Powell M, Castelli M. 'Strange Animals': Hybrid organisations in health care. *Journal of Health Organization and Management* 2017, DOI: 10.1108/JHOM-04-2017-0068.

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DOI link to article:

<https://doi.org/10.1108/JHOM-04-2017-0068>

ePrints link:

http://eprint.ncl.ac.uk/pub_details2.aspx?pub_id=243175

Date deposited:

22/11/2017

‘Strange Animals’: Hybrid organisations in health care

Abstract

This paper aims to explore critically hybrid organisations in health care. First, it examines the broad literature on hybrids focusing on issues of perspective, definition, sub-type and level. It then presents the results of the literature review of hybrid health care organisations, exploring which organisations have been viewed as hybrids, and then examining studies in more detail with respect to the research questions. It is found that a wide variety of hybrid forms exist, but not clear what they combine or how they combine it. However, the level of depth from some of these studies is rather limited, with little consensus on definition, and relatively few drawing on any explicit conceptual perspective. It seems that the wider hybridity literatures have limited influence on studies of hybrid health care organisations. As far as we are aware, this paper is the first attempt to review critically the literature on hybrid organisations in health care. It is concluded that it is difficult to define and explain hybrid health care organisations. Health care hybrids appear to be chameleons as they appear to be able to change their form to different observers.

Introduction

Contemporary public service reforms increasingly blur the boundaries between public and private sectors involving ‘hybrid’ modes of governing, organizing, and delivering services (Allen et al 2011; Waring 2015). A number of writers argue that hybrid forms are common (eg Powell 1987; Kickert 2001; Koppell 2003; Miller et al 2008; Besharov and Smith 2014). Billis (2010) writes that a ‘new era of welfare hybridity’ has been heralded, while Hustinx, et al (2014) claim that ‘welfare hybrids’ seem to play an increasingly prominent role in social policy’s organisational landscape. Despite the concept of hybridity having being widely used, hybrids have been under-theorized in the public administration and public management literature (Billis 2010; Skelcher 2012; Hustinx, et al 2014; Jager and Schroer 2014; Denis et al 2015; Skelcher and Smith 2015; Waring 2015),

Moreover, it has been argued that the cross-sector and cross-national dimensions of hybrids are far from clear. Chew (2008) states that different ways of conceptualizing hybrid organizational forms and arrangements depending on the usage in different sectors or organizations. According to Low (2015), while Mullins et al. (2012) believe that hybridity research needs to be sector specific, with their specific preoccupation being the housing sector, the more critical need is for research that focuses on the creation of hybrids in a range of public services to capture the common dynamics that can be observed.

Putting these two broad points together suggests the need to examine critically hybridity within one sector. As we shall see below, the term has been widely used in health care in many different ways to refer to many different organisational forms. However, unclear definitions and criteria of hybrids have two broad implications. First, this means that it is difficult to determine the extent of hybrids. Kickert (2001) claims that the public sector is densely populated with hybrid organizations that make up the bulk of the public sphere in many Western European countries. Powell (1987) points to a proliferation of hybrid

organizational forms, Miller et al (2008) state that hybrids are ubiquitous, while Koppell (2003: 2) states that 'hybrids touch the lives of virtually every American'. However, Jager and Schroer (2014) write that scholars use a multiplicity of terms with ambiguous meanings to characterize the phenomenon of hybrids. According to Skelcher (2012), the concept of hybridity 'lacks a theoretical context and poses the empirical problem of distinguishing between hybrid and non-hybrid forms. Our first broad aim is to examine critically the range of organisations that have been termed hybrids in order to determine the extent to which hybrids fit into the organisational landscape in health care.

Second, it is difficult to explore the different types of hybrid. Skelcher and Smith (2015) argue that the field still lacks a clear theoretical foundation that can explain what it is that creates a hybrid, and whether different forms of hybrid emerge in different situations. More specifically, Waring (2015) argues that it is difficult to see why certain qualities become 'dominant'. Our second broad aim is to explore the nature of hybridity, examining the range of hybrid forms. Put another way, it is often unclear if hybrids are formed from A and B or A and C, and whether the resultant form becomes A/B or a new form of D.

This paper aims to explore critically hybrid organisations in health care with reference to a set of research questions. First, which health care organisations have been viewed as hybrids? Second, which conceptual approaches inform the account? Third, how are hybrids defined? Fourth, how does the literature on hybrid organisations in health care relate to the wider hybrid literature?

It explores in the first part the menagerie of 'strange animals' of hybrids (Ménard 2012), focusing on issues of perspective, definition, sub-type and level. It then presents in the second part the results of the literature review of hybrid health care organisations, exploring which organisations have been viewed as hybrids, and then examining studies in more detail with respect to the research questions.

Background: Hybrids as 'Strange Animals'

While 'the world is populated by hybrids' (Miller et al 2008), they are seen as 'strange animals' (Ménard 2012). Although hybrids have a long history, with early examples from the mercantilist period include the English East India Company founded in 1600, they have experienced explosive growth (Vining and Weimar 2015), and are generally seen to be more prevalent today than in the past (Koppell 2003; Makadok and Coff 2009; Battilana et al, 2012; Pache and Santos 2013; Jager and Schroer 2014) and have received growing attention from researchers (Brandsen and Karre 2011; Anheier and Krlev 2015; Mair et al 2015). Despite that fact, Billis noted that 'we have stumbled into a period of intense organizational hybridity in which we appear to be drifting up the [welfare hybrid] creek not only without a paddle, but also without a reliable map' (Billis 2010: 46). According to Denis et al (2015), hybridity is an umbrella concept needing more precise exploration. Skelcher and Smith (2015) state that hybridity and the hybrid organization are slippery concepts with inexact empirical referents. Hustinx, et al (2014) claim that 'hybridity' to a large extent remains a fuzzy concept.

This lack of theoretical clarity about the concept of ‘hybridity’ leads to a consequent difficulty on how to categorize hybrids empirically. Vining and Weimer (2015) point out that hybrids are extremely diverse in purpose, structure, legal form, and mandates. Hybrids can take many different forms such as social enterprises, public-private partnerships (PPPs), government-sponsored enterprises (GSEs), contracted-out service delivery structures, quasi-autonomous agencies, and user-managed public facilities, collaborative forums of various types, social enterprises, and systems of network governance (Powell 1987; Borys and Jemison 1989; Kickert 2001; Koppell 2003; Pache and Santos 2013; Anheier and Krlev 2015; Skelcher and Smith 2015; cf inter-organisational relations, see Cropper et al 2008).

In short, the field suffers from conceptual confusion, with the term defined and employed in a variety of different ways (Besharov and Smith 2014; Mair et al 2015). There is little consensus on definitions (Chew 2008; Smith 2010), different forms and sub-types (Pache and Santos 2013; Anheier and Krlev 2015; Skelcher and Smith 2015; Vining and Weimer 2015), and whether hybrids vary across sectors and national settings (Mullins et al 2012; Low 2015). These issues may be compounded by literatures that tend to be confined to disciplinary silos (Miller et al 2008), which makes it difficult to develop clear perspectives.

Exploring the menagerie of strange animals

This section explores the menagerie of ‘strange animals’ of hybrids (Ménard 2012), focusing on issues of perspective, definition, sub-type and level. Studies have discussed the large field of hybridity in a number of different ways (eg Mullins et al 2012; Denis et al 2015; Skelcher and Smith 2015). We have focused on the issues below as they have been identified as important, and appear to be associated with significant issues for the health care field. It has been noted that much research on hybridity has been done in disciplinary silos (eg Borys and Jemison 1989; Miller et al 2008; Billis 2010; Brandsen and Karre 2011; Waring 2015). There is little consensus on definitions (eg Koppell 2003; Chew 2008; Smith 2010; Besharov and Smith 2014; De Waele et al 2015; Mair et al 2015). Similarly, studies have identified a range of forms and sub-types (Pache and Santos 2013; Anheier and Krlev 2015; Skelcher and Smith 2015; Vining and Weimer 2015). Finally, studies have pointed to the importance of level, suggesting that findings may not transfer between level (eg Greenwood, et al 2014; Denis et al 2015; Gulbrandsen et al. 2015; Waring 2015).

Perspectives

First, the animals tend to be kept in disciplinary cages, or in largely silo-based disciplinary literatures (see Miller et al 2008). According to Billis (2010: 55) the available texts tend to be, “sparsely spread across many academic disciplines over several decades”. Waring (2015) points out that the study of ‘hybrids’ has a long history in anthropology, linguistics, and sociology, and more recently public management (De Waele et al 2015) and organizational studies. Similarly, Brandsen and Karre (2011) state that hybridity as a concept is scattered across numerous academic disciplines. Borys and Jemison (1989) regard hybrids as ‘theoretical orphans’, pointing to the following major areas in developing a partial understanding of this phenomenon: organizational networks-arrangements that are "between markets and hierarchies"; resource dependencies among organizations; transaction cost perspective; finance-based analysis; Interdepartmental relations theories. They state that even though each area makes important contributions to our understanding of hybrids, each also provides an incomplete picture. Cropper et al (2008) point out that the key theories that have

been applied to the study of Inter-Organizational Relations (IORs) include transaction cost economics (TCE), the resource-based view (RBV) and its associated perspectives such as the knowledge-based view or dynamic capabilities, and agency theory.

Similarly, the study of hybrids is associated with different concepts and theories. Skelcher (2012) explores beyond the public administration literature to consider other ways in which hybridity has been conceptualised in economic, managerial, archetype, institutional theory, and cultural theory. He discusses hybridity between market and hierarchy/ transaction cost economics; hybridity as pragmatic organizational design; hybridity as path breaking behaviour; hybridity as institutional entrepreneurialism; and hybridity as a cultural process. Denis et al (2015) examine four literature perspectives to map theoretical challenges in the analysis of hybridity in public services organizations: governance (hierarchy, network, market); institutional dynamics (using organizational archetype theory and institutional logics); Actor Network Theory (ANT); and hybrid roles and identities. Jolink and Niesten (2012) explore hybrids based on agency theory, property rights theory, transaction cost economics and resource-based view. Finally, other writers point to different research streams (eg Jager and Schrorer 2014), frames (Blessing 2012), and foci (eg Anheier and Krlev 2015).

Definition

Many authors point out that the definitions of what constitutes a hybrid vary (eg Besharov and Smith 2014; De Waele et al 2015; Mair et al 2015). Koppell (2003: 8) views hybrids as a 'Humpty Dumpty' term, arguing that even the simple objective of determining what organizations to consider hybrids can be elusive. Definitions may be wide (eg Brandsen et al 2005; Besharov and Smith 2014) or narrow (eg Koppell 2003); original (eg Christensen and Lægreid 2011; Gulbrandsen (2015) or secondary ((eg McDermott et al (2015) draw on Fischer and Ferlie (2013), while Denis et al (2015) draw on Gittel and Douglas (2012)).

Some scholars attempt to present some consensus. For example, Besharov and Smith (2014) write that while institutional scholars have used the term hybrid in a variety of different ways, perhaps the most common usage in contemporary research denotes hybrids as organizations that instantiate two conflicting institutional logics within the organizational core (e.g., Battilana and Dorado, 2010; Jay, 2012; Pache and Santos, 2013). Mair et al (2015) claim that most writers agree that hybrid organizations (1) involve a variety of stakeholders, (2) pursue multiple and often conflicting goals and (3) engage in divergent or inconsistent activities. However, there still appears to be little consensus about which elements are connected (eg structures, goals, values etc); and how they are connected. In short, establishing the "degree of hybridity" (Glänzel and Schmitz 2010) is problematic, and this is reflected in different techniques (Reay and Jones 2015).

Sub-types

Some commentators point to dimensions or variables that can differentiate hybrids into sub-types. Denis et al (2015) present 'a more inclusive approach in analysing hybridity' building on dimensions of structure (organizational design), agency (activities), institutional context (environment, culture), and identities (workforce). Evers (2005) points to dimension of hybridization of resources, goals and steering mechanisms. Karre (2011) discusses groups of (1) structure and activities, (2) values and strategy and (3) governance and politics. Makadok and Coff (2009) propose a taxonomy of hybrid governance forms. They note that previous

work suggests that markets and hierarchies differ from each other along three key dimensions: authority, ownership, and incentives. They differentiate intermediate governance forms (between a market and a hierarchy in all of the dimensions) from true hybrid forms (being market-like in some dimensions while simultaneously hierarchy-like in others.). They develop a three-dimensional “governance space” that shows all possible combinations of high and low values on the three dimensions. A governance form on the central continuum between pure markets and pure hierarchies in which all three dimensions move in concert continuum is an intermediate form in that it lies directly between a market and a hierarchy. However, most of the governance space lies off that central continuum, representing hybrid forms that are market-like in some ways and hierarchy-like in others. They identify six prototypical hybrids, to illustrate approximately where it fits along the dimensions: Empowerment (hierarchy with autonomy); Piece-rate employment (hierarchy with strong incentives); Autonomous profit centre (hierarchy with strong incentives and autonomy); Consortium (market with weak incentives); Franchising (market with strong authority); and Quasi-integration (market with weak incentives and strong authority).

Besharov and Smith (2014) present a ‘framework of organizational hybridity’ based on two dimensions. The first dimension is the degree of logic centrality, with high centrality where both logics are core to organizational functioning, and low centrality where one logic is core to organizational functioning, while the logic is peripheral. The second dimension is the degree of logic compatibility, with high incompatibility where logics provide contradictory prescriptions for action, and low incompatibility where logics provide reinforcing prescriptions for action. Combining these dimensions yields four types of hybridity. When logic incompatibility and centrality are high (Incompatible-Central), conflict and complexity are endemic within hybrids. For example, Reay and Hinings (2009) describe the tensions that emerged between medical professionalism and “business-like” logics in Canadian health care organizations. Organizations can also embody incompatible logics where one logic is core and the other(s) are peripheral (Incompatible-Peripheral). Organizational hybridity can also involve high compatibility and high centrality (Compatible-Central). Finally, organizational hybridity can involve high compatibility with low centrality (Compatible-Peripheral). For example, in the contemporary pharmacy field, Goodrick and Reay (2011) find that core professional and corporate logics guide work practices within large firms, while a market logic remains peripheral.

Skelcher and Smith (2015) propose five types of hybrids based a priori on particular combinations of institutional logics. They are described as follows: segmented (functions oriented to different logics are compartmentalized within the organization); segregated (functions oriented to different logics are compartmentalized into separate but associated organizations); assimilated (the core logic adopts some of the practices and symbols of a new logic); blended (synergistic incorporation of elements of existing logics into new and contextually specific logic); and blocked (organizational dysfunction arising from inability to resolve tensions between competing logics).

Level

According to Denis et al (2015), while hybridity is often related to multiple levels, each theoretical perspective prioritizes a particular level: either a macro (national/international), meso (organizational field/organizations), or micro level (groups and individuals). They

claim that the current literature often operates at a macro level, but advocate a broader approach to hybridity that pays attention to the tensions and possible contradictions between different analytic levels, such as between hybrid organizational forms and individuals' identity. They suggest linking the study of hybridity across multiple levels, explicitly building on the suggestion here that hybrid structures do not necessarily lead to hybrid practices (Gulbrandsen et al. 2015) or vice versa (Waring 2015). However, Greenwood, et al (2014) claim that institutional scholarship has become overly concerned with explaining institutions and institutional processes, notably at the level of the organization field, rather than with using them to explain and understand organizations.

Hybrid Health Care Organisations

In the light of the analysis above, aimed at presenting the complexity related to the concept of hybridity in the wider academic literature, we carried out a structured search for hybrid organisations in health care. The search aims to answer the following four research questions:

- First, which organisational types had been viewed as hybrids (Table 1)?
- Second, what conceptual approach informs the account (Table 2)?
- Third, how are hybrids defined (Table 2)?
- Fourth, how does the literature on hybrid organisations in health care relate to the wider hybridity literature?

Our focus was on hybrid organisations, and we excluded hybrids at the system level (eg Schmid et al 2010; Tuohy 2012) hybrid mechanisms or processes (eg Kurunmaki and Miller 2011) and hybrids at the individual level (such as clinical-managers eg Kurunmaki 2004).

We searched the databases HMIC, ASSIA, Social Science Citation Index, ProQuest, Medline and Cinahl using the following search terms: Hybrid* + Health + Organi*. These terms were searched both as Subject Headings and Keywords (Title and Abstracts) as determined by the individual databases. The search was restricted to the English language and limited from 1990 to 2017.

This provided 180 abstracts, and 14 full text articles. However, only two of these (Agyenim-Boateng et al 2014; Bevan and Janus 2011) provided sufficient depth to address our research questions. We then snow-balled the references from the 14 articles, and carried out additional searches with Google Scholar searches (which adds books and conference papers as well as journal articles) using candidate organisational types [eg Hybrid* + Health + Organi* + Foundation, in order to search for Foundation Trusts]. This resulted in a fuller list of organisational types that have been seen as hybrids by previous studies (Table 1: 18 studies). These organisational types are then examined in more detail in Table 2 (12 studies). However, many studies are excluded from Table 2 as they provide little depth. For example, they may simply state that a particular organisational type is a hybrid, without any further detail (with the term 'hybrid' sometimes appearing about once in the Abstract, Introduction and Conclusion). In other words, the main inclusion criterion for Table 1 studies was an identification of organisational form (breadth), while Table 2 required more detail on the forms identified (depth).

Table 1 addresses the first research question of which health care organisations have been viewed as hybrids. A very diverse set of organisations from a range of countries have been

regarded as hybrids and this reflects the variability and heterogeneity about the definitions and typologies of hybrids organizations mentioned in the previous paragraphs. While a number of studies have seen organisations such as Foundation Trusts (UK), public-private partnerships and social enterprises as hybrids, other organisations appear to have been recognised by one author (Atun 2007).

Hybrid Type	Study
Foundation Trust* (UK)	Allen et al (2011); Millar (2012); Stevens (2004) Wilmot (2004)
Independent Sector Treatment Centre (UK)	Allen et al (2011); Givan and Bach (2007); Waring (2015)
Partnerships (PPP/PFI)	Atun (2007); Brown and Barnett (2004); Givan and Bach (2007); Gostin and Mok (2009); Gerstlberger and Schneider (2013)
Strategic Joint Venture Partnership; Joint Venture	Agyenim-Boateng et al (2014); Holmes et al (2006)
PPP (LIFT) (UK)	Agyenim-Boateng et al (2014); Holmes et al (2006)
Partnerships (Community Health Partnerships)	Mitchell and Shortell (2000)
Social Enterprise	Allen et al (2011); Billis (2010); Evers (2005); Millar (2012)
Autonomous Trusts (UK)	Atun (2007)
Independently managed novel organisations in Denmark (Copenhagen HT)	
Independently managed novel organisations in Italy (Lombardy Region, Italy)	
Independently managed novel organisations in Portugal (hospitals SA and SPA)	
Independently managed novel organisations in Spain (Basque country; Galicia; INSALUD)	
Independently managed novel organisations in Germany	
Independently managed novel organisations in Sweden.	
Statutory sickness funds in Germany	
Swedish hospital sector (Capio)	
Joint stock companies in Armenia	

Aravind Eye Hospital (India)	Battilana and Lee (2014); Rangan (1993)
Integrated health care delivery systems (IHCDs) (eg Sutter Health)	Bevan and Janus (2011)
New directorates of health and social care (UK)	Ferlie and McGivern (2003)
NHS care trusts (UK)	Ferlie and McGivern (2003)

*Foundation Trusts in the UK NHS were set up by the New Labour government in 2004. While still part of the 'NHS family' there were intended to have greater autonomy from government, and were required to have members and governors who are drawn from the three constituencies of the patients, the local public and the staff (see Allen et al 2011; Anderson 2011).

The focus now moves from 'breadth' to 'depth', and towards addressing the second and third research questions of what conceptual approach informs the account, and how hybrids are defined. The following sections mirror the conceptual headings presented in the previous paragraphs and explore perspectives, definitions and sub-types. We do not examine 'level' as we are focusing only on the meso level (organizations) and not the macro (national/international) or micro level (groups and individuals) (Denis et al 2015).

Perspectives

Few of the studies appeared to draw on any clear conceptual perspectives (Borys and Jemison 1989; Cropper et al 2008; Jolink and Rivera-Santos 2012; Skelcher 2012; Denis et al 2015). Waring (2015) clearly draws on cultural studies (cf Brown and Barnett (2004), interpreting reform as a public sector diaspora, proposing a model of cultural hybridization where hybridity occurs through forms of acculturation (learning), adaptation (modification), and appropriation (borrowing). He argues that cultural hybridity at the inter-sectoral level is complicated by the persistence of occupational cultures and hierarchies within the public service workforce. The varied forms of hybridity appeared to be based less on the interaction between public/private and more between business/professional cultures.

Fotaki (2011) broadly draws on the governance/ partnerships/ TCE literature. She points to 'new hybrid forms of governance', 'the governance hybrid' and 'mixed forms of governance in public services'. She writes that the existence of markets and hierarchies in various hybrid forms or next to one other is well established, and gives 'modes of governance' as Hierarchy; Market; Collaboration and hierarchy hybrid; Collaboration and market hybrid. Ferlie and McGivern (2003) position hybrids on an organisational form continuum between hierarchies and markets: Organisational hybrids & Joint Ventures; Strategic Alliances / Partnerships; Inter-organisational collaboration. Allen et al (2011) point to the need to move beyond ownership alone, following publicness approach (eg Anderson, 2011), developing the concept of hybridity and recombinant property by drawing on Perry and Rainey's (1988) three dimensions of organisations (ownership, funding and social control).

Atun (2007) writes that hybrid organizations are not fully privatized and remain in the public sector but have many characteristics of private sector organisations. He draws on Saltman's (2003) typology of four major forms of private and public organizational forms: private for

profit; private not-for-profit; public but not state; and public and state. He argues that many of the hybrid organisations are adequately captured by the ‘public but not state’ category, but NHS Trusts, FT and PHC Trusts in the UK and the PPPs do not fit comfortably into this typology. Finally, a number of studies stress the blurring of the boundaries between public and private (eg Ferlie and McGivern 2003; Brown and Barnett 2004; Allen et al 2011; Waring 2015).

Definitions

Few studies present clear original or secondary definitions of hybrid organisations. Some studies focus on deductive definitions from the literature. Allen et al (2011) present a wide definition, taking ‘hybridity’ to mean simply a mixture of what are usually seen as distinct organisational forms. According to Bevan and Janus (2011), hybrid is an umbrella term encompassing a mode of governance with characteristics of both market and hierarchy. Hybrids range from a loose cooperation (which can also be considered a market organization) to a centralized networking organization (which can be dealt with as a hierarchy depending on the degree of centralization). Hybrids can be defined as long- term contractual relations that preserve autonomy but provide added transaction- specific safeguards, compared with the market. Ferlie and McGivern (2003) base their definition on Oliver and Montgomery (2000): two or more existing organisations coming together to create a new hybrid form, which combine features inherited from both ‘parents’, but turning it into a novel hybrid.

Other studies appear to take more of an inductive approach defining hybridity from organisational type. According to Wilmot (2004), FTs are a hybrid in two ways: combining several different kinds of owner, combining the consumer and the worker co-operative models, and in terms of membership in that specified stakeholders will be given membership alongside community, patient and workforce representatives. Similarly, Stevens (2004) claims that the FT model is a hybrid of two main hospital accountability arrangements seen in continental Europe—namely, local, not-for- profit foundations (such as the Netherlands and Belgium) and elected local health boards (seen in several Scandinavian countries). Mitchell and Shortell (2000) write that most CHPs can be categorised as hybrid organizations, representing an intermediate form of organization governed mainly through contractual relationships which are at once more formal than pure spot-market transactions between independent actors and less formal than traditional hierarchical organizations. As hybrid organizations, CHP members retain their own identity but are connected to members of the partnership through established relationships, agreements or contracts, both formal and informal. Bevan and Janus (2011) point to the model of integrated health care delivery systems (IHCDs) as hybrids resulting from vertical integration, entailing both ownership and contractual relationships while focusing on their core competencies.

Few of the definitions differentiate between hybrids on a continuum between two poles (such as state and market) and by means of a triangle with different sectors or domains at the corners. Moreover, there is little detail on which elements are connected and how they are connected, or whether hybrids are viewed as having their own distinct identities, or as combinations of their parent components.

Sub-types

None of the studies focuses to any great degree on dimensions or variables that can differentiate hybrids into sub-types (Evers 2005; Karre 2011; Denis et al 2015), or on a taxonomy of hybrid governance forms (Makadok and Coff 2009; Besharov and Smith 2014; Skelcher and Smith 2015)

Table 2 presents a summary of the studies discussion of the second and third research questions. It has not been possible in fact to fill all the columns within the table because of the high degree of heterogeneity around definitions, theories and implications of the hybridity concept in the healthcare context. In other words, some of the studies do not present clear conclusions with reference to hybridity.

Study	Theory	Hybrid form/ organisation	Definition	Results/ conclusions/ implications for hybridity
Mitchell and Shortell (2000)	Multidisciplinary perspective to construct a typology of effective governance and management characteristics of Community Health Partnerships (CHPs) based on notions of external and internal alignment.	Community health partnerships are defined as voluntary collaborations of diverse community organizations, which have joined forces in order to pursue a shared interest in improving community health	CHPs represent an intermediate form of organization governed mainly through contractual relationships which are at once more formal than pure spot-market transactions between independent actors and less formal than traditional hierarchical organizations. - CHPs members retain their own identity but are connected to members of the partnership through established relationships, agreements or	Unclear

			contracts, both formal and informal.	
Ferlie and McGivern (2003)	Governance: markets, hierarchies and networks	<ul style="list-style-type: none">- Hybrids on a continuum between hierarchies and markets- Public Private Partnership (PPPs) blur the conventional boundary between public and private sectors	-Combines features inherited from both 'parents', but turn into a novel hybrid (Oliver and Montgomery, 2000).	-Organisational hybrid forms (such as PPPs) may seek to balance two quite different logics internally.
Brown and Barnett (2004)	Cultural Studies	<ul style="list-style-type: none">- New hybridised 'health care' space (neither private nor public)- Co-located public and private hospitals represent a hybrid corporate-public political economy that encourages, commodification of health and health care.	No clear definition	The impact on consumption of place is unknown: individual reaction to these hybrid spaces has not been investigated
Stevens (2004)		Foundation Trusts (FT) are hybrids of two main hospital accountability arrangements seen in continental Europe		As "foundation" trusts, public hospitals will be principally accountable to their local community through a board of governors elected by staff, recent patients, and local residents rather

				than to the Department of Health
Wilmot (2004)		<p>-FTs are hybrid cooperatives</p> <p>-FT are organisational hybrids combining the consumer and the worker co-operative models in terms of ownership and membership</p> <p>- They are a hybrid in another way also, in that specified stakeholders will be given membership alongside community, patient and workforce representatives.</p>		FTs loses the legitimacy of a clear single constituency by being a hybrid cooperative (...)its main constituency, the Department of Health, is hidden
Atun (2007)	-Privatization as a decentralization strategy	<p>Hybrid organizations on a 'privatization continuum' with 'new organizational forms' and 'public-private partnerships'</p> <p>Many forms</p> <p>- quasi-autonomous non-governmental but public bodies</p>	<p>New institutional forms:</p> <p>Hybrid organizations are not fully privatized and remain in the public sector but have many characteristics of private sector organizations</p>	Many hybrid organisations are adequately captured by the 'public but not state' category, but some (eg NHS Trusts, FT and PHC Trusts in the UK and the PPPs) do not fit comfortably into this typology
Allen et al (2011)	Three dimensions of organisations (ownership,	Many forms of English health care providers organisations	A mixture of what are usually seen as distinct	Boundaries between public and private providers of many types of welfare

	funding and social control) (Perry and Rainey 1988)		organisational forms.	have become blurred.
Bevan and Janus (2011)	TCE?	Hybrids range from a loose cooperation to a centralized networking organization Most systems today are moving toward mixtures or hybrid forms that entail both ownership and contractual relationships while focusing on their core competencies Integrated health care delivery systems (IHCDs) eg Puget Sound and Kaiser Permanente Sutter Health	Hybrid is an umbrella term encompassing a mode of governance with characteristics of both market and hierarchy. Hybrids are long- term contractual relations that preserve autonomy but provide added transaction-specific safeguards, compared with the market (Williamson 1996).	Benefits of integration are most easily achieved by vertical integration through hybrids England should follow the model of hybrid organizations and vertical integration
Fotaki (2011)	Governance/ Partnerships/ TCE?	‘New hybrid arrangements between markets, collaborations and steering’ ‘New governance hybrids between central steering and the market’ ‘Collaborative arrangements, which are	No clear or explicit definition? (but TCE/ Williamson)	‘Hybrid pro-market policies with various forms of partnerships and collaborations are likely to be the preferred form of governance for the time to come. Collaborative arrangements are implicit in hybrid governance by the market and hierarchy.

		implicit in hybrid governance by the market and hierarchy'		
Millar (2012)		<p>The traditional boundaries between market, state and third sector have been breaking down, leading to the emergence of a class of organisational hybrids</p> <p>Increasingly hybrid forms of organisation in healthcare delivery.</p> <p>Social enterprises fuse third, public and private sector values.</p> <p>Foundation Trusts</p>	Complex organisations with opaque accountability structure	<p>Increasing diversity in service provision within hybrid arrangements</p> <p>Increasing convergence and homogeneity of organisational forms.</p>
Agyenim-Boateng, et al (2014)	Public Private Partnerships (enhance understanding of governance in the hybrid forms of PPP where	<p>PPP where governance is based on trust, interdependence and negotiation</p> <p>Joint Venture</p>		Partnership working depends on trust between key personalities working towards a compatible agenda

	governance is based on interdependence and negotiation)	Partnership between the public and private sectors (LIFT)		<p>Conflict and mistrust can undermine partnership working when the profit motive dominates</p> <p>Importance of context and the differences in ethos between public and private sector interests.</p>
Waring (2015)	Cultural Studies	ISTC	Hybridity describes the blending of different elements or attributes into a new combined form.	<p>Contemporary public service reforms might be interpreted as a public sector diaspora and as presenting new possibilities for cultural hybridity</p> <p>Hybridity occurs through forms of acculturation (learning), adaptation (modification), and appropriation (borrowing).</p> <p>Cultural hybridity at the inter-sectoral level is complicated by the persistence of occupational cultures and hierarchies within the public service workforce.</p> <p>The varied forms of hybridity appeared to be based less on the interaction between public/private and more between business/professional cultures.</p>

Table 2: Details of Studies (hybrid form/ organisation; definition; results/ conclusions/ implications for hybridity)

This table highlights the variability of perspectives taken into account to explain and analyse hybrids healthcare organizations. The key findings of the table above can be summarized as follows:

- There is a limited and highly heterogeneous literature focused on theoretical explanations and definitions of hybridity in the healthcare context.
- In terms of theories, cultural studies TCE and governance seem to be the ones mostly used to investigate hybridity within the healthcare sector, differently from the wider hybrid literature where the institutional theory/logics perspective has been more commonly used.
- In relation to hybrid form, a wide range of different healthcare organizations has been labelled as 'hybrid', in line with findings of table 1. The concept relates mostly to the role of different actors (public/private), different governance forms (hierarchy/market) accountability arrangements, involvement of different stakeholders and sharing of different values. Some definitions/categories seem to apply properly only to organizations within a single country.
- Similarly, this heterogeneity of theories and typologies does not allow for a clear consensus about a single definition of hybrid organizations in healthcare.
- FTs appears to be the organizations that received overall more attention as 'hybrid' healthcare organizations but still the amount of studies available is limited

In the light of these considerations, a broad range of conceptual approaches and definitions need to be considered in order to answer research questions number two and three.

Conclusion

We conclude by summing up some of the main points on the first three research questions, and addressing the final research question of how the literature on hybrid organisations in health care relates to the wider hybrid literature. First, Table 1 suggests that a very diverse set of organisations from a range of countries have been regarded as hybrids (RQ1). However, the level of depth from some of these studies is rather limited, with some largely asserting that a particular organisational type is a hybrid with little further discussion. A little more depth is provided by the studies in Table 2, which do give some information on issues such as conceptual perspective and definition (RQ 2 and 3). However, relatively few of the studies appeared to draw on any explicit conceptual perspective, although often implicit bases seem to include Cultural Studies, governance and TCE. Similarly, there appears to be little consensus on definition, although a number of studies stress the blurring of the boundaries between public and private.

Turning to the final research question, as far as we know, this paper is the first attempt to critically review the literature on hybrid organisations in health care. As our findings reflect a wide range of approaches, definitions and perspectives, further research is needed in order to improve consistency about criteria and organizational features able to identify healthcare organizations as hybrids. In particular, conceptual and empirical perspectives need to be combined in studies focusing on 'breadth' or 'depth': conceptual material could be applied to

a wide range of hybrid health organisations within or between nations, or to one type of organisation.

One suggestion on that respect could be, for the healthcare literature on hybrids, to refer more consistently to the theoretical perspectives more commonly adopted in the wider hybrid literature: the institutional logic approach, for example, might offer some conceptual clarity to what is currently a quite confused area of study. To conclude, as a main output of this study it seems that the wider hybridity literatures have limited influence of studies of hybrid health care organisations. A wide variety of hybrid forms exists, but not clear what they combine or how they combine it. It follows that it is difficult to define and explain hybrid health care organisations.

If hybrids are 'strange animals' (Ménard 2012), at present health care hybrids appear to be chameleons as they appear to be able to change their form to different observers. A number of broader public management studies have suggested avenues for further research. For example, Mullins et al (2012) discuss policy consequences; more longitudinal studies; and critiques of the underlying assumptions of hybrid models. Denis et al (2015) focus on linking the study of hybridity across multiple levels; moving beyond a typology of various response strategies; and combining multiple theoretical angles from the two disciplines of public administration and organization studies in studying hybridity. However, our findings suggest some possible future research directions for hybridity in health care. First, the analysis of hybrid organizations within the healthcare sector confirms what emerged in the review of the overall literature on hybrids: they have been under-theorized in the public administration and public management literature. This should lead not only to further theoretical research on the possible identification of a set of 'hybridity criteria' and governance arrangements but also to empirical analysis of hybrids healthcare organizations in different contexts, in order to attempt to provide analytical explanation for different hybrid arrangements and the potential impact of local/national context.

Second, a specific form of classification (for example the one suggested by Skelcher and Smith (2015) based on particular combinations of institutional logics) could be applied to the conceptual and empirical research on healthcare hybrids to isolate a set of issues/features specific to this sector. Although there might be an overall aim associated with hybrids (according to Gulbrandsen (2015) 'most hybrid organizations strive to combine or balance different sectoral or institutional logics in a way that may solve complex societal problems and realize new ideals of governance and public administration'), the implications/aims/features within the healthcare field are still to be properly investigated.

Third, it is clear that the health care hybridity literature does not draw to any great extent on the wider hybridity literature. This is particularly noticeable in the very limited focus on sub-types. As there appears to be little consensus on conceptual base, it is unclear if future research should focus on the most promising conceptual base or compare different bases. For example, while Skelcher (2012) appeared to champion cultural studies, Skelcher and Smith (2015) appeared to favour institutional logics. A future research agenda needs to recognise that while a number of studies on health care use the 'hybrid' term, this does not translate into a clear understanding of the organisational landscape due to their heterogeneous findings, and to limited engagement with the conceptual literature on hybridity. . Moreover, there is a lack

of breadth as well as depth: there is a need for more empirical research and theory testing. However, perhaps the most urgent need is to recognise the existing ‘strange animals’ (chameleon) nature of health care hybrids, and either accept this situation or propose a clear definition that may guide future work in the field.

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