New Public Management and New Professionalism across Nations and Contexts

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abstract: The professions in the West are undergoing unprecedented calls for greater accountability and efficiency in service delivery. This article links these changes to recent developments in institutional theory that emphasize shifting salience of technical over symbolic organizational environments. The analysis of the adaptations to these changes in French and British healthcare, Canadian education and US managerial consulting suggest that country-specific responses to neoliberal institutional pressures are highly path dependent. The article concludes by suggesting a research program for the future study of the cross-national responses of professional groups to neoliberal economic and political ideologies.

keywords: institutional theory ♦ neoliberalism ♦ new professionalism ♦ new public management ♦ postindustrial society ♦ professional accountability

Introduction

In western developed economies and nations, the biggest trend affecting professional work in the past 30 years has been the call for greater accountability and efficiency in service delivery. This has manifested itself

in the North American context through calls for market competition and privatization as a means to deliver better and more efficient professional services. In Western Europe, this call has reared its head under the rubric of new public management, an attempt to take centralized and local government bureaucratic activities and subject them to market-based decision-making practices used in private industry. In one case, more market competition is created by removing government barriers to competition. In the other, professional services located within the state are subjected to market-based accounting and management systems to increase accountability and productivity.

In the analysis that follows, we argue that changes in the salience of technical institutional environments and accompanying neoliberal ideologies have met with nation-specific professional contexts to produce distinctive organizational responses. Our analysis uses institutional theory in an attempt to explain the range of professional responses to changes in the environment surrounding professional work. We argue that the economic crises of the 1970s and the subsequent questioning of Keynesian macroeconomic models as expert systems led to a growing emphasis on technical institutional environments surrounding professional practice. But the actual response to these technical environments depend on national organizational contexts where technical aspects of service delivery themselves have different levels of legitimacy and states play different roles in mediating the relationship between institutional change and professional practice. Our case studies of healthcare service delivery in France and the UK, educational reform in Canada and managerial consulting in the US highlight the mediating role of state activity (or the absence of state activity) in relationships between professions and technical environments. We conclude by offering a multinational research program for further study of the relationship between changing institutional environments and professional work.

Institutional Theory and the Changing Logics of Professional Activity

Institutional Theory and the Professions

Institutional theory suggests that the regulation of organizational behavior occurs through and is a consequence of taken-for-granted beliefs, schemas and values that originate in larger institutional contexts (Greenwood and Hinings, 1996; Meyer and Rowan, 1977; Powell and DiMaggio, 1991; Scott, 1987; Scott et al., 2000; see also Leicht and Fennell, 2008). In most institutional accounts, these beliefs, schemas and values are

not primarily responses to market pressures and efficiency dynamics. Instead, these arrangements represent active responses to dominant sets of norms, values and beliefs of key organizational actors. Specific ways of organizing become archetypes that represent coherent patterns of organizing in response to underlying values and beliefs (see Greenwood and Hinings, 1993).

More recently, neoinstitutional theorists have been interested in examining change processes (Powell and DiMaggio, 1991; Greenwood and Hinings, 1993; Oliver, 1991). There are two broad strands of institutional research and theory that attempt to understand change: (1) a tradition focusing on variations in *embeddedness in specific institutional contexts* that promote specific organizational archetypes (see Greenwood and Hinings, 1993, 1996); and (2) a somewhat less prominent tradition that talks about *strategic responses to institutional processes* (see Oliver, 1991). In the first conception, embeddedness in an institutional context makes gradual change less likely and radical (or revolutionary) change more likely. Embeddedness also reflects the structure of the institutional context – the extent that contexts are permeable and the extent that institutional monitoring practices are tightly or loosely coupled. Not all organizations operate in highly institutionalized environments, and some environments are vulnerable to new practitioners with different organizing logics and archetypes. Organizations and/or the professionals within newly developing organizational fields can themselves have significant influence on defining the institutional logics that will become imprinted upon that sector (Greenwood and Suddaby, 2006; Suchman, 2003; Suchman et al., 2001).

In the second conception, strategic responses to institutional processes, there are a wide variety of responses to institutional pressure, and simply following the norms (acquiescence) is only one of those. In Oliver's conception, organizational leaders can engage in *compromise, avoidance, defiance* and *manipulation* of the institutional environment. These responses may vary depending on how embedded the organization is in the institutional environment in the first place and the overall availability of alternative templates and logics for organizing.

The Salience of Markets as a Key Component of the Technical Environment

The traditionally defined professions have always walked a tightrope between the institutional logic of professional practice centered on professional–client relationships, autonomy, collegiality and professional ethics on the one hand, versus a technical environment stressing market efficiency, technological change and organizational innovation on the other

(see Malhotra et al., 2006). In the last 25 years, *the rise of neoliberal political and economic ideologies* has threatened the expert claims of professional groups and the logic of professional organization as an alternative to and protector of client and public welfare. This historic change was triggered by the crisis of Keynesian economics in the mid-1970s and the implications this crisis presented for a postindustrial future dominated by technical and administrative expertise (see Bell, 1976). This change is reflected in the Western European context by the rise of new public management ideas in professional civil service bureaucracies.

The contemporary situation of the professions can be contrasted with the early to mid-1960s predictions regarding the spread of professional expertise and reliance on liberal-technocratic professionals in the new postindustrial developed world (see, for example, Bell, 1976; Frank, 1997; Frank et al., 1995). In this world of the future, professions and knowledge-based work roles develop in response to the demands of postindustrial capitalism. The process of filling these jobs and the larger societal adjustments that come with the demand for highly educated workers (educational expansion, credentialing, longer stretches of time in school and mass higher education) create a professional elite that applies their specialized knowledge to an ever broader range of problems. The growing ideology of the efficacy of professional expertise dovetailed nicely with 1950s and 1960s conceptions of Keynesian economics.

This view of a postindustrial world where knowledge experts would manage the economy in the name of full employment, low inflation and general prosperity was challenged by two developments: (1) the crisis in Keynesian economics that resulted from the stagflation and economic stagnation of the 1970s; and (2) the subsequent inability of skills-based models to explain rising income and earnings inequality among professionals and between professionals and non-professional groups. These developments led to a broad-based questioning of the relationship between technological expertise and general social welfare, while also leading to serious questioning of the ability and desirability of attempting to manage the market economies.

The sets of policy tools advocated by monetarist, new classical and (eventually) supply-side economics in the US, UK and elsewhere differed considerably from those who advocated expert-based Keynesian macroeconomics. Industry deregulation, lower trade barriers, tax cuts directed toward corporations and the wealthy and especially cuts in government spending designed to remove incentives to work, invest and save were supposed to unleash economic growth and promote market efficiency and general prosperity. Regardless of their distributional consequences, the subsequent success of these policies at restoring economic growth in the US and UK lead to the vindication and promotion of market-based

solutions to other vexing problems, including the calls for accountability and lower costs in the provision of professional services.

In European contexts, the 1970s and 1980s and the accompanying economic recessions and deindustrialization led to a widespread questioning of the salience of European models of capitalism (see Esping-Anderson, 1989; Fourcade, 2006; Ironside and Seifert, 2003; Rifkin, 2004). In contrast to the US, European professional practice is extensively tied to state activity, especially healthcare and education. This context has led to distinctive accommodations to the crisis of confidence in public services. The main response to this general crisis in confidence (for professional groups) was the rise of *new public management* (NPM).

While new public management is a label applied to a diverse set of reforms, ideas and ideologies (Manning, 2000; Savoie, 1995), the general thrust of NPM initiatives is to subject the provision of public service by professionals to market forces through:

1. *Disaggregation* – splitting up large public sector bureaucracies into much smaller units, flattening organizational hierarchies and constructing management information systems to facilitate non-bureaucratic forms of control.
2. *Competition* – to separate purchasers and providers so that more activities can be subjected to competitive bidding and provision through multiple providers, both public and private. These competitive pressures are designed to replace hierarchical decision-making as the arbiter of appropriate action in the name of efficiency.
3. *Incentivization* – a general movement away from rewarding service providers in terms of diffuse public service or professional norms and moving toward specific performance incentives that are pecuniary and directly measurable. This impact has been especially serious among professional groups (see Dunleavy et al., 2005; Kirkpatrick et al., 2004).

The specific manifestations of NPM vary from place to place and affect a wide array of professional groups. Attempts to implement NPM concepts in the UK National Health Service (NHS), in particular, have been controversial (see Ironside and Seifert, 2003). As with attempts to bring market incentives to professional practice in the US (see Scott et al., 2000), there are very few examples of the successful implementation of NPM concepts in European professional health services (see especially Bottery, 1996; Christiansen and Laegreid, 1999; Dunleavy et al., 2005; Kaboolian, 1998; Lynn, 1998; Reschenthaler and Thompson, 1996; Scott et al., 1997). The criticisms of NPM in these contexts revolve around the disarticulation between public service and revenue maximization, and the inability to 'get prices right' in the provision of services and intermediate goods that are government-supported natural monopolies.

Our analysis suggests that the rise of technical institutional environments and accompanying neoliberal ideologies have met with nation-specific professional contexts to produce distinctive organizational responses. In France, where an overarching state has played a dominant historical role in the development and functioning of the economy (see Passad, 2005), responses to institutional pressures were muted by *state embeddedness and oriented toward compromise*. The 'opt out' response of small but significant numbers of healthcare providers in the UK represents an *avoidance response in a disembedded environment*. The response of Canadian teachers to calls for market-incentivized education reforms we classify as a *defiant response in a disembedded environment*. Finally, the development and justification for management consulting in the US represents a *manipulative institutional response in a disembedded environment*. These findings suggest that the ability of professions to fight institutional battles with their technical environment depends critically on mediating state and societal institutions.

Our analysis provides a broad overview of professional responses to crises of confidence and accountability in a set of widely differing contexts to highlight the pervasiveness of these pressures and the wide variety of responses to them. The liability of this broad overview comes from the wide variety of contexts that are compared and the focus on the comparable aspects of each case. As such, this leaves unexamined the specific institutional responses to accountability pressures that are not easily comparable across national contexts and professional groups.

Four Case Study Examples of Changes in Professional Practice – Methodology

Our empirical case studies are designed to highlight the different institutional contexts where NPM and calls for managerial accountability and efficiency in the professions are played out.

The French healthcare professionals were interviewed as part of a large hospital-based research study conducted by Sainsaulieu from 2001 to 2007. Interviews of all types of healthcare workers in hospitals were conducted (though the analysis here focuses on 40 physicians, nurses and healthcare administrators) purposively sampled from a range of hospitals (large and small, Parisian and provincial and specialized and general). Interviews were taped, and to ensure consistency, were transcribed by one person. The coding scheme for this analysis sought to tie the responses of French healthcare professionals to the specific institutional responses described by Oliver (1991). The coding scheme was applied to identify common themes raised by participants and particular issues raised by specific types of workers in different work units. The UK data

reflect the responses by NHS professionals unearthed during qualitative interviews in 2004 with 25 professionals working in health, social work, social care, education and law. The interviewees were a snowball sample of professionals who had voluntarily taken creative steps to respond to the politicization and bureaucratization of their work. Among the 25 interviewees were two GPs, a healthcare manager and three nurses. These data were originally analyzed by Walter to look for common themes in personal responses to changes in the NHS, and were reanalyzed here to look for common responses to institutional pressures, again using Oliver's (1991) typology.

The analysis of Canadian school teachers and reform initiatives comes from compendiums of Canadian school choice policies and accountability initiatives, see CUP (2004) and CMEC (2007) respectively. Davies's field research on the growth of private schools, tutoring businesses and home schooling in the Toronto area from 2002 to 2004 compiles documentary data on all 558 public schools and 82 private, non-religious schools, along with 45 site visits and interviews with school principals and teachers at private schools that were less than 15 years old (see Davies and Quirke, 2007). Davies's initial analysis looked for loose and tight coupling between calls for greater accountability in education and school practice as these varied by school context. In the current analysis, Davies analyzes the data looking for responses to institutional pressures using Oliver's typology.

The observations on the relatively new occupation of management consulting are based on a survey of recent (post-1997) literature and journalistic accounts in the US and UK business press, along with compendiums of critical observations by academic writers (see Head, 2003). These observations are part of a larger research program that will examine the contradictory symbolic work of management consultants in liberal market contexts. The original analysis looked for indicators that management consultants were usurping professional roles and prerogatives by imposing market-based neoliberal standards on traditional professional groups such as physicians, lawyers and college professors. The current analysis examines the ability of management consultants to usurp professional prerogatives for themselves in a context where neoliberal market ideologies would suggest these prerogatives are unnecessary and contrary to those ideologies.

This analysis takes a preliminary step toward the use of the de-centered comparative method to develop more sophisticated, meso-level comparative understandings of changes in professional life (see Wrede et al., 2006). Our project attempts to draw on the society-specific expertise of our international research team to examine context-specific responses to widespread calls for greater professional accountability in a variety of western developed democracies.

Governance, Management and the Professions in French Hospitals

At first glance, France seems to follow the trend of subjecting the professions to new governance structures inspired by the liberal market. *La nouvelle gestion publique* (NGP), the French equivalent of the new public management, represents a hybrid of state concerns for pluralism and market concerns for efficiency in a context where the state's role is questioned and the number of actors are multiplied (Lascoumes and Le Galès, 2004). But the state's traditional domination of healthcare practice (i.e. *embeddedness*), its emphasis on pluralism and access and the traditionally high status role that state actors have in French political economy (see Prasad, 2005) have led to a re-emphasis on the qualitative, human dimensions of healthcare service provision.

In this section we show how nurses, healthcare managers and doctors have responded to the tenets of NGP – in particular the hospital accreditation process that involved the collective assessment of quality of care. Our analyses suggest that nurses have experienced collective empowerment, healthcare managers have recast themselves as the guarantors of quality assurance and physicians have only participated after extensive compromises consistent with existing arrangements.

Nurses' Collective Empowerment

Overall, the new system of hospital assessment reflected a compromise/affinity between nurses' pre-existing best practices and evaluation agendas. Indeed, our analysis revealed a collective approach to accreditation among nurses that was deeply rooted in the participation they valued and that gave them value in return. Participants talked about enlarging horizons, the development of professional and organizational conscience, the habit of self-evaluation and targeted responsibility (assigning specific employees responsibility for a particular aspect of work, etc.).

Among nurses, a successful quality evaluation was supported by two preconditions and restrained by two limitations. The first precondition involved strong ties between the evaluative logic of accreditation and nurses' professional and organizational logic: nurses were (more or less) in charge of coordination of care in their unit and were sometimes in conflict with doctors for patient control. Thus, nurses were partial to measures for taking charge of patient care and to the professional coding that accreditation provided. The second precondition was the pre-existing connections between health professionals prior to the accreditation process. Small units with strong and dynamic collectives and good performance measures were empowered through the collective assessments of accreditation. Success was limited by the lack of time available for

collective decision-making and the decline of enthusiasm over time as turnover and fatigue set in.

Managers as the Guarantors of the Quality Process

Middle managers were very supportive of the quality assessment process, but our interviews also revealed a paradoxical picture where managers were more managed than in command because of the hierarchical nature of traditional management roles. Specifically, middle managers viewed themselves as serving patients and professionals in the name of healthcare quality, the overarching goal of the French hospital accreditation scheme. Although this challenged the dominant managerial model of financial management with quality management, there appeared to be no counter to this embedded institutional model among managers inside French hospitals. Instead, the actual question seems to be how many managers are committed to the fight for healthcare quality and just how committed they are; but managers' avowed commitment to healthcare quality in light of the new accreditation scheme represents a compromise response to heavily mediated (and buffered) institutional change by the French state regulatory apparatus.

New Legal Dispositions on Medical Practice Assessment for Physicians

Until recently, there were three main features of medical quality assurance in France: (1) *Moral and professional control* (licensing) by the National Order of Medicine. (2) *Continuing education*, which has been a legal requirement since 1996 obliging hospitals to have set-aside days for medical training. There are also efforts made, such as by the Unions Régionales des Medecins Libéraux (UMRL), to convince practitioners of the need for continued training, as it had not been the dominant trend. (3) *Practice guidelines*: under the oversight of the Haute Autorité en Santé (HAS), more guidelines have been produced by consensus conferences (experts meeting to make a common decision about a medical problem). For now, physicians seem to be used to these practices, but the real question is how they respond to new assessment rules and procedures.

The French government's new Evaluation of Professional Practice (EPP) project is supposed to make assessment of physicians more real and to make physicians improve themselves. Physicians in the private sector (generalists or specialists) would be assessed under the control of the UMRL. Salaried physicians (mostly in private or public hospitals) would be assessed under the control of the HAS. The assessment involves: gathering information; deciding on a reference group; self-evaluation; writing up the individual evaluation and sending it to the authorities; a synthesis meeting where the physician proposes ideas for his/her own improvement; and a confidential report written and sent to the physician with

propositions for continuing education. The higher authority (e.g. the HAS) is informed of the final result and may intervene if necessary but physicians do not face discipline unless they ignore repeated recommendations for training. The big question, given the state's deeply embedded role in the provision and regulation of healthcare, is how the state will promote continuing education while tying physicians to a compromise process that respects their own judgment. One can ask whether compromises respecting physicians' judgment last in a system promoting efficiency or whether professional independence will be lost.

In summary, the responses of French healthcare professionals to a hospital accreditation process that required collective assessments of quality care depended critically on pre-existing institutional access to collective standards and decision-making by professional groups. Nurses saw the new accreditation process as a means of coding their contributions to quality care in contrast (and in some cases in opposition to) physicians. Managers were supportive of new accreditation guidelines because they saw themselves as guarantors of quality healthcare even though this challenged traditional managerial emphasis on financial management. In comparison to these accommodating and compromising responses, physicians seem to be in a standoff with state authorities in an environment where the state uses appeals to professional standards to get physicians to remain in compliance with new regulations.

British Health Professionals Respond to New Public Management

In the UK, NPM has fragmented the once-monolithic National Health Service into a disembedded, constructed market where the NHS purchases services from itself and from non-NHS providers. These changes are fully consistent with the state's turn toward neoliberalism during the Thatcher administration and afterward. For professionals, there have been continual changes in the structure of work and governments decreasingly trust professionals and increasingly trust expert systems for monitoring and evaluating professional work (Power, 1997; Rose, 1996). The perceived changes in professional autonomy accompanying NPM have fueled an exodus toward the private sector in British healthcare (Audit Commission, 2002). This response (and the responses we document in this section) seems like a clear case of an avoidance strategy in response to new institutional demands. In the following, we describe how the six healthcare professionals we interviewed, each in their own way, were striving to retain a degree of either operational day-to-day autonomy or strategic autonomy over their work through *reprofessionalizing*, *temping* and *pursuing new careers* (Bailyn, 1985).

Reprofessionalizing

Over the past 20 years, the management of a general practitioner (GP) practice has grown more complex as financial and functional power has been transferred to primary care trusts (away from hospitals) with new standards and targets imposed from above. The two GPs we interviewed had sold their GP partnerships and chosen to become salaried GPs working for other practices. The chief reason was to '*reprofessionalize*' by focusing on direct clinical work with patients:

Seeing patients used to be something I had to get through because you had to sort out the problem with the roof or the staff morale or the next government must-do whatever, something that wasn't directly to do with patients that you had to do, and patients were just something you scrambled through, and now that's not true, now I'm paid to see *patients*, and I don't have to worry about the rest. (Sarah)

Michael also sees his calling as a doctor to work with patients. He works a few half-day sessions in up to four practices. He values the clear boundaries that he can put around his new, salaried work:

I've created more autonomy but I've also created legitimate boundaries around what I do . . . there's a lot of good stuff going on with the government . . . and frankly there's actually also a lot of silly stuff that I don't want to waste my life on. I've actually found a way of not engaging with that stuff.

Increasing numbers of GPs are now valuing 'the boundaries' offered by a salaried career.

Temping

Another strategy in response to NPM in healthcare is to move to temporary positions. Although 'temping' is traditionally viewed as inferior and subject to exploitation with poor pay and conditions – part of a peripheral labor market whose workers can be laid off during economic downturns – others have pointed out that temping may be an active choice made by staff in response to alienation, responsibilities and stressful management practices in permanent jobs (Casey and Alach, 2004). Similarly, one of the nurses interviewed, Julia, loved working in palliative care, but became increasingly frustrated when some of the clinical standards she espoused became compromised when her ward was required to mix palliative patients with patients on active curative regimes in order to achieve higher bed occupancy rates:

If you are looking after two patients and one of them is a surgical patient and they need their observations doing every 15 minutes, you have to do that. But the whole point of palliative care is that you spend time with a patient, you spend time with their family but you can't do that so you are rushing around doing one thing and you are not doing the other thing that you want to do.

After some time, Julia gave up her full-time job, and joined the hospital's 'bank' of nurses that it could call on for short-term cover. When Julia was interviewed, she had just had a very satisfying few days' work:

I found that was just right because I could look after the patients that were suitable for what I wanted. I also didn't have any of the management side of things to distract me. So I was there looking after the patients that I wanted to, having all the time in the world to focus on these patients and then come home feeling probably happier than I had done when I was a 'proper' nurse.

This avoidance of potentially intolerable and irritating institutional change was reflected in Julia's account – with shortages of skilled professionals, many hospitals now rely on temporary agency staff who determine not only when, but where they will work (Tailby, 2005).

Pursuing a New Career

The NPM also provides new professional opportunities in a raft of agencies that set and administer standards and in new employment niches within agencies. Geraldine had from the beginning of her nursing career warmed to managerial responsibility, and clearly is finding in the new world of standards and targets a plethora of such opportunities available to her:

There's some guidance come out from NICE [National Institute for Clinical Excellence] around supportive and palliative care, which is a huge document – and basically it has various must-dos around services. So at the moment I'm involved in putting together a plan of how we're going to implement the guidance across the network over the next three years.

Her method of adjusting to the institutional changes in the NHS is to move to one of the occupational niches created by the new calls for accountability and efficiency.

How many have engaged in the three strategies outlined here is not significant; what is significant is that these are rational strategies for avoiding new institutional demands that others may well take in increasing numbers. Already, we are finding that the traditional NHS core of professionals surrounded by a small periphery of temporary and portfolio workers has turned into a smaller core and an increased periphery; this may be not just because services cannot find or fund a bigger core, but because increasing numbers of professionals do not want to be part of it and can find sufficient job satisfaction, income and even power outside of the core. Ironically, this avoidance response is consistent with responding to neoliberal pressures for innovation, efficiency and accountability that were designed to break up the NHS in the first place.

Similar calls for improved quality and accountability in healthcare are occurring in Canada and the US (see Armstrong et al., 2000, 2003;

Bourgeault et al., 2001, 2004). In these cases, it is fairly clear that Canadian researchers and observers do not view the mixture of public and private provision of healthcare in an overall managed care context (as was seen in the US) as a desirable direction of reform. In the French case, responses to calls for greater efficiency and accountability were deflected (by physicians) or incorporated into pre-existing professional practice cultures (in the case of nurses and healthcare managers). In the UK, the temping, reprofessionalizing and pursuing new career options are avoidance responses to a mix of public reforms designed to promote private alternatives to the traditional role of the NHS.

Trends in Canadian Education and its Effect on Teacher Professionalism

This next section takes our discussion away from health toward another institutional realm for professionals in a disembedded environment: public education in Canada. In most nations, education commands hefty public expenditures, often ranking second only to healthcare. School teaching also involves a very different type of professionalism than in the health sector. These realities make public education a prime site to think about the impact of NPM on professionals. With Canada as an empirical focus, we connect NPM to two major education reform movements: *initiatives to extend school choice* and *new understandings of accountability*. We then assess whether those movements have the potency to alter teachers' existing level of professionalism given their public defiance of these growing institutional claims on their work domain.

NPM seeks to subject professional services in the public sector to accountability regimes and market forces. For our purposes, the issue is whether either of these reforms – the promotion of accountability regimes and market mechanisms – can be detected in education, and whether they will have a significant impact on teacher professionalism. There is reason to think this is possible because of Canada's close proximity to the US, the overall strength of these accountability and market regimes there and the generally liberal state apparatus that Canada shares with the US and UK.

School Choice and Teacher Professionalism

Public education throughout the western world has witnessed much political strife and turmoil over the past two decades. Among the most important international policy initiatives are those under the banners of 'choice' and 'accountability' in education (Davies and Guppy, 1997). The term 'school choice' refers to public programs that aim to give parents more discretionary options in their children's schooling. In countries like the US, Britain and Canada (countries with locality-based, disembedded

educational systems), open enrollment programs, charter schools, home schooling, voucher experiments, tax credits for private schools and the formation of magnet schools have all been touted under the 'choice' banner. The rationale for choice stems from criticisms of public schools as beset by low quality and standards, and by proclaiming that the solution to these woes lies in market forces. A resounding theme among proponents such as Chubb and Moe (1990) is that public school bureaucracies are too slow to adapt to a world where parents and employers are raising their educational expectations. Echoing broader political themes about the general malfunctioning of 'big government', these critics hail markets as a lever to pry schools from the grip of central administration. By permitting a greater variety of providers to compete for students (and their accompanying fees or tax credits), choice advocates believe that injecting competitive forces into education will encourage schools to become more performance-oriented. Competition offers more variety to parents, and provides a much needed stimulus for educators to become more entrepreneurial and more attuned to boosting student achievement.

These ideas about educational markets and school choice have spawned one of the most polarized debates in contemporary education. For our purposes, what is important is to consider the impact of choice initiatives on teacher professionalism. School choice is often premised on a philosophy of parental authority that challenges institutional experts such as teachers and principals. Choice-seekers usually demand that educators comply with *their* wants for a particular schooling philosophy. Teachers often oppose choice as an overly 'consumerist' intrusion into public schooling. Further, choice can erode teacher authority by allowing parents to dictate the terms of schooling and facilitating the employment of non-certified teachers.

School Accountability and Teacher Professionalism

In tandem with choice movements has come a very different call to make schools more accountable, disembedding them from traditional state evaluation apparatus and substituting direct accountability to consumers. While the status of modern public education as a tax-supported institution has always necessitated accountability to elected officials, understandings of accountability in education have changed over the past decade. Whereas postwar governments in many developed nations had left conceptions of learning, teacher training and the goals of schooling largely to education professionals, notions of student achievement are increasingly dictated by politicians and higher level policy-makers.

One of the key innovations is to use student standardized testing as a 'key performance indicator' (KPI) and to view accountability as a process in which school scores are either ranked against one another or compared

to some sort of benchmark. This ethos of accountability compares student achievement to a preset standard and holds teachers accountable to ensure that students attain that benchmark. Some officials want to take this further by linking school budgets to student scores on standardized examinations. Many educators have forcefully argued against this understanding of accountability, decrying standardized tests as only limited indicators of school effectiveness. Nonetheless, notions of using test scores as a 'KPI' to measure 'educational production' are being institutionalized and taken for granted.

The US and Great Britain have moved further down this road, but movements for both choice and accountability have gained momentum in Canadian education. Part of the reason is that these movements are increasingly international in scope. These emerging understandings of accountability resonate with new notions of public service governance. Policy-makers in many otherwise disparate jurisdictions point to their rank in international standings to justify change in education policy. As educational performance indicators get increasingly institutionalized around the globe, international comparisons attract the attention of media and governments, since those data provide readily available benchmarks for goal-setting agendas. Tests offer states a commensurable measure by which they can indirectly control schooling in a way that is not overly onerous or taxing. For better or for worse, international testing and standardized curricula are prominent features of an emerging world culture of education, and few state leaders believe they can ignore where their jurisdictions are placed in comparison with other states.

Both of these education reform movements share some affinities with NPM. Movements for choice aim to unleash quasi-market mechanisms, and are underlaid by rationales about the twin benefits of supplier competition and consumer choice in social services. Movements for accountability are premised on the need for stronger governance by higher level managers in public education and the necessity of performance targets to meet institutional goals. Both serve to challenge teachers' professionalism as overseers of their work in a context embedded in educational practice norms. As more politicians put weight on international standards, they reroute power in education away from teachers and toward administrators. Pressures for schools to be accountable usually entail some centralization of decision-making. The mandated use of standardized testing and curricula not only serves to make classroom practices more uniform from school to school, it also makes it difficult for teachers to exercise professional autonomy by, for instance, devising their own curriculum or deviating from test material. Likewise, choice schemes often attempt to give parents more power in schooling, and may motivate teachers to please parents rather than to conform to their own collegial norms.

In tandem, these trends arguably squeeze professional power away from teachers. They may of course create some exceptions or counter-trends. Calls for accountability are often accompanied by demands to ensure that all personnel are certified, and hence the accountability movement may help teachers seal their jurisdictional monopoly and ward off potential competitors. Policy-makers' preoccupation with standardized tests has resulted in directing more money to educational research in order to develop best practices. Moreover, choice is sometimes touted as a method for teachers themselves to select schools that suit their needs and specialties, and such specialization can be seen as a hallmark of professionalism. Perhaps these trends may unintentionally promote a firmer professional identity among teachers.

But it is difficult to ignore that over the past generation, the broad currents of education reform have coalesced into a type of dissent against professional teachers. Together, they offer new control options against teachers, whether in the form of centralized decision-making or enhanced parental authority. Up to now, teachers and educators have defied these developments but their future ability to do this rests on their ability to show that disembedded, market-based educational environments do not produce the results their proponents intend.

Management Consulting in the US: The Manipulation of New Institutional Trends

The US (arguably) has gone the furthest down the road to subjecting professional work to marketized incentives and administrative oversight. We think this is partly due to the distinctive institutional context the US represents in relation to professional work. The US never developed a full-fledged public health and welfare system, the public schools have always competed with an array of private sector alternatives, business and financial regulation is (comparatively and historically) lax, American popular culture has always contained a strong flavor of anti-intellectualism and substantial segments of the political class never made peace with the welfare state, market regulation, full employment or other policy tools developed by Keynesian economists in the wake of the 1930s Depression (see Phillips, 1990). As a result, when the Keynesian dream of full employment, low inflation and low interest rates died in the late 1970s, belief in the efficacy of technical experts died as well. The macro-economic policy that came to define the post-Keynesian era in the US was supply-side economics under Ronald Reagan and Margaret Thatcher. The political significance of this supply-side reasoning in the US cannot be underestimated (see Edsall and Edsall, 1990; Krugman, 2003; Phillips, 1990; Stiglitz, 2003).

We argue that the logic of markets as an organizing principle for a would-be profession is most evident in the current popularity of management consulting. This professional niche is a new and relatively recent attempt to take advantage of the destructured business environment of corporate clients and business services. The signs of growth in management consulting in the US are everywhere. In the 2000 Census the US Department of Labor says that over 500,000 people are listed as management consultants (US Department of Labor, 2002). Management consulting firms have developed into large multinational operations, and these firms have become major recruiters of MBAs on college campuses in the late 20th and early 21st century (*The Economist*, 2002). Management consulting is now viewed as a major avenue for top management posts in globalized, financially powerful firms as consultants rotate out of consultancy businesses and into top corporate management jobs with their former clients (*The Economist*, 1997b).

The demand for management consultants represents a response to the growing complexity and uncertainty of business environments (*The Economist*, 1997a). The typical business manager who is consuming business services is attempting to manage sets of subcontracted arm's-length relationships with spatially dispersed suppliers and customers. They are attempting to do this in an environment that sends increasingly ambiguous and deinstitutionalized signals regarding proper management strategy.

In a theoretical sense, we argue that management consultants offer 'voice' in the sense described by Hirschman (1970). In a radically marketized economy where everything that can be done through markets is done through markets, managers either need to learn to read market signals delivered through pricing mechanisms ('exits' from a theoretical perspective) or come up with new mechanisms for collecting information through 'voice' mechanisms (customer feedback, employee complaints, etc.). Management consulting activities provide one very salient form of 'voice' in environments where the ability to collect unbiased information and act on it has been drastically impaired, and the consequences of making the wrong decision lead to immediate market punishments.

The prevailing professional institutional logic in the US is ripe for the rise of a profession that 'interprets markets for you', and this logic represents a manipulation of the rapidly developing neoliberal institutional environment of the US to produce a new professional niche. The irony of this (from the standpoint of neoliberal market ideology) is that *markets were supposed to obviate the need for professional expertise altogether*. The development of management consulting as a profession faces its own set of contradictions because the development of codes of ethics, certification and professional standards is contrary to the neoliberal market-based

logic that led to their creation (and prosperity) in the first place. But the development of management consulting as a professional service niche highlights another key, but unrecognized component of the new market logic – *competitive markets are a public good, not a good that benefits individual competitors*. The ability to symbolically interpret how to turn this public good into private gain represents a manipulation of a newly disembedded institutional environment by this new professional group.

Conclusion – Toward an Internationally Integrated Research Program

Our case studies suggest that states and local professional contexts play critical mediating roles in changing professional work arrangements. These mediating roles provide resources that professional groups can use to respond to new institutional pressures. In the French healthcare case, healthcare delivery and evaluation take place in the context of deeply institutionally embedded state involvement, leaving French healthcare professionals with a myriad of ways of reaching compromises with new institutional pressures and directives. In the British case, the attempt to disembed the activities of the NHS has led to avoidance strategies by professionals that separate them from new (and intolerable) institutional directives. In Canadian education, the fragile (and defiant) claim to professional status by teachers is undermined by market-based reform movements that hand over professional control to parents, politicians and administrators. The extensive movements in the US and UK toward the implementation of the same market-based reforms does not bode well for Canadian educators' attempts to defy these new forms of institutional pressure. Finally, management consultants seem to have found a way to manipulate neoliberal, disembedded market niches to their own advantage by providing embodied voice to disembodied market processes (see Gordon, 1996; Head, 2003; *The Economist*, 2002).

Our preliminary attempt to provide a de-centered account of institutional changes in response to neoliberal market ideologies and NPM suffers from a number of limitations. In particular:

- *Our analysis cannot (at this point) examine more deeply the individual nuances within professional groups in their responses to calls for greater accountability and rationality in the delivery of professional practice.* What we have shown is that deregulation, deprofessionalization and marketization are not inevitable outcomes of these calls for change. Future analysis will want to examine whether these responses are effective and what the assets and liabilities of these responses are. Do these responses allow professionals to retain traditional professional prerogatives or do they

lead to subtle changes in professional norms, to the detriment of client welfare and public service?

- *Our analysis does not address differences in the specifics of the implementation of reforms*, as some of the reforms we discuss (especially new accreditation schemes for hospital care in France) are in progress as we write. Nor can our analysis really address whether the responses of different professional groups are effective in the goals they seek (retained autonomy, maintenance of professional skills, etc).
- *Finally, our brief analysis cannot deal with the complete historical perspective and path-dependent nature of the development of professional groups* that lead to their likely choices and reactions to calls for greater accountability and efficiency. At most, what we have been able to show is that different state and sector-specific contexts provide professionals with different cultural and organizational tools that they can use to defend their positions and autonomy.

But our case studies provide some insights into the growth and spread of accountability movements that go beyond the contexts we've studied. These include:

- *An inherent contradiction between the desire for accountability and demands for efficiency*. This contradiction is clearest in the European and Canadian context that have adopted NPM recommendations for promoting accountability. In each case, the call to make professionals more accountable has been accompanied by (1) additional rules that affect the delivery of services to clients and/or (2) the provision of several additional layers of supervision and administration. In both the French and UK cases, new professional opportunities are created for those who enforce and monitor compliance to norms that are adopted in the name of efficiency and accountability. In the Canadian case, administrators become 'public sector CEOs' with accompanying powers and financial privileges of their private counterparts. But these new layers of bureaucratic accountability cost money. Rarely are the costs of new administration weighed against the costs of service provision as it occurred prior to the procurement of new rules. At worst, the development of NPM and market-based provision reminds us of the 'fat and mean' scenario in the private sector (Gordon, 1996; Phillips, 1990) – resources are shifted in the direction of managers and overseers, professional services are severely controlled, but costs do not decline. Instead, profits and rewards are shifted toward an overarching managerial elite and away from professional service deliverers.
- *The claim that one is moving to a market-incentivized system does not say very much about what actual organizational form professional service delivery will take*. In the case of French healthcare professionals, there was

strong institutionalized unity around the idea of improving the quality of patient care. This was something on which all stakeholders could agree, and this focus was placed ahead of economic efficiency in the hierarchy of reforms. Professionals formerly connected to the NHS seem to be jumping ship for private sector alternatives that provide more autonomy and fewer distractions. But the existence of this 'efficient' private sector seems contingent on making public sector work intolerable by its inefficiency. This leads us to the logical question, is this outcome the actual intent of NPM developments in healthcare in the UK? The UK was the only other nation subjected to the privatization and incentivization epitomized by supply-side economics as a broader institutional context.

- *Neoliberal marketization of professional services plays into prevailing ideologies in the US.* These ideologies are self-fulfilling. When markets and deregulation lead to problems, one simply claims that they have not gone far enough, and that all one needs are more markets and deregulation. The popularity of high priced management consultants points to the fundamental contradiction of free market advocacy – it does not benefit specific actors unless they figure out a mechanism to circumvent it. The case of the marketization of Canadian education is another example of neoliberal logic as nation-states compete in the production of skilled labor through standardized testing of students. The often-unstated fear is that (1) the home country will be overrun by 'ethnic minorities' who can do scientific and technical work better than the locals or that (2) home companies in need of professional workers will move elsewhere to take advantage of better school systems. Both fears depend on a globalized, neoliberal market for capital and professional labor.

Our brief survey of calls for professional accountability and oversight in four very different state contexts suggests that researchers should pay attention to the larger institutional environment where calls for reform are made. They should especially pay attention to accountability and market-incentive schemes that seem to replace a group of practicing professionals with a group of overseers whose expenses (and inefficiencies) are never documented or evaluated. They should pay particular attention to developments in national contexts with strong traditions of public service provision – can these services really be privatized? One thing is for sure – the utopia described in Bell's *The Coming of Post-Industrial Society* is dead.

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