Article

Changed Roles and Strategies of Professionals in the (co)Production of Public Services

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Abstract: This paper investigates the changed roles and strategies of professionals in a context of hybrid welfare state reform. This context exposes public professionals to market regulation and rationalization (new public management), and simultaneously expects them to work across professional borders to co-produce public services together with their clients, colleagues and other stakeholders (new public governance). Adopting a comparative perspective, we studied different types of professionals for their views on the implications of this reform mix on their work. Hence, we investigate 'strategy' at the macro level of public sector reform and at the micro level of professionals' responses. The study is based on literature and policy documents, participatory observations and especially (group) interviews with professionals across Dutch hospitals, secondary schools and local agencies for welfare, care or housing. We found that professionals across these sectors, despite their different backgrounds and status, meet highly similar challenges and tensions related to welfare state reform. Moreover, we show that these professionals are not simply passive 'victims' of the hybrid context of professionalism, but develop own coping strategies to deal with tensions between different reform principles. The study contributes to understanding new professional roles and coping strategies in welfare state reform, in a context of changing relationships between professions and society.

Keywords: professionals; welfare state reform; new public management; new public governance; professional roles; coping strategies

1. Introduction

This paper examines whether diverse models of strategic public management in the transformation of public sector blend and/or clash in the daily work of professionals across three sectors: healthcare, education, and social policy. Our focus is on a context of reforms for marketization and managerialism, related to the model of new public management (NPM), and for collaboration across borders of professions and organizations, promoted by the new public governance model (NPG) (Osborne 2006; Pollitt and Bouckaert 2017). We adopted a comparative perspective, studying full professionals such as medical doctors, and semi-professionals like teachers and social workers, for their views on the implications of strategic management reforms on their work. The paper aims to provide in-depth knowledge about whether professionals experience the mix of reforms as source of change for their roles, and how different types of professionals cope with such changes. Hence, we recognize there are at least three levels at which we can consider 'strategy' in public management: The 'strategy of reform of the public sector' at macro level; the 'strategic management of public services organizations at the level of individual public services organizations or policy networks (meso level); and the 'coping strategies' of professionals working in public services at micro level. This paper investigates the first

and third levels, namely 'strategy' of public sector reform and of professionals' responses, thereby connecting the macro and micro level of strategic public management.

At the macro level, public management literature has recognized at least three strategic models of public management: Traditional public administration (TPA) based on the principles of a Weberian bureaucracy, and the aforementioned new public management and new public governance as two alternative models (Bryson et al. 2014; Osborne 2006). Since long, NPM has been recognized as the dominant model since the 1980s, even though its principles were adopted across nations to a different degree and pace (Peters 2015; Pollitt and Bouckaert 2017). The Anglo-Saxon countries are seen as forerunners in the adoption of NPM ideas for competition, delegation of public tasks to 'independent' public agencies, and performance management (Leicht et al. 2009; Ongaro and Ferlie 2019). Yet, since the late 1990s, the alternative model of NPG gained prominence. Its focus is on network collaboration of state and non-state actors, and co-production of public services with stakeholders and clients. The NPG model is viewed as an alternative to NPM, for its different positioning of the state as collaborative partner rather than hierarchical actor.

NPG reforms are nowadays widely embraced across nations as they are often assumed to hold the potential to increase the effectiveness of—and add resources to—public service delivery (Bovaird et al. 2019; Osborne et al. 2016; Tuurnas 2015). However, while co-production generates a 'feel good' vibe, and literature reproduces its positive potential, there is very little empirical attention for what it actually means in practice (Bovaird et al. 2019; Voorberg et al. 2015). Research indicates that co-production does not automatically lead to the assumed improvements, and can even lead to reverse effects when not orchestrated properly (Osborne et al. 2016). One of the reasons may lie in professionals being ill-equipped to initiate and participate in processes of co-production in which they need to accept and apply resources like non-professional experiential knowledge (Tuurnas 2015). Hence, more research is necessary to understand the implications of NPG style processes, in particular for the roles and skills of professionals (Bovaird and Loeffler 2012) and for their professional accountability (Tuurnas et al. 2015). In addition, it is increasingly recognized in public management literature that NPM and NPG models are simultaneously at play in strategic reforms of the welfare states across Europe (Aschhoff and Vogel 2019; Klijn 2012). Professionals thus face multiple demands that are not automatically compatible (Brandsen and Honingh 2013; Hendrikx and Van Gestel 2017) and some reform principles do not even match professional values (Kerpershoek et al. 2016; Noordegraaf 2016). Still, the differences between the NPM and NPG models do not necessarily imply that one has replaced another and therefore more scholarly attention is necessary to understand the implications of such accumulated expectations for professionals (Hendrikx and Van Gestel 2017).

In this paper we explore whether reform initiatives related to NPM and NPG blend and/or clash in the daily work of professionals working in hospitals, schools and local agencies for welfare, care or housing. Our research question is: How do the strategic models of public management reform influence the role and position of professionals, and how do different types of professionals cope with the (mixed) reform demands? We wish to contribute to literature by exploring whether the models can be usefully applied to understanding the changing role and position of professionals in public agencies, who provide public services to their clients on a daily, face-to-face basis, in a complex environment of political, societal, technological and demographic changes (Noordegraaf 2016).

We start by reviewing relevant literatures on public management reform and the changed role of professionals. After outlining our methods, we present and discuss three case studies of professionals from public agencies in health care, education, and social policy, selected as key areas of the welfare state, operating in a context of NPM and NPG reform. We conclude that mixed NPM and NPG models are empirically evident, with professionals developing particular strategies to cope with the various principles and demands in their practices. We then draw out theoretical implications for the debate on public management reform and professionalism.

2. Literature Review: Public Management Reforms Challenging Professional' Roles

2.1. Strategic Management Models in Public Sector Reform

Both NPM and NPG can be viewed as strategic models responding to a growing complexity of society and to the inadequacy of the TPA model to cope with that complexity (Klijn 2012; Pollitt and Bouckaert 2017). Specialization and standardization in traditional public services have been criticized for a lack of flexibility, which led to a call for 'tailor made government arrangements that take citizens' wishes into account.' (Klijn 2012, p. 202). In both literature and practice, it is increasingly recognized that complicated, 'wicked' problems in society need more intensive service delivery, not just by management and professionals but also with the participation or citizens. At the level of organizations and their environment, more interaction is required for reasons of interdependence in service delivery. Both models of NPM and NPG recognize the challenges of a growing complexity of society but have a different approach to handle these (Klijn 2012).

NPM, originated in the late 1970s and 1980s, is a model where governments adopt a strong orientation on output, to be achieved in the most efficient manner. NPM advocates to improve cost-effectiveness using private sector management techniques, and to create a split between policymaking and implementation by delegating tasks to 'business units' and by outsourcing services. More broadly, NPM can be seen as a model that justifies financial austerity in the public sector, against the background of a neo-liberal ideology. Oriented on NPM principles, governments focus on controlling costs with service re-organization introducing management, 'drawing for support on public choice theory and private sector management doctrines' (Ackroyd et al. 2007, p. 9). NPM ideas thus include the creation of (quasi-)markets and the usage of market mechanisms, such as competition in public services provision (Klijn 2012). The NPM model strongly emphasizes the use of targets, performance indicators and measurement to specify the desired output of government, or of the services that have been delegated to public or private agencies.

The NPG model made a start in the 1970s, and although it never fully disappeared, it became much more prominent since the early 2000s (Jo and Nabatchi 2019). NPG aims at providing integrated and holistic services, which responds to the far-reaching specialization in the TPA model, as well as to NPM oriented reforms creating a split between principals and agents by outsourcing public services (Christensen and Lægreid 2011). NPG emphasizes that network collaboration could overcome the limitations of government hierarchies and market competition; networks are supposed to repair fragmented services as a result of TPA and NPM and to advance partnerships across governments, private partners, and civil society (McGuire and Agranoff 2011). Collaborative networks, especially at the neighborhood level, could even help to revitalize participatory democracy (Sirianni 2009). Partnership in the NPG model thus should not be limited to the level of policy-design and planning, but involve non-state actors, service users (citizens, the wider public) and public professionals as partners in the co-production of public services (Jo and Nabatchi 2019). The models of NPM and NPG and related professional roles hence differ in important respects, as summarized in Table 1.

Despite their differences, the two models are sometimes hard to distinguish (Klijn 2012). Rhodes describes six different meanings of 'governance' where the first three resemble NPM principles (governance as a minimal state, as corporate governance, and as the new public management), while the latter three seem more close to the NPG model: Governance as "good governance", as a socio-cybernetic system, and as self-organizing networks (Rhodes 1996, p. 653). Although NPM is often considered the dominant model, it is also disputed for its influence whereas its largest impact seems to be in the Anglo-Saxion countries. Many other countries across Europe and beyond have adopted NPM ideas to a lesser extent or not at all (Ongaro and Ferlie 2019; Pollitt and Bouckaert 2017). Yet, the effect of the NPG model is also up for debate. Despite the model's popularity, it is suggested that the practical impact of ideas associated with NPG is limited, in particular under austerity (Pollitt and Bouckaert 2017), making the NPG model more of an ideal than a reality. These critical voices

about the empirical reality and meaning of NPM and NPG make it even more interesting to analyze the impact of (a mix of) strategic public management models on professional work.

Table 1. Professional role characteristics in new public management (NPM) and new public governance (NPG) models.

	Professionals as Service Providers (NPM)	Professionals as Network Partners (NPG)
Basis of legitimacy	Management and organization	Interprofessional and interorganizational network
Knowledge and skills	Standardized knowledge, protocolized by management ('tick the boxes'); business skills	Process knowledge, relational skills (co-production)
Autonomy	Autonomous within organizational targets and budgets—as long as predefined procedures are followed	Autonomous within boundaries set within a process of deliberation and negotiation
Accountability	Accountable to management, inspectorates and accreditation boards	Accountable to a multifaceted group of stakeholders, including clients/citizens

Informed by Hendrikx and Van Gestel (2017); Brandsen and Honingh (2013).

2.2. How Strategic Models of Public Management Reform Affect Professions

Literature that goes into the complex relationship between public management models and professionals is growing (Aschhoff and Vogel 2019; Brandsen and Honingh 2013; Hendrikx and Van Gestel 2017; Noordegraaf 2016). NPM inspired reforms have often been described as affecting professionals by increasing control and audit established by the state, and restricting professional autonomy and discretion (Burau and Andersen 2014; Evetts 2011). Professionals are vulnerable to this impact since they increasingly work in larger organizations that apply more business-like management techniques, especially since the introduction of NPM with its emphasis on efficiency, cost control, performance indicators, and competition (Schott et al. 2016). However, the financially inspired performance systems do not fit well with professional values (Kerpershoek et al. 2016). Professions and their organizations were identified as potential obstacles to change, so reforms aimed to reduce the autonomy and independence of the professions (Ackroyd et al. 2007). Ackroyd et al.'s study of reform in three sectors shows that reform has been top-down and coercive, and professionals or their associations were not involved in policy redesign.

The NPG model challenges professionals to collaborate across professional borders and to improve the integration of services (Denis et al. 2016; Tuurnas 2015). The pursuit of integrated service delivery is a response to the long-term trend of far-reaching specialization, as a principle of the model of traditional public administration. However, the TPA model was criticized for its rule-based operations, with low responsiveness and capability to address the diverse needs of people, particularly in multi-problem situations (Noordegraaf 2016). The demand for inter-professional collaboration in public services is key in NPG reforms for network coordination. Yet, integrated teams for professional services face differing views on people's problems, based on diverse professional disciplines. The differing views may hamper rather than improve conditions for innovation. As Ferlie et al. (2005) concluded: "Strong boundaries between professional groups at the micro level of practice slow innovation spread" (p. 117). Differing interests between (units of) public organizations, and competition as promoted by NPM, seem further barriers to inter-professional cooperation.

2.3. Changed Roles and Coping Strategies of Professionals

The various strategic models for reform of the welfare state have resulted in a multi-faceted role for professionals (Brandsen and Honingh 2013; Hendrikx and Van Gestel 2017). In this role expectations of

professionals' focus and attitude in co-production with users of public services (NPG) essentially differ from the more top-down established executive roles expected of professionals in service provision (NPM). NPM is often viewed as leading to commodification, whereby professional knowledge and discretion are moderated to standardization and codification of professional work (Breit et al. 2018). In the NPG model for collaborative networks and co-production with users, professionals are however expected to opt for tailor-made solutions, and to build on specific situations and available solutions (Hendrikx and Van Gestel 2017).

In the context of mixed role expectations, there is always room for professional discretion. Professionals are the ones to decide upon how new policy requirements are implemented (Hupe et al. 2016; May and Winter 2009; Zacka 2017). They can accept or resist political and organizational changes, but also mediate, co-opt, and co-create the impact of reforms. Gleeson and Knights (2006) call the latter strategies of professionals in organizations 'creative mediation', which can be viewed as an alternative to top-down compliance or bottom-up resistance to reforms (Waring and Currie 2009). Hill (2003, p. 265) argues that 'policy as written often fails to teach implementers what they need to know to *do* policy.' Raising awareness for the importance of the network around implementers, she argues it is crucial to study how and from whom implementers have learned about the reforms they have to implement. After all, these understandings of implementers about the meanings of reforms in their daily practice are key for how these new policies take shape vis-à-vis clients. In a study of Danish public employment services (May and Winter 2009), it is shown that professionals' interpretations of policy goals, their professional knowledge, and policy preferences are more crucial for implementation than the messages of politicians and managers. Hence, it shows that professionals intervene in policy implementation, using professional knowledge to improve the process of (co-)producing public services.

3. Research Design and Methods

The research design is a comparative case study of three groups of professionals—medical doctors, teachers, and a diverse group of social policy workers—across three types of (semi-)public organizations: hospitals, secondary schools, and local agencies for social policy, specialized care or housing. We used a comparative approach because it allows for studying our exploratory research question: How do the strategic models of public management reform influence the role and position of professionals, and how do different types of professionals cope with the (mixed) reform demands? The empirical fieldwork is carried out within one country (The Netherlands) to compare professional roles and coping strategies of professionals within a shared context of national constitutions and political conditions. We conducted an initial literature review to inform our data collection and as a basis for our comparative analysis.

3.1. Case Selection

Cases were selected from three key sectors of the welfare state: Health, education, and social policy. Within these sectors, we searched for professionals in organizations that can easily be recognized in other countries, such as hospitals, schools, and local public agencies for welfare, care or housing, to allow for knowledge accumulation and making findings more applicable across nations. We selected three cases, which varied in sector and organization, but also have important dimensions in common, including:

-	The involved professionals have a crucial role in the daily life of large groups of citizens;
-	Every organisation and professional is under influence of reforms;
-	Professionals have a relatively large discretion for implementing change.

The three cases also vary for the type of professionals included. Literature often distinguishes between full/classic professionals (lawyers, doctors, etc.) and semi-professionals (nurses, teachers etc.) (Bekkers and Noordegraaf 2016). This study includes full—or classic—professionals in two hospitals (medical doctors), as well as semi-professionals in secondary schools (teachers), and in local public

agencies for social and employment policy, long term care or housing, to compare the impact of mixed models and the coping strategies of different groups of professional workers.

3.2. Data Selection Procedures

Our approach to data collection is based on multiple sources. A first source was the documentary data that are included: The formal acts establishing the policy reform in the particular field as well as other regulations and plans at the level of organizations. A second source was conversations with professionals, either informal conversations during participatory observations (in the two hospitals), or more formal conversations via semi-structured interviews with selected teachers (in three secondary schools); and a focus group session with professionals of diverse local agencies for social policy, care or housing in one region.

- Two hospitals: Participatory observation of 22 medical doctors was carried out between June 2014 and October 2016 during two periods of—in fulltime equivalents—four weeks and two weeks in the two hospitals, respectively. Conversations were carried out during the observations.
- Three schools: 30 semi-structured interviews were held with individual teachers from various disciplinary backgrounds, in each school 10 interviews, during May–September 2017.
- Ten local public agencies for social and employment policy, specialized care or housing: A focus group session was held with 13 professionals from 10 local public agencies, in February 2019.

The professionals were all senior people, roughly aged between 35 and 55 years, experienced in their job and able to assess the changes in their work as related to policy reforms and new models for public management and services provision. Both the conversations with doctors, the interviews with teachers, and the focus group session with workers in the broader field of social policy were most informative. After the literature review and documentary study for each case, a final protocol for participatory observation, semi-structured interviews and focus group conversation was crafted. It covered three topics in particular: (1) The main changes in professionals' work (following legal/policy reform requirements); (2) how professionals dealt with these changes, what their coping strategies are and why; and (3) how professionals believe the process of (co-)production could be improved. All questions were open-ended. To gain insights into our first topic, we for instance asked: "Can you describe the most important changes that have occurred in your work recently?". The following in-depth conversations allowed us to relate the professionals' descriptions of (changes in) their work to the characteristics of professional roles in NPM- and NPG-models as summarized in Table 1. Individual interviews lasted about an hour (case 2) and the focus group session (case 3) took three hours, including an introduction. In case 1, detailed field notes were made, and discussed with the lead-professional per hospital. In this case, the observations were used as impetus for the informal conversations with professionals. Hence, the result section of this case is based on the oral conversational data. The interviews with the 30 teachers were all audio-recorded and transcribed. The focus group session included individual notes of the participants (on the three topics) and paired discussions, before group discussion. Individual notes of participants were submitted to the research team after the session. Although data collection differed across the three sectors to best fit each research context, data showed great thematic similarity because of the used research protocol.

3.3. Data Analysis

Following the three themes in our protocol for empirical research, we started with coding the data according to these themes, where we analyzed for each case how reforms related to NPM and/or NPG affected professional work across the three sectors. Next, we could make up a narrative analysis per case, as presented in the Sections 4–6 of this article. The narratives describe the similarities and differences related to the three themes for each case, exploring and explaining cases. A third step then was to compare and conclude across cases, moving to attempts to generalize analytically beyond the extant cases (Pettigrew 1990; see also Ongaro and Ferlie 2019). We will now introduce and then present

the analytic narratives of the three cases (Sections 4–6), followed by a cross-case comparison to develop more general conclusions, addressing our research question.

3.4. The Three Case Studies: Introduction

The story of the medical doctors in two hospitals tracks how individual professionals in surgical care delivery are challenged to collaborate across professional borders. Medical doctors are asked to reposition themselves toward interprofessional collaboration (NPG), while operating in a NPM policy context, with individual performance defined in detailed accountability and accreditation systems. Although the medical doctors underline the ambition to collaborate, they still view their individual doctor-patient relationship as the focal point of professional work.

The story of the teachers in three secondary schools shows that while being geared to follow managerial guidelines for standardization and performance management in the hierarchy of their organizations (NPM), these professionals are simultaneously pushed towards offering student-centered education, requiring more teamwork and tailor-made education to individuals (NPG). Teachers endorse this stronger student focus, but struggle to reconcile these competing demands. Yet, they demonstrate a lack of collective leadership making them prone to external actors deciding on the role and status of their professionalism.

The storyline of the professionals in local public agencies for social and employment policy, care (mental care and youth care) and housing, is a collective ambition for co-production given the growing recognition of the diverse needs of clients (NPG). Rather than viewing their professional role as executing standardized rules and/or management objectives (NPM), they aim for inter-professional and inter-organizational collaboration to improve public services. Although the status and position of social policy workers is often described as weak, they feel motivated to use their professional leeway in a hybrid environment to increase opportunities for citizens.

For an in-depth overview of national rules and conditions in the three sectors, including the history of policymaking and reforms, we refer to earlier publications (Hendrikx and Van Gestel 2017; Van Gestel and Hillebrand 2011; Van Gestel et al. 2009).

4. Medical Doctors in Hospitals

4.1. The Impact of NPM and NPG Oriented Reform on Professional Work

Publications reporting high numbers of surgical mistakes instigated a worldwide collective ambition to reduce so-called 'preventable errors' and improve interprofessional teamwork by standardizing safety procedures through a checklist. Standardization of professional (team) work based on professional norms however also opened up possibilities for managerial control. The reform indicates a mix of NPM and NPG elements. It was pointed towards more collaboration (NPG), professionals however emphasize more bureaucracy and accountability (NPM).

Despite the fact that professionals themselves initiated standardization to reduce unwanted variability and stimulate collaboration, professionals in the two hospitals in our study underline how this professional standard was seized by hospital and accreditation boards and the inspectorate for the sake of control; registration of the professional surgery safety checklist nowadays serves as performance indicator for the hospital and inspectorate.

Thus, the Surgical Safety checklist developed by professionals in a NPG context is used by their organizations and the wider policy environment in a NPM strategy. As an anesthesiologist claimed: "It's a bureaucratic system, not a clinical system". Professionals in the hospitals acknowledge the urge for collaboration, but are having a hard time in combining NPM and NPG demands. They feel pressed by limited time allocation for surgical operations in the context of managerial pressures, which hampers to take the professional checklist more serious. A surgeon stated that "these team procedures are valuable, but I'm on a tight schedule and if we run out of time, I have to tell my patient we cannot operate." Also, the hospitals' focus on individualized responsibilities and NPM performance

measurements resulted in sustained feelings of 'my patient', rather than 'our patient', as controversial to the NPG ideas of holistic treatment and integrated services.

4.2. Coping Strategies of Professionals

Although most professionals embraced the NPG aspect of the reform, they underlined the incompatibility of NPM and NPG demands. Because of tight schedules, the reform often demanded professionals to work on two different tasks literally at the same time. We identified three strategies professionals developed to cope with such incompatible demands (Kuiper 2018). A first coping strategy is to accept, in which professionals try the best they can to unite NPM and NPG demands. They try to 'tick the boxes', while at the same time, attempt to participate in the team procedure. Interestingly, doctors adopting this strategy presented rather 'passive' towards NPM demands; registration was something they 'had to do', and they did not want to 'get in trouble'. This coping strategy of doing it all appeared as most stressful for professionals. Secondly, and most often, professionals decided to 'work around' formal procedures (which can be viewed as creative mediation). In a context of incompatible demands, doctors decided to adapt to the circumstances based on their professional judgement. Delegating tasks to junior or lower ranked professionals was often seen as the best solution for pressing time schedules at hand; "I should formally attend this procedure, but I consider it safe as I've been her supervisor for a long time now", an anesthesiologist said about an anesthesiologist in training. A third coping strategy is to 'prioritize one task over the other, and the NPM pressures then seem to dominate over the NPG demands. As registration of the checklist serves as performance indicator, the surgeons in our case mostly decided to give this registration and accompanying actions priority over other tasks.

4.3. Improving Conditions for (co)Production of Public Services

As doctors in both hospitals are motivated to collaborate, but are confronted with conflicting NPG and NPM demands, they stress the importance of improving conditions for collaboration. They state that the team checklist should be used for professional improvement rather than for managerial focus on performance measurement. The doctors argue for a better fit with existing workflows, and moreover, that hospital- and accreditation boards and the inspectorate should be more aware of the contingency and uncertainty in surgical care delivery. The professionals feel annoyed by the lack of managerial interest in team performance. For example, during our participatory observations, there was an unannounced visit by the Healthcare Inspectorate. The inspector on site asked a scrub nurse to show the boxes ticked in the software system. Later on, the scrub nurse shared her frustrations with the multidisciplinary team: 'They just want to see that we tick the boxes, they don't care about how we work as a team!' Fierce accountability regimes with individualized responsibilities also seem to hamper feelings of team responsibility. A total of 18 out of 20 respondents stressed eroding trust in professional work, but as an orthopedic surgeon expressively stated: 'I want what's best for the patient too!' Professionals stress that they should have more control over 'professional' standards, to balance accountability and trust in professionalism.

5. Teachers in Secondary Schools

5.1. The Impact of NPM and NPG Oriented Reform on Professional Work

While describing modern-day secondary school teaching, a mixed picture of NPM and NPG elements, with a clear dominance of the former, emerges from the interviews with teachers. They explain how managerial reforms have standardized their educational processes leading up to predefined learning outcomes. Through high-stakes accountability mechanisms, school management continuously monitors student and teacher performance. One teacher argues: 'Managing for results, benchmarking school performance, the inspectorate assessing us using 'hard' criteria: Government tries to steer education as if it were a business!' Moreover, teachers claim managerial reforms have led to an

excess of red tape and a 'teach to the test' mentality. Nevertheless, besides this dominance of NPM, teachers also acknowledge elements of NPG. They refer to student-centered education, which requires tailoring classes to cater for the needs of individual students and collaborating with other teachers and professionals mainly in—but also outside of their schools. Although teachers raise awareness for the impossibility to meet all students' individual learning needs simultaneously in classes of 30 students on average, they show a deep commitment to the NPG idea of professional collaboration when it serves their students' interests.

5.2. Coping Strategies of Professionals

Teachers continuously struggle to strike a balance between competing NPM and NPG demands that require their attention at the same time. Most of the time, teachers' coping falls into the category of compliance whereas they simply try to meet all managerial demands and often attempt to do so by working longer hours (Hendrikx 2019). For example, even though the teachers do not see the benefit of all the data they must enter into their student tracking systems, they nevertheless keep them up-to-date. This comes with a price though, since many teachers report high workloads and tell of colleagues or of themselves suffering from complaints related to burnout. At the same time, some express their annoyance for the lack of resistance from their own professional group, describing themselves as 'an obedient bunch'. All teachers (30) except one simply go along in the 'performativity discourse' by following standardized educational processes, providing data and focusing on student results, with one teacher illustratively saying: 'If that's how they want it, they can have it that way!' Creative mediation only occurs when teachers start to use their leeway and manipulate the managerial procedures they must follow so that their outcome is supporting their professional judgement made in advance. This happens in a few cases, for example by selectively entering information into student tracking systems, making sure that its output is in line with the teacher's own decisions.

5.3. Improving Conditions for (co)Production of Public Services

The barrier most heard in our interviews is time pressure. The managerial requirements of the NPM do not leave teachers enough time to realize the ideas of the NPG model. Teachers in secondary education in the Netherlands annually must teach more hours than the OECD average: 1000 compared to 913 (OECD 2019). Hours for class preparation and innovation are scattered all over the week in-between those teaching hours. This combined with having large classes of up to 30 students make most teachers say it is impossible to serve the educational needs of individual students in a collaborative way. As one teacher argues in these circumstances: 'I have come to do the core business, which is to actually teach, upon routine'. Besides needing a change in the time-student ratio, teachers feel there should be more leeway for them in educational processes, for example, to set varied testing moments or to deviate from the predefined educational practices and learning outcomes, allowing for different levels and forms of testing. The professionals emphasize that true educational innovation and catering to individual educational needs—in collaboration with other teachers and professionals—require concentration, time and trust in their professional capabilities, all of which are pressured by managerial efficiency and standardization.

6. Professionals in Local Welfare Agencies

6.1. The Impact of NPM and NPG Oriented Reform on Professional Work

Although local agencies for social and employment policies, housing or care have underwent severe cutbacks and NPM oriented management has been established, the professionals in our focus group session currently emphasize key elements of NPG when asked for reforms affecting their work. Related to the recent decentralization of central government responsibilities to local government and non-state actors (e.g., the Participation Act 2015, the Long term care Act 2015, and the Act on Social Support 2015), they mention a growing emphasis on networking, collaboration, and bottom-up

organizing rather than top down regulation. The professionals in our study feel strongly committed to the NPG ideas of 'self-reliant citizens'; they embrace citizens' participation and stress the value of tailor-made public services. Professionals also refer to the citizens' own responsibilities, for example in organizing home care, rather than taking the clients' needs as a given for providing public services, as in TPA or NPM. Only one professional in our study saw the reforms as a pure focus on austerity and lean organizing, related to the efficiency focus of NPM. On the other hand, two professionals argue that they already focused on citizens' participation and worked in integral teams before the reform, emphasizing the congruence of professional values with NPG. In one of these agencies (foster care), the complaint was that the actual reforms of 2015 brought more bureaucracy and accountability, indicating a mix of NPM and NPG elements.

6.2. Coping Strategies of Professionals

Although most professionals embraced the NPG ideas, they created their own way in implementation. The most popular coping strategy in dealing with the reforms is 'continue work as before but move along with the changes', which can be seen as creative mediating. The local professionals claim a fair amount of autonomy and feel they can influence the implementation process, and even prevent problems for citizens. Two professionals, however, feel a tension between the (NPG) aim for taking individual citizens' wishes into account, and their traditional professional role of bearing a broader, collective responsibility for the public good. In their opinion, professionals should take the liberty to refuse sometimes what individuals wish in cases where it conflicts with collective public aims. One professional openly resists the change towards a broader, multi-disciplinary team of professionals. As a specialized care provider for people with mental health problems, he believes that the multidisciplinary team has such a broad target group that it leads to lower effectiveness. The professional mentions the adverse effect of establishing a multidisciplinary team, saying: 'Everyone now does their own thing, it is a chaos.' Other professionals are worried as well about the effects of multidisciplinary teams, despite adhering to this principle. As one professional points out: 'Does multidisciplinary collaboration deliver what is intended? Are the right people sitting at the table? I see a lot of talking, it takes a lot of time, and does not lead to concrete results. I am really in favor of collaboration, but it can be better organized.'

6.3. Improving Conditions for (co)Production of Public Services

Professionals in the local agencies in our study stress the importance of a more coherent and complete implementation of the NPG model. They suggest more room for citizens in co-production, and improving conditions for network collaboration (teams and organizations). Professionals believe the idea of a citizen-focus in public services remains too vague and needs more debate between politicians, managers and professionals. They wonder what does it mean 'to put the client central': 'Should we give them their way or should we be more clear about what we expect from them?' The professionals in our focus group session also make a plea for prevention, which should be developed with the citizens rather than for them. Managers are in their view too much operating at a distance: 'Managers must come to the workplace, they should be better informed about the primary process.' Professionals also wish to have more voice in management decisions about their work. They believe their knowledge and experience can be better used, but they also stress they can show their expertise to the management more actively themselves. One professional stresses the importance of a better division of roles in cooperation, with more use of voluntary social workers ('neighborhood mediators'). This professional believes that: 'Part of the professional work can be done in the informal circuit. Volunteers are often the constant in the neighborhood. If we leave after a project, they are the ones who stay.' At the organizational level, professionals still observe a fragmentation of public services rather than collaboration, for example divisions between departments for youth care and family care, and a struggle between organizations each fighting for their own rights. Instead, the professionals aim

for agreements for cooperation between organizations that are fixed in covenants so that it is clear to everyone and consultation can be reduced.

7. Discussion and Conclusions

7.1. Comparing Public Sector Reform and Its Impact on Professions among Three Sectors

Professionals across the three sectors in this study meet highly similar challenges and tensions related to mixed welfare state reform. All three sectors have been confronted with far-reaching NPM oriented reforms that implied significant managerial changes for professionals. Most importantly, these changes have aimed to standardize professional practice and to establish accountability mechanisms for transparency purposes and managerial control. More recently, elements from the NPG model have found their way into all three sectors as well. Professionals are encouraged or even required to work in collaborative networks together with clients, colleagues and other stakeholders, thereby crossing professional borders to organize their professional services in a client-centered way. Professionals from all three sectors struggle to reconcile NPM related demands with their professional values. Especially standardization and the continuous registration of professional actions are diminishing professional leeway while taking up valuable time. The NPG related demands however are much more experienced as in line with professional values. Intra- and inter-professional collaboration and the organization of professional services around clients are seen as being at the center of professionalism.

Although all three sectors are affected by NPM and NPG reforms, it is noteworthy that the medical doctors have started the standardization of their professional practice and the collaboration in networks themselves, while for teachers and social policy workers reforms started externally from their respective professions. One explanation lies in the common made differentiation between full/classic and semi-professions (Bekkers and Noordegraaf 2016). Despite arguing that hospital- and accreditation-boards and the inspectorate have taken over their standardization efforts and started to use them for performance measurement and accountability purposes; medical doctors initiated the standardization of their work to overcome undesired variety in professional practice and to encourage professionals to collaborate beyond their own specialism. Full professionals have a strong shared sense of work identity (Barbour and Lammers 2015; Pratt et al. 2006), meaning that they are able to articulate clearly the values of their professionalism and subsequently to identify and embrace best-practices. This is different for semi-professions, like the teachers and social policy workers in our study. Being less able to articulate a shared sense of identity, external stakeholders like policy makers and management have started to define the processes and outcomes of their professional practices.

Nevertheless, the professionals in our study are not simply passive 'victims' of the hybrid context of professionalism. Our study shows that they develop coping strategies to deal with tensions between different reform ideas and principles. The main similarity between professionals from all three sectors is that they do not experience the demands of the NPM as strengthening their professional practice. On the contrary, most of the time they meet the demands of NPM half-heartedly and try to work around them as much as possible, just enough to stay out of trouble with management or authorities. Meanwhile, 'the real work' needs to be done and for that the demands of NPG for co-production and network collaboration are welcomed whereas they match professional values geared towards serving client needs. To serve these needs, professionals regularly apply forms of 'creative mediation', redefining the demands of NPM to match or support the outcomes they desire.

While the three professional groups show strong similarities in their appreciation of NPM and NPG demands—inter-professional and inter-organizational collaboration and client-centeredness is not only seen as valuable but even as necessary and inevitable—there is also a noteworthy difference in the ways these groups give an interpretation to these demands. It turns out that the social policy workers, representing the 'lowest' professional status according to the literature, both show more optimism and an active attitude in applying the NPG model different from the medical doctors and teachers in our study. It even seems that the doctors and especially the teachers in our study

experience more managerial pressures and feel more obligated to follow the managerial guidelines and performance incentives, as compared to the social policy workers. As an explanation, one hypothesis can be that the social policy workers more often apply the NPG ideas at the interorganizational level, where management pressures might be less formal and fully developed than in single organizations (such as hospitals or schools). Another hypothesis is that the differences between the three groups of professionals can be explained by the nature of professional work, in particular in how much detail the aims, processes and results of professional work are defined. Compared to the social policy workers, the professional standards and desired achievements of medical doctors and teachers are defined in much more detail, which paradoxically opens larger possibilities for managerial control. Thus, the nature of the organizational context and the detail of the service being delivered by professionals may strongly resonate the way the professionals interpret NPG demands. Therefore, this study encourages taking the organizational context and the nature of professionals' services into account when studying public management reform in relation to professionalism.

Finally, despite their shared intention to meet NPG demands, all three professional groups pinpoint lacking preconditions for collaboration. One of these preconditions is the capacity to organize collaboration. Professionals who aim to work across professional borders are still confronted with fragmentation of units and services, which complicates collaboration, and managers seem to lack an accurate view of what is actually happening at the frontline. Another precondition is 'trust in professionalism'. Processes of collaboration require the leeway to make decisions that not per se 'fit' standardized boxes. Professionals feel that NPM tools focusing on performance and accountability illustrate declining trust in professionalism and hamper the institutionalization of co-production.

7.2. Theoretical Contributions to the Debate on Public Management Reform and Professionalism

This study contributes to understanding new professional roles and coping strategies in welfare state reform, in a context of a changing relationship between professions and society. It substantiates the assumptions in literature that professionals are subject to major shifts in public management (Aschhoff and Vogel 2019; Brandsen and Honingh 2013; Noordegraaf 2016). Our exploration of whether and how the models over public administration—i.e., TPA, NPM and NPG—can help to understand the changing role and position of professionals in public agencies has led to two contributions to literature on public management reform and professionalism.

The first contribution relates to our finding that professionals from all three domains are willing but struggle to embrace NPG demands in their NPM dominated realities of workaday practice. In line with recent literature (Torfing 2019), this study shows NPG values are unmistakably on the rise in public management reforms that professionals across domains are confronted with, encouraging them to work in collaborative teams and networks and to fulfil crucial roles in processes of co-creation. Adding to studies on NPG in relation to professionalism (Aschhoff and Vogel 2019; Brandsen and Honingh 2013; Tuurnas 2015), this study raises awareness for the match between the two: Professionals themselves are positive over the demands posed by NPG, whereas its collaborative practices and client-centeredness are closely related to their professional values of peer-based legitimacy and serving the interests of clients. Nevertheless, although this may lead one to expect an easy application of NPG values by professionals, reality shows this is not the case. On the one hand, because many NPG reforms are in fact NPM in disguise with for example inter-professional collaboration encouraged by managerial incentives as the case of medical doctors shows or client-centeredness accompanied by high stakes accountability mechanisms as shows in the case of teachers. On the other hand, because the NPM has been such a dominant discourse over the past few decades (Peters 2015), its resulting practices still take up much of professionals' time. Therefore, in a context that demands for professionals derived from NPM and NPG reforms accumulate rather than replace one another (Hendrikx and Van Gestel 2017), this study shows that new demands not just take up an equal position, but can remain marginalized by past demands instead.

A second contribution relates to our finding that professionals are not simply passive 'victims' of the hybrid context of professionalism. As found, professionals not only meet highly similar challenges and tensions related to mixed welfare state reform, they have also developed relatively comparable coping strategies in dealing with tensions between different reform ideas and principles. In line with literature, we have found professionals mostly to apply forms of 'creative mediation' in an effort to make demands manageable (Gleeson and Knights 2006; Hill 2003), although the social policy workers in our study seem champions here—due to their less defined professional standards and practices and a more inter-organizational managing environment. The teachers in our study, but also the medical doctors, mainly tend to follow the managerial performance criteria, despite their higher professional status. However, as Zacka (2017) describes, complex environments due to a multiplicity of competing demands lead professionals to adopt reductive conceptions of their responsibilities to make them manageable. As this study shows, creative mediation is such a reduction of complexity whereas it implies that professionals are not able to meet all demands and feel forced to choose between them. However, this does come with a risk. Since professionals fulfil crucial roles in deciding how new policy requirements are implemented (Hupe et al. 2016; May and Winter 2009; Zacka 2017), the reduction by creative mediation strategies can create a void in who is responsible for reaching policy outcomes as they are desired by policy makers.

The findings and contributions of our comparative study open up possibilities for future research and the improvement of policy reform and practice. Taking a comparative perspective, our findings have been valuable in elucidating commonalities and differences across domains. A next step for future research is to gather more data across domains, potentially using the insights derived from this multiple methods study to inform the research protocol. Moreover, studies that have examined the consequences of (NPG) policy reforms for professional work, mostly focus on 'what's new'—for example in terms of what is expected from professionals in respect of professionals skills (Bovaird and Loeffler 2012), professional accountability (Tuurnas et al. 2015) or balancing their own role with those of other co-producers (Bovaird et al. 2019). The findings of our study however, show that new demands do not take up the same level of importance right away. Professionals are willing to take up roles instigated by NPG reforms, but they often feel constrained in doing so by NPM practices and discourse that remain dominant. Rather than solely focusing on the differences and the accumulation of demands for professionals, it becomes therefore relevant to consider how reform demands from the past can be diminished and/or better aligned with new ones. More theoretical and empirical attention should therefore be devoted to the process of the 'de- and re-institutionalization' of public management reform demands and corresponding practices, in particular related to the changed role of professionals.

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