2007; Kelchtermans, 2005), is het empirische bewijs hiervoor beperkt (Buchanan, 2015). Door gebruik te maken van het Good Work analysekader met de drie 'E's' – *excellence, ethics* en *engagement* – is in dit hoofdstuk deze professionele identiteit nader onderzocht. In totaal zijn er met 30 eerstegraadsbevoegde leraren van verschillende schoolvakken op drie middelgrote scholen semigestructureerde diepte-interviews gehouden.

De bevindingen laten een groeiende kloof zien tussen zelfbeeld en rol. Wat betreft zelfbeeld geven leraren aan dat het voor hun werk van cruciaal belang is dat zij als professionals de gelegenheid krijgen om een constructieve en persoonlijke band te creëren met hun leerlingen. Zij zien deze band zelfs als voorwaarde voor het leren van leerlingen. De leraren geven echter aan dat er weinig ruimte is om echt persoonlijk betrokken te kunnen zijn bij hun leerlingen. Ze staan in hun rol als leraar namelijk continu onder druk om ervoor te zorgen dat hun leerlingen goed scoren op gestandaardiseerde toetsen. De analyse maakt in ieder geval drie strategieën zichtbaar die leraren gebruiken om met deze groeiende kloof om te gaan. Ten eerste geven zij aan dat zij vaak en veel overwerken om zowel hun zelfbeeld te kunnen verwezenlijken, als aan de rolvereisten te kunnen voldoen die voortvloeien uit beleidshervormingen. Ten tweede benadrukken zij, dat als het hen niet lukt om aan alle

verwachtingen te voldoen, ze vaak onverschillig worden en simpelweg doen wat het schoolmanagement van hen vraagt, zelfs als dat niet strookt met wat ze eigenlijk zouden moeten doen volgens hun zelfbeeld. Ten derde beschrijven ze dat ze soms het systeem 'bespelen', daarbij doelend op het leerlingvolgsysteem. Ze geven aan dat ze soms selectief zijn in wat ze in dit systeem invoeren, zodat ze er aan de voorkant zeker van zijn dat ze de beslissingen die ze eigenlijk allang hebben gemaakt, achteraf op basis van hun systeem voldoende kunnen onderbouwen. Deze onderzoeksuitkomsten maken de onbedoelde effecten van *managerial* beleidshervormingen zichtbaar. Het spreekt voor zich dat deze effecten niet alleen het werk van leraren in de weg staan, maar zij roepen ook de vraag op of beleidshervormingen werkelijk hun doel, om de efficiëntie en effectiviteit van het onderwijs te vergroten, behalen (Biesta, 2012; Day, 2007; Schimank, 2015).

Hoofdstuk vijf geeft een antwoord op de laatste deelvraag: wat zijn de consequenties van '*managerial*' beleidshervormingen in twee domeinen binnen dezelfde nationale context en hoe kunnen we overeenkomsten en verschillen verklaren vanuit het perspectief van professionele identiteit? Op basis van de interviews die zijn gehouden met professionals van beide beleidsterreinen die centraal staan in dit proefschrift – 22 huisartsen en 30 leraren – wordt in dit hoofdstuk vergeleken wat de *managerial* beleidshervormingen nu eigenlijk hebben betekend voor beide domeinen. Daarbij wordt specifiek gekeken naar de rol van professionele waarden bij de implementatie van beleidshervormingen door professionals (Croft et al., 2015; Denis et al., 2015).

De bevindingen laten zien dat beide groepen professionals vinden dat hun professionalisme door *managerial* beleidshervormingen veelal wordt gereduceerd tot een 'technische' aangelegenheid (zie ook Klenk & Pavolini, 2015; Newman, 2013), terwijl zij zelf hun professionalisme zien als een combinatie van hoogwaardige vaardigheden en expertise *en* sociale relaties. Zij zien deze laatste zelfs als voorwaarde voor hun professioneel werk. Wat betreft de verschillen tussen beide groepen professionals laat dit hoofdstuk niet alleen zien dat leraren veel eerder en veel sterker dan huisartsen geraakt worden door *managerial* beleidshervormingen, maar biedt het ook een belangrijke verklaring hiervoor. Het blijkt namelijk dat de sterkte van hun professionele identiteit cruciaal is: huisartsen hebben een relatief sterk ontwikkelde professionele identiteit in vergelijking met leraren, wat inhoudt dat zij beter in staat zijn om de waarden achter hun professionele identiteit – de drie 'E's' – te definiëren *en* dat zij veel meer eensluidend zijn in deze definities. De professionele verbanden van huisartsen, zoals hun beroepsvereniging, blijken een sleutelrol te spelen bij het articuleren en dissemineren van professionele waarden in hun gelederen. Het hebben van een scherpe en breed gedragen professionele identiteit stelt professionele gemeenschappen vervolgens in staat om de *managerial* beleidshervormingen, die professionele processen en opbrengsten proberen te definiëren, te matigen. Deze resultaten laten zien hoe belangrijk het wel niet is om te erkennen dat beleidsontwikkelingsprocessen eigenlijk ook altijd in zekere mate

'identiteitsprojecten' zijn. Beleidsmakers dienen dan ook meer rekening te houden met professionele waarden, als zij veranderingen van bestaande praktijken door middel van beleidshervormingen willen verwezenlijken (Meyer & Hammerschmid, 2006). Deze erkenning maakt het mogelijk om professionals adequaat te ondersteunen bij hun identiteitstransitie (zie ook Reay et al., 2017), in plaats van dat zij simpelweg verondersteld worden om op nieuwe manieren te gaan werken. Dit zal uiteindelijk hun cliënten – de burgers en daarmee de samenleving – ten goede komen.

Hoofdstuk zes verbindt de centrale onderzoeksvraag met de deelvragen en brengt daarmee de opbrengsten van dit proefschriftonderzoek samen. Dit resulteert in vier bijdragen aan de bestuurskunde en de professiesociologie:

Ten eerste, ondanks dat 'frontlinie' professionals voor burgers het menselijk gezicht zijn van de overheid (Tjeenk Willink, 2018; Zacka, 2017), krijgt het perspectief van professionals op de beleidsmaatregelen die zij moeten implementeren relatief weinig aandacht in de literatuur en in beleidsvorming (Ahuja et al., 2017; Denis et al., 2015; Spyridonidis et al., 2015). Dit is opvallend, omdat op basis van onderzoek al decennialang bekend is dat de effectiviteit van beleid staat of valt met wat er in de implementatie gebeurt (Hupe & Hill, 2016; Pressman & Wildavsky, 1973). Dit proefschrift laat in dit verband zien dat beleidshervormingen vaak focussen op 'harde' en 'technische' aspecten van professionele dienstverlening, maar dat zij voorbijgaan aan wat professionals zelf zien als cruciaal voor kwaliteit, namelijk de combinatie van hoogwaardige vaardigheden en expertise *en* sociale relaties. De bevindingen van dit onderzoek vragen dan ook om een herdefiniëring van professioneel werk in beleid, zodat de bewustwording van de sociale/relationele kant van professioneel werk toeneemt. Zodoende wordt niet alleen recht gedaan aan de eigen identiteitsbeleving van professionals, maar – minstens zo belangrijk – zal dit ook leiden tot een hogere kwaliteit van publieke dienstverlening door professionals wat uiteindelijk cruciaal is voor hoe burgers de effectiviteit van het openbaar bestuur beoordelen.

Ten tweede blijken beleidshervormingen onvermijdelijk ook 'identiteitsprojecten' te zijn, omdat ze vrijwel altijd nieuwe rolverwachtingen met zich meebrengen die ervoor zorgen dat professionals hun zelfbeeld opnieuw moeten verhouden tot wat ze daadwerkelijk doen in de dagelijkse praktijk (Ashcraft, 2007; Reay et al., 2017). Tegelijkertijd blijkt dat professionals hun uiterste best doen om ondanks deze rolveranderingen zoveel mogelijk vast te kunnen houden aan hun zelfbeeld (Machin, 2017; Spyridonidis et al., 2015), waardoor 'identiteitsparadoxen' en zelfs -conflicten ontstaan (Ahuja et al., 2017; Croft et al., 2015). In dit verband blijken professionals allerlei strategieën te hanteren om in de praktijk om te kunnen gaan met deze conflicten, maar deze strategieën blijken veelal ongewenst. Deze bevindingen vragen dan ook om erkenning van het feit dat beleidshervormingen onvermijdelijk in zekere mate 'identiteitsprojecten' zijn. Dat vergt dat beleidsmakers en

wetenschappers oog krijgen voor de professionele waarden van *excellence*, *ethics* en *engagement* en voor het delicate en continu proces van professionele identiteits(re)constructie. Zolang we beleidshervormingen niet zien als 'identiteitsprojecten', en daardoor niet beseffen dat het zelfbeeld van professionals en passant ook 'hervormd' moet worden, zullen dergelijke hervormingen altijd leiden tot discrepanties tussen beleid en professionalisme.

Ten derde laat deze studie zien dat hedendaags (hybride) professionalisme niet slechts een mix is van traditionele rollen met *managerial* elementen (Croft et al., 2015; Llewellyn, 2001; Noordegraaf, 2015; Turner, Lourenço, & Allen, 2016). Het is eerder een stapeling van rolverwachtingen die voortkomen uit meerdere beleidshervormingsmodellen en die zodoende leiden tot unieke rolsamenstellingen van (elementen van) *hoeder* (TPA), *dienstverlener* (NPM) en *netwerkpartner* (NPG). Zo worden professionals bijvoorbeeld geacht zeer bekwame experts te zijn *en* succesvolle ondernemers *en* vaardige netwerkmanagers (zie ook Brandsen & Honingh, 2013). De toenemende complexiteit van de maatschappij vraagt dus continu nieuwe vaardigheden en capaciteiten van professionals (Machin, 2017; Noordegraaf, 2007, 2015; Waring, 2014). Toch maakt dit proefschrift ook het risico zichtbaar dat het voortdurend toevoegen van nieuwe rollen uiteindelijk ten koste gaat van de sociale relatie tussen professionals en cliënten. Dit terwijl professionals zelf aangeven dat juist deze relatie cruciaal is voor de kwaliteit van hun dienstverlening waardoor het toevoegen van deze nieuwe rollen uiteindelijk schadelijk is voor de implementatie van beleidsmaatregelen. Dit proefschrift roept dus op tot meer (academische) aandacht voor het belang van directe betrokkenheid tussen professionals en cliënten, zodat zij in staat zijn om sterke en constructieve relaties met elkaar te ontwikkelen.

Ten vierde laat dit proefschrift zien dat verschillen in hoe *managerial* beleidshervormingen uitpakken voor verschillende professies deels te verklaren zijn door te kijken naar de sterkte van de professionele identiteit(sontwikkeling). De leraren in dit onderzoek blijken een minder sterk ontwikkelde professionele identiteit te hebben dan de huisartsen. Dit betekent dat zij minder in staat zijn om de centrale waarden van hun professionele identiteit – dat wil zeggen voor *excellence*, *ethics* en *engagement* – te definiëren. De literatuur laat zien dat professionele identiteit continu (opnieuw) geconstrueerd wordt door middel van cyclische leerprocessen, waarbij professionals meerdere leerbronnen aanwenden (Chreim et al., 2007). Dit proefschriftonderzoek heeft ten minste drie van zulke bronnen zichtbaar gemaakt, die huisartsen en leraren *verschillend* aanwenden. (1) *Organisatiebronnen*: voor leraren is hun directe organisatieomgeving – hun school – een veel belangrijker ankerpunt bij het definiëren van hun professionele identiteit dan voor huisartsen. (2) *Institutionele bronnen*: huisartsen hechten veel waarde aan hun professionele gemeenschap, terwijl leraren bijna nooit verwijzen naar hun beroepsgroep als zij hun professionele identiteit moeten definiëren. (3) *Persoonlijke bronnen*: het blijkt dat leraren veel sterker dan huisartsen teruggrijpen op hun eigen

opvoeding en persoonlijke waarden bij het definiëren van hun professionele identiteit. Door deze verschillen laat dit proefschrift tevens zien dat we er nooit zomaar van uit mogen gaan dat professionals van dezelfde beroepsgroep altijd dezelfde waarden en dezelfde professionele identiteit delen.

Naast deze vier bijdragen aan de bestuurskunde en de professiesociologie heeft dit proefschrift ook minstens twee praktische implicaties voor beleidsmakers en professionals:

Daar waar professionals moeten voldoen aan complexe en tegenstrijdige verwachtingen bij het leveren van hun publieke diensten, kunnen overheden een belangrijke rol spelen bij het prioriteren van verwachtingen en het snijden in de complexiteit. Dit vereist echter wel dat beleidsmakers het perspectief van professionals als belangrijke informatiebron gebruiken bij het maken van beleid. Het zijn namelijk de professionals die de morele en technische overwegingen moeten maken die uiteindelijk bepalen hoe beleidsmaatregelen er in de publieke dienstverlening uit komen te zien; zij bepalen hoe ze beleid vertalen naar de praktijk. Bovendien heeft dit proefschrift laten zien dat beleidshervormingen niet alleen gevolgen hebben voor de professionele identiteit, maar dat deze gevolgen ook verschillend zijn voor verschillende beroepsgroepen en hun professionals. Beleidsmakers moeten meer oog krijgen voor hoe hun verwachtingen ten aanzien van professionals leiden tot een stapeling van rolverwachtingen in de praktijk en hoe dit uitpakt voor verschillende typen professionals.

Tot slot maken hoofdstukken drie, vier en vijf van dit proefschrift zichtbaar dat de *managerial* verwachtingen die het gevolg zijn van het NPM nog steeds de boventoon voeren. Veel professionals worstelen enorm met de verantwoordingsdruk en bijbehorende (financiële) prikkels in hun omgeving. Vanuit het perspectief van de overheid zijn zulke *managerial* eisen goed te begrijpen, omdat ze nodig zijn voor efficiëntie en marktwerking. Maar vanuit het perspectief van de professionals negeren deze eisen niet alleen belangrijke aspecten van hun professioneel werk, maar worden zij vooral ook ervaren als een gebrek aan vertrouwen in hun professionaliteit. Zoals dit proefschrift laat zien, staat dit hun professionele prestaties in de weg en leiden dergelijke eisen tot onbedoelde bijeffecten in het handelen van professionals. Toch hebben professionals zelf ook een belangrijke verantwoordelijkheid. De samenleving is niet meer dezelfde als die ten tijde van het TPA en professionals moeten dan ook actief laten zien dat zij vaardig en betrouwbaar genoeg zijn om hun belangrijke rol in de samenleving waar te maken. Dit vergt proactief communiceren over het hoe en waarom van hun professionele beslissingen, om zodoende het vertrouwen van de mondige en goedgeïnformeerde burger te winnen en te behouden. Vooral professionele verbanden kunnen een sleutelrol vervullen bij het vergroten van de capaciteit van hun professionals om effectief over professionele besluiten te communiceren. Zo kunnen zij institutionele bronnen creëren waaruit professionals kunnen putten voor de (re)constructie van hun professionele identiteit en een continu debat tussen professionals faciliteren over wat 'goed' professioneel werk inhoudt en betekent.

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Dear PhD thesis,

so here you are: finished and printed with all your letters in place. As the lyrics quoted above suggest, after all that we have been through together, you are no longer mine. You belong to the reader now. Let us be honest, we had a difficult relationship to say the least. You were such a diva! You made me re-write each and every word of you numerous times and made me tear precious drafts apart. Since you unsolicitedly joined me on every holiday and at every party, people would always start asking difficult questions about who you were and how you were doing. Your attitude caused moments of deep despair. Nevertheless, as the concept of identity has taught us, what you do ultimately defines who you are. So it is fair to say that after all those years together you have also become a dear part of me. And over these years, you have brought me many experiences as well. You brought me the intellectual joy of working with concepts and connecting theory to empirics. You also brought me the opportunity to interview some of the most passionate and inspiring professionals I could have wished for. And not to forget, you took me places, ranging from countries across the ocean to ones closer to home. However, most importantly, your flexibility granted me the opportunity to redefine my own identity along the way. Not as the person I once wished I was, but as the one I truly am. So thumbs up for that!

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To my promotor Nicolette van Gestel. Doing a PhD is not just about writing a thesis; it is about becoming an academic. As literature on professionalism teaches us, this requires being socialized into the academic profession. Nicolette, thank you for taking great care in teaching me the craft of writing articles, presenting at international conferences, and challenging me to lift my thinking and writing to a higher level. Your 'so what?' question gave me nightmares,

but forced me to go above and beyond myself each time. On a more personal level, I want to thank you for being so considerate and caring during this entire PhD process. One month after you became my promotor, I had to step down for a while. A few days later I found your note in my inbox, saying: *'I have been thinking about what you told me, and I realized how lonely you must have felt all these years. (…) For me, your news is completely normal, just like your blonde hair and blue eyes, your observant analyses and considerate behavior; this is you and you are completely fine the way you are.'* This meant the world to me, thank you.

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So, my dear PhD thesis, I hope the reader will take good care of you. For us, it is time to part ways. Or as Colinda would sing *Adios, tot ziens, de groeten*!

Your author,

Wiljan Hendrikx

Utrecht, October 2019

The success of many public management reforms depends upon professionals translating new policies into daily practice. The quality of their professional work determines to great extent how citizens perceive the adequacy of public service delivery. Yet, professionals' own perspectives on the rules and regulations they need to implement have received little (scholarly) attention. Therefore, this PhD thesis brings together a study of changing policy expectations of professionals' roles over time and an in-depth investigation of professionals' own perceptions of professionalism – i.e. their professional identity – to examine what actually happens when policy meets practice.

Wiljan (P.M.A.) Hendrikx has worked as co-Academic Director in Public and Education Management at TIAS School for Business and Society, and as PostDoc for the EU Horizon-2020 funded project COGOV on engaging professionals in the strategic renewal of public agencies across Europe. As Public Administration scholar, he has a keen interest in the work and identity of professionals as 'street-level' implementers of public policies about which he has published several scientific articles. As a friend, he enjoys oversharing cat GIFs, so beware.