Chapter 2 Educational Analysis

Petr Vrzáček, Manuel Agostinho, Mikko Mäntyneva,
Päivi Huotari, Zuzana Havrdová

The initial aim of the CareMan project was to develop a joint degree programme that combined and utilised the strengths of the five collaborating universities that were already involved in delivering social and health care management education. Because the project was to be implemented in collaboration between educational institutions, the collaboration had to be based on a detailed understanding of the national and institutional specifics of each of the individual academic entities. During this process it was recognised that, due to a number of regulation issues, achieving the original aim would not be possible; ultimately, following a series of analytical works, which are presented below, it was decided that a set of three master's level modules should be developed. One of the reasons was that the Finnish law on master's degrees at universities of applied sciences (UAS) stated that the requirement for entry to a UAS master's programme was a bachelor degree from a UAS or equivalent, plus a minimum of three years of work experience in an appropriate field. The three years' work experience is also required from international students. In practice this meant that the participating Finnish UASs, Lahti and HAMK, could not award a diploma for foreign students without this work experience. The other European universities do not have the work experience requirement, although some take it as a bonus for admission (FHS UK). There were also other differences in law (e.g., requirements for minimum standards in Social Work education at FHS UK) that could not have been overcome during the period of project realisation.

Consequently, the outcome was the development of only three common educational modules, each for 10 ECTS, which were developed, delivered and assessed during the lifetime of the project. The intention was that these would be integrated into the current masters' level provision in each of the universities. This enhanced the opportunity for the participating universities to construct a more international and European perspective within their education provision; it also had the implicit aim of producing high calibre post-graduates equipped with the appropriate skills, theory and competence to effectively manage social and health care organisations within their culture in order to achieve optimal quality of care.

The theoretical framework of the project informed the learning approaches and the design of the modules, and the European higher education framework informed the standards and outcomes on the masters' level. In this chapter, a process of identification of the learning modules content will be presented.

In the design and teaching of programmes, universities need to ensure their teaching is relevant by monitoring advances in knowledge, the needs of industry, market demands, and government and institutional requirements (Bentley et al., 2012). There are many strategies to help achieve this, such as the expertise of teaching staff and current curriculums in the sector. However, a very important consultation needs to take place with the prospective employers of the students; in particular, if they are already practitioners they can advise on sector trends and suggest where the curriculum needs developing (Zahra, Newey, and Shaver, 2011).

Developing educational modules that would provide instruction to present and future managers active in the fields of social or health services could not have been achieved, as stated, without the initial analytical work conducted by the team. The methodological approach of the analyses mainly relied on comparisons.

Pasch (1995, p. 50) mentions a method for classifying general educational goals, depending on whether their fulfilment means that students acquire knowledge, learn skills or develop necessary attitudes. In this classification, educational objectives may be assigned to the affective, psychomotor or cognitive domain. Using this model, the education process may be perceived as an operationalisation of the fulfilment of general educational objectives. This is most often achieved by cascading lower-level objectives, which should then contribute to the fulfilment of the general educational goal. Lower-level objectives include content goals. The formulation of these goals helps determine the scope and depth of education in a given subject. A crucial role in the process of defining content goals is played by the ability of the creators of curricula to utilise internal thematic links. A different method, suggested by Bruner (1977), proposed that each educational topic is structured to consist of concepts, generalisations and facts. Bruner is convinced that the structure of every subject is created by generalisation, which means that education should primarily focus on an understanding of those generalisations and applied concepts.

In tertiary education, the unification of approaches to education can be primarily documented by the process of creating European and National Qualifications Frameworks. Nantl et al. (2014, p. 8) date the first attempts to create qualification frameworks to the early 1990s. The creators of new degree programmes can draw on the experience of their predecessors captured in various types of methodological tools. For example, in 2010 a team of authors led by Lokhoff and Wegewijs published A Tuning Guide to Formulating Degree Programme Profiles, Including Programme Competences and Programme Learning Outcomes. The guide was the result of a two-year project which aimed to describe the possible ways of defining competence and the learning outcomes of any degree programme (Tuning, 2010: 12).

Tuning was originally conceived as a tool that could help with the implementation of the Bologna Process in tertiary education, which in the spirit of personality progressivism emphasised the needs of students. It was oriented toward achievements in the education process and a desire for transparency at Bachelor, Master and Doctoral level of the education cycle. The authors of the guide are convinced that the creation of degree profiles in the defined structure (Tuning, 2010, p. 20) will help increase the transparency of tertiary education and improve the communication between all actors involved in the educational process. For this purpose, each degree profile should define the following basic elements: purpose, characteristics, employability and further education, education style, programme competencies and a list of programme learning objectives. According to Lokhoff et. al. (Tuning, 2010, p. 21), the most important parts of profiles are the formulations of competencies and learning outcomes, where a competence is defined as a "quality, ability, capacity or skill that is developed by and that belongs to the student". Learning outcomes are, according to the same authors (2010: 21), "a measurable result of a learning experience that allows us to ascertain to what extent/level/standard a competence has been formed or enhanced."

As discussed earlier, the content and implementation of a degree programme is also shaped by the European and National Qualifications Frameworks. Tuning (2010, p. 23–24) reaffirms the existence of three levels that influence the final form of each programme descriptor. These are the European, National and Programme level, also reflecting international reference points for the subject. Overviews of already processed programme descriptors show that in the field of management, let alone the management of social or health services, there is so far no descriptor that would contain a specific definition of competencies and learning outcomes (Tuning,2010). The process of creating national qualifications frameworks also has not yet been completed in all EU member states (European Commission, 2016). Despite the existence of many qualification frameworks on various levels and many supporting materials, determining competencies and learning outcomes, particularly if they include elements of

international mobility, remains a challenging intellectual task, as evidenced, e.g., by Grewe et al. (2008, p. 11).

As described earlier, the working team represented a new collaboration between five universities including two from Finland (HAMK and Lahti UAS), one from Scotland (Edinburgh Napier University), one from the Czech Republic (Charles University), and one from Portugal (University of Evora). Developing educational provision that would provide instruction to present and future managers active in the field of health or social services was developed from the analytic work reported below. The analysis was conducted in three stages:

Stage 1 – Focus groups with students
Series of local and international focus groups with postgraduate students who were also practitioners to identify key learning requirements.

Stage 2 – Curriculum comparison based on framework analysis
Application of an analysis framework adapted from the European Tuning Project.

Stage 3 – Identification of cross-sectional skills matrix
Identification of a cross-sectional skills matrix that would underpin the development of the learning outcomes for module development.

2.1 Focus Groups with the Students

It was important for the team to consider how the proposed programme might meet the needs of future employers and individuals seeking to gain or advance employment, but also for personal development and citizenship. According to Zahra, Newey, and Shaver (2011), students – particularly if they were already practitioners – could advise on sector trends and suggest where the curriculum needed to be developed. Therefore, in the early part of the development the team decided to 'map the situation' in health and social services through focus groups with students of management.

The purpose of the focus groups was to map the position of culture and quality management in social and healthcare (SH) services as experienced by management students in the Czech Republic, Finland and Portugal. The overall aims of the focus groups were: to explore the differences in the SH management students' perceptions between the ideal and realistic situations (values vs. practices) that characterize the SH sector; to determine the underlying ideals mirrored in the discrepancies in perceptions; and finally, to determine whether cultural differences emerge from the materials produced during focus group interviews.

The intercultural theories and contemporary principles of healthcare management formed the theoretical background of the research. The explored central phenomenon was conceptualised as the experience of the differences between ideal and real-world situations in the SH sector. Three mutually dependent analytical categories — management perceptions, environment for SH services, and country-level perceptions with 12 subcategories — were constructed from the interviews. The common underlying ideals mirrored in the perceptions have been deconstructed as the result of the cultures of business management and care, which influence the students' perceptions. This exploration has been valuable in defining an under-researched territory of cross-cultural management in healthcare. Specific variables and potential dynamics among them are identified, allowing for a more focused study of the participants. The focus groups allowed the individual institutions to elicit from their current students, in a very efficient way, deep opinions and perspectives on this specific topic (Masadeh, 2012).

Ethical approval was obtained from each university attended by the students. The students consented to participate in the group and, following explanation of the study's aims and their right to freely decide on participating in or withdraw-

ing from the study, the groups commenced. All the participants were assured anonymity and confidentiality. Individual universities involved in the project conducted the focus group in their national languages, after the translation and validation of the questions. The international focus group was conducted in English. All focus group sessions lasted for 1.5 hours and were audio and/or video-recorded. The subjects were requested to answer the questions based on their own experience in the workplace, so the participants had previous real-world experiences in social and healthcare practice. The transcripts of the national focus group testimonies were translated into English and provided to the team. The key questions identified for the focus groups were:

i. Do any similarities in the perceived difference between ideals and reality (I-R) exist among the students from Portugal, Finland and the Czech Republic?
ii. Do any experiential differences in I-R exist among the students from these countries?
iii. Are the similarities and differences related to the cultures in which the students live?

In this section of the project four focus groups were conducted: the first three were held in the Czech Republic (Charles University in Prague), Finland (Lahti UAS) and Portugal (University of Évora), with students from the respective universities enrolled in management courses. The last focus group in this section of the project was an international one, comprising two students from each university involved in the previous focus groups. Each group had from 3 to 10 students and the data were collected in 2013.

All the participants had completed a Bachelor's Degree in Social Care or Healthcare, were enrolled in second level courses at their home university and had working experience in the field. Some of them were employed as supervisors and others worked as nurses or social workers. The participant composition enabled the acquisition of various perspectives from social and healthcare organisations (direct level and management). A total of 29 students participated in the focus groups (Havrdová & Huotari, 2014). In these early focus groups, the discussions also related to questions concerning their understanding of the role of different actors in the health and social field, and their role in quality management. Examples of good practice in quality management fulfilling the ideals and values in the respective countries were also collected.

Data Analysis

The testimonies from the focus groups were coded. Clusters of similar testimonies were conceptualised; first- and second-order clusters were categorised. These clusters were then related to the original testimonies (triangulation was particularly necessary because four languages were used in the process) during team discussions. The similarities and differences within the categories were identified by the same procedure (a draft was discussed and then presented for approval in a triangulation process). Three substantial analytical categories – management perceptions, environment for SH services and country-level perceptions – were constructed. A more detailed account of the focus groups and outcomes is available in Havrdová & Huotari (2014) and Huotari, Havrdová (2016).

Several conclusions were drawn from the focus groups data analysis, which informed the future module content and development:

1) A common basis of values and ideals in management and quality of care exists in education among all three countries.
2) Quality management represents an important aspect of culture and values in social and healthcare and according to students should cross

professional and political boundaries and boundaries between professionals and clients by collaboration and communication.
3) Socio-cultural (country level) differences have an impact on attitudes and behaviour of employees and management students.
4) Inter-cultural reflection in groups supports the development of intercultural sensitivity of students, which can have an impact on management strategies and decision making.

2.2 Curriculum Comparison

At the start of the analytical process the working team requested copies of the master's curricular documents from each of the five institutions. It was anticipated that all the curricula would vary in their construction, implementation and style of education. In the event, the five universities proved to be sufficiently diverse in their infrastructures, approach to curriculum development, module delivery and regulatory frameworks, which enabled the working team to gain a clear understanding of the contextual factors that could assist them in their development of the set of three modules. However, it was also considered important to acknowledge that all five universities had designed curricula to meet the needs of their different health systems, situated within different social and political contexts and legislative frameworks. Consequently, the professional profiles, academic requirements and employment expectations of the graduates varied considerably. Therefore, the key challenge for the group was to develop three modules with core competencies and learning outcomes that would be both coherent in terms of the curriculum but also applicable across all the practice environments.

Theoreticians, such as Oliva (1997), perceive the evaluation of a curriculum as a complex process that typically assesses an entire curricular model. They suggest that this model consists of four basic components: curriculum goals, curriculum objectives, organisation and implementation of the curriculum, and evaluation of the curriculum. The team responsible for comparing curricula worked with the assumption that all degree programmes should be striving to achieve the same objectives, defined for the individual educational cycles of tertiary education by the Dublin Descriptors. Based on these descriptors, the Master's Degree should be awarded to students who:

- Have demonstrated knowledge and understanding that is founded upon and extends and/or enhances that which is typically associated with a bachelor's level. It provides a basis or opportunity for originality in developing and/or applying ideas, often within a research context;
- Can apply their knowledge, understanding and problem-solving abilities in new or unfamiliar environments within broader or multidisciplinary contexts related to their field of study;
- Have the ability to integrate knowledge and handle complexity and formulate judgements with incomplete or limited information to include, however, the reflection on social and ethical responsibilities linked to the application of their knowledge and judgements;
- Can communicate their conclusions, along with the knowledge and rationale underpinning these, to specialist and non-specialist audiences clearly and unambiguously;
- Have the learning skills to allow them to continue to study in a manner that may be largely self-directed or autonomous.

The team primarily focused on content analysis of the primary documentation, which in most cases consisted of documents specifying individual degree programmes including the module descriptors. This stage was complemented with online discussions with the team representatives from each of the individual

universities, with the aim to verify the relevance of obtained findings and gather any missing information.

The main factor that influenced the formal appearance of the documents analysed was that all of the universities came from the countries taking part in the Bologna Process. Therefore, the founders of the study programmes had to somehow consider the recommendations of the Framework of Qualifications for the Higher Education Area (EHEA Framework). Specifically, they had to consider the recommended educational outcomes for the second study cycle. Yet, from the results of the comparison, it is obvious that there were notable differences among the universities in relation to their health and social care programmes. Some can be observed just by comparing the general descriptions of the study programmes as shown in Table 1. For others, more in-depth analysis was needed.

A lot could be surmised just from reflecting on the titles of each programme. Consequently, the programmes were divided into two groups. The first one comprised those oriented purely on Health Administration, which was the case in UoE and ENU. The remaining three programmes were specialised in the management of social and healthcare organisations (CU, HAMK, Lahti UAS). CU students can choose either management or supervision specialisation.

Minimal entry requirements at all universities were similar, as only Bachelor Degree students can be enrolled for study. Moreover, CU students must successfully pass an entrance exam. Official country languages were in all cases also languages of instruction. Only at Lahti UAS was the programme also taught in English. This was a result of CU seeking permission in 2014 from the National Accreditation Commission to also teach their programme in English. Finally, studies, except those in UoE, last four semesters, or two years; furthermore, a different number of ECTS credits must be obtained to graduate. 60 ECTS credits must be collected in UoE, 90 in HAMK, Lahti UAS and ENU, and CU students must earn 120 ECTS credits.

Only three universities had defined their graduate profiles (CU, Lahti UAS and ENU). All curricula, however, contained the goals of study programmes, and CU also adds its programme mission. The study programme founders believe that its graduates must be able: "To function more effectively within the complex and rapidly evolving environments of health and social care" (ENU). Lahti UAS aims: "To provide students with the competence to work in expert, leadership and management roles in the social and health care sector." CU seeks for the graduates that they: "…will be well-oriented in European systems of social and health care and social policy. They must understand relationships between socio-economic factors and their consequences in management decisions and they must be capable of realising a complex analysis of social or health organisations. For CU, it is also important that its graduates are: "… well-oriented in the specific needs of physically disadvantaged groups, in their rights and in the ethics of social and health professions."

Common features were determined from the formulated graduate profiles (CU, Lahti UAS, ENU), mission statements (CU) and/or aims of the study programmes (UoE) of the curricula. In essence, all universities sought graduates who were well prepared to work in managerial positions (in the case of CU, they can be also supervisors) in social and/or health care. Additionally, graduates should have leadership skills, be active as experts at both national and international levels, be prepared to manage the provision of quality services in a rapidly changing and uncertain environment and manage social and health care services, by knowing the specifics of national and international health and social care systems. Finally, graduates must adopt managerial skills and, in managing organisations, must be able to use knowledge gained through social research, must be skilled in their ability to work as part of a multidisciplinary team, be able to undertake lifelong learning and act ethically while being responsible for health and/or social care providing organisations.

In addition to the above, some of the universities stressed specific requirements in their graduates' profiles and/or mission and statements of the goals of their study programmes. For CU, for instance, it was important that graduates understood and could react to the needs of disadvantaged groups, while ENU expects its graduates to perform well at an international level. UoE requested that their graduates got involved in processes that support social stability and social cohesion. Only two universities (Lahti UAS and ENU) defined their curricula learning outcomes in the format recommended by the EHEA Framework for the second study cycle. Lahti UAS presents the competencies described in the Finnish National Qualification Framework. ENU formulates its own learning outcomes on the platform of the Scottish National Qualification Framework.

None of the universities used the EHEA Framework descriptors while defining learning outcomes. However, two approaches to identifying learning outcomes were observed. While Lahti UAS chooses mainly general formulations, ENU is far more specific. Lahti UAS stresses the "use of knowledge as the basis for original thinking and/or research." Lahti UAS graduates should have knowledge appropriate for leadership and management in health and social care, as well as in other fields related to the subject of their studies. Gaining knowledge should be realised especially in management areas such as: strategic and operational administration, leadership, change management, human resource management, quality management and project management. Both universities emphasise the graduate's ability to apply their knowledge in real-life situations.

In the case of skills, identified as the learning outcomes of the study programme, Lahti UAS strives to ensure that its graduates are able to solve problems using research and innovative methods. Lahti UAS also considers it to be important that its graduates are able to work with knowledge derived from different fields and integrate it into proposed solutions of various managerial problems that the graduates will face at the workplace. ENU also strengthens the graduate's abilities to successfully face problems in the workplace. It strives to prepare graduates so that they are critical, creative, and also independent in their opinions. The graduates also have to be ready to undertake lifelong learning, and to learn from feedback. They must be good at time management, problem solving and teamwork, and should have highly developed presentation skills.

For Lahti UAS, it was important that its graduates acquired high competencies in another four fields: the graduates must be able to perform well either as independent experts or as entrepreneurs; they must have evaluation skills and be able to bear responsibility for the personal and professional development of other employees; they should be capable of lifelong learning, oral and written communication with different audiences, and finally, they should be able to act within the scene of international professionals, and therefore they must be able to communicate in at least one foreign language.

Table 1 below clearly demonstrates the different approaches in designing the structure of a study programme module in particular universities. UoE offered its students only compulsory modules, with no space for individual choice. The remaining universities combine compulsory with optional modules. CU added "compulsory optional" modules that all students of management specialisation must select. The specialisation in supervision has its own composition of compulsory optional modules. Besides UoE, students at all of the other universities must finish their studies by defending their thesis. Students at Lahti UAS, HAMK and ENU receive 30 ECTS credits for this, while CU students receive just 28 ECTS credits for their thesis defences.

The number of compulsory modules varies from university to university. While the ENU study programme consists of five compulsory modules with the conferral of 10 ECTS credits for each module, in the case of CU there are 13 modules, each with a different number of credits. The reason for such a high number of modules is that the Faculty makes use of practice or work-based modules, allowing the student to complete the module over two trimesters. HAMK offered

seven 5 ECTS-credited compulsory modules, Lahti UAS 10 and UoE 12. As for the composition of the modules, they can be divided into three main thematic groups. The first group can be called Management. Table 1 shows the compulsory modules that might be classified into this group.

	Czech Republic Charles University, Faculty of Humanities		Finland HAMK University of Applied Sciences		Finland Lahti University of Applied Sciences		Portugal University of Évora		Scotland Edinburgh Napier University	
Compulsory	Human Resource Management	4	Dimensions of management	5	Management & Workplace Organisation	5	Strategic Management of Health Units	5	Leadership & Finance for Effective Service Delivery	10
	Supervision in Social & Health Care Organisations	5	Strategic Leadership & Economy in Social & Health Care Fields	5	Management Theory & Practice	5	Marketing & Communication in Healthcare Units	5	Behaviour & Management in Organisations	10
	Communication workshop	5	Human Resource Management in Social & Health Care	5	Strategic Management	5	Accounting & Finance of Healthcare Units	5	Contemporary Human Resource Management	10
	Law in Management Practice	2	Management in projects	5	HR & Competence Management	5	Health Information System Management	5	Clinical Governance & Improvement Practice	10
	Quality in Health & Social Care	4			Operational Quality & Performance Assessment	5	Logistics in Health	5		
							Health Organisation Quality Management	5		
							Organisational Behaviour & Human Resource Management	5		
Compulsory optional	Law in Management Practice	2								
	Practice in Management	5								
	Introduction to Financial Management	4								
	Management Theory and Practice	6								
	Financial Management and Business plan	6								

Table 1. Modules with Management Orientation

The orientation of thematic modules can be further categorised. The study programmes of all of the universities contain a module oriented toward gaining competencies in the area of Human Resource Management. Financial Management (CU, UoE, ENU), Quality Management (CU, Lahti UAS, UoE, ENU) and Strategic Management (CU, HAMK, Lahti UAS, UoE) are also frequently represented in the structures of these study programmes. Some modules can be found among the compulsory modules of just one university. CU's Law in Management Practice, HAMK's Management in Projects, Lahti UAS's Management and Workplace Organisation, and UoE's Marketing and Communication in Health Care Units belong to those modules.

The thematic group of the second compulsory modules can be called Social Research in Management. Table 2 presents the Social Research modules belonging to this group.

	Czech Republic Charles University, Faculty of Humanities	Finland HAMK University of Applied Sciences	Finland Lahti University of Applied Sciences	Portugal University of Évora	Scotland Edinburgh Napier University
Compulsory	Qualitative research in health & social organisations 6	Work-related Research & Development skills 5	Research-Based Development 5	Research Methods in Healthcare Services 5	Exploring Evidence to Improve Practice 10
	Quantitative Research Methods in Practice 3	Societal Change & Foresight Methods 5			
	Diagnosing Organisations 5				

Table 2. Social Research in Management Modules

As can be seen, all the universities except UoE focused on building competencies strengthening their graduates' abilities in the use of social research outcomes while managing social and/or health care organisations. The founders of the study programmes wanted the graduates to be able to meaningfully incorporate the outcomes of social research into their work and to understand both its limits and possibilities. In the case of credits conferred by these modules, Lahti UAS and UoE can be put on one side. Their students receive 5 ECTS credits after the accomplishment of all social research oriented compulsory modules. CU stands on the other side with 18 ECTS credits. In HAMK's case, the amount of credits obtained can vary based upon the choice of the student, from 5 to a maximum of 10 ECTS credits. Students at ENU receive 10 ECTS credits. CU asks its students to diagnose the management practices of one specific organisation in the second semester, and subsequently to implement an organisational change in the same organisation. Other universities do not impose a similar requirement on their students. They remain either at the level of an introduction of research methods (UoE), or describe the use of social research in organisational development.

Social and/or health care systems and policies is the last thematic category. It was clear that particular universities pay differing attention to the introduction and/or comparison of health and/or social care, which can be determined. While ENU considers this module optional, for other universities it is compulsory. The required competencies are built with the help of one (HAMK, UoE), two (Lahti UAS) or three modules (CU). The founders of the study programme believe that the graduates must be able to describe the systems of health and/or social care, and they must also be well informed about actual health and/or social care policies. CU wants its graduates to be able to compare adjustments and the performance of different health and social care systems. Taking into consideration the time consumption of the study, measured by the number of ECTS credits, then the fulfilment of all study obligations at HAMK and UoE awards 5 ECTS credits, at Lahti UAS and ENU awards 10 credits, and at CU 13 ECTS credits.

2.3 Identification of a Cross-Sectional Matrix

The third stage of work package 3 was to identify the core competencies evident across the five curricula documents. Here the group focused on the curricular module descriptors. Each module developed was based on a set of key competences to be developed by the learner in the framework of the master's programme. Competences can be described as dynamic combination of cognitive and metacognitive skills, demonstration of knowledge and understanding, interpersonal, intellectual and practical skills and ethical values. They are developed in all course units and assessed at different stages of a programme. Some competences are subject-area related (specific to a field of studies), while others are generic (common to any degree programme). The competence proceeds in an integrated and cyclical manner throughout the programme. The key programme competences should be the most important ones that the graduate will have achieved as a result of the specific programme.

All stakeholder groups, society, managers, employees and clients have their own roles and responsibilities in quality of care, but in this section the focus was on the competences required for a management position. The key competences according to the findings include a number of skills including general management and leadership, cooperation and communication, strategic management, competence to develop a service system as a whole, quality management, resource allocation, and human resource management including knowledge and competence management. Good management and leadership skills are also strongly emphasised in the data. Health and social-specific management education was seen as the basis of good and efficient management processes and good quality of care. All these competence areas ensure good quality of care and ideal care.

The competences are seen as a collective in that they are all needed in order to cover the aims of achieving good service quality. It was suggested that as managers forecast the future and create a vision and strategic goals for their organisation and future quality of care, they need to involve the employees in discussions about what is ideal care and what it takes to ensure the quality of care. In addition, with the involvement of employees, managers need to be able to hear clients' perceptions and experience on quality of care. They are responsible for creating and ensuring an efficient, continuous, and client-oriented service system and service chains and are often seen as the ones taking the initiative, innovating new quality strategies and implementing quality policies and projects in collaboration with other stakeholders.

An important role of management is resource allocation; this includes ensuring an adequate number of employees and finding the right people and competences for different service processes and tasks. As more different cultural backgrounds may create different views on ideal care and the quality of care, diversity management is a competence of crucial importance. The findings addressed the skills of critical thinking and reflective learning in relation to intercultural management issues. Managers need cooperation and communication skills in order to cross professional and organisational boundaries. Finally, it was suggested that managers need skills to ensure societal and political integrity and an incorruptible service system. Professional values, principles and culture are the basis of good quality of care, and a crucial part of management competences. The discrepancy among the values, principles, and practices model and the rhetoric and results model taught in schools of management and actual practice should be clearly addressed in education.

Tables 3, 4 and 5 below provide a detailed account of how the competences from across the five curricula were identified, assessed and incorporated into the three new shared master's modules. Each of the three tables is broken into three sections, which identify the modules (in green), the themes (in blue) that influenced the development of the module, and the key competencies (in black) that formed the basis of the module outcomes. Sixteen key themes were identified that

related to strategy, knowledge, human resources, performance and change management and these were distributed across the three modules, as described below.

Table 3. HR and Knowledge Management Competences

Module	Themes	Learning outcomes
		Student should be able to:
HR and Knowledge Management.	Human resource management	
		Recruit and select based on qualifications, competences, experience, and other determinants (values, match person-organisation, motivation, specific personal characteristics).
		Manage Human Resources focusing client needs as the main objective of health and social service organizations.
		Ensure the employees have a good attitude and communication skills, as well as adequate professional and personal competences.
		Create and promote a good psychological, mental, and emotional environment at work.
		Create conditions at work for a sustainable work-life balance among employees.
	Performance management	
		Assess individual and group level work performance on strategic terms.
		Assess individual and group level work performance on operational terms.
		Improve organisational performance.
		Improve individual and group level work performance.
		Distinguish performance from competence and understand the role of other variables underlying performance and manage them.
	Knowledge management	
		Understand and recognise tacit and explicit knowledge within an organisation.
		Manage organisational knowledge.
		Understand the role of information technology to support knowledge management within an organisation.
		Recognise and utilise knowledge external to own organisation.
		Combine knowledge from different fields to support own organisation's operational processes and improvement activities.
		Understand and manage the core role of people in knowledge management processes.
	Learning organisation	
		Systematically manage and develop organisational competences.
		Promote and implement strategic learning and renewal within an organisation.
		Promote and implement operational learning and renewal within an organisation.
		Have skills and abilities for life-long learning and continuous professional development.
	Leadership	
		Understand the role of leadership skills in the core of management processes.
		Have a critical understanding of the social, political and personal context of leadership.
		Motivate and encourage subordinates to fulfil an organisation's vision, mission and strategic objectives.
		Motivate and encourage subordinates to fulfil an organisation's operational objectives.

	Lead oneself to work independently in demanding expert roles.
	Promote the development of subordinates.
	Co-operate with other persons whether in leadership functions, in subordinate functions or superior functions.
	Represent others both internally and externally.
	Distinguish between management and leadership functions.
	Take positive sense-making as a core function of leadership.
	Assure ethical standards within the organization and promote systematic ethical development among employees.
Employee engagement	
	Engage other employees to work towards an organisation's strategic and operational objectives.
	Motivate and engage oneself to work towards an organisation's strategic and operational objectives.
	Observe and measure employee engagement within an organisation.
	Create and promote an engaged workplace.

Table 4. Quality Management and Assurance Competences

Module	Themes	Learning outcomes
		Student should be able to:
Quality Management and Assurance (including International Social and Health Care Systems)		
Quality management and assurance		
		Define and describe quality policies and projects in collaboration with political, management, employee and client stakeholders.
		Define good quality of care at an organisational level.
		Estimate the ethical and normative aspects of quality care.
		Select and apply relevant techniques in quality management and assurance.
		Plan, implement and assess the quality of implemented care.
		Define, describe, implement and assess care quality standards and criteria.
		Define, describe, implement and assess quality assurance and improvement processes.
		Create corrective actions and solutions for improvement in terms of quality deviations.
		Compare and evaluate different quality systems.
		Enable and empower staff members to manage risk.
International social and health care systems		
		Understand the structure of social and health care systems in European countries.
		Have in-depth knowledge of the social and healthcare sector and its role in the wider economy and society.
		Create and maintain a holistic understanding of the social and health care system.
		Ensure continuous, customer-oriented service chains and processes.
Strategic management		
		Build and utilise alternative scenarios for the organisation's future by applying suitable foresight methods.

	Contribute to creating a vision for an organisation.
	Commit to and engage in an organisation's mission, vision, values and strategic objectives.
	Plan strategically to guide and lead the organisation to meet its strategic objectives.
	Monitor and measure whether an organisation meets its strategic objectives and plan potential corrective measures.
	Evaluate to what extent the organizations is hitting its purposes (vision, mission, objectives and at same time complying with its principles and policies).
Resource allocation	
	Capable of allocating financial, human and other resources to enable good quality care.
	Act as an advocator of care in resource allocation between different service sectors.
Change management	
	Recognise a need for change within an organisation.
	Clarify the direction and smooth the process of change.
	Facilitate change within an organisation.
	Monitor organisational readiness for change.
	Distinguish between good and bad change and choose the good one.
	Manage and evaluate a change process.

Table 5. Intercultural Management Competencies

Module	Themes	Learning outcomes
		Student should be able to:
Intercultural Management	**Diversity and intercultural management**	
		Understand multiple cultural frameworks, values, and norms.
		Recognise and utilise various strengths within a diverse work place.
		Recognise and manage conflict between diverse groups.
		Negotiate in an integrative way, both internally and externally.
		Recognise and explain the common basis of values and moral expectations concerning human behaviour and attitudes in social and health care management in Europe
		Demonstrate understanding of current theories and comparative research results on intercultural dimensions in management.
		Demonstrate commitment and respect to difference in multicultural teamwork.
		Demonstrate good practice in knowledge management in a multicultural setting.
		Critically analyse the influence of socio-cultural dimensions on organisational culture and employee attitudes to leadership, rules or other aspects of HRM in social and health care.
	Client-oriented culture	
		Create a customer-oriented and holistic atmosphere in care.
		Map and reflect customers' service expectations.
		Recognise customers' needs and fulfil those needs.
		Ensure customer-oriented approach in care.

Culture of continuous improvement	
	Promote a culture of continuous improvement.
	Recognise needs and objectives for improving operational performance.
	Utilise alternative problem solving methods to suit a particular problem
	Plan, implement and follow-up continuous improvement activities
Culture of collaboration	
	Collaborate with employees in strategic management.
	Collaborate with employees in defining what is ideal and good care
	Collaborate with other people while crossing professional and organisational boundaries within care services and the social and health care sectors.
	Collaborate with other team members to provide quality care.
	Network and co-operate to promote meeting organisational and professional objectives.
Culture of open, clear and transparent communication	
	Communicate orally and in writing to both specialist and non-specialist audiences.
	Give correct information at a correct organizational level.
	Create and promote a culture of open, clear and transparent communication within an organisation.

2.4 Decision Concerning Educational Modules

As formulated above, the education process may be perceived as an operationalisation of the fulfilment of general educational objectives. This is most often achieved by cascading lower-level objectives, which then should contribute to the fulfilment of the general educational goal. The general educational goal of the participating universities was to ensure that future health and social care managers are equipped with the appropriate skills and competences to deliver efficient and effective services with high quality care. These were supposed to be based on lower-level objectives that included, as supposed already at the beginning of the project, the cultural and value-driven leadership, quality of care and quality management to effectively manage an integrated health and social care service.

The analytical work in mapping the situation and curriculum comparison brought data and findings that further supported and even better specified these lower-level objectives and helped to formulate competence and content goals. The formulation of content goals, as Pasch (1995, p. 50) stated, helps determine the scope and depth of education in a given subject. A crucial role in the process of defining content goals is played by the ability of the creators of curricula to utilise internal thematic links.

Based on all data and findings during mapping the situation in SH care, the educational needs and interests of students, and the comparison of management curricula in the five participating universities, the project management group went through an inductive process of deciding what content of the modules might be most efficient for achieving expected competence and also feasible within the available time and resources to achieve the educational objectives. At the end of this project it was intended that all created modules would be virtually available to the participating programmes and their students and contribute some added value to existing curricula. In the future it was intended that these

ready-to-use modules were to be taught in cooperation with the participating universities or as a separate module in each university.

The analysis of the curricula highlighted the importance of human resource management (HRM), which was evident in different form throughout all curricula. Each university had been involved in a previous Erasmus programme on HRM and there was already considerable experience with developing this topic. It was important to start with a topic that was common to all participating universities and was also crucial for all managers, so it was agreed this would be the first module designed. However, there was a need to ensure that the module addressed international as well as European issues, which was an added value to this topic in most compared curricula. Edinburgh Napier University felt best placed in terms of expertise to develop such a module. The resulting decision was that the first module would be on *Human Resource Management and Knowledge Management*.

Agreement on the second module had much to do with the focus group outcomes concerning the role of common values in management related to values in quality of direct care (Huotari, Havrdova, 2016). Quality management, as data has shown, represented a really important aspect of culture and values specifically in the social and health care fields, as was expected. The choice of *Quality Management* was also supported by the curriculum and competency analysis process. This highlighted that such an area was not addressed equally across all the curricula and for most universities it was added value to develop such an important educational module. The University of Evora was identified as the university with the highest degree of expertise in developing this topic so far and so became the lead for this second module.

The third topic, *Intercultural management*, was identified as a quite innovative topic of education, which emerged from the process and data from focus groups (Havrdová, Huotari, 2014), and was deeply related to the ideal of Europeanisation and internalisation. No participating university previously had such a specific educational module as part of its curricula. To support during education evolving intercultural sensitivity by future managers has been considered an important added value to the internationalisation of health and social care management education. As shown in the scientific literature about management generally (Hofstede, 2001, Schwartz, 2004 etc.) and during the focus groups in social and health care management specifically, the socio-cultural (country level) differences have an impact on attitudes and behaviour of employees and also management students. Inter-cultural reflection in groups supports the development of intercultural sensitivity of students, which can have an impact on management strategies and decision making, particularly as a part of HRM. This is related to sensitivity to organisational culture, which is an important issue in the contemporary education of managers. The need to extend this to international focus was clear and Charles University took on the lead role in developing this module.