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Title: Strategic action in the field: hybridizing managerialism and medicine in a Chinese hospital

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Abstract

Drawing on field theory, this study asks how the head of the medical wards mediate pressures they had in a Chinese hospital. Findings are drawn from 61 semi-structured interviews and 20 weeks of participant observation. We learnt that hybridizing medicine and managerialism empowers the head of the medical wards and gives them more control when ruling the game. We argue that although the existence of plural professions can bring conflicts and tensions to one field, by blending them into one, a hybridized set of knowledge further secures incumbents' dominance. We emphasize internal tensions that emerged from inside of the field (e.g., through interactions between field members), revealing stories from a Chinese hospital, advancing the understanding of the field theory from the perspective of senior doctors – how these field's incumbents, stabilize the field. This study contributes to the ongoing debate by shedding light on how senior doctors rule managerial games in an established Chinese medical field.

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Introduction

Various managerial reforms largely affected public sectors worldwide in the recent decades. There was a significant trend in implementing and disseminating of New Public Management (NPM) reform (Ashworth et al., 2013). NPM influenced healthcare industries worldwide from at least two perspectives. Firstly, the reform has largely changed the way how people work: the public sector was known for its resilience, stability, as well as the value of public services (Ashworth et al., 2013), NPM challenged the industrial balance as well as the institutions by introducing private sector managerial ideas and templates to it (Kirkpatrick et al., 2013). In the healthcare industry, those changes were reflected in the emergence of hybridization (McGivern et al., 2015).

On the other hand, it also changed people's understanding and expectations of the role of the medical leaders – for example: what they do? How they define their roles? What are the key issues at stake (Fitzgerald and Ferlie, 2000)? And how they deal with those issues? Although differences generated by geographical and organizational factors were acknowledged (Bresnen et al., 2019), the spread of managerialism focused reform (Davies and Harrison, 2003) has brought healthcare industries growing expectations and pressure to leaders in similar ways. For instance, the pressure to improve cost effectiveness and efficiency at the industrial level, also the increasing expectation of service (e.g., patient care) quality (Bresnen et al., 2015). As not all the goals, or expectations can be achieved through the development of professional knowledge or skills, the role of managerialism in this process became more and more apparent.

China's economic reform in the early 1980s has largely affected public sectors, especially the healthcare industry, regarding how it is managed (Mei and Kirkpatrick, 2019). Reforms have targeted pensions, healthcare schemes, and the insurance system. For example, at a macro-level, local authorities (e.g., provinces and cities) were granted controls that they did not have before (Hougaard et al., 2011), and medical staff's voices also started to be acknowledged in the process of identifying and finding the solution to the industrial issues. In a way, the decentralized management would be able to turn public healthcare industry into a more private firm mode, using techniques like performance-related pay as an incentive to push organizations towards a direction with higher productivity as well as efficiency.

In the Chinese healthcare context, since the mid-1980s, public hospitals have been operating as state-owned enterprises, competing with one another for funds as well as resources, also to generate profit from “medical business” – sales from treatments and drugs (Mei and Kirkpatrick, 2019; Hougaard et al., 2011). It has been commented that the increased autonomy was a result of the NPM reform, derived from the decentralization of the power. In Chinese hospitals, influences from the reform have largely empowered medical professionals, especially from the administrative and performance perspectives (Hougaard et al., 2011). However, becoming more powerful means carrying more responsibilities; meaning more and more issues need to be taken into consideration.

Combining influences from NPM with China’s own economic and public sector reforms, the head of the medical wards (senior medical professionals), junior doctors (future head of medical wards), and pure managers in the hospital interact and collaborate with each other to respond to external changes. At the same time, tensions would be created through these interactions. In this study, we focus on internal conflicts in the field, asking how the head of the medical wards mediate pressures they had in a Chinese hospital. Through the formats of the end-of-the-year summary meeting, we argue that the head of the medical wards hybridize professional medical and managerial knowledge as a strategical action in the field, to maintain the dominance and secure the power of ruling the game in the field. Following this introduction, we justify the choice of our theoretical framework; provide a brief review of studies in the realm of hybridization of plural professions in the healthcare industry; discuss Chinese healthcare industry as the research context, how the data was collected, and an overview of our dataset; and present how our findings are answering our research question.

Field Theory and Strategic Action Field (SAF)

Stability and changes at the field level have been a concern to theorists (e.g., DiMaggio and Powell, Fligstein, Bourdieu, and Meyer) from a wide range of perspectives, such as economic sociology, institutionalism, organizational studies, as well as social movement studies. In general, a stable field can be created either through the imposition of a dominant group holding hierarchical power or a good cooperation of groups in the given field (Fligstein and McAdam,

2012). To explain the stability and changes of a field, sociological theorists often conduct analysis at either a macro or micro level. Therefore, field theory stands out from the pool of sociological theories by providing a view from meso-level perspectives (Kluttz and Fligstein, 2016; Sallaz and Zavisca, 2007; Fligstein and McAdam, 2012; Fligstein and McAdam, 2011). Other field theorists have also argued that instead of rationalism, symbolic and phenomenological interactions are more sufficient in terms of explaining and solving cultural, identical, or social issues (Kluttz and Fligstein, 2016). Fligstein (2021) proposed that any given field is a meso-level concept (Sallaz and Zavisca, 2007; Kluttz and Fligstein, 2016) that is embedded in the broader environment full of similar and subsidiary fields, bringing the core interest of field theory towards how the actors in the field maintain and create social orders.

Actors in the field can be divided into two main groups: incumbents and challengers. While incumbents can be referred to as dominant actors in Bourdieu's arguments. Moreover, Fligstein and McAdam (2012) suggested that incumbents are a group of actors that are favoured by the rules in the field with access to disproportionate material resources and unfairly larger influence on the "rules of the game" than challengers (Fligstein, 2021). On the other hand, incumbents can also be seen as skilled social actors, applying their social skills – which are referred to as capacities for shaping interests, identities, and meaning for the field, propagating, organizing, innovating, producing, and building up social frames to the field (Fligstein and McAdam, 2012). To one extent, it means incumbents can "manipulate" the internal governance units which are supposed to be in a neutral position maintaining the field's order, turning them into rules that safeguard incumbents' interests (Kluttz and Fligstein, 2016; Fligstein and McAdam, 2012). Challengers are dominated by the dominants (Kluttz and Fligstein, 2016), taking whatever the field gives, and conforming to the "rules of the game" (Fligstein, 2021) to increase their survivability. In other words, they are the members with little control in one field (Fligstein, 2008).

Field theory – a theory explores how a group of actors (individuals or clusters), who is interacting, and building up a relationship with one another (Kluttz and Fligstein, 2016; Fligstein and McAdam, 2011), claims that social life takes place in the arena where actors' action follows the common pursuits, the rules, and the relationship between one another in the field. It explains social actors' roles in the process of organizations' movements toward a stable

status, and how they make changes in their social arenas (Fligstein and McAdam, 2011). Social actions, attempts made by the actors during the process of building and maintaining a stable social world, will be driven by social orders from legal, economic, religious, and political perspectives (Kluttz and Fligstein, 2016; Fligstein and McAdam, 2012). In Fligstein's view, those social worlds are fields where social orders are produced and reproduced through actors' activities. Despite interacting with one another, actors also generate and develop an understanding of reality based on their own cognition. Martin (2003) argued that the essence of field theory is to explain regularities in individual actions – according to Fligstein and McAdam (2011), those individual actions can also be seen as strategic actions, as actors would always act strategically, especially from the perspective of how resources are interpreted and used by actors at different positions.

In the world of field theory, a field is where the above-mentioned meso-level interactions take place. Theorists have been given different names to those arenas. For instance, DiMaggio and Powell (1983) identified them as the organizational field, Bourdieu and Wacquant (1992) saw those places as fields, while Scharpf (1997) called them games. In other settings, they are also referred to as sectors, markets, and domains (Fligstein and McAdam, 2011). As discussed, increasing attention has been paid to a field's stability due to growing interest in the process and details of actors' interactions in one field. It has been argued that social actors will be very likely to make attempts (to organize, propagate, and innovate) so that they would be able to build and maintain the stability of the field (Fligstein and McAdam, 2011; Fligstein and McAdam, 2012). Those organizing, propagating, as well as innovative actions, are recognized as strategic actions. Those actions are often adopted by the more powerful actors (also known as skilled social actors) in the field as they are trying to have control. By doing so, they can also create cooperation among actors and prioritize their interests (Fligstein and McAdam, 2012).

In the organizing, propagating, and innovative processes, the role of leading actors with disproportionately strong influence becomes significant. According to Fligstein and McAdam, they can be seen as incumbents. There are a few upsides of being an incumbent: the field will likely be moving towards where their interests and views point, which will change the structure of a field accordingly. Therefore, the field will lean towards incumbents. Even the shared rules

and meanings will help incumbents secure their privileged position and legitimate their interests. Correspondingly, some actors take less privileged seats, wielding weaker influence on the field's operation and structure. They are identified as challengers, as they are awaiting an opportunity to challenge not only the logic but also the structure of the field. In addition, an extra group can be found in the field: the informal governance unit. This internal group oversees the compliance of the field's rules and secures incumbents' positions by establishing a valid connection between the field it is at and external fields. At the same time, since the nature of these governance units is to legitimate the rules and orders in the field, they will deliver the same information to both incumbents and challengers, allowing them to interpret and make use of that information freely (Fligstein and McAdam, 2012).

Turning a field into a stable field is the aim of incumbents, they will use existing resources and rules to produce and reproduce their advantages. However, challengers are constantly looking for opportunities to improve their position in the field. That is due to actors at different positions interpreting and responding to the pressures in various ways; this also spices the establishment of a stable field with more difficulties (Fligstein and McAdam, 2012; Fligstein and McAdam, 2011). Besides, given that actors are always acting strategically and differently (Fligstein and McAdam, 2011), a universal consensus of reality will be very hard to achieve, and challengers are always ready to break the rules and orders. Nevertheless, the field does have some shared understanding. For instance, actors (whether or not they have the same position in the field) share the same sense of what is at stake in the field – what is the main issue at the moment, and what do they want to get/achieve? Also, they agree with each other's position in the field – who is more powerful and less powerful. Besides, actors who hold similar positions in the field are likely on the same page regarding the way how they interpret information. Lastly, the same rules and orders that define legitimacy are widely accepted by actors in the field (Kluttz and Fligstein, 2016).

Based on the definition of strategic action, the arena where strategic actions happen can be seen as the strategic action field. Due to the following reasons, it has been defined as socially constructed arenas, allowing actors with resources to vie for advantages. Firstly, the answer to 'what is a strategic action field' is not fixed – it depends on "what is the issue at stake". Secondly, given the changing boundaries of the strategic action field, it is identified as a subjective rather

than an objective concept – for example, there are no fixed boxes regarding ‘membership’ that need to be ticked. It is more on a subjective standing. Thirdly, a strategic action field is socially constructed because the common understanding of the field is developed by its actors over time (Fligstein and McAdam, 2012; Kluttz and Fligstein, 2016; Fligstein and McAdam, 2011).

The “Russian doll” metaphor was frequently applied to the hierarchical and strategic fields. It describes a phenomenon in which smaller fields are embedded in the larger ones (Fligstein, 2021). Skilled actors tend to establish hierarchies when they organize fields to maintain their control and leadership (Fligstein and McAdam, 2012). In this way, smaller and larger fields share similar interests; eventually, those collective interests will become the field’s interests. Once fields are formed, the fields’ interests will affect their actors’ thinking and actions, leading to shared norms, meanings, and rules to be developed, eventually being applied as guidance to actors’ interactions. However, there is no guarantee that all the actors would comply with those shared interests, norms, rules, or meanings (Kluttz and Fligstein, 2016). In other words, actors build and share common sense, although it is not a consensus yet.

Therefore, it is arguable that there are no standardized formats, templates, or structures for the strategic action field. It allows actors to define it freely from various perspectives. For example, the macro or micro level the field is at. Besides, given the fact that incumbents in the field are able to not only claim resources and materials but also affect the field in terms of how it is ruled and organized (Fligstein, 2021). At the same time, actors are likely to hold various types of views, and perceive things in different ways based on their positions in the field. The strategic action field represents a situation where a field can still be formed, although actors may be thinking against and competing with one another.

Hybridizing Plural Professions in the Healthcare

Healthcare management in a hospital has been commented as “oiling the wheel” (Harrison and Pollit, 1994) – health/medical care is the “wheel” to a hospital, and healthcare management is the “oiling” source, improving the transparency between medical care and managerial work is therefore vital to all hospitals. As Follett (1927) argued, knowledge is created by professions. Since different professions lead managers and medical professionals, there might be little

mutual understanding between them. For most people, the profession connotes motivation for service and the foundation of science (Follett, 1927). Professionalism refers to disciplinary or institutionalized control of professional practices (Abbott, 1988). Professions constitute, control, and define professional work, professionals – who take professions as part of their identities, are professionalized. Professionals can also be seen as distinctive groups in society backed up by normative supports (Noordegraaf, 2007). In general, professions can be divided into manual labour and mental labour. Mental professionals such as doctors, lawyers and judges are identified as pure professionals as they are highly specialized (Noordegraaf, 2007, 2018). Hence, the healthcare industry heavily depends upon professions, at the same time, professions are also embedded in the industry (Noordegraaf, 2018).

It has been discussed that professions are vital when an organization tries to establish outcomes and outputs. At the same time, they must be accountable for organizations' professional actions. Therefore, professions are facing various types of stress from perspectives such as effectiveness and efficiency. However, attempting to fulfil all the demands simultaneously can generate conflicts between professions (Noordegraaf, 2018). Organizations will then have to deal with multiple pressures caused by those conflicts. Several situations could show up when different professions are competing: one of the professions will be dominant when competing professions remain separate; these conflicting professions can be combined when the organization can continue performing with the interaction of different professions; and multiple professions become hybridized when demands are interwoven with one another. (Noordegraaf, 2007, 2018). Therefore, combining different professions into a new one means creating a hybridized set of knowledge. Noordegraaf (2018) has also argued that professionals prefer to adopt a hybridized profession while dealing with conflicting expectations and demands.

New Public Management (NPM) reform, a reform started in the late 1970s (Hood, 1991), aims to generate a more efficient public sector system by borrowing management, incentives, and measurement techniques from the private sector (Helden, 2005). It involved decentralizing the power from top management to general managers (Hood, 1991), changing managers' roles from administrative to managerial (Kurumanki, 1999), creating accountable performance, enhancing competition in the organizational field, and implementing strategies (Gruening, 2001). Healthcare industries worldwide, as a part of the public sector, have been largely affected by

the reform. The healthcare industries have been criticized, for instance, the services they provide are low quality with high cost (Hsiao, 1995; Currie and Croft, 2015). To improve the quality of the service, the reform has shed light on the importance of management skills and outputs (Hood, 1991). In order to respond to the initiatives of the NPM, healthcare industries worldwide have made a series of attempts. For example, management techniques and skills, management-related knowledge have been introduced to the hospitals. Professionals in the hospitals then decide whether it should be adopted or not, and if so, how. When professionals in hospitals decide to combine managerial knowledge with their medical knowledge, they create a hybrid profession.

To reduce the negative impact of market requirements and complex demands (Numerato et al., 2012), a cascade of reforms appeared with a focus on both professionals and hospitals (Preston et al., 1992). Hospitals in Finland, the UK, Denmark, and Sweden have introduced managerial knowledge to their staff, with very different outcomes. In the Finnish context, the hybrid profession has been viewed as an encounter of medical and financial expertise since the late 1980s (Miller et al., 2008). Later, in the early 1990s, Kurunmaki (2004) examined the hybrid profession constituted by management accounting techniques and the medical profession in the Finnish context. Malmrose (2015) focused on Danish healthcare, exploring the combination of medical profession and management accounting techniques during the introduction of the NPM reform. And in Swedish hospitals, Coombs's (1987) study investigated the role of the administrator and the role of medical professionals in terms of whether the administrator should acquire medical knowledge to their existing knowledge set, or the medical professionals should acquire administrative knowledge to their existing knowledge set. One way or another, the hybrid profession in Swedish hospitals consisted of the medical profession and the administrative profession. Similarly, a hybrid profession appeared in the UK when medical professionals were requested to be financially responsible for the ward (Kurunmaki, 2004). So that a number of medical hybrid managers, who were skilled with more than one knowledge set, have become a significant group (Kraatz and Block, 2008; Kurumanki and Miller, 2000).

Building upon previous arguments, this study defines the head of the medical wards, and incumbents in the field, as hybrid managers – senior medical professionals who are expected to act as managerial experts. Based on this, this study advocates the main knowledge set that

is carried out by hybrid managers, which is a hybrid profession set that is constituted of the medical profession and the managerial profession. In this assumption, professional medical knowledge is derived from the interaction between customers (patients) and employees (medical professionals), and managerial knowledge is useful in achieving goals and expectations from the wider environment in which the organization is embedded.

Although a lot of attempts to improve quality and cut costs in the public sector have been introduced during NPM reform (Currie and Croft, 2015), medical professionals have shown resistance to the NPM reform due to the distrust of the general management structure (Spyridonidis and Currie, 2016). Nonetheless, too much emphasis was placed on managerial rather than professional perspectives (Currie and Croft, 2015). A hybrid role is needed in closing the knowledge the trust gaps, with the aim of bringing the industry a greater managerialism (Bresnen et al., 2019; Currie and Croft, 2015; Spyridonidis and Currie, 2016).

Methods

Research Context

The Chinese healthcare industry has gone through a series of dramatic changes, including a wide range of reforms (Wang et al., 2011), social changes (e.g., inflation), and structural changes (especially in the national insurance system) (Hougaard et al., 2011; Haveman et al., 2023). Briefly, it could be divided into three phases: the first phase started in 1949, this phase adopted a planned economy, putting emphasis on equality; the second phase began in the late 1980s, and emphasis was shifted from equality-oriented towards market-oriented until the outbreak of SARS in 2003; from the early 2000s onwards, aiming at both equality and efficiency, reforms and changes were carried out during the third phase (Wang et al., 2011; Li, 2011; Si and Jiang, 2015).

To one extent, the awareness of marketization, competition, and commercialization were built through the reforms in the public sector. Then, medical professionals' behaviours changed according to their awareness – these changes were found similar to changes NPM brought to western healthcare industries. The status quo of the Chinese healthcare industry reflects a series

of national reforms. The 1980s' major national reform (including but not limited at the healthcare industry) has significantly reduced the role of central government in the healthcare industry (Hougaard et al., 2011). Instead, the local authorities took on the responsibilities of financing and administration. The power has, therefore, been decentralized to the local hospitals. When the power arrives in the hospital, it will be further distributed to departmental levels – which means, eventually, the head of each department will be in charge of resource allocation, budget planning, performance management, and other administrative and managerial activities.

Funded in the 1990s, the case hospital currently has, in total, over 1,000 staff. Over half of the staff have been recognized as the high professionals in their domain, and over 100 are acknowledged as top professionals. In addition, it has around 2,000 patient beds and over 40 departments with professional medical and supportive focuses. The case hospital has three main campuses with different specialties. The focuses of campus A are emergency medical services, in-patient/out-patient departments, medical techniques, and pharmaceutical services. Campus B is mainly focusing on teaching, researching, and administration. Campus C is a newly developed campus as a caring centre for seniors and a centre for traditional Chinese medicine.

In 2021 – the start of the initial data collection, the chosen hospital had a total of 997 staff (this has risen to 1,186 in 2023). Over 400 staff members have been recognized as high professionals in their domain, and over 100 staff were acknowledged as top professionals in 2021. Those numbers have gone up, with over 600 staff members recognised as high professionals in 2023. It has around 1,800 patient beds for medical needs, with over 40 departments (and wards) providing professional medical as well as administrative/supportive focuses.

Data Collection and Analysis

In order to capture insightful empirical data and answer the research question, two rounds of data collection were carried out in 2021 and 2022 respectively. This thesis subscribed two methods for data collection: semi-structured interviews and participants observation:

- a. participant observation. This includes attending formal or informal meetings in medical and managerial departments, working as a part of the case hospital, and observing its daily operation.
- b. semi-structured interviews. Interviews were conducted with staff from different departments – nurses, pure managers as well as head of the wards (The design of interviews will be presented in detail in the later “Interview guidance” section).

In total, 61 interviews were conducted with participants from different job positions. 44 of them were from 2021, and 17 were held in 2022. At the same time, 31 observation notes were taken as additional insights of the daily operation. During the fieldwork, the researcher held a role in the information department, working as one of the pure managers. The following table presents an overview of the data set:

	Round 1 (12 weeks: December 2021 - February 2022)	Round 2 (8 weeks: December 2022 - January 2023)	In total
Interviews	44 interviews (11 doctors + 6 pure managers + 13 nurses + 14 hybrid managers)	17 interviews (all of them were hybrid managers)	61 interviews
Observation	21 observation notes (3 days a week for 12 weeks)	10 observation notes	31 observation notes

Thematic Analysis (TA) was applied for interpreting the collected data. The empirical data consisted of interview transcripts and observation notes. The data analysis process comprised several rounds of reviewing, interpreting, and reinterpreting the material. It first started with turning video recordings into transcripts. The interviews were conducted in Chinese; therefore, part of the process was translating the conversations in Chinese into transcripts in English. In order to minimize the misunderstanding caused by translation, recordings, especially difficult sentences, were listened to numerous times. All the documents were prepared in English for further analysis. Observation notes were conducted in English in the first place.

Findings

The fieldwork caught the end of the year timing. Meetings at the end of the year can provide many insights regarding hybrid managers' understanding of what a manager should do. At the same time, it also shows how they hybridize managerialism and medicine into one set of knowledge. This study focuses on the design of the end of the year summary meeting from two different medical ward. Hybrid managers' interpretations of managerial knowledge were reflected in how they rule their fields.

Two medical wards' (ward A and B) year-end summary meetings were observed. Although both meetings are held by medical wards, they were structured in very different ways. Regarding ward A (a ward with over fifty medical staff), a questionnaire was sent around before the meeting, with an aim to understand whether medical staff are happy with how the ward is managed. For example, the mechanism of performance measurement: the result shows that 51% of the staff are satisfied with the current mechanism.

The head of the ward invited all staff to raise questions anonymously, and the whole ward looked at those questions together during the meeting. For instance, they got questions like "Do we really need a 'head of the group' for our working team? And do they really deserve the 'head of the group' bonus?", and "Do we really need two administrative nurses in the ward? We do not have an extra workload compared to other wards. Normally there is only one administrative nurse per ward, but we have two. Are we wasting human resources?". The meeting started with a summary from the head of this ward regarding what he has done regarding ward management, staff development/management, and medical technique development in the past year. Besides, the time spent on discussing ward development / ward management / future planning was much longer than medical related issues.

Unlike ward A, where the hybrid manager was the main speaker of the meeting. In ward B, the year-end meeting was conducted in the opposite way: the hybrid manager passed the microphone around, and each doctor presented with a PowerPoint (according to the structure of the ward, the head nurse would arrange a similar meeting with nurses. In this one, nurses presented without doing a presentation), to make a summary of their performance in the past year. There were a couple of key factors were mentioned by all the doctors: how many patients

they have had in 2021; how much profit they have made in the past year; how much net profit was made; how many papers they have published during the last year; etc... At the end of the meeting, they would vote for the top 3 presenters. The ward will reward them with cash of CNY 300, CNY 200, and CNY 100 respectively. There was no normative regulation regarding whether a ward should have yearly or monthly summary meetings, nor whether meetings should be designed in any specific form. Therefore, managerial activities like organizing and designing meetings can reflect hybrid managers' understanding of their roles and allow them to apply the most suitable managerial mechanism to the ward each of them is responsible for.

Discussion

Hybridization as a strategic action

Based on the aforementioned definition of strategic action field, this study sees any individual hospital as a strategic action field, of which having a number of medical wards as its subsidiaries, embedding in the national healthcare industry, and then the global healthcare industry. In the field, senior doctors, who are also the head of the wards can be seen as incumbents, in the dominant positions in control of ruling the game (Fligstein and McAdam, 2011). Junior doctors are seen as challengers in the field – they will become senior and take over the positions from the incumbents one day. Until then, they have no power in bargaining, at the same time, they must comply to the institutionalized rules in the field to keep legitimate (Peter et al., 2020). In addition to incumbents and challengers, many strategic action fields also have another player – informal governance units, internal rule keepers who oversee the compliance, and the functionality of the field (Fligstein and McAdam, 2012). In this study, pure managers (administrators) are seen as the governance units, facilitating and maintaining the order in the hospital.

In the case hospital, hybrid managers were responsible for the ward across many aspects. Their power allows them to decide how to respond to the demands from the wider world (e.g., which strategy to apply, and in what ways), and which one should be prioritized – they would only respond to the important demands in the institutionalized ways, so that they know it will work. Examples of hybrid managers dealing with challenging situations strategically were found in activities regarding ward management, performance measurement, and more.

A good ward management mechanism can help hybrid managers to secure their control over the field, also to satisfy their employer (the hospital), the employee (staff), and the customer (patients) with different activities and strategies. In order to manage a ward well, hybrid managers in the case hospital widely agreed that they should start by building up the managerial consciousness and make use of it strategically. According to the gathered data, a strong managerial consciousness has been guiding medical professionals to be responsible managers, taking care of the ward strategically and financially. Becoming the manager of the ward without having sufficient knowledge sets to support, a couple of hybrid managers were working on closing this gap. For instance, they further decentralized the power by creating subordinated leadership roles, such as learning group leaders, for early career medical professionals. The power was spread out further, and as a result, the popularized awareness of managerial knowledge was developed, the whole ward could be on the same page regarding ward management. As mentioned by one of the hybrid managers, the manager must make sure the ward is doing everything correctly, everything, not only providing appropriate medical services. To keep a ward going, hybrid managers had to degust external norms and form new local ones (e.g., workload/resources allocation, operation mechanism, innovation) based on the ward's situation. Heterogeneity was also found at individual level, as managerial mechanisms at ward level were found different between one other. The combination of managerial and professional medical knowledge allowed hybrid managers to use hybridized knowledge from multiple disciplines to respond to hybridized institutional pressures.

From the perspective of performance measurement, hybrid managers must find out what problems stopped the ward from a better performance, and what they can do to overcome these problems. The case hospital's performance was appraised with similar hospitals; therefore, the hospital applied the same criteria on measuring wards' performance. Sitting in between the case hospital and the ward, hybrid managers further transformed the same set of criteria to the individual level, using it as the grounds to create the rules for the ward. Managerial knowledge, as an extra set of skills and techniques other than the medical profession, provided hybrid managers additional insights to better understand the issues they were facing. For instance, medical professional's performance was appraised according to their workload in most wards, managerial knowledge allowed hybrid managers to define "workload" in each ward differently according to the nature of the ward. It was defined as "the number of patients" in one ward, but "how long they have been working" in the other. Hence, it was found that hybridized

knowledge helped hybrid managers create a fair and transparent performance measurement mechanism.

Since the 1980s, having been exposed to pressures from perspectives of care, market, corporate, state, and bureaucratic (Martin et al., 2020; Fincham and Forbes, 2015; Kyratsis et al., 2017), associated with influences brought by NPM reform (Kirkpatrick et al., 2016), healthcare industries in western countries have had a series of initiatives (for example, the introduction of private sector's techniques to healthcare industry) so that they could maintain their legitimacy in the field. Later, similar challenges caused by the contestation were also noticed in the Chinese healthcare industry. The case hospital, like its western allies, has empowered senior doctors by turning them into decision-makers for not only medical but also managerial issues. Hybrid managers, as the incumbents in their ward-level fields, head of the medical wards and the bridge between senior management and the frontline workers, would have to deal with a series of challenging situations brought by the "Russian doll" type of complexity.

Studies to date rarely explored other possible solutions for complex and potentially conflict demands other than decoupling. In other words, on the contrary to hybridization – not to hybridize. To do so, theoretically, a ward must have a few managers with an excellent understanding of one perspective regarding ward management, depending on how many would be there (e.g., human resource manager, financial manager, budgeting manager, statistical manager, etc...). Based on the case hospital's situation, not to mention the number of the wards it has, each ward would have to deal with issues from very specific aspect considering the ward's specialty. For instance, whether it is a surgery-based, or whether it is a western/traditional Chinese medicine-based ward. The importance of understanding the organization, the industry, and the ward also needs to be highlighted. Arguably, it would not be possible for one staff to understand all the wards. Hence, 'not to hybridize' would end up with a huge lack of capable staff.

Having to realize the importance and the necessity of a comprehensive understanding across several disciplines, to acquire a hybrid set of knowledge becomes a strategic action. First of all, managerial knowledge empowers hybrid managers with skills in deciding how to rule the ward

– in this study, this means ‘how to run the end of the year summary meeting’. There was no universal guidance in regard to how to run a summary meeting and which are the key aspects that need to be covered. Hence, hybrid managers’ interpretation of managerial responsibilities navigates the forms and the structures of the meetings. Besides, heterogeneity was noticed too through this activity. Secondly, hybrid managers, as the incumbents in the field, would constantly attempt to keep their dominant positions. To do so, they strategically make rules that in favour of them to help the field become stable, and in return, the field further legitimates and institutionalizes their interests. For instance, through the help from the pure managers, who act as internal governance units in the field. Thirdly, although this study only focused on the “end of the year summary meeting” as the example, hybrid managers were also given responsibilities from other aspects, for instance, performance measurement (which was one of the key aspects covered at the end of the year summary meeting). Therefore, hybrid managers need support from more than one set of knowledge. Grounding on these arguments, it is arguably that hybridization is the strategic action adopted by hybrid managers in the field.

Conclusion

We attempted to answer the question “how the head of the medical wards mediate pressures they had in a Chinese hospital?”. In order to do so, we applied field theory to interpret collected data. Building upon field theory, we defined head of the medical wards as incumbents, junior doctors as challengers, and pure managers as internal governance units in the field. We learnt that interactions among actors create tensions and pressures in the field. Hence, the incumbents adopt strategic action for maintaining the stability. In this study, the head of the wards, hybridize their professional medical knowledge with managerial knowledge, rule the managerial game at the ward base with the incumbents’ power. With insights brought by this study, practically, future studies should continue bringing stories from less popular national contexts. Besides, given that this study was designed as a case study, further exploration with a focus on cultural and organizational characteristics is encouraged.

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