

1 Introduction to Healthcare Research and Organization Theory

As organizational scholars who conduct research in healthcare settings, we have often been asked to explain the value of developing organization theory based on studies of hospitals, physicians, or other healthcare professionals when they are so “different” from other organizations and other ways of organizing. In short, we answer by saying it is exactly because healthcare organizations are so highly institutionalized, and so strongly based on a professional workforce, and so tightly connected to government policy that they serve as excellent settings for developing concepts about (for example) organizational change, networks, the diffusion of innovation, resource dependency, social identity, the professions, and institutional theory.

In particular, when qualitative researchers seek contexts that can be classified as “extreme cases,” there is an abundance of opportunities in healthcare settings. And as researchers continue the quest to understand whole systems that inherently connect what could be called micro, meso, and macro levels of analysis, healthcare stands out as an ideal setting for empirical investigations. All of this is to say that we have written this Element with the underlying belief that more attention to the value of healthcare settings in the development of organization theory is long overdue.

Thus, we have two overall aims in writing this Element. The first is to motivate scholars working in the field of general organizational and management studies to use the healthcare industry as an empirical context for their work in theory development. Similarly, we aim to encourage those who have already been studying the healthcare industry to use this setting to extend what we know about general management and organization theory. To support this aim, we show the ways that scholars have already developed organization theory through the study of healthcare settings. Indeed, it turns out that, although there has been some variation, the number of articles of this type published in highly ranked theory development journals in the last decade has generally increased over time. In Section 2 we summarize the results from these studies, focusing on the particular contributions they make to theory development.

Our second aim is to encourage healthcare researchers to increase their use of organization theory to advance knowledge about the provision of healthcare services. Kurt Lewin (1951), one of the most prominent social psychologists of his generation, captured our argument well in his dictum, “There is nothing so practical as a good theory.” This stands in contrast to our investigation of the citation records of the organization theory articles we identify in Section 2. We found that very few of these articles are referenced in key healthcare journals. We argue that theory-informed healthcare research can produce important

insights for managers, policy-makers, and clinicians that they otherwise would have overlooked. To accomplish this aim, in Section 3 we discuss examples of how healthcare management researchers have used organization theory to develop more practical knowledge with the potential to improve access to, and the cost and quality of, healthcare services.

1.1 Why Healthcare?

Throughout the world, healthcare is one of the most passionately and publicly debated aspects of everyday life. Its impact is not only personal but societal and economic as well. Almost all national governments devote time, energy, and resources to developing policy related to healthcare. In terms of economic impact, healthcare spending ranges from approximately 8 percent to more than 16 percent of gross domestic product (GDP), making it one of the largest industries globally. In developing countries, the need for healthcare has a major impact on what can and cannot be accomplished. Common to nearly all countries is the fact that the healthcare needs of many of its citizens are at best only partially met.

Broadly defined, the healthcare industry involves an enormously diverse range of people, technologies, professions, and organizational arrangements, encompassing many types of public, nonprofit, and for-profit organizations. The size, diversity, interconnectedness, complexity, and broad impact of the healthcare sector make it a rich and important setting for conducting organizational and management research.

Although there has been a great deal of research on healthcare, most of this work has focused either on clinical issues or on healthcare policy. These areas have largely been within the domains of scholars in the biological sciences, or in the case of policy, economists and political scientists. In the past few decades, researchers have paid increased attention to studying healthcare organization and management. This shift in focus is entirely appropriate and much needed, in view of the fact that the vast majority of healthcare services are delivered through organizations, whether these are health clinics, hospitals, private practice groups, nursing homes, or laboratories.

Unfortunately, most of the research conducted on healthcare organizations has been published in journals and books that are directed primarily to a healthcare audience. Some of this work draws on the theory and research published in the various disciplines of management (which we discuss in Section 3), although most often it has not. In addition, and also unfortunately, general organizational scholars tend to read or use very little of this work to help inform their research.

As a result, what we know as organizational scholars about the people and organizations providing healthcare has tended to be underdeveloped theoretically. In addition, and perhaps of even greater concern, organizational researchers have typically not looked to the healthcare industry as a forum for testing their theories, thus limiting what can be said about the generalizability of their work outside of traditional business settings. When healthcare settings have been used in studies published in general organizational journals, the distinctive aspects of the healthcare setting are minimized. Although some organizational journals and reviewers for these journals may encourage minimal attention to the research context, we suggest that there are potential advantages to more clearly elaborating the distinctive features of healthcare settings.

1.2 Why Healthcare Is an Excellent Research Setting to Advance Organization Theory

We argue that, compared to other industries, fields, and organizations, healthcare settings provide exceptionally rich contexts for the development of organization theory because:

- Healthcare systems inherently combine macro, meso, and micro levels, facilitating cross-level analyses and whole-system analyses.
- The multilevel interdependencies among frontline workers (especially professionals) and between organizational and field-level actors facilitate research that advance theory about inter- and intraorganizational dynamics, including agency at multiple levels of analysis.
- Diverse professional groups are influential in work arrangements and organizations, giving opportunities for in-depth studies of power and influence as well as the relationships among professions.
- Advanced technologies play a critical role – ranging from genomic work to radiologic imaging, to vaccines and information technology, opening up potential for studying the impact of robotics and blockchain modeling, for example.
- The interplay between relatively tight and complex regulation coupled with demands for professional autonomy is clearly evident in many aspects of service delivery, allowing research that examines conflict and coordination within and across organizational boundaries.
- The intersection of public and private ownership and funding creates opportunities to study how different forms of governance influence organizations and organizational systems.
- The deep ethical and humanitarian concerns that accompany everyday work, especially – but certainly not only – in the midst of deadly pandemics, facilitate attention to the role of emotions and human-centered work.

- The ongoing need for adaptation, structural change, and performance improvement and, at the same time, stability at the organizational and field levels allows researchers to tackle questions regarding change and stability.
- Despite differences between nations and world regions, similarities that exist across the globe in the organization of healthcare systems and organizations facilitate learning at a global level and can help to improve our understanding of the overall complexity of organizations and fields.

In the next sections of this Element, we elaborate these topics. In Section 2 we explain the results of our review of papers published in organizational journals over the last decade. Overall, we show how researchers have used empirical findings from investigations in healthcare settings to advance organization theory. In particular, we highlight contributions to the literature on institutional theory, the professions, social identity, networks, the diffusion of innovation, and organizational change.

In Section 3, we switch our focus to papers published in scholarly healthcare journals, where we examine how healthcare researchers have used organization theory to develop practical knowledge with the potential to improve access to, and the cost and quality of, healthcare services. This review reveals a surprising level of disconnect between research published in organization theory journals and that published in healthcare journals. We show the gap between organization theory articles identified in Section 2 and their use in healthcare articles, and explain how more integrated use of theory could improve healthcare research.

In Section 4, we conclude by presenting our overall views about the need for much tighter connections between organization theory and healthcare research. We also offer suggestions for future research. Since we believe strongly in the value of theory, we argue that healthcare research can be improved with more active use of recent developments in organization theory; we also call on organizational theorists to be more attuned to the results of healthcare research. We contend that theory must be continuously renewed, and that such renewal can only happen when theorists pay attention to empirical confirmation or rebuttal of theory in the context of practice. In the next sections we develop these ideas more fully.

2 How Researchers Use Healthcare Empirical Settings to Develop Organization Theory

In this section we discuss how researchers have contributed to organization theory through the analysis of empirical data from healthcare settings. We see this as an important and interesting question because of our personal

engagement as researchers with the rich and multilevel context that healthcare provides, as well as our knowledge of other research in healthcare settings generating thoughtful and novel contributions to different aspects of organization theory. Based on our sense that there are a lot more healthcare articles than there used to be in the top organizational journals, we set out to confirm (or not) our hunches.

Thus, we conducted a systematic search of all articles published from 2009 to 2020 in the following journals: *Academy of Management Journal*, *Administrative Science Quarterly*, *Organization Science*, *Journal of Management Studies*, and *Organization Studies*. We chose these journals because they are focused on publishing manuscripts that make a strong contribution to theory, and collectively they provide academic, geographic, and empirical diversity.

From this set, we identified articles based on empirical research in healthcare settings that contributed to any aspect of organization theory. We excluded articles with a purely microlevel focus, such as worker motivation or participation in teams. We identified seventy-five articles over the almost twelve years of our timeframe, with a peak number of twelve articles published in 2016. (Figure 1 shows the distribution of articles per year.) We then analyzed each of the articles, categorizing them according to their main theoretical contribution. Table 1, which shows our list of articles, provides the foundation for our discussion about the ways in which research conducted in healthcare settings has developed organization theory.

Since we were interested in how healthcare articles make contributions to organization theory, we grouped the articles in our dataset according to the

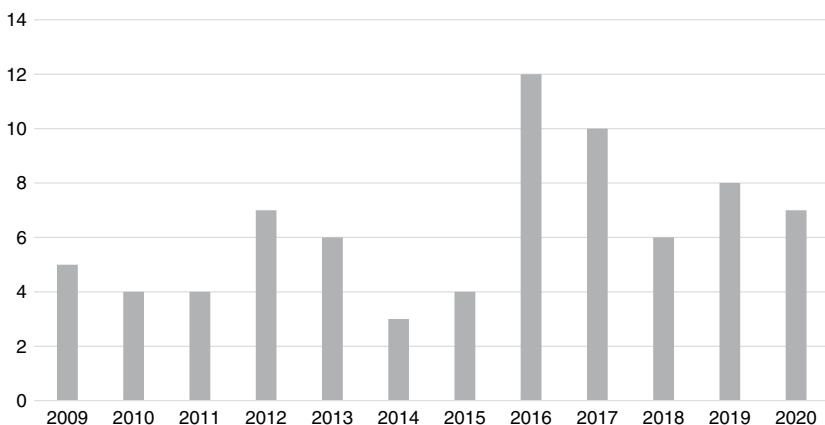


Figure 1 Healthcare-based publications per year

(*note: 2020 is for eight months)

Table 1 Dataset articles categorized by theoretical contribution

Author	Year	Article Title	Journal
INSTITUTIONAL THEORY			
Institutional Change			
Battilana [total cites = 184 *HC cites = 1]	2011	The Enabling Role of Social Position in Diverging from the Institutional Status Quo: Evidence from the UK National Health Service	<i>Organization Science</i>
De Bree & Stoopendaal	2018	De- and Recoupling and Public Regulation	<i>Organization Studies</i>
• Finn et al. • [total cites = 85 • *HC cites = 3]	2010	Team Work in Context: Institutional Mediation in the Public-Service Professional Bureaucracy	<i>Organization Studies</i>
Hesse et al.	2016	Selective Regulator Decoupling and Organizations' Strategic Responses	<i>Academy of Management Journal</i>
• Kellogg • [total cites = 142 • *HC cites = 0]	2011	Hot Lights and Cold Steel: Cultural and Political Toolkits for Practice Change in Surgery	<i>Organization Science</i>
• Kellogg • [total cites = 77 • *HC cites = 0]	2012	Making the Cut: Using Status-Based Countertactics to Block Social Movement Implementation and Microinstitutional Change in Surgery	<i>Organization Science</i>
Kern et al.	2017	Constructing and Sustaining Counter-institutional Identities	<i>Organization Studies</i>

Institutional Logics				
Cappellaro et al.	2020	From Logic Acceptance to Logic Rejection: The Process of Destabilization in Hybrid Organizations	<i>Organization Science</i>	
• Currie & Spyridonidis	2015	Interpretation of Multiple Institutional Logics on the Ground: Actors' Position, Their Agency and Situational Constraints in Professionalized Contexts	<i>Organization Studies</i>	
• [total cites = 134 • *HC cites = 0]				
Heinze & Weber	2016	Toward Organizational Pluralism: Institutional Intrapreneurship in Integrative Medicine	<i>Organization Science</i>	
Martin et al.	2016	Institutional Complexity and Individual Responses: Delineating the Boundaries of Partial Autonomy	<i>Organization Studies</i>	
• Nigam & Ocasio	2010	Event Attention, Environmental Sensemaking, and Change in Institutional Logics: An Inductive Analysis of the Effects of Public Attention to Clinton's Health Care Reform Initiative	<i>Organization Science</i>	
• [total cites = 384 • *HC cites = 1]				
• Pahnke et al.	2015	Who Takes You to the Dance? How Partners' Institutional Logics Influence Innovation in Young Firms	<i>Academy of Management Journal</i>	
• [total cites = 171 • *HC cites = 0]				
• Reay & Hinings	2009	Managing the Rivalry of Competing Institutional Logics	<i>Organization Studies</i>	
• [total cites = 1630 • *HC cites = 6]				
Reay et al.	2017	Getting Leopards to Change Their Spots: Co-creating a New Professional Role Identity	<i>Academy of Management Journal</i>	

Table 1 (cont.)

Author	Year	Article Title	Journal
Villani et al.	2017	Understanding Value Creation in Public-Private Partnerships: A Comparative Case Study	<i>Journal of Management Studies</i>
Institutional Work			
Goodrick et al.	2020	Preserving a Professional Institution: Emotion in Discursive Institutional Work	<i>Journal of Management Studies</i>
Herepath & Kitchener	2016	When Small Bandages Fail: The Field-Level Repair of Severe and Protracted Institutional Breaches	<i>Organization Studies</i>
Lawrence	2017	High-Stakes Institutional Translation: Establishing North America's First Government-Sanctioned Supervised Injection Site	<i>Administrative Science Quarterly</i>
Nigam & Dokko	2019	Career Resourcing and the Process of Professional Emergence	<i>Academy of Management Journal</i>
• Singh & Jayanti	2013	When Institutional Work Backfires: Organizational Control of Professional Work in the Pharmaceutical Industry	<i>Academy of Management Journal</i>
• [total cites = 39			
• *HC cites = 0]			
Wright et al.	2017	Maintaining the Values of a Profession: Institutional Work and Moral Emotions in the Emergency Department	<i>Academy of Management Journal</i>

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• Adler & Kwon	2013	The Mutation of Professionalism as a Contested Diffusion Process: Clinical Guidelines as Carriers of Institutional Change in Medicine	<i>Journal of Management Studies</i>
• [total cites = 109 • *HC cites = 1]			
• Barrett et al.	2012	Reconfiguring Boundary Relations: Robotic Innovations in Pharmacy Work	<i>Organization Science</i>
• [total cites = 228 • *HC cites = 6]			
Beane	2019	Shadow Learning: Building Robotic Surgical Skill When Approved Means Fail	<i>Administrative Science Quarterly</i>
Bucher et al.	2016	Contestation about Collaboration: Discursive Boundary Work among Professions	<i>Organization Studies</i>
Chown	2020	Financial Incentives and Professionals' Work Tasks: The Moderating Effects of Jurisdictional Dominance and Prominence	<i>Organization Science</i>
• Currie et al.	2012	Institutional Work to Maintain Professional Power: Recreating the Model of Medical Professionalism	<i>Organization Studies</i>
• [total cites = 383 • *HC cites = 9]			
Galperin	2020	Organizational Powers: Contested Innovation and Loss of Professional Jurisdiction in the Case of Retail Medicine	<i>Organization Science</i>
Kellogg	2019	Subordinate Activation Tactics: Semi-Professionals and Micro-Level Institutional Change in Professional Organizations	<i>Administrative Science Quarterly</i>

Table 1 (cont.)

Author	Year	Article Title	Journal
<ul style="list-style-type: none"> • McCann et al. • [total cites = 127 • *HC cites = 0] 	2013	Still Blue-Collar After All These Years? An Ethnography of the Professionalization of Emergency Ambulance Work	<i>Journal of Management Studies</i>
Visser et al.	2018	Unequal Consumers: Consumerist Healthcare Technologies and Their Creation of New Inequalities	<i>Organization Studies</i>
Visser et al.	2018	Prying Eyes: A Dramaturgical Approach to Professional Surveillance	<i>Journal of Management Studies</i>
Wang et al.	2020	From Grace to Violence: Stigmatizing the Medical Profession in China	<i>Academy of Management Journal</i>
<ul style="list-style-type: none"> • Waring & Currie • [total cites = 384 • *HC cites = 17] 	2009	Managing Expert Knowledge: Organizational Challenges and Managerial Futures for the UK Medical Profession	<i>Organization Studies</i>
Wilhelm et al.	2020	White Coats at the Coalface: The Standardizing Work of Professions at the Frontline	<i>Organization Studies</i>
Chreim et al.	2020	SOCIAL IDENTITY THEORY Constructing and Sustaining Counter-Institutional Identities	<i>Academy of Management Journal</i>