



# Being a Jedi Master of Change

## Navigating the invisible forces at play in healthcare

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## The Force(s) - (Institutional Logics)

In contemporary healthcare, clinicians and administrators navigate a landscape shaped by multiple institutional logics or the unwritten rules of the game made up of values, practices, and norms that guide behavior and decision-making. These logics include professionalism, managerialism, **commercial (market)**, and patient-centeredness. Rather than operating in isolation, these logics often coexist, compete, or are blended, influencing how care is delivered, managed, and reformed.

Ten Dam and Waardenburg (2020) emphasize that frontline healthcare professionals do not adhere rigidly to a single institutional logic. Instead, they fluidly shift between multiple logics using “narratives” to make sense of their work. This flexibility allows clinicians to tailor their approach based on context. Still, it also demands a high level of interpretive skill to reconcile competing expectations in patient care and organizational accountability.

Historically, medical professionalism was the dominant logic in healthcare. However, Martin et al. (2015) note that professionalism has been challenged by the rise of managerial and market logics. These shifts were prompted by concerns over cost, variability in care, and the need for accountability. In response, a “new professionalism” is emerging—one that aligns with quality improvement efforts and interdisciplinary collaboration. Yet, translating the ideals of professionalism into meaningful change remains complex, especially where administrative systems are geared toward performance metrics and efficiency.

Attempts to institutionalize patient-centered reforms often meet resistance from entrenched systems. Malmlose and Kure (2021) describe a hospital initiative in Denmark that aimed to prioritize patient values in performance measurement. Although initially embraced, the program ultimately became symbolic rather than transformative, as deep-rooted productivity logics dominated day-to-day operations. This case underscores the importance of aligning administrative structures with the values of quality care.

The COVID-19 pandemic further tested the resilience of healthcare systems and the adaptability of institutional logics. Jacobsson et al. (2022) found that physicians in Sweden experienced shifting organizational logics in real-time. In some regions, managerial control intensified; in others, clinicians regained autonomy to make rapid decisions. These variations highlight the importance of local context, leadership structures, and mutual trust between clinicians and administrators during periods of crisis.

In English general practice, reforms have attempted to shift the field from a professional logic centered on individual patients toward a “population health” logic emphasizing standardization and cost-efficiency. McDonald et al. (2013) argue that these logics do not necessarily replace one another. Instead, different aspects of general practice reflect different logics—for example, standardized protocols for chronic disease management coexist with more discretionary approaches in cases of medically unexplained symptoms.

Institutional logics offer a powerful lens for understanding the complexities of healthcare. For clinicians, recognizing the influence of managerial and commercial logics can help contextualize organizational pressures. For administrators, awareness of professional values and patient-centered care norms can enhance engagement with frontline staff. Ultimately, effective healthcare requires negotiation between these logics to ensure high-quality, equitable, and sustainable care.

## **Institutional Logics in Healthcare: Definitions**

### **Medical Professionalism Logic**

This logic prioritizes the autonomy, expertise, and ethical duty of clinicians to act in the best interests of individual patients. It emphasizes professional judgment, peer regulation, and a service ethic rooted in specialized knowledge and clinical experience. Decisions are guided by a fiduciary commitment to patient well-being over organizational or economic concerns.

### **Administrative (Managerial) Logic**

Administrative logic focuses on efficiency, accountability, standardization, and resource optimization within healthcare organizations. Rooted in bureaucratic and managerial principles, it values performance metrics, cost control, hierarchical decision-making, and compliance with institutional policies. It often introduces structures that prioritize system-level outcomes over individual discretion.

### **Commercial (Market) Logic**

Commercial logic treats patients as customers, emphasizing choice, competition, and responsiveness to demand. It frames healthcare as a market transaction, where services are commodified, and quality is often equated with satisfaction or convenience. This logic aligns with neoliberal ideas and supports privatization, pricing models, and consumer-driven care.

### **Patient-Centered Logic**

Patient-centered logic advocates shared decision-making, empowerment, and recognition of patients as active participants in their care. It integrates patients’ values, preferences, and lived experiences into clinical encounters. This logic overlaps with but is distinct from professionalism—it decentralizes authority and emphasizes relational care, co-production, and holistic support.

# Navigating the Force(s) – (Institutional Work)

Institutional work refers to the deliberate actions taken by individuals and organizations to create, maintain, or disrupt institutional structures, norms, and practices (Lawrence & Suddaby, 2006). In healthcare, institutional work occurs as administrators, physicians, and other stakeholders shape organizational policies, professional roles, and care delivery models in response to evolving norms, technologies, and regulations.

## **Institutional Work by Patients**

Patients are increasingly recognized as active participants in shaping healthcare institutions. Their institutional work often involves efforts to influence policy, reshape care delivery, and advocate for changes that better reflect their experiences and needs. Examples include:

- **Advocating for patient-centered care:** Patients and advocacy groups often lobby for systemic reforms that prioritize empathy, communication, and individualized treatment, challenging impersonal or bureaucratic models.
- **Contributing to policy change:** Through organized activism (e.g., rare disease foundations or mental health advocacy), patients can influence legislative and institutional practices regarding access, funding, and treatment guidelines.
- **Participating in research and care design:** Patients increasingly serve on advisory boards or participate in co-designing healthcare services, thereby institutionalizing new standards for transparency and engagement.

## **Institutional Work by Administrators**

Healthcare administrators engage in institutional work primarily to maintain and transform institutional norms related to governance, resource allocation, and care delivery models. Examples include:

- **Creating new care models:** Administrators may lead the implementation of integrated care models (e.g., patient-centered medical homes) that challenge traditional siloed approaches to care (Currie et al., 2012).
- **Maintaining compliance:** They work to sustain institutional legitimacy by ensuring regulatory compliance with accreditation standards.
- **Disrupting norms:** In times of organizational change, administrators may actively dismantle long-standing practices, such as fee-for-service billing, to move toward value-based care systems.

## **Institutional Work by Physicians**

Physicians often engage in institutional work through their clinical leadership and professional influence. Examples include:

- **Maintaining professional norms:** Physicians may resist or modify administrative changes to protect core professional values, such as clinical autonomy and evidence-based practice (Reay & Hinings, 2009).
- **Creating new practices:** Some physicians lead quality improvement initiatives that introduce new clinical protocols or technologies, contributing to institutional innovation.

- Disrupting old models: Physician entrepreneurs may challenge traditional hospital-based care by establishing telehealth platforms or direct primary care practices, which change how and where care is delivered.

**Further examples of Institutional Work in Healthcare**

<b>Institutional Work</b>	<b>Physician</b>	<b>Administrator</b>	<b>Patient</b>
<b>Create</b>	Creation of the role of hospitalists by publishing research, forming professional associations, establishing training programs & framing as a solution to system problems. (Wachter & Goldman, 1996)	Establishing new performance metrics and governance structures to support integrated care delivery. [Currie et al., 2012]	Patient advocacy and activism (e.g., HIV/AIDS activism creating new norms of patient involvement). [Epstein, 1996]
<b>Maintain</b>	Reinforcing professional norms through mentoring, education, and clinical guidelines. [Suddaby & Viale, 2011]	Sustaining bureaucratic routines and accreditation processes that support existing institutional frameworks. [Waring & Currie, 2009]	Conforming to expected roles by adhering to provider instructions, reinforcing traditional hierarchies. [Lupton, 1995]
<b>Disrupt</b>	Choosing Wisely Campaign which undermines norms, challenges financial incentives, reframes professional responsibility and publicly questions accepted standards. (Cassel, C.K. & Guest, J.A., 2012)	Challenging professional dominance through cost-containment policies or managerial controls. [Numerato et al., 2012]	Using digital platforms to challenge traditional expertise (e.g., sharing alternative treatments online). [Hardy, 2009]

# Leadership Dyads in Healthcare

## Definition of Leadership Dyads

Leadership dyads in healthcare refer to the formal partnership between a physician and an administrator who jointly share leadership responsibilities. This model integrates clinical and managerial expertise to improve patient care and organizational efficiency (Linhardt et al., 2025). Dyads exemplify distributed leadership, where leadership functions are shared among individuals at different hierarchical levels rather than concentrated in a single role (Leach et al., 2021).

## Enablers of Effective Dyads

Effective dyads rely on several enablers:

1. **Shared Vision and Goals:** Successful dyads establish common objectives, allowing alignment between clinical and administrative goals (Linhardt et al., 2025).
2. **Knowledge Integration:** Dyads benefit when each member brings distinct expertise—clinical for physicians and operational for administrators—and collaborates to solve complex healthcare challenges (Linhardt et al., 2025).
3. **Communication and Mutual Respect:** Dyads thrive on open communication, mutual understanding, and respect for each other’s domain knowledge (Leach et al., 2021).
4. **Organizational Support:** Structural backing from health institutions, including clearly defined roles and equal standing in the hierarchy, is vital (Cocoman et al., 2023).
5. **Teamwork Competencies:** General leadership and teamwork skills, such as conflict resolution, active listening, and feedback mechanisms, help sustain dyad functioning (Linhardt et al., 2025).

## Barriers to Dyad Leadership

Despite their promise, dyads face several obstacles:

- **Role Ambiguity:** Confusion and tension may arise without clearly delineating responsibilities (Cocoman et al., 2023).
- **Hierarchical Imbalances:** Disparities in authority or organizational rank between dyad members can hinder collaboration (Cocoman et al., 2023).
- **Social Identity Conflicts:** Ingroup-outgroup dynamics, especially between clinicians and administrators, can impair communication and cooperation (Leach et al., 2021).
- **Competing Pressures:** Administrative and clinical imperatives can diverge, requiring careful negotiation and alignment (Linhardt et al., 2025).

## Benefits of Dyad Leadership

The dyad model offers several advantages:

- Improved Communication: Dyads bridge communication gaps between hierarchical levels and professional groups (Leach et al., 2021).
- Enhanced Decision-Making: Integrating administrative and clinical perspectives leads to more informed and balanced decisions (Linhardt et al., 2025).
- Increased Engagement: Co-leadership fosters engagement across professions and supports shared accountability (Cocoman et al., 2023).
- Better Patient Outcomes: Collaboration among dyads positively impacts healthcare delivery by reducing fragmentation and promoting integrated care (Barry et al., 2024).
- Mutual Support: Leadership can be lonely. A strong dyad partnership provides someone that will provide honest feedback on your performance, provide a ‘thought partner’ to work through problems together and support and encourage you through difficult situations.

## Risks and Limitations

The dyad model also carries potential risks:

- Interpersonal Conflict: Differences in professional culture and values may lead to friction (Linhardt et al., 2025).
- Sustainability Issues: Without ongoing organizational support and leadership training, dyads may fail to maintain effectiveness (Leach et al., 2021).
- Tokenism: If not implemented with true parity and authority, dyads risk becoming symbolic rather than functional (Cocoman et al., 2023).

## Conclusion

Physician-administrator dyads represent a promising strategy for distributed leadership in healthcare and can be a resource that can support the balancing of the institutional forces within healthcare settings necessary to support improved capability to implement change. The success of dyad relationship depends on intentional structuring, mutual respect, and goal alignment. While challenges exist, the model’s potential to enhance communication, performance, and care outcomes makes it a valuable approach in today’s complex health systems.

## Roles and Responsibilities – Dyads & Senior Leaders



To support understanding of the relationship and role between the physician and manager dyad; and the PCN



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#### **Author’s Note on AI Assistance:**

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