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Challenging professional control? Reforming higher education through stakeholder involvement

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ABSTRACT

This article explores the degree of professional control over a profession's knowledge base and the extent to which this control, and the knowledge base itself, are challenged by various stakeholders' agendas when public authorities allow societal stakeholders to influence education programmes. The analysis is based on a politically-initiated education reform process in Norway, RETHOS. RETHOS was motivated by concerns that the education system was failing to properly meet either the competency needs of health and welfare services or the need of users for high-quality services. Societal stakeholders were involved in formulating the new national curricula for health and welfare educations and a subsequent public consultation process. The data material comprises the proposed and final national curricula for nursing and social work, and written submissions in the consultation process. Our analysis shows that while different stakeholders approached the issue from different perspectives, the competencies they want newly-educated professionals to possess overlap. While the reform could have allowed the imposition of organisational dominance, organisational perspectives and agendas were seldom present, in either versions of the national curricula or in the public consultation process. The article's main finding is that rather than eroding professional control, the process preserved this control.

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Introduction

Control over its area of expertise is a key feature of a profession. A profession's position relies on its control over esoteric, complex knowledge and expertise, as certified by educational credentials. A formal knowledge base acquired through higher education is considered a defining trait of a profession (Brante 2011; Evetts 2003; Hughes 1958; Saks 2012). A professional identity is produced through a shared educational background, training and socialisation into the profession (Barbour and Lammers 2015; Evetts 2003). Professional education shapes practitioners' perceptions of what it means to be a professional.

Freidson (2001) identified the elements of professionalism as being specialised work grounded in theoretical knowledge, exclusive jurisdiction over a field of labour based on credentials gained through a formal education programme, and an ideology that promotes commitment to doing good work rather than obtaining economic benefits and the quality rather than the efficiency of the work. This requires professionals to be independent of those they serve and pursue objectives that may exceed the goals of those being served (Freidson 2001). Professional autonomy demands that employers, organisations and clients do not trump professionals' judgement. Consequently,

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organisational dominance of professional work is seen as detrimental to professions, subjecting professional work to managerialism, standardisation of work procedures and practices, externalised forms of regulation and accountability measures such as target setting and performance reviews (Evetts 2003, 2011). Professions are depicted as the victims of increased regulation, bureaucracy, transparency and accountability (Muzio and Kirkpatrick 2011; Noordegraaf 2011).

Higher education learning outcomes (HELOs) can be understood as one such regulative tool central to European countries' efforts to ensure the comparability of standards and the quality of higher education qualifications. HELOs are results oriented, so they can be seen as a governance and management tool (Caspersen and Frølich 2017). Furthermore, the formulation of HELOs involves stakeholders other than professionals potentially threatening their control over the areas of expertise from which their professions derive legitimacy. From this perspective, it could be inferred that societal stakeholders' involvement in the regulation of education programmes could violate professional autonomy and control.

However, many professionals such as professionally qualified healthcare personnel and social workers have intimate links to the organisations that employ them and utilise their expertise on behalf of those organisations and their clients (Larson 2014). Today, most professional activity takes place in an organisational setting and the work of expert occupations is increasingly dominated by large organisations (Muzio and Kirkpatrick 2011). Professions can achieve their societal mandates only through specific work organisations; consequently, professions and organisations often have complex, symbiotic relationships (Bourgeault, Hirschhorn, and Sainsaulieu 2011). This involves a reconfigured professionalism that embodies organisational logics and considers organising an important dimension of professional work, partly due to multi-problem cases that demand multi-disciplinary interventions and inter-professional collaboration and coordination across service organisations (Noordegraaf 2016). Furthermore, professionals are expected to consider their relationships with salient stakeholders in their environment and view themselves as accountable not only to their peers but also to other societal groups (Hupe and Hill 2007; Montgomery 2015). This interaction implies a connective professionalism with more fluid relationships with the outside world (Noordegraaf 2016). From this perspective, stakeholder involvement can be incorporated and transformed into reformed education programmes without insurmountable difficulties.

Studies of politically-initiated education reform processes with stakeholder involvement are helpful when it comes to better understanding the role of various stakeholders in shaping future professions. They can shed light on the degree of professional control over a key element of professions – their knowledge base – and the extent to which the agendas of societal stakeholders challenge this control, as well as the knowledge base itself. This is the aim of this article.

We propose one main question: to what extent is professional control over educational content challenged when public authorities open education programmes to societal influences? To investigate this issue, we explore the following questions:

- (I) To what extent do societal stakeholders promote competency requirements other than those promoted by professions themselves?
- (II) What are the main similarities and differences in competency requirements promoted by various groups of stakeholders in the field of professional education?
- (III) To what extent is organisational dominance imposed through the reform process?

The article's data comes from a recent education reform process in Norway, where national authorities redefined higher education programmes through a process aimed at giving society a stake in shaping future professions. The perception was that the education system satisfied neither the competency needs of health and welfare services nor the need of users for high-quality services (Meld. St. 13, [2011] 2012). The inter-ministerial National Curriculum Regulations for Norwegian Health and Welfare Education (RETHOS) project, initiated by the Ministry of Education and Research, developed new national curricula for all higher health and welfare education programmes,

including statements on purpose and learning outcomes (i.e. HELOs) emphasising what students should know upon completing a degree.

Stakeholders were involved in two phases of the process. Firstly, a programme group tasked with proposing a new national curriculum was appointed for each study programme. Their members came from higher educational institutions and organisations responsible for providing health and social services. Part of their work involved getting input from representatives of service users. Secondly, the subsequent public consultation process collected written submissions from various stakeholders, including professional associations, national authorities, the higher educational institutions providing the programmes, health and social services employing trained professionals, service users' spokespeople and associations, and numerous advisory bodies, councils and interest groups. Thereafter, the proposed national curricula were revised and adopted as regulations.

The development of national curricula for two widespread, well-known professions has been selected for in-depth analysis in this article: social worker and general nurse. Nurses and social workers present paradigmatic cases of 'caring professions' (Abbott and Meerabeau 1998). Etzioni called nursing and social work semi-professions, among other things due to their strong links to the organisations that employ them (Lumsden 2017). Compared to the classic professions of medical doctors and lawyers, social workers and nurses are 'weak' professions with a less certain and more disputed knowledge base characterised by disciplinary eclecticism. Today, however, professional work increasingly occurs within bureaucratic organisations and the knowledge base of emerging professions seems more situated and oriented towards competent, client-focused and ethical practice (Muzio et al. 2011). We therefore agree with Evetts (2003) that it is no longer important to draw a hard, definitional line between professions and other occupations, rather that this can be a distinction of degree rather than kind (Evetts 2003; Hughes 1958).

The selected cases enable us to study the impacts of societal stakeholders on professions' control over their areas of expertise and the extent to which the influence of societal stakeholders challenges professions' perceptions of the knowledge, skills and responsibilities that future professionals must acquire through education. The RETHOS process specifically emphasised the position of the services – the organisations in which future professionals will work. Our analysis, therefore, specifically focuses on the position of health and welfare service providers within the content of the education curricula and reform process.

Theoretical approach

Our analysis draws on perspectives from institutional theories of organisation. Four aspects of which are particularly relevant. Firstly, institutional logics provide frames of reference for constructing issues, goals, values, problems, solutions and practices (Friedland and Alford 1991; Meyer and Hammerschmid 2006; Thornton, Ocasio, and Lounsbury 2012). Institutional logics are an ideal-type category for demonstrating how individuals' and organisations' behaviours are influenced by social institutions, expressed as both cultural symbols and material practices distinct to particular institutional orders (Thornton, Ocasio, and Lounsbury 2012). The idea is that conceptions of reality are rooted in broader social and historical processes that are visibly instantiated in actions and broader belief systems (Lounsbury and Ventresca 2003). Institutional logics, therefore, have profound influences on the perceptions and behaviour of individual and collective actors.

Secondly, as an ideal type, an institutional logic of profession is distinct from the logics of bureaucratic organisations or corporations (Freidson 2001; Thornton, Ocasio, and Lounsbury 2012). Expert knowledge is one key element of a logic of profession, as well as other expert occupations (Freidson 2001; Gorman and Sandefur 2011; Mitchell and Ream 2015; Thornton, Ocasio, and Lounsbury 2012). So, too, is autonomy at the level of both the individual and the profession. Other important elements are a normative service orientation, code of ethics, and sense of professional responsibility (Freidson 2001; Gorman and Sandefur 2011; Mitchell and Ream 2015; Thornton, Ocasio, and Lounsbury 2012). In contrast, a logic of organisation involves employment, managerial

control, hierarchy and the definition of roles and responsibilities by organisational position (Evetts 2003; Thornton, Ocasio, and Lounsbury 2012).

However, it is important to note that the logics of profession and organisation refer to ways of organising work (Freidson 2001), not to the construction of the issues, goals, values, problems, solutions and practices of each profession. Thus, a logic of profession differs from the logics grounding the practice of individual professions, such as the logics of science and care in medicine (Dunn and Jones 2010).

Thirdly, societal stakeholders are embedded in settings characterised by institutional complexity and the operation of plural logics (Greenwood et al. 2011). While such settings sometimes have a dominant logic, complementary and contradictory logics can co-exist and be sources of institutional change. Consequently, hybrid agendas and organisational forms are characteristic of many organisations and organisational fields.

Fourthly, institutional logics must be maintained and can be disrupted and transformed by institutional work, including intentional efforts to preserve and alter institutional logics (Lawrence and Suddaby 2006; Lawrence, Suddaby, and Leca 2009). The processes of deinstitutionalisation and institutional change involve human agency – individual and organisational actors seeking to advance their agendas and interests. In such processes, the prevailing institutional logics both enable and constrain the means and ends of these actors' interests and agency.

Regarding studies on education reforms, this theoretical approach implies that various societal stakeholders may have agendas related to professional education that presumably reflect their societal positions and the institutional logics in the fields in which they are positioned. Ideal-typically, a logic of profession will be the dominant logic advocated by the spokespeople of professional study programmes and professional associations. In contrast, ideal-typically, a logic of organisation will be the dominant logic invoked by the employing organisations. However, in practice, societal stakeholders may pursue varying logics or blends of logics. Whether, and how, stakeholders representing the professions or the health and welfare services pursue these ideal-typical logics individually or instead combine logics into more hybrid agendas is an empirical question.

Furthermore, education reforms present opportunities for institutional change that might challenge established practices and perceptions of professions. Such reform processes involve both actors who represent institutionalised perceptions of professional education and actors who advocate institutional transformation. Thus, signs that established competency requirements are being transformed are of particular interest.

Materials and methods

Our data material comprised the following documents from the RETHOS process:

- (a) Proposed national curricula for the social worker and general nurse study programmes
- (b) Final national curricula for these two study programmes
- (c) Written submissions on the social worker study programme from 70 stakeholders
- (d) Written submissions on the nurse study programme from 84 stakeholders¹

The national curricula and the public consultation processes for these programmes provided insights into how different logics guided the educational institutions' and employing organisations' perceptions of the competencies required of professionals working in health and social services. The contents of the proposed and final versions of the national curricula were compared to see what had changed following the consultation process. Together, these data sources provided important clues in assessing the influence of societal stakeholders on professional education. The analysis comprised two processes of thematic categorisation: the ideal-type institutional logics had to be linked to the involved stakeholders, and the logics had to be operationalised to stakeholder agendas. Based on their formal position and mandate, all stakeholders were ascribed a dominant institutional logic from which they ideal-typically would speak. See [Table 1](#).

Table 1. Ideal-type logics ascribed to stakeholders and number of submissions from each stakeholder category.

Stakeholders	Ideal-type institutional logics	Number of submissions
The professions: educational institutions, professional associations and unions	Logic of profession	42
The organisations: hospitals and municipalities (employers of the professionals)	Logic of organisation	54
The advocates: advocates of special interests, such as competence centres, interest organisations, ombudsmen, councils and ministries and directorates responsible for specific policy fields	Logic of democracy	44
The service users: groups and organisations of patients and clients speaking on behalf of their members	Logic of family/community and of democracy	11
The regulators: national regulatory agencies and supervisory authorities	Logic of state	3

Universities and university colleges providing professional education (in nursing and social work) were viewed as representing a *logic of profession* because education programmes are organised according to the principles of professions. The long period of training and socialisation provided by educational institutions is an important source of professional identity (Barbour and Lammers 2015). Furthermore, educational institutions are assumed to preserve and advance the jurisdiction of a profession by systematising, refining and expanding the body of knowledge and skills it claims, thus constituting 'one of the major sources for sustaining professionalism' (Freidson 2001, 96). Professional associations were also viewed as representing a logic of profession as they are important actors in the formation and reproduction of shared understandings of the domains of professions and what it means to be professionals (Greenwood, Suddaby, and Hinings 2002). An inherent conflict could have arisen between practitioners' market project and a collective interest in limited supply, on one hand, and educational institutions' interest in increasing supply, on the other hand (Freidson 2001, 94). However, this conflict did not play out in relation to the professional curricula.

Hospitals and municipalities responsible for primary healthcare and social services were viewed as stakeholders representing a *logic of organisation*, as they employ the professionals. Some of these are smaller municipalities, but many are large, complex, hierarchically-structured, bureaucratic organisations with a specialised division of labour and consequent need for coordination and interprofessional cooperation.

Stakeholders that have assumed or been assigned mandates to promote special interests, whether specific causes or issues, were categorised as advocates operating according to a *logic of democracy* because of the opportunity to bring specific causes and interests into the decision-making system. These stakeholders are specialist groups or networks, interest organisations and centres of expertise. In line with the tradition of incorporating consideration of diverse societal interests into Norwegian state administration, this group included state bodies such as the Equality and Anti-discrimination Ombudsman, tasked with advancing equality and fighting discrimination, and the Directorate of Integration and Diversity, tasked with promoting diversity and equality for immigrants and ethnic minorities. Publicly funded competence centres, for example on substance abuse and rare diagnoses, as well as advisory bodies and networks were also included.

Associations of, and for, specific groups of service users – patients, clients and relatives – were viewed as representing a *logic of democracy* emphasising human rights and participation (Thornton, Ocasio, and Lounsbury 2012). Meanwhile, they were also viewed as representing a *logic of family* or community in the sense that users were viewed as participants in social networks and relationships (Friedland and Alford 1991). This categorisation was based on the kind of agendas users have promoted. One agenda has been to achieve recognition of the wide-ranging effects illness and impairments have on the lives of individuals and their

families, and the consequent need for coordinated services across organisational and professional divisions of labour (Alm Andreassen 2016). Another agenda has been to have experiential knowledge gained from living with illnesses and impairments acknowledged as legitimate, and to emphasise the importance of users' involvement in self-determination (Rose and Lucas 2007).

National regulatory agencies or supervisory authorities such as the Norwegian Board of Health Supervision, which also oversees social services and child welfare, were viewed as representing a *logic of the state* concerned with regulating human activities through legal measures and procedures (Friedland and Alford 1991).

The stakeholders viewpoints and arguments were analysed both inductively and deductively to identify the institutional logics underlying their agendas. The deductive analysis consisted of a pattern-matching process (Reay and Jones 2016) based on the ideal-type institutional logics. These ideal-type logics were supplemented with inductively developed categories that emerged during the categorisation process. We registered to what degree the stakeholders' agendas represented the logics they ideal-typically would promote, as well as which other agendas and logics they promoted.

Empirically, we investigated the agendas advocated by the societal stakeholders by looking at the competencies they saw as missing from the proposed national curricula. For this analysis, each written submission from the public consultation process was condensed. We then conducted qualitative content analysis, thematically coding the submissions based on what types of competencies the stakeholders requested. Given that the stakeholders could represent multiple logics, each agenda present in a written submission was coded. Quotes from the submissions were translated by us.

From this combination of coding deductively according to the institutional logics and inductively to include the agenda types emerging from the data, we developed six categories of agendas being promoted by the stakeholders. Four agendas were developed from the ideal-type institutional logics – profession, organisation, service user, and regulation. In addition we found a '*special interests*' agenda related to the 'advocate' stakeholders. The activities of these stakeholders were enabled through a logic of democracy, although the subject matter of their viewpoint did not represent a specific institutional logic. Rather they pursued the causes stated in their mandates and associated knowledge areas. We also identified an agenda we termed 'radical interdisciplinarity', which consists of strong requests for interprofessional and interorganisational collaboration and joint educational modules across various health and welfare services and educations. Table 2 presents the final agenda categories and their operationalisation in types of competency requirements requested by the stakeholders.

Table 2. Agenda categories and operationalisation.

Agenda categories	Types of competency requirements emphasised
Profession	Emphasis on the core, role or identity of professions
Organisation	Emphasis on management skills, service-providing organisations, organisational structure of the health and welfare services system or the services' tools (e.g. plans, pathways and documentation)
Service user	Emphasis on service users, including next of kin (e.g. parents, spouses and children) and on users' perspectives and foci, rights and entitlements, users' involvement, shared decision-making, holistic approach, life-course perspective and self-care/management (ethics and interpersonal competencies)
Regulation	Emphasis on legislation, regulations, national standards and international conventions, among others
Special interests	Promotion of agendas related to the mandates, missions, causes or interests assigned to or taken up by the actors (knowledge areas such as prevention, health promotion, mental health, geriatrics, pharmaceuticals, contamination of infections, (re)habilitation and substance abuse)
Radical interdisciplinarity	Emphasis on inter-professional or inter-organisational coordination and collaboration, e.g. shared educational modules across professions

Results

We present our analysis of the reform process chronologically, following the process from the proposal national curricula through the written submissions in the public consultation process to the revision of the final national curricula after public consultation.

The proposed national curricula: professional dominance

The programme groups that produced the proposed national curricula included equal numbers of representatives of educational institutions and services/organisations that employ the relevant professionals, as well as a student representative. The instructions from the national authorities stated that all national curricula must follow a prescribed structure stating, among other things, the purpose and the learning outcomes. The national curricula also had to ensure that the candidates could participate in and initiate interprofessional and intersectoral cooperation across services and hierarchical levels. Furthermore, the National Regulation requires the candidates to be familiar with healthcare and social policy, healthcare and social services systems, and legislation and public regulations governing their professional practice. The Regulation also stipulates that the candidates be familiar with, and able to contribute to, service innovations and quality improvements.

The titles of the curricula describe them as applicable to education *to become a professional* – an education for nurses or social workers – not education *in a professional field* – in nursing or in social work. The conceptualisation of education in nursing or social work appears to have served the purpose of qualifying the candidates to practise nursing or social work.

Besides the required four-element structure and headings, the proposed national curricula varied. The proposed social worker curriculum introduced the field's knowledge areas by defining and clarifying social work as a discipline with profession-specific modes of working and occupation-specific standards centred around social problems.

The nurse curriculum explicitly presented nursing as a discipline and research-based occupation. Compared to the social worker curriculum, the nurse curriculum paid less attention to defining and clarifying nursing as a discipline with profession-specific modes of working and occupation-specific standards.

The nurse curriculum described 'the philosophy of science and research methods' as a distinct knowledge area and emphasised that nurses should know how to implement new knowledge in their professional practice. In contrast, while acknowledging knowledge-based practice to be a relevant skill for social workers, the social worker curriculum emphasised critical perspectives. It stated that social workers must have knowledge of different positions within the philosophy of science and their impacts on knowledge development and interpretations, as well as the opportunities and limitations associated with social sciences. Furthermore, social workers should be able to critically reflect on the limits of scientific knowledge when facing the realities of practice. These differences reflect the distinct character of each education, although both curricula nonetheless promoted a logic of profession.

Both curricula paid the most attention to professional work involving clients and patients and their families and social networks – the core of professional activity. Complying with the regulations, both curricula emphasised cooperation across professions, services and sectors. The social worker curriculum even aimed to equip social workers with competencies in coordinating and leading interprofessional collaboration. Both curricula also paid some attention to healthcare and social policy, services systems and the legal and public regulation of the work.

Although the programme groups included representatives of the employers, the organisations responsible for providing health and welfare services, organisational perspectives were not visible in the national curricula. Neither was recognition that the professionals' work is performed almost entirely on behalf of organisations. The curricula did not include any competencies needed to fill the role of professionals as organisation members, employees and co-workers. Nor were such

competencies addressed in the National Regulation on which the curricula were based. The proposed national curricula were dominated by a professional agenda.

The public consultation process: logic-typical and hybrid responses

The public consultation process centred around an online questionnaire with predefined questions, open-ended answers and opportunities for the stakeholders to elaborate on their views via email. The process resulted in 70 written submissions on the social worker curriculum and 84 written submissions on the nurse curriculum. The stakeholders were asked whether they thought the curricula met the needs of the services and users. Many answered affirmatively, but most also highlighted competency needs they considered neglected or given insufficient priority.

The professions

The dominant common feature among actors representing the professions was perceptions of, or even requests for, the core of a particular profession and its primary area of knowledge that distinguished it from other professions. Actors representing the professions requested more explicit elaboration of nursing as a discipline and professional field in the nurse curriculum, arguing that it failed to address the concepts of nursing and care. A university described this perceived deficiency:

The concepts of 'nursing' and 'care' are absent, and competency requirements within these areas need to be made explicit and given a prominent position in the curriculum. ... Only to a minor extent do the curriculum mirror the scientific philosophy, knowledge base and values of nursing. Nursing is closely associated with medical knowledge and a focus on diagnosing and treating illness, but also includes alleviating pain, care, rehabilitation and health promotion. The core of nursing is thus the relationship between discretionary knowledge of human beings and the application of research-based knowledge.

This excerpt provides a good example of how the educational institutions spoke from a logic of profession, emphasising their core and demarcating them from other professions.

The professional associations also stressed the core of professions. A social workers' association stated:

[The social worker curriculum] lacks a learning outcome that expresses the core of social work, and we suggest the following be included: 'Has broad knowledge of what can create, prevent, develop and solve social problems at an individual, group and community level'. In an increasingly specialised welfare administration, [we] believe that the competencies of social workers are more important than ever. We need a profession that takes a holistic view, that can be a link between different services and that caters to the user's needs. [...] At the same time, in [our] experience, there is a need to associate social workers more clearly with some fields in the welfare services. This is because we find that social work is no longer understood as the natural competency in services where we previously held a central position. Therefore, [we] believe that the learning outcomes must clarify some core fields of social workers and are satisfied with the fields described in the purpose.

The association spoke from a logic of profession where the core of social work is key. Furthermore, this argument addressed the need to define this core and the roles of social workers within specific occupational fields in welfare services. The association thus aimed to further strengthen a professional logic through providing frames of reference for constructing issues, goals, values, problems, solutions and practices.

While the nurses' and nursing students' associations also spoke from a logic of profession, they took the services' needs as their starting point. They referred to rapidly changing services, an ongoing need for innovation and the increasingly complex character of clinical work. They also emphasised challenges related to new treatments, medications, technology and decentralisation of responsibilities to municipalities, as well as organisational reforms, ageing populations, multi-morbidities and mental health problems.

The submissions on nurse education focused more on a perceived lack of elaboration of the profession's core than the submissions on social worker education. This was unsurprising as the

social worker curriculum elaborately defined and clarified social work as a discipline with profession-specific modes of working and occupation-specific standards centred around social problems. There was no such elaboration in the nurse curriculum.

Professional associations are often assumed to be essentially conservative, reinforcing existing jurisdictional boundaries and promoting an agenda of reproduction rather than change; however, they have also been reported to be agents of deinstitutionalisation and change (Greenwood, Suddaby, and Hinings 2002). In this education reform, the association of social workers promoted a profession agenda of occupational closure, aimed at reinforcing the previous jurisdiction of defined core services reserved for social workers. In contrast, the professional associations of nurses, unlike the educational institutions, also applied a service perspective, which they shared with the services themselves. This points to differences between the professions – that certification is required for nursing which strengthens the nurse profession's position within services, and makes reinforcement of jurisdiction less important.

The associations' emphasis was on the professional problems that nurses and social workers were expected to address and that were closely related to the core of the professions. Many representatives of professions also called for greater attention to be paid to particular special fields and user groups, such as children, families, substance abuse, mental health and comorbidities. Nonetheless, the dominant logic promoted by the profession stakeholders was a logic of profession.

The organisations

While the organisations responsible for providing health and welfare services emphasised agendas from a logic of organisation more than any other stakeholder category, they made more references to agendas related to their specific mandates, tasks and user groups. Among the organisational agendas, the perspectives of an employer association and a hospital owner stressed the importance of similar, comparable competency levels across educational institutions: irrespective of a student's educational institution, employers need predictability in what competencies students possess. Municipalities promoted other organisational agendas, requesting, among other things, nurses with management skills, a greater focus on the structure and organisation of municipalities and acknowledgement of the importance of the ability to prioritise among patients and to take management, financial and societal perspectives.

Some organisations also represented a logic of profession and requested that the curricula more explicitly describe professionals' core competencies. However, most organisations spoke as service deliverers. Some made this perspective explicit, while for others this perspective primarily appeared in their requests for knowledge and skills relevant to their mandates, tasks and user groups. Professional knowledge was thus contextualised within service-providing organisations and their special fields.

The following submission on the social worker curriculum from a hospital highlighted the competencies needed to serve the hospital's patients and spoke as service deliverers:

Expertise in grief and crisis seems to be absent in the proposed curriculum. This is a field of knowledge that is very important when working with seriously ill patients and their relatives in hospitals. This competency will also be central to the exercise of social work in other areas such as child welfare and the labour and welfare services. We, therefore, recommend that competencies in grief and crisis be included in the curriculum.

The competencies requested by the services were highly context dependent and focused less on the core competencies of each profession and more on the competencies needed to provide specific services. Far more than other stakeholders, organisations providing health and welfare services promoted an agenda of radical interdisciplinarity, as illustrated by one municipality's statement: 'All national curricula should be structured with comparable purposes. [...] Health and welfare educations should organise the teaching in joint modules'.

Another municipality addressed demands for inter-disciplinary cooperation due to the complexity of the services and users' needs:

Feedback from our users suggests that healthcare and social services are fragmented with coordination deficits. Demands for inter-disciplinary cooperation will increase as a result of the complexity and development of users' needs due to demographics and the division of labour between primary and specialised care.

This emphasis on coordination deficits and the need for interdisciplinarity can be understood as an expression of a logic of organisation, resulting from specialisation and the division of labour. However, the emphasis was mainly motivated by users' needs, so we interpret this as a service provider perspective.

The organisations in which the professionals work have a dual character as both employers and service deliverers. As employers, the organisations seek qualified, competent employees and guarantees concerning a standard set of competencies they can expect from newly-educated professionals due to standardisation across educational institutions. As service deliverers responsible for fulfilling politically-issued mandates, the kind of qualifications and competencies they want their employees to possess are shaped by their tasks and society's current and predicted future demands. Our analysis shows that the organisations' submissions reflected this duality. While the organisations promoted some agendas related to a logic of organisations, their perspectives as service providers were more prominent in their submissions.

Advocates

Importantly, the advocates had a mandate to address specific user groups or problem areas, so they were primarily concerned not with the professions' distinctive qualities but with their fields of interest. We used *special interests* as an umbrella term to refer to the advocates' agendas. For example, a competence centre on substance abuse emphasised this subject as a knowledge area, as well as the needs of users and their relatives:

The WHO has estimated that 60 of the most common disease diagnoses are related to the use of alcohol or other drugs. This means that nurses should have a broad knowledge of these relationships [...] A greater emphasis on knowledge about relatives is generally desired. This particularly applies to the field of drugs and children as relatives.

This statement emphasises the stakeholders' field of interest but from a perspective focused on both the services and their users. While the advocates mainly concentrated on special interests, they also represented multiple logics. For example, a ministry requested that the social worker curriculum include in-depth knowledge on:

... characteristics of neglect, conversations with children, children as relatives, knowledge of the consequences of living with violence and mentally ill parents [...] The curriculum seems to focus too little on relational competencies, children's rights and case processing in child welfare services in particular. Child welfare services carry out some of the most invasive interventions a state can make in the lives of individuals. Decisions made by child welfare services must maintain a high quality. [...] The candidates must be able to apply the law in their assessments and in specific cases, and ensure the legal protection of children and families. [We] see a need for a national standard for law expertise at a more operationalised level than what appears in the curricula for education of both child welfare officers and social workers.

The ministry highlighted the need to strengthen an area of knowledge related to its user group (children and youth) and a subject area (law). The ministry also requested a common element across the educations for two central professions working within the field (child welfare and social work). This excerpt shows that while the advocates' main emphases were their specific fields of interest, they also managed multiple logics of professions, users, regulations and change, and promoted standardisation across disciplines and educational institutions.

The service users

The user organisations' submissions expressed a logic of community and family and emphasised users' needs. Take, for example, this user group's response to the proposed national curriculum for the social worker education:

[T]here is [...] a need for basic knowledge about relatives, including knowledge about who they can be, what challenges they have and how to collaborate with and involve them. [...] Furthermore, it would be relevant to include relatives as 'experience consultants' [...] in the teaching and let them talk in person about the challenges they face.

The argument is motivated by a concern for users, reflecting a logic of community and family in which commitment to group members is central (Thornton, Ocasio, and Lounsbury 2012). A similar logic was clear in a user organisation's review of the nurse education curriculum: '[We] are very positive [about] the curriculum. Nevertheless, we miss an emphasis on youth health and youth as a separate user group of health services.' Like the advocates, the user organisations spoke from their specific fields of interest but were motivated by concern and care for their members and those for whom they spoke.

Regulators

The regulators were stakeholders that supervise and regulate the professions and the services in which professionals work. They had a regulation-oriented perspective, as illustrated by the following excerpt:

The Ministry of Education and Research should clarify that the education offered at individual educational institutions must be designed in accordance with the Academic Supervision Regulations. This means, among other things, that institutions are responsible for designing overall learning outcomes for study programmes and for designing content and topics based on learning outcomes' descriptions in the national curricula and national curriculum's regulations.

This statement shows that regulators expressed a logic of the state, stressing regulations and legal and bureaucratic principles' regulative mechanisms (Friedland and Alford 1991).

Ideal-types and a hybridity of logics

In summary, our initial assumption that the different stakeholders would promote agendas related to the institutional logics ascribed to their formal position and mandates was confirmed. Nevertheless, many advanced multiple agendas related to professional competency. For example, the organisations promoted special interests often related to their specific services and collective user groups, as well agendas linked to individual service users and professions. They also promoted a regulatory agenda linked to their interests as employers.

Furthermore, all the stakeholder groups advanced users' needs, except for regulators. This may be explained by the representatives of both the services (organisations) and the professions focusing on the intended beneficiaries of professional competencies and assistance. In addition, many advocates served specific groups, such as ethnic minorities, discriminated groups, neglected children, and children and youth in general. Therefore, the advocates also promoted a service user agenda.

Thus, while all stakeholders' requests represented a dominant institutional logic, their requests also constituted a hybridity of logics.

The final national curricula: a logic of profession reinforced

Following the consultation process, the national curricula were revised by the programme groups and thereafter adopted as public regulations. We observed that the proposed curricula were dominated by a logic of profession. It was therefore important to determine whether the final curricula were influenced by the submissions of the many stakeholders and agendas involved.

Like the proposed national curricula, the final social worker curriculum introduces the profession's knowledge areas by defining and clarifying social work as a discipline with profession-specific modes of working and occupation-specific standards centred around social problems. The final version of the nurse curriculum introduces nursing as a discipline with profession-specific modes of working and occupation-specific standards. It thus places greater emphasis on nursing by defining and

clarifying it as a discipline and by adding nursing and the nursing profession as two knowledge areas. Given these changes, stakeholders advocating a logic of profession appear to have exerted substantial influence on the nurse curriculum.

In contrast, the final version of the social worker curriculum focused more on service users. The user perspective was also clear in the proposed curriculum, but users appeared far more often in the final version than in the proposed curriculum. Compared to the proposed curriculum, the user perspective was also elaborated on to a somewhat greater degree in the final version, for example, in relation to knowledge about violence and abuse. Here, the final curriculum added that candidates need to be able to 'talk to children about topics such as neglect, violence and abuse'. Moreover, the logic of profession, evident in the proposed curriculum's strong emphasis on the history, development, values and ethics of social work, remains strong in the final curriculum.

Discussion and conclusion

In this article, we have explored the extent to which professional control over educational content is challenged when public authorities open education programmes to societal influences. To answer this question, we investigated the extent to which societal stakeholders promoted agendas other than those adopted by actors representing professions and whether the reform process imposed a logic of organisation. Our analysis shows that higher education reforms such as RETHOS do not necessarily challenge professional control but may even strengthen it. Several aspects of the reform process can explain this finding.

While all the stakeholders promoted agendas linked to their stakeholder categories, many adopted hybrid agendas. This means that the various groups of stakeholders share several competency requirements, in particular, a service user agenda. The most prevalent agenda was what we termed special interests, or knowledge areas the stakeholders thought should be included in education programmes. In this respect, the stakeholders did not challenge a logic of profession but merely expanded the knowledge areas that should be covered by professions.

While many stakeholders were invited into the reform process, actors representing a logic of profession were in a dominant position from the start. Half of the programme group members represented educational institutions and presumably were the actors most familiar with the instrument of national curricula and the rhetoric of HELOs. Due to the composition of the programme groups, with the other half of members being from organisations, the process could function as a means of mediating between logics when specifying curricula for professions. Accordingly, one might expect that a) the proposed curricula would represent a compromise or hybrid of the opinions of the professions and employing organisations; and b) the different opinions would be even more pronounced in the submissions. However, the analysis shows that despite the presence of employing organisations in the programme groups, a logic of profession dominated the proposed curricula. In the public consultation process, representatives of professions, primarily educational institutions, further advanced a logic of profession, reinforcing it in the final curricula.

The role of the organisations in the programme groups and the consultation process could have allowed for the imposition of a logic of organisation. However, the analysis shows that this was not the case in either versions of the national curricula. While these agendas were present in the public consultation process and a regulation agenda also suited the employers' interests, the organisations' submissions were dominated not by employers' perspectives but their politically-issued mandates to provide defined services to certain groups. The organisations most strongly advocated the user agenda and the radical interdisciplinarity agenda.

Although the organisations and professions addressed the issue from different perspectives, the competencies they requested of newly-educated professionals overlapped. They both inferred the competency requirements from their mandates to deliver services to their specific users. Although the professions, services and advocates all requested more emphasis on inter-disciplinary and interorganisational cooperation, it was primarily the advocates and services who argued for radical

interdisciplinarity and shared educational modules across the professions. In contrast, the professions mainly focused on social workers' and nurses' roles in interdisciplinary cooperation.

Institutional persistence was the main feature of the process rather than challenges to professional control. The RETHOS process itself was organised according to the principle of professions. Each field of education had one process, indicating that the established education programmes were, and continue to be, developed mono-professionally. Despite requirements for inter-professional collaboration in the programmes, there were no collaboration requirements across the programmes or demands for shared elements in the curricula. This resulted in the conservation of the established logic of profession. Therefore, involving societal stakeholders in formulating national curricula does not necessarily threaten professionals' control over the areas of expertise from which their professions derive legitimacy.

The most obvious explanation for this finding is of course that even reform processes may be structured according to, and dominated by, institutionalised frames of reference for values, problems and solutions, and that reform instruments, such as programme group participation and consultation processes, may not be powerful enough to challenge institutionalised perceptions and practices. In this context, maintaining institutional work undertaken by representatives of the professions will be enough to preserve the dominance of a logic of profession in even the most far-reaching change agendas.

However, another explanation may be that involved stakeholders, including even employing organisations which could be expected to promote a contradictory agenda to the professions, do not always pursue intentional efforts to alter dominant institutional logics, in this case the logic of profession. Two possible explanations for why societal stakeholders would rather not challenge a logic of profession are provided below.

One explanation is that stakeholders may share an appreciation of some aspects of a logic of profession. One key element of a logic of profession is expert knowledge. When all societal stakeholders argue for a profession's expertise to include an expanded knowledge base, there seems to be a shared underlying understanding and appreciation of the importance of expert knowledge and professionals as knowledgeable experts. With a desire for more expertise, a logic of profession is not challenged but underlined – professionals are experts in the problems they are tasked with solving.

A second explanation is that the logic of profession is not as distinct from, or contradictory to, the logics of bureaucratic organisations as they are perceived to be as ideal-types (Freidson 2001; Thornton, Ocasio, and Lounsbury 2012). Instead, the client (or service user) is a common point of reference for both professions and organisations.

A normative service orientation, code of ethics, and sense of professional responsibility are key elements for professions (Freidson 2001; Gorman and Sandefur 2011; Mitchell and Ream 2015; Thornton, Ocasio, and Lounsbury 2012). This normative service orientation places the client at the core of professional work as 'a moral or ethical imperative [...] to sacrifice self-interest and protect and support the interests of the clients'. The professional interpretation of the client's interests is an integrated part of a logic of profession.

Similarly, a logic of organisation involves not only employment, hierarchy and a structure of organisational positions defining roles and responsibilities (Evetts 2003; Thornton, Ocasio, and Lounsbury 2012). Organisations delivering health and welfare services have a mission and a mandate to serve their users. The concept of a 'public-service-dominant approach' implies that understanding the logic of these organisations as only one of managerialism and efficiency, misses the significance of efficacy in producing outcomes for users (Osborne, Radnor, & Nasi, 2013). We argue that this concept could help us grasp the most dominant agendas of organisations delivering health and welfare services. This approach emphasises that public service delivery is inter-organisational and a matter of the efficacy of public service delivery systems not of discrete public service organisations. Furthermore, this approach underlines that the reality of public services is the important position of service users. Due to the simultaneous production and consumption of services, users are not merely passive patients or clients, they are also coproducers of the services.

The fact that a service logic placed service users at the heart of public service design and delivery (Osborne, Radnor, and Nasi 2013) may explain why service providing organisations may also

promote a professional agenda. Hence, the centrality of the service user as a common feature of both the logic of profession and the logic of public service organisations indicate that stakeholder involvement can be incorporated and transformed into reformed education programmes.

Note

1. Some written submissions covered both educations and were analysed separately for each of them.

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