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Bishop, S.; Waring, J.

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Becoming hybrid: The negotiated order on the front line of public-private partnerships

Abstract

This paper examines how institutional tensions in the formation of hybrid public-private organisations are played out, and partially resolved, through micro-level interactions within everyday work. Drawing on the negotiated order perspective, our research examined how the 'context', 'processes' and 'outcomes' of micro-level negotiations reflect and mitigate tensions between institutional logics. Our ethnographic study within a public-private organisation within the English healthcare system identified tensions within the hybrid context around organisational goals and values, work activities, hierarchies and the materials and technologies of work. We also identified processes of negotiation between actors, which contributed to negotiated settlements, at times combining elements of parent institutional logics, and at other times serving to keep parent logics distinct. The paper demonstrates the relevance of negotiated order perspective to current institutional literature on hybrid organisations.

Introduction

Hybridity has emerged as a prominent theme within contemporary studies of work and organisations (Oliver and Montgomery, 2000; Billis, 2010; Skelcher and Smith, 2014). This reflects the proliferation of new organisational and inter-organisational forms that combine ways of organising traditional associated with divergent institutional fields. A common illustration is the growth of inter-sectoral partnerships in the modernisation of public services, where the distinct resources, capabilities, and values of public, private and third sector organisations are combined to address complex problems (Brown et al., 2003; Evers, 2005; Ferlie et al., 2011; Mackintosh et al., 1994; Hodge et al., 2010; Osborne, 2009; Sorensen and Torfing, 2009).

Hybridity poses important theoretical questions to organisational researchers, as it leads us to consider how contradictions between 'genealogical parents' (Oliver and Montgomery, 2000) are resolved, and the consequences for the character and sustainability of hybrids (Battilana and Dorado, 2010; Boland, et al., 2008; Evers, 2005). These questions are underpinned by research that identifies key challenges in the formation of organisational hybrids. At the inter-organisational level this includes problems of governance and decision-making where there are divergent understandings of accountability and risk (Boardman and Vining, 2010; Mair et al., 2015; Toms et al., 2011). At the organisational level this includes the struggle to establish organisational structures and processes that maintain the advantages of the parent organisations while satisfying divergent demands for market efficiency, professional collegiality and public value (Chambre, 2002; Miller, 2001; Thomasson, 2009; Stott and Tracey, 2007). At the interpersonal level this includes workplace conflicts created by contrasting forms of work organisation, management and/or finance, or about the purpose, meaning, and value of work (Hebson et al., 2003; Sanders and McCellen, 2012; Smith 2012).

The above challenges have been interpreted as stemming from institutional differences between parent organisations (Oliver and Montgomery, 2000). In particular, the institutional logics perspective considers how hybrid organisations are formed through the interaction, mediation and resolution of multiple institutional logics. It offers an analytical approach that highlights the connections and contradictions between field level institutions, organisational practices and individual identities (Battilana and Lee, 2014; Skelcher and Smith, 2014). That said, the institutional analysis of hybrids has predominantly remained at the inter-organisational and organisational level (Reay and Hinings, 2009; Smets and Jarzabkowski, 2013). However, it has long been recognised that organisational forms are contingent upon, and emergent through the situated work of 'street level' actors (Lipsky, 1980). Institutional theory more broadly has begun to focus on the micro-level determinants of institutional phenomenon (Lawrence et al., 2009; Powell and Colyvas, 2008). This suggests emerging hybrid configurations are not only the product of field level institutions, but also the ways divergent institutions are articulated, mediate and reconstituted through the practices and strategies of micro-level actors. Adopting this view, our paper addresses the recent call for research on the micro processes of hybridisation (Battilana and Lee, 2014), especially the '*process by which plural institutional logics are constructed, contested, and negotiated, the ways in which settlements are reached between them'* (Skelcher and Smith, 2014: 13).

The approach taken in this paper is informed by Strauss' negotiated order perspective (Strauss et al., 1963; Strauss, 1978). This directs attention away from the structural determinates of organisational practices, to the micro-level negotiations through which work practices and organisational processes become routinized as relatively stable social order. This approach offers an important contribution to the prevailing institutional perspective and addresses appeals for research to re-focusing on everyday work (Bechky, 2011). Specifically, our paper asks how micro-level negotiations within emerging hybrid organisations reflect and

reconcile broader institutional tensions and how these negotiations contribute to the new hybrid organisational order.

Presenting an ethnographic study of a recent public-private hybrid in the English health sector, our paper makes three contributions. First we present a novel empirical account to develop a conceptual framework for understanding the relationships between the context, processes and outcomes of negotiation. Second, we develop an understanding of how integrative and distributive negotiations contribute to a dynamic view of hybridisation, in which elements of organisations can move towards particular parent logics, or become blended between logics, through interpersonal interaction. Third, we contribute to the longstanding negotiated order perspective by linking this work to contemporary theorising on institutional logics, elaborating the concept of structural context through understanding of institutional heterogeneity.

Managing institutional tensions in hybrid forms

The institutional logics perspective emphasises how modes of organising are shaped by prevailing symbolic systems and historical patterns of material practice that provide the frames of references through which social practices are produced and reproduced (Friedland and Alford; 1991 Thornton, 2004). From this perspective, logics frame actors' decisions to produce modes of organising that are logic consistent. It is increasingly recognised, however, that institutional fields can by characterised by multiple, sometimes competing or blurred logics (Goodrick and Reay, 2011; Greenwood et al., 2010). With particular reference to organisational hybridity, the institutional logic perspective brings to light how multiple logics can combine or compete to promote novel practices, identities and modes of organising

(Battilana and Dorado, 2010; Greenwood et al., 2010; Pache and Santos, 2013a; Purdy and Gray, 2009; Thornton and Ocasio, 2008). The presence of multiple logics is particularly evident in the context of contemporary public service reforms where reconfiguration of the institutional boundaries between sectors creates conflict between logics of professionalism, state bureaucracy, the market and social welfare (Billis, 2010; Kitchener, 2002; Meyer et al., 2014, Reay and Hinings, 2009).

One long-recognised way organisations can maintain legitimacy in the face of competing institutional pressures or logics is through institutional de-coupling (Basu, et al., 1999; DiMaggio and Powell, 1983; Meyer and Rowen, 1977). That is, organisations exhibit conformity to one logic through 'front stage' symbolic displays, but conformity to another in their 'backstage' activities. More recent studies of hybrid organisations develop the idea of 'blended' responses to heterogeneous logics (Skelcher and Smith, 2014; Pache and Santos, 2013a; Reay and Hinings, 2009). Drawing together recent literature, Battilana and Lee (2014) identify how social enterprises overcome tensions in parent logics by configuring and combining different organisational 'elements' to adhere to one or the other logic, including inter-organisational relationships, culture, organisational design, workforce composition and organisational activities. Similarly, Pache and Santos (2013b) identify several potential reactions to competing institutional demands within hybrids, namely; ignorance, compliance, resistance, combination or compartmentalisation, with individuals' reactions influenced by their previous relations to each of the parent institutions.

To date, however, the institutional logics perspective has tended to focus on the 'top-down' influence of field-level institutional differences, with less consideration of how micro-level practices involve the interpretation, negotiation and re-constitution of these tensions to influence the hybrid organisational form (McPherson and Saunder, 2013; Smets et al., 2012).

The scope for micro-level practices to influence emergent organisational forms is particularly significant during periods of public-private hybridisation where the amalgamation of prevailing institutions create ambiguities and opportunities for change. Importantly, these micro-level processes involve interaction between actors accustomed to divergent forms of work organisation, and professional groups who may be expected to shape the resultant organisational form. To address this gap we draw upon the negotiated order perspective.

The negotiated order of cross-sector hybrids

Following in the symbolic interactionist tradition, Strauss and colleagues advanced the negotiated order perspective as an alternative to more structural sociology, suggesting that social order emerges from the on-going micro negotiations of social actors (Day and Day, 1977; Goffman, 1983; Strauss, 1978). These negotiations create, maintain and transform social organisation and, in turn, social institutions. Studying the social organisation of psychiatric care, Strauss et al., (1963) showed how formal structures and rules only partially directed the organisation of social relationships between doctors, nurses and patients, with formal rules 'stretched, negotiated and argued about' in day-to-day interactions (p.153). For example, the timing and distribution of work; accepted values and goals; inter-group relations; and demarcations between professional groups were all negotiated through micro-level interactions (see also Abbott, 1988; Svensson, 1996).

Although the negotiated order concept can lack specificity (Allen, 1997), past research typically highlights three elements of the negotiation process. First, there are (more or less explicit) disagreements about given activities or situations; second, interactions around these disagreements are characterised by processes of negotiation or exchange, rather than direct

authority or force; and third, settlements are reached that maintain or transform social order (Day and Day, 1977; Maines and Charlton, 1985; Strauss, 1978; Maines, 1982; Mesler, 1989; Thomas, 1984; O'Toole and O'Toole, 1981). Extant literature has identified forms of negotiation including trade-offs, deals and pacts, compromises, exchanges and silent bargains (Day and Day, 1977; Maines, 1982; Mesler, 1989; Thomas, 1984; O'Toole and O'Toole, 1981). Although these are often richly described, there is no typology of negotiations that links negotiations to outcomes.

Of relevance to our study is the role of social structure, or divergent institutional logics, in both precipitating and being re-constituted through negotiation. Like other interactionist studies, the negotiated order perspective has been criticised for neglecting the influence of structure, formal rules and historical practices (Day and Day, 1977; Fine, 1984). However, Strauss' work makes explicit reference to these structural influences as both triggering and framing negotiation. Later work described the recursive process by which the 'structural context' – established relationships, rules and hierarchies – and the specific 'negotiation context' – the disagreement, actors and opportunities for interaction – frame interactions, which contribute to emergent social order (Maines, 1982). For example, changing structural contexts are more likely to give rise to significant disagreement and overt negotiations whilst stable contexts foster tacit social agreements (Allen, 1997; Halls and Spencer, 1982).

The negotiation order perspective provides a relevant conceptual approach for the institutional analysis of hybrid organisation; specifically how micro-level negotiations reflect and reconcile underlying institutional tensions, and contribute to the new hybrid organisational order. In light of recent institutional theory, the structural context for hybrid organisations can be viewed in terms of the constellation of supra-organisational institutional logics (Friedland and Alford, 1991; Thornton, 2004), which also shape the local 'negotiating

context' in terms of the tangible disagreements and interactional opportunities around which negotiations transpire. Elaborating this idea, programs of hybridisation alter the 'structural context' by bringing together multiple institutional logics, in our case the public and private sector, with each placing potentially contradictory obligations on behaviour and exposing actors to material practices and symbolic systems from which they have been previously insulated (Thornton et al., 2012). Studies of outsourcing, contracting and strategic partnerships have shown how new inter-organisational arrangements generate multiple points of cross-boundary interaction, outside of the formal organisational hierarchy (Brannen and Salk, 2000; Marchington, et al., 2005; Nathan and Mitroff, 1991). Further, these interactions can be the site for uncertainty and conflict within the workplace (Rubery et al., 2004; Smith, 2012; Marchington et al., 2005).

Combining the negotiated order view with the institutional logics perspective provides a distinct theoretical basis for understanding the antecedent structural conditions of negotiations within hybrid organisations and the potential for negotiations to contribute to hybrid configurations. Building on this, we ask how micro-level negotiations within emerging hybrid organisations reflect and reconcile underlying structural tensions associated with divergent parent logics, and how these negotiations contribute to the new hybrid organisational order. To answer these questions, our study explores a case of public-private partnership (PPP) in healthcare, introduced below.

Case study: Public-private partnerships in healthcare

On a global level, public and private partnerships (PPPs) have become central to the modernisation of public services, involving many forms of collaborations and agreements

between public and practice organisations (Hodge et al., 2010). Mirroring the literature on hybrids, literature on PPPs has tended to focus on structural or 'upstream' issues, commonly including typologies of partnership configuration, financial contracting and the governance of risk (Hodge et al., 2010; Osborne, 2009).

Beyond this, research has described how embedded institutional differences between sectors impacts on the nature of relations between partner organisations (Field and Peck, 2003; Klijn and Teisman; 2003). For example, studies have investigated the impact of such differences on performance objectives, employment relations and the supply of labour, as well as public service cultures, identities and work practices (Marchington et al., 2005; MacKenzie, 2000; 2008; Rubery et al., 2004). This latter work demonstrates how privatisation and public sector sub-contracting can lead to disordered hierarchies and complex power relationships as high status, skilled and specialised public service work is transferred to third party providers. While such studies highlight tensions within PPPs, they have tended to focus on organisational management and the impact on workforce, rather than the scope for these tensions to provide the foundations for negotiation, hybridisation or wider institutional change.

The English National Health Service (NHS) is an exemplary focus for investigating the negotiated order of hybrid organisations. Since the late 1990s, NHS reforms have involved the co- or private-financing of new hospital buildings, based on relatively 'loose' contractual arrangements (Hodge et al., 2010). Since the early 2000s, policies have extended opportunities for public and private sector organisations to work in more 'tight' relationships in the design and delivery of frontline services, including relatively new modes of service organisation. As an example of increasingly 'tight' public-private relations, our case examines the introduction of an Independent Sector Treatment Centre (ISTC) between 2009

and 2011. ISTC were introduced to expand provision of and promote innovation in public healthcare through involving private companies in the financing, organisation and management of non-urgent or elective care.

ISTCs are an important site of hybridisation for several reasons. First, healthcare remains a prominent site for analysing the interaction and hybridisation of divergent logics, and previous research has extensively described how the dominant professional-bureaucratic logic of healthcare has been challenged by commercial and market-managerial logics in marketisation reforms (Reay and Hinings, 2009; Scott, 2001; Kitchener, 2002), providing the institutional context for this study. Second, ISTCs illustrate a fundamental change in the organising of English healthcare, representing one of the first examples of private companies assuming responsibility for managing public acute healthcare through long-term partnership (Gabbay 2011; Pollock and Godden, 2008; Waring and Bishop, 2011). Third, through assuming responsibility for the delivery of NHS services, private companies are required to manage health professionals previously employed in NHS hospitals, creating a multi-employer, multi-sectoral workplace and opening new sites for cross-sector interaction. ISTCs therefore provide a novel site for the analysis of hybrid organisations as a negotiated order, with public clinical staff and private managers brought together to produce health services within new workplace relations.

Our case study ISTC was developed through partnership between public sector (NHS) commissioners and hospitals, and a private healthcare firm ('UKHealth'), a new market entrant with financial support of a larger European healthcare company. This ISTC involved the construction of a new hospital facility, with 13 medical specialisms transferred from a local NHS hospital to the privately managed facility. Services were commissioned by the local NHS, with an annual value of approximately £40million for an initial five years. The

ISTC was led by senior executives and middle managers from UKHealth. A large pool of clinicians (approximately 800) were seconded from the local NHS hospital on either a 'sessional' or full time basis, including nurses, doctors, healthcare assistants, technicians and administrators. For these staff, NHS terms and conditions of work were protected within the ISTC.

The research involved an 18-month ethnographic study covering the design, development and opening of the ISTC. Ethnography allowed for rich contextual insight into the day-to-day organisation of work within the ISTC, including close attention to micro-level negotiations (Fischer and Dirsmith, 1995). Following an ethnographic approach, our study aimed to develop an insiders' perspective and to locate the situated and negotiated meanings of different staff groups within a wider organisational context (Fetterman, 1998). Over 300 hour of observations were conducted within non-clinical and administrative settings, e.g. management meetings and training events; and in a range of clinical settings including wards, clinics and operating rooms. These were recorded in hand-written field journals, before being typed-up. The observations examined how work practices were established through the interaction between ISTC policies and procedures, and pre-existing clinical practices and customs carried over from the NHS.

Alongside observations, a large number of informal interviews were carried out to develop observations, also recorded in field journals. In addition, 38 semi-structured recorded and transcribed interviews were carried out with different staff representatives to explore their experiences of work organisation in the ISTC (respondents listed in table 1 below; some role are generalised for anonymity). Documentary evidence was collected, including contract terms, standard operating procedures, patient pathways, regulations, key performance indicators (KPIs), work role descriptions and employment contracts.

Table 1. interview respondents and role background

Respondent ID	**ISTC work role (full time in ISTC unless stated)**	**Career background prior to ISTC**
Doctor 1,2,3,4	Consultant anesthetists (1/2 – 1 day per week)	Trained and full career in NHS (average18 years)
Doctor 5,6,7,8	Consultant surgeons (1/2 – 1 day per week)	Trained and full career in NHS (average 16.5 years)
Doctor 9,10	Registrar surgeons (1 day per week)	Trained and full career in NHS (average 8 years)
Doctor 11	Consultant physician (2 days per week)	Trained overseas (12 years). Worked in NHS (5 years)
Sister 1	Department lead nurse	Trained and worked in NHS (8 years), recently in Private hospital (5 years)
Sister 2	Department lead nurse	Trained and worked overseas (11 years), worked in NHS (4 years)
Sister 3, 4	Department lead nurse	Trained and full career in NHS (average 16 years)
Nurse 1,2,3,4, 5,6,7,8,9,10	Staff grade nurse	Trained and full career NHS (average 14 years)
Nurse 11	Staff grade nurse	Trained overseas (7 years). Worked in NHS (4 years)
ODP 1	Operating department practitioner	Trained in NHS. Full career in private hospitals (13 years)
ODP 2, 3	Operating department practitioner	Trained and full career in NHS (average 14 years)
HCA 1, 2	Healthcare assistant	Trained and full career in NHS (average 4 years)
UKHealth manager 1	Planning and contract manager	NHS manager (10 years). Private healthcare manager (5 years)
UKHealth manager 2	Planning and contract manager	NHS management (10 years). Private hospital manager (3 years)
UKHealth manager 3	Senior function manager	NHS manager (5 years). Private hospital manager (4 years).
UKHealth manager 4	Senior function manager	NHS manager (6 years)
UKHealth manager 5	Senior function manager	Retail management (18 years)
UKHealth manager 6	Senior exec manager	Consultant surgeon, trained and worked NHS (15 years). Worked in private hospital (13 years)
UKHealth manager 7	Senior exec manager	Consultant surgeon trained and worked NHS (10 years). Worked private hospital (8 years)

Data analysis initially involved open coding of data in light of the sensitising concepts and debates informing the study. This was followed by iterative coding, whereby data was subject to close reading and thematic analysis; and where authors regularly met to review codes to determine their consistency, boundaries and relationships. Through this process of constant comparison and relating codes back to existing theories, conceptual categories and themes were developed. The case narrative is presented to convey the tensions underpinning cross-sector interactions within the new ISTC before moving on to highlight processes of interpersonal negotiation.

Findings

Logic tensions and workplace disagreements

Our findings first describe how the ISTC represented a novel site in which the prevailing professional-bureaucratic logic of the NHS and the market-managerial logic of UKHealth were brought together. The ISTC was seen by the UKHealth planning team as an opportunity for a radical change in English publicly funded healthcare, which has been dominated by NHS organisations. However, the realisation of this vision required working closely with, and securing the cooperation of, the NHS clinical workforce whose work was transferred into the ISTC. Interviews highlighted notable tensions between the underpinning logics of UKHealth managers and NHS clinicians, centred around issues of service values and goals, working practices, systems of hierarchy, and the material and technological aspects of work (Table 2).

While interviews were helpful in identifying institutional tensions at an abstract level, observations within the workplace allowed us to elaborate specific episodes of disagreement between UKHealth and NHS clinicians associated with each of these tensions. These were especially prominent within points of routine cross-boundary interaction between public and

private actors, including daily departmental meetings with UKHealth managers and senior NHS nurses, weekly management walk-arounds and briefing sessions, and senior-level management and governance meetings between UKHealth executives and NHS medical leaders. These interactions were prominent sites for 'issues' and 'problems' to be explicitly worked out. Table 2 summarises the emergent tensions, illustrative workplace disagreements as well as provisional settlements, described further below.

<INSERT TABLE 2 CONFLICTS AND NEGOTIATIONS ABOUT HERE>

Processes of negotiation

The study identified a number of negotiation processes and tactics through which UKHealth and NHS clinicians worked through and sought to resolve the disagreements emerging in the creation of the ISTC.

Forming coalitions and relationships: One common way NHS clinicians sought to negotiate new forms of work organisation within the ISTC was to draw support from embedded social networks carried over their former NHS hospital. These were used to resist new ways of working and re-assert customary practices established within the NHS. Although contractual and bureaucratic rules placed all NHS staff under the supervision of UKHealth managers, considerable informal (interpersonal) and formal (professional and expert) forms of influence were retained amongst NHS group cultures and occupational hierarchies. For example, NHS doctors maintained close collegial relations with other doctors within their specialisms, and nurses continued to report to their senior grade nurses or doctors, rather than to UKHealth managers.

> 'Definitely I think the [NHS] clinical leads have the most weight and the most control' (Sister 2)

> ‘If [anaesthetists] say ‘I won’t do the anaesthetic’ what can you do? You can’t say ‘well I will go and get another anaesthetist then’, you could try but you wouldn’t find one.’ (Sister 1)

Clinical networks were used to resist new ways of working and re-assert customary practices established within the NHS. A prominent example of this was observed with doctors’ reactions to a new off-site patient booking centre. This had been initiated by UKHealth managers to allow central management of patient appointments in line with contracted waiting times. However, doctors saw this as undermining their ability to safely manage their own caseload and prioritise patients according to the clinical expertise.

> ‘Previously I would just sit down with my secretary and […] generally we got it right. But here you had no idea how many patients were on the list and how many would turn up. It could be two it could be twenty, and it was just impossible’ (Doctor 7)

After an initial period of using the new system, senior doctors collected anecdotal evidence about the problems their medical colleagues were experiencing and organised meetings to present a collective response to UKHealth managers. While managers were immediately dismissive of ‘the old guard’, they also recognised patient throughput was below target; and following sustained collective lobbying from doctors, the decision was made to bring this administrative function into the ISTC main building under placing it back under medical control.

> ‘I found it frustrating because I always used to just pop into my secretary who was doing the booking and make sure we were going to be maximising utilisation and make any small changes that might need to be made […] its been a bit of a struggle

> but I am working my way back to the system that we used to have [in the NHS hospital] that worked really well' (Doctor 8)

UKHealth managers acknowledged these existing clinical networks presented a significant challenge to their aspirations for service innovation. As patterns of relationships were increasingly understood, managers purposefully identified senior nurses and other clinicians with high levels of influence within peer networks. These 'local leaders' were then the focus of attempts to build cross-organisational cooperation and managers worked to persuade them of the benefits of change.

> 'We are really trying now to bridge the gap and get some of the key people to come with us on this, to see how we can do things better' (UKHealth manager 6)

Rhetoric and legitimacy: A second related process of negotiation was the use of rhetorical arguments to promote preferred ways of working and undermine the coherence or legitimacy of alternate perspectives. In episodes of disagreement, NHS staff would typically position their arguments in terms clinical expertise and experience, and challenge aspects of the ISTC along three lines. First, clinicians argued that proposed changes would undermine clinical standards and threaten quality, for example promoting quantity over safety. In this regard, appeals were made to 'professional' standards and regulations that were seen as superseding local organisational expectations. Second clinicians argued similar initiatives had already been tried in the NHS and shown to be ineffective. This appeared to be an effective strategy as UKHealth managers often wanted to be seen as innovative and not replicating activities found in the NHS. Third, clinicians promoted their collective wisdom and argued that their proximity to the 'frontline' made them better placed to devise change.

> “I don’t think [the UKHealth managers] can understand that one assessment can take ten minutes and another can take an hour and a half, [they] expect everybody to get through within the set time of twenty minutes and it isn’t always possible’’ (Nurse 6)

> ‘Some of us have been doing this together for about twenty years, if there was a way to save time and make things more efficient do you not think we would have done it by now?’ (Sister 3)

In light of resistance, UKHealth managers increasingly appreciated the need to convince NHS staff of the value and necessity of new ISTC approaches to work. UKHealth managers had initially presented a vision of stark transformational change and dramatic increases in efficiency, but in the face of clinicians arguments this was consciously moderated, with managers adopting ‘softer’ rhetoric that emphasised shared values around improving services for patients and the potential to expand successful services. Change was advocated in terms of the benefits for patients and professionals, rather than the organisation.

> ‘Our rational for doing the TC in the first place and for the Trust to engage in it is it would be a catalyst for change and it would kind of shine a light on the way we do things at the moment. And we would get real opportunities that we could transfer from patient to patient’ (UKHealth manager 1)

> ‘We are really having to enforce that message now, we are for the NHS patients of [the city] and this is a government backed initiative’ (UKHealth Manager 4).

On an individual level, NHS staff were asked to help ‘find the best solutions together’ (UKHealth Manager 3). These messages were put forward through a series of education and training initiatives, aimed at spreading new norms of practice.

> "We hold fortnightly 'Change' workshops for staff developing on some of the differences around the way things have to be managed in the independent sector, to improve their familiarity with the regulations" (UKHealth Manager 3)

In adopting these messages, the relationship between the NHS and UKHealth was re-cast from one of contractual competition, to one based on partnership and joint-working. This could be seen as an attempt to mitigate the extent of difference between public and private objective and present a sense of continuity for NHS.

> 'Its a constant education I think from our point of view that we need to get NHS people on board with a more sort of business perspective […] but at the end of the day we have to be very balanced about this because there is often a patient at the end of all these decisions' (UKHealth Manager 5)

Trade off and bargains: A third process of negotiation was for UKHealth managers and NHS clinicians to identify trade-offs and bargains to balance divergent understandings of work. The clearest example of explicit deal-making was the move to offer financial incentive to doctors working in the ISTC. This included offering share purchase options as well as bonuses for hitting targeted volumes.

> "We want to make it so it's in their interests to treat patients as efficiently as absolutely possible" (UKHealth Manager 6).

Although these were often presented as rewards for meeting performance targets, they might also be interpreted as compensating doctors' for compliance and support for new ways of working. For example, productivity bonuses were offered alongside UKHealth management attempts to publish individual and departmental performance measures on throughput and quality. This met with a mixed response from doctors, with some welcoming financial

incentives linked to more transparent performance and others concerned about encroaching commercial imperatives onto medical work.

> ‘To be honest, doctors are quite a competitive lot and I think it is quite interesting seeing where I sit [in terms of performance against other doctors]’ (Doctor 8)

> ‘Some doctors may think its brilliant to rush patients’ through and make lots of money, others might be more resistant to that’ (Doctor 2)

However, many senior doctors did accept financial incentives. This group were increasingly present at strategic and senior level meetings, took a pro-active interest in ISTC objectives and adopted visible roles persuading other colleagues to engage with the ISTC and bridge the gap between UKHealth managers and NHS clinicians.

For other staff groups, UKHealth managers identified different incentives for accepting new ways of working. For example, senior nurses were formally ‘handed back’ departmental management responsibilities such as team composition, workload planning and recruitment. For nurses, this arrangement was welcome because it was seen as returning control over clinical areas and enabled them to counter the perceived dangers of privatised healthcare, such as prioritising throughout over quality. For managers, this arrangement also had benefits as it reduced the need for direct management oversight of clinical work, and increased the involvement of clinical leaders in decision-making and change processes.

> ‘We have got more control now over who we get in. Some of the people they were recruiting were just not up to our standard so this is a big step forward’ (Sister 3)

> ‘We’ve now made lots [of changes to UKHealth work plans]. Some we have actually taken a bit further now and we are starting to look more at the patients pathway i.e. how do we get that patient to theatre in as quickly a time as possible’ (Sister 1)

As these quotes suggest, trading-off control over clinical work for the active engagement of staff, alongside attempts to build new relationships and modify rhetoric, did appear to stimulate points of cooperation, and led to clinical leaders accepting some responsibility for delivering performance and throughput targets of the ISTC.

Outcomes of negotiations

The above negotiated processes appeared to allow provisional settlements to several early points of disagreements between NHS staff and UKHealth managers (see table 2). Seen together, settlements contributed to a number of important changes to the hybrid organisational arrangements. First, there was a redefinition and refocusing of the remit or reach of management in the organisation of clinical tasks. UKHealth managers partially withdrew from departmental level administration and narrowed their focus on wider contract management, and the overarching performance of the ISTC, including issues of finance and accounting, marketing, collecting performance data and preparing for inspections and quality reports.

> ‘Obviously we don’t see the financial side of things; we just see what surgery needs to be done and what equipment and work is needed to support that. Someone else is looking at where the best place is to get the cheapest equipment that works and all that kind of stuff, obviously they have that mentality because it is a business’ (Sister 2)

> ‘I think the lines are now a lot more blurred and the clinical side is better […] but the business side there are certainly still differences’ (Doctor 8)

Second, stemming from the above, NHS clinicians reclaimed, and in some instances gained, influence in service administration, from day-to-day task allocation to involvement in strategic planning. For example, doctors with financial interests in the company played an active role in organisational development, and senior nurses were given increased responsible for meeting throughput targets. This was reflected in the increasing willingness of certain NHS clinical staff to engage with the development of the ISTC.

> ‘[UKHealth] are very pro wanting you to make it work and wanting you to develop the centre as you want to develop it. You do feel that you have got more scope to do that.’ (Sister 1)

Third, while there continued to be tensions between UKHealth managers and NHS clinical staff, there was a common feeling that relations between these groups had ‘settled down’ over the first year of operation. Settlements for individual disagreements could be seen to set precedents for reciprocity and helped to set ground rules for cross-boundary cooperation.

> ‘You have to have that little bit of give and take and you work with people over time and you get to know how they work, you get to know what they are capable of and how far they are willing to help you’ (Sister 2)

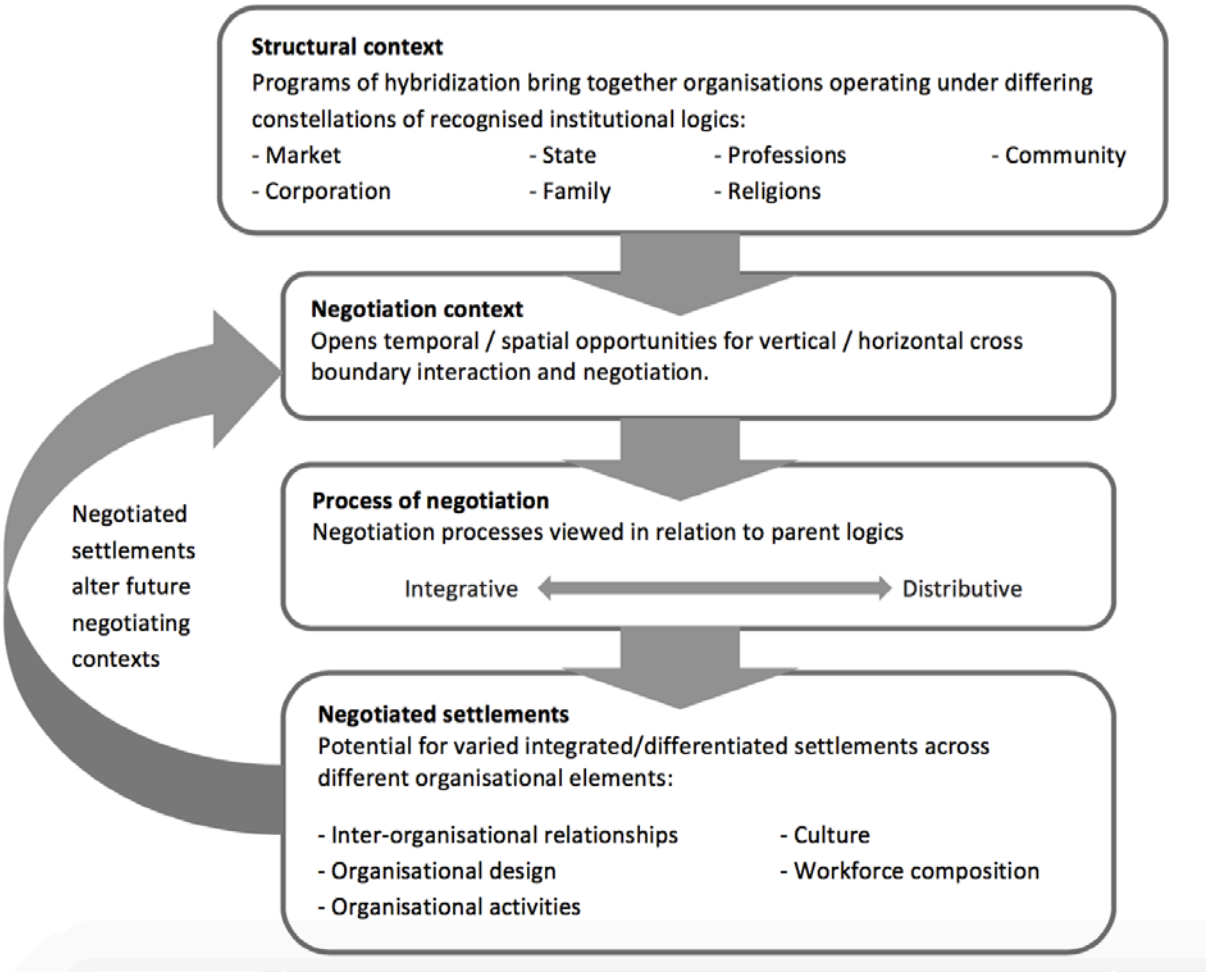
> ‘I would say three months ago I would have seriously considered going back to an NHS hospital […] I enjoy working here now and that is probably because things have settled down, there is still the odd teething problem in my book that shouldn’t be happening, but in the main things are better.’ (Nurse 7)

Negotiated settlements were also reflected in improvements in overall organisational performance markers. Over the first six months of operation, there were several breaches of key performance indicator (KPIs); of 30 contractual KPIs set, six were breached on a majority of months. Of particular note, patient complaints were several times higher than the contracted rate, and patients care episodes were less than half expected levels. In the second six months of opening, care episodes had more than doubled and patient complaints were reduced to below target levels. Although there were still regular breaches of three KPIs related to administrative issues, what were seen as the important targets had been met.

Discussion and conclusions

Previous research on organisational responses to competing institutional logics often takes as its starting point 'upstream' organisational design or configuration (Battilana and Lee, 2014, Pache and Santos, 2013a; Skelcher and Smith, 2014). There has been less attention, however, to the ways in which micro-level interactions both reflect and re-constitute broader institutional tensions. Our study examines these micro-level interactions informed by Strauss' (1978) negotiated order perspective, which brings to light the emergence of social order and patterns of organising through negotiation strategies of actors embedded within day-to-day organisational life. For our case study, we have examined the interaction of private sector managers and public sector health professionals brought together in a hybrid public-private partnership. Reflecting on the findings above, and building on extant literature, we develop a conceptual framework addressing the contribution of micro-level negotiations to the emergence of hybrid organisations.

Figure 1. Context and processes of negotiated order within hybrid organisations



The first stage of our framework draws upon previous research showing how actors from the public and private sector adhere to professional-bureaucratic and market-efficiency logics characteristic of these respective domains (Battilana and Dorado, 2010; Kitchener, 2002; Klijn and Teisman; 2003; Scott, 2001; Reay et al., 2006). Programmes of hybridisation bring together organisations operating under differing constellations of institutional logics, and in our case this is shown to create a number of tensions in terms of: values and goals, work processes, hierarchy and the material and technological aspects of work (see table 2). The combinations of societal level institutional logics (Thornton, 2004) represent what Strauss' work (1978) might interpret as the wider 'structural context' of negotiation, as they provide the overriding source of tension and disagreement.

The second stage of our framework identifies how logic tensions result in specific workplace disagreements within the hybrid organisational context. Logic tensions were not only present in the abstract reflections of those affected, but were revealed in specific episodes of disagreement between private managers and public clinical staff in interactions spanning previous organisational and sectoral boundaries. The formation of the ISTC involved the creation of new spatial and temporal opportunities for communication between sectors, bringing competing logics into direct confrontation in the course of every day work. As identified in previous research (Hebson, et al., 2003; Klijn and Teisman, 2003), cross-sector relationships represented sites of conflict as the overarching differences between parent logics became manifest in contrasting approaches to work organisation, priorities and performance. At the same time, our case identified how establishing points of difference and disagreement within these relationships provided the foundations for new forms social order to be established (Hall and Spencer, 1987; Nathan and Mitroff, 1991). These might be interpreted as the specific 'negotiation context' that triggers and frames how negotiations unfold over time (Strauss, 1978).

The third stage of our framework identifies how processes of negotiation contribute to dynamic change under the 'push and pull' of competing logics. In our case, we identify how negotiations involved the utilisation of 'embedded networks' to present opposition resistance, the performance of 'rhetorical arguments' to question or establish the legitimacy of change and the development of 'deals and exchanges' to secure cooperation. In each, different types of resources appeared to shape how negotiations played out, and the type of settlement reached, including social networks or capital, claims to expertise, standards or quality, and access to additional material resources. Significantly, these key resources of negotiations are rarely made explicit in existing research on negotiated order (Fine, 1984). Through these

negotiation processes, individual disagreement were provisionally settled, which in turn mitigated wider institutional tensions.

Drawing terms from the field of conflict resolution (Lewicki and Litterer, 1985), we elaborate our findings to suggest the mediation of competing institutional logics through micro-level negotiations might be characterised in one of two ways. First, we found examples of *distributive* negotiations, characterised by a search for concessions weighted towards one or other parent logics, such as attempting to divide the business and clinical responsibilities between the private and public groups. Second, we saw examples of *integrative* negotiations characterised by a search for novel resolutions that seek to satisfy multiple logics simultaneously such as the attempt to identify mutual values through 'softer' forms of rhetoric demonstrated by the private managers. Viewing negotiations on a spectrum of distribution to integration furthers understanding of the process by which episodes of negotiation relate to the wider structural context by considering how negotiations fit within conflicting institutional logics.

The final stage of our framework identifies how distributive and integrative negotiations at the individual level contribute to hybridisation at the organisational level. Returning to the work of Battilana and Lee's (2014), we find negotiation processes shaping the position of different 'elements' that make up the hybrid organisation, so that each element has the potential to become more 'blended' to multiple logics, or segregated between logics. Relating our case findings to these elements: 1) *Organisational design* involved an increasing split between parent logics as NHS staff gained authority over clinical activities and UKHealth focused on financial and administrative matters. 2) *Organisational activities* moved increasingly towards a professional-bureaucratic logic as clinical staff re-asserted existing ways of working, albeit accepting limited forms of change. 3) *Workforce composition*

although largely fixed by contract, involved some movement towards a professional-bureaucratic logic as clinical leaders gained increasing involvement in the recruitment of 'private' staff. 4) *Organisational culture* became increasing blended between logics as relationships developed and managers sought points of convergence around clinical quality and patient care. 5) *Inter-organisational relationships* involved an increasingly complex mix of professional-bureaucratic and market-efficiency forms, as multiplex contractual, reciprocal and hierarchical imperatives influenced relations between public and private actors at the micro level, representing a key interface between partner organisations at the meso level.

Overall, this presents a processual view of hybridisation that links macro institutional tensions to micro-level negotiations and the resultant hybrid form. Specifically, differences in supra-organisational logics lead to disagreements within the negotiating context, within which subsequent micro level negotiations contribute to the positioning of each organisational element against competing parent logics. Through this process each organisational element can become more 'blended' to multiple logics, or segregated between logics, over time. Our study contributes to the growing literature on PPPs and the changing relationship between the public and private sector more generally, by directing attention beyond the structural features of inter-organisational or inter-sectoral working to present a more fine-grained and dynamic picture of negotiated and emergent hybridisation.

Supporting previous research on the lived-experience, processes and contradictions within public service outsourcing (Grimshaw et al., 2002; Hebson et al., 2003; MacKenzie 2000, 2002; Smith, 2012), our study challenges the managerialist and functional assumptions embedded within policy-led programs of market and contractual public service reforms. In line with these studies, we illustrate how taxonomic distinctions between bureaucratic and market controls are problematic when considering complex public service sectors operating

under multiple forms of regulation and control. Such work provides theoretical and empirical evidence against simplistic notions of market efficiency, as well more developed arguments for 'boundaryless' networks to promote flows of resources between sectors.

To conclude, our paper contributes to the growing body of research concerned with analysing how tensions between institutional logics evident in the formation of hybrid organisations are further manifest in and managed through micro-level negotiations. This presents a picture of hybrids as potentially volatile 'mixtures' rather than 'solutions', as negotiated settlements remain open to on-going revision and tensions in the institutional foundations of hybrids are provisionally settled in view of local contexts of work. This study was limited to a single case within a specific type of PPP in the context of UK healthcare. To further identify how the process of hybridisation shapes how organisational elements are brought together, additional work is needed on the interactional level in new hybrid organisations, including both on the more detailed level of dyadic interactions and dialogue, to consider how tensions are discursively handled and on the longitudinal level to see how micro and meso level negotiations relate to each other during extended contract periods, and indeed contribute to more macro level institutionalisation of sectoral boundaries and domains.

References

Abbott, A. (1988). The system of professions. *An Essay On The Division Of Expert Labour*. Chicago, the University of Chicago Press.

Allen, D. (1997). The nursing-medical boundary: a negotiated order? *Sociology of Health and Illness*, 19(4), 498-520

Basu, O. N., Dirsmith, M. W., & Gupta, P. P. (1999). The coupling of the symbolic and the technical in an institutionalized context: The negotiated order of the GAO's audit reporting process. *American Sociological Review*,43(4), 506-526.

Battilana, J., & Dorado, S. (2010). Building sustainable hybrid organizations: The case of commercial microfinance organizations. *Academy of Management Journal*, 53(6), 1419-1440.

Battilana, J., & Lee, M. (2014). Advancing Research on Hybrid Organizing– Insights from the Study of Social Enterprises. *The Academy of Management Annals*, 8(1), 397-441.

Bechky, B. A. (2011). Making organizational theory work: Institutions, occupations, and negotiated orders. *Organization Science*, 22(5), 1157-1167.

Billis, D. (Ed.). (2010). *Hybrid organizations and the third sector: Challenges for practice, theory and policy*. London, Palgrave Macmillan.

Boardman, A. E., & Vining, A. (2010). Assessing the economic worth of public-private partnerships. In G. A. Hodge, C. Greve, and A. Boardman (2010) *International handbook on public-private partnerships*, Northampton, MA, Edward Elgar, 238-254

Boland, R. J., Sharma, A. K., & Afonso, P. S. (2008). Designing management control in hybrid organizations: The role of path creation and morphogenesis. *Accounting, Organizations and Society*, 33(7), 899-914..

Brannen, M. Y., & Salk, J. E. (2000). Partnering across borders: Negotiating organizational culture in a German-Japanese joint venture. *Human relations*, 53(4), 451-487

Brown, K., Waterhouse, J., & Flynn, C. (2003). Change management practices: Is a hybrid model a better alternative for public sector agencies? *International Journal of Public Sector Management*, 16(3), 230-241

Chambre, S. 2002. 'Beyond the Liability of Newness: Nonprofit Organizations in an Emerging Policy Domain', *Nonprofit and Voluntary Sector Quarterly*, 31(4) 502–24.

Day, R., & Day, J. V. (1977). A review of the current state of negotiated order theory: An appreciation and a critique. *Sociological Quarterly*, 126-142.

DiMaggio, P. J., & Powell, W. W. (1983). The iron cage revisited-Institutional isomorphism and collective rationality in organizational fields *American Sociological Review* 48(2), 147-160,

Evers, A. (2005). Mixed welfare systems and hybrid organizations: Changes in the governance and provision of social services. *Intl Journal of Public Administration*, 28(9-10), 737-748.

Ferlie, E., Fitzgerald, L., McGivern, G., Dopson, S., & Bennett, C. (2011). Public policy networks and 'wicked problems': a nascent solution?. *Public Administration*, 89(2), 307-324.

Fetterman, D. M. (1998). *Ethnography*. Sage Publications.

Field, J., & Peck, E. (2003). Mergers and acquisitions in the private sector: what are the lessons for health and social services? *Social Policy & Administration*,37(7), 742-755.

Fine, G. A. (1984). Negotiated orders and organizational cultures. *Annual Review of Sociology*, 10, 239-262.

Fischer, M. J., & Dirsmith, M. W. (1995). Strategy, Technology, and Social Processes With in Professional Cultures: A Negotiated Order, Ethnographic Perspective. *Symbolic Interaction*, 18(4), 381-412.

Friedland, R, and Alford. R. R. (1991) Bringing society back in: Symbols, practices and institutional contradictions. In Powell, W. W. and Dimaggio, P. J. (Eds.) *The New Institutionalism in Organizational Analysis*, 232-263.

Gabbay, J., Le May, A., Pope, C., and Robert, G., (2011). *Organisational Innovation in Health Services: Lessons from the NHS Treatment Centres*. Policy Press

Goffman, E. (1982). The interaction order: American Sociological Association, 1982 presidential address. *American sociological review*, 48(1), 1-17.

Goodrick, E., & Reay, T. (2011). Constellations of Institutional Logics Changes in the Professional Work of Pharmacists. *Work and Occupations*, 38(3), 372-416.

Greenwood, R., Díaz, A. M., Li, S. X., & Lorente, J. C. (2010). The multiplicity of institutional logics and the heterogeneity of organizational responses. *Organization Science*, 21(2), 521-539

Grimshaw, D., Vincent, S., & Willmott, H. (2002). Going privately: partnership and outsourcing in UK public services. *Public Administration*, 80(3), 475-502.

Hall, P. M., & Spencer-Hall, D. A. (1982). The social conditions of the negotiated order. *Journal of Contemporary Ethnography*, 11(3), 328-349.

Hebson, G., Grimshaw, D., & Marchington, M. (2003). PPPs and the changing public sector ethos: case-study evidence from the health and local authority sectors. *Work, Employment & Society*, 17(3), 481-501.

Hodge, G. A., Greve, C., & Boardman, A. E. (Eds.). (2010). *International Handbook on Public-Private Partnership*. Edward Elgar Publishing.

Kitchener, M. (2002). Mobilizing the logic of managerialism in professional fields: The case of academic health centre mergers. *Organization Studies*, 23(3), 391-420.

Klijn, E. H., & Teisman, G. R. (2003). Institutional and strategic barriers to public—private partnership: An analysis of Dutch cases. *Public money and Management*, 23(3), 137-146.

Lawrence, T. B., Suddaby, R., & Leca, B. (Eds.). (2009). *Institutional work: Actors and agency in institutional studies of organizations*. Cambridge University Press.

Lewicki, R. J., & Litterer, J. A. (1985). *Negotiation.* Homewood, IL: Irwin.

Lipsky, M. (1980). Street level bureaucrats, *New York: Russel Sage*

MacKenzie, R. (2000). Subcontracting and the reregulation of the employment relationship: a case study from the telecommunications industry. *Work, Employment and Society*, 14(04), 707-726.

MacKenzie, R. (2002). The migration of bureaucracy: contracting and the regulation of labour in the telecommunications industry. *Work, Employment & Society*, 16(4), 599-616.

MacKenzie, R., (2008). From networks to hierarchies: the construction of a subcontracting regime in the Irish telecommunications industry. *Organization Studies* 29(06), 867-886

Mackintosh, M., Jarvis, R., & Heery, E. (1994). On managing hybrids: some dilemmas in higher education management. *Financial Accountability & Management*, 10(4), 339-354

Maines, D. R. (1982). In Search of Mesostructure Studies in the Negotiated Order. *Journal of Contemporary Ethnography*, 11(3), 267-279.

Maines, D. R., & Charlton, J. C. (1985). The negotiated order approach to the analysis of social organization. *Studies in Symbolic Interaction*. 1, 271-308

Mair, J., Mayer, J., & Lutz, E. (2015). Navigating Institutional Plurality: Organizational Governance in Hybrid Organizations. *Organization Studies*, 36(6), 713-739.

Marchington, M. (2005). *Fragmenting work: Blurring organizational boundaries and disordering hierarchies*. Oxford University Press.

Mesler, M. A. (1989). Negotiated order and the clinical pharmacist: the ongoing process of structure. *Symbolic interaction*, 12(1), 139-157.

Meyer, J. W., & Rowan, B. (1977). Institutionalized organizations: Formal structure as myth and ceremony. *American journal of sociology*, 340-363.

Meyer, R. E., Egger-Peitler, I., Höllerer, M. A., & Hammerschmid, G. (2014). Of bureaucrats and passionate public managers: institutional logics, executive identities, and public service motivation. *Public Administration*, 92(4), 861-885.

Miller, C. (2001). Hybrid management: boundary organizations, science policy, and environmental governance in the climate regime. *Science, Technology & Human Values*, 26(4), 478-500.

McPherson, C. M., & Sauder, M. (2013). Logics in action managing institutional complexity in a drug court. *Administrative Science Quarterly* 58(2), 168-195

Nathan, M. L., & Mitroff, I. I. (1991). The use of negotiated order theory as a tool for the analysis and development of an interorganizational field. *The Journal of applied behavioral science*, 27(2), 163-180.

Oliver, A. L., & Montgomery, K. (2000). Creating a hybrid organizational form from parental blueprints: The emergence and evolution of knowledge firms. *Human Relations*, 53(1), 33-56.

O'Toole, R., & O'Toole, A. W. (1981). Negotiating Interorganizational Orders.*The Sociological Quarterly*, 22(1), 29-41.

Osborne, S. P. (Ed.). (2009). *The new public governance?: Emerging perspectives on the theory and practice of public governance*. Taylor & Francis.

Pache, A. C., & Santos, F. (2013a). Inside the hybrid organization: Selective coupling as a response to competing institutional logics. *Academy of Management Journal*, 56(4), 972-1001.

Pache, A. C., & Santos, F. (2013b). Embedded in hybrid contexts: How individuals in organizations respond to competing institutional logics. *Research in the Sociology of Organizations*, 39, 3-35..

Pollock, A. M., & Godden, S. (2008). Independent sector treatment centres: evidence so far. *BMJ: British Medical Journal*, 336(7641), 421.

Powell, W. W., & Colyvas, J. A. (2008). Microfoundations of institutional theory. *The Sage handbook of organizational institutionalism*, Thousand Oaks, CA: Sage 276 - 298.

Purdy, J. M., & Gray, B. (2009). Conflicting logics, mechanisms of diffusion, and multilevel dynamics in emerging institutional fields. *Academy of Management Journal*, 52(2), 355-380.

Rawls, A. W. (1989). Language, self, and social order: A reformulation of Goffman and Sacks. *Human Studies*, 12(1), 147-172.

Reay, T., & Hinings, C. R. (2009). Managing the rivalry of competing institutional logics. *Organization Studies*, 30(6), 629-652.

Reay, T., Golden-Biddle, K., & Germann, K. (2006). Legitimizing a new role: Small wins and microprocesses of change. *Academy of Management Journal*, 49(5), 977-998

Rubery, J., Carroll, C., Cooke, F. L., Grugulis, I., & Earnshaw, J. (2004). Human Resource Management and the Permeable Organization: The Case of the Multi‐Client Call Centre*. Journal of Management Studies, 41(7), 1199-1222.

Sanders, M. L., & McClellan, J. G. (2012). Being business-like while pursuing a social mission: Acknowledging the inherent tensions in US nonprofit organizing. *Organization*, 1350508412464894.

Scott, W. R. (2001). *Institutions and organizations* 2nd edition. Thousand Oaks, CA: Sage.

Skelcher, C. & Smith, S. R. (2014) Theorizing Hybridity: Institutional Logics, Complex Organizations, and actor Identities, *Public Administration*, 93(2), 433-448

Smets, M., & Jarzabkowski, P. (2013). Reconstructing institutional complexity in practice: A relational model of institutional work and complexity. *Human Relations*, 66(10), 1279-1309.

Smets, M., Morris, T. I. M., & Greenwood, R. (2012). From practice to field: A multilevel model of practice-driven institutional change. *Academy of Management Journal*, 55(4), 877-904.

Smith, A. (2012). 'Monday will never be the same again': the transformation of employment and work in a public-private partnership. *Work, Employment & Society*, 26(1), 95-110.

Sørensen, E., & Torfing, J. (2009). Making governance networks effective and democratic through metagovernance. *Public administration*, 87(2), 234-258.

Stott, N., & Tracey, P. (2007). Between a rock and a hard place? Exploring the strategic tensions experienced by development trusts. *Journal of Finance and Management in Public Services*, 6, 2.

Strauss, A. L. (1978). *Negotiations: Varieties, contexts, processes, and social order*. San Francisco: Jossey-Bass.

Strauss, A., Schatzman, L., Ehrlich, D., Bucher, R., & Sabshin, M. (1963). The hospital and its negotiated order. *The hospital in modern society*, 147, 169.

Svensson, R. (1996). The interplay between doctors and nurses—a negotiated order perspective. *Sociology of health & Illness*, 18(3), 379-398.

Thomas, J. (1984). Some aspects of negotiated order, loose coupling and mesostructure in maximum security prisons *Symbolic Interaction*, 7(2), 213-231.

Thomasson, A. (2009). Exploring the ambiguity of hybrid organizations: a stakeholder approach. *Financial Accountability & Management*, 25(3), 353-366.

Thornton, P. H., & Ocasio, W. (2008). Institutional logics. *The Sage handbook of organizational institutionalism*, 840, 99-128.

Thornton, P. H. (2004). *Markets from culture: Institutional logics and organizational decisions in higher education publishing*. Stanford, MA, Stanford University Press.

Thornton, P. H., Ocasio, W., & Lounsbury, M., (2012). *The institutional logics perspective: A new approach to culture, structure and process*. Oxford, UK, Oxford University Press

Toms, S., Beck, M., & Asenova, D. (2011). Accounting, regulation and profitability: The case of PFI hospital refinancing. *Critical Perspectives on Accounting*, 22(7), 668-681.

Waring, J., & Bishop, S. (2011). Healthcare identities at the crossroads of service modernisation: the transfer of NHS clinicians to the independent sector? *Sociology of health & illness*, 33(5), 661-676