Hybridity and the use of performance measurement: facilitating compromises or creating moral struggles? Insights from healthcare organizations

Agathe Morinière, Irène Georgescu

Hybridity and the use of performance measurement: facilitating compromises or creating moral struggles? Insights from healthcare organizations

Agathe Morinière [1, 2] Irène Georgescu [1, 2]

1 UM - Université de Montpellier
2 MRM - Montpellier Research in Management

Abstract

Purpose –This study aims to understand whether and how the use of performance measures in the context of healthcare organizations facilitates the dynamics of compromise or whether it creates moral struggles among a wide variety of actors. It offers novel insights into the concept of hybridity by investigating its underlying moral dimension. Drawing upon the sociology of worth theory (Boltanski and Thévenot, 1991, 2006), this paper examines how actors negotiate and compromise over time concerning issues of justice involving the use of performance measures on a day-to-day basis.

Design/methodology/approach – The article presents a single case study of a medical unit in a French public hospital. Data were obtained through the ethnographic method, semi-structured interviews, and internal financial and accounting documents.

Findings – Unlike earlier accounting studies, the authors analyze whether, and how, accounting, on one hand, contributes to the dynamics of compromise between actors with divergent values that characterize hybrid organizations, and, on the other hand, increases tensions among actors with convergent values involved in caregiving. This offers practical insights into three relational mechanisms underlying the dynamics of compromise and their limits through the time dimension.

Research limitations/implications – The authors use a single case study in a country-specific context.

Practical implications – This study helps managers of healthcare organizations to understand the relationships between the use of performance measures and their impact on the evaluation of worth in practice.

Originality – In terms of theoretical contribution, the authors show how the sociology of worth (Boltanski and Thévenot, 1991, 2006) complements the analysis of hybridity and develop an original approach to understanding the ambivalent role of performance measures in bringing together divergent values within French public hospitals.

Keywords: Performance measures, Hybridity, Compromise, Tension, Healthcare, Orders of worth.

Article type: Case study.

1. Introduction

Despite the increasing number of studies on hybridity, recent reviews have pointed out that hybridity remains a slippery concept, difficult to define (Denis *et al.*, 2015; Skelcher and Smith, 2015). A review of the literature presents hybridity as an organizational combination of two elements that are usually from different settings, most often the public and the private sector (Battilana and Dorado, 2010). Public organizations are thus called "hybrids," in the sense that they pursue a public-service mission while using methods characteristic of private-sector management (Hood, 1991, 1995). However, the pluralism of values is not enough to define hybrid settings (Pache and Santos, 2013). Described as "monsters" to be tamed (Vakkuri and Johanson, 2018) or arenas of contradiction (Pache and Santos, 2013), hybrid organizations are characterized by their complexity and plural rationalities (Battilana and Dorado, 2010; Kraatz and Block, 2008; Vakkuri and Johanson, 2018), leading to conflicts at the individual level (Thomasson, 2009).

At the heart of the difficulty in capturing the concept of hybridity lies the question of the mediating role of management accounting and its moral implications in bringing together conflicting values. In particular, prior literature has emphasized that performance measures, with regard to the values they prioritize and the implicit moral orientation they entail in their design and in their use, may raise conflicts of values within public organizations (Grossi and Thomasson, 2015). Other studies have pointed out that performance measures have an expressive role, which facilitates the display of a variety of values and beliefs held by organizational members (Chenhall *et al.*, 2013, 2017). This pluralism can lead to tensions between individuals and groups as they represent the different values and views present in the organization (Arnold and Hammond, 1994; Bedford *et al.*, 2019; Chenhall *et al.*, 2017). However, while scholars have attempted to examine the multiple rationalities in which performance measures are involved in organizations (Ahrens and Chapman, 2002; Carlsson-Wall *et al.*, 2016; Cavalluzzo and Ittner, 2004), to the best of our knowledge, there are few studies that have investigated the ambivalent role of performance measures in bringing together divergent values in such contexts of hybridity.

In order to address this gap, we have drawn on a case study of the negotiations in two medical projects in a French public hospital. The aim was to observe a wide variety of actors debating with each other and trying to work out compromises around issues of justice involving the use of performance measures. French new public management (NPM) reforms in the late 1990s and early 2000s represented a shift in the principles underpinning French public hospitals' budgeting and have instilled a management by objectives approach by emphasizing the rise of performance targets such as patient volume (Simonet, 2015). Nevertheless, in contrast with Anglo-Saxon countries' and the United States' disaggregation of public services, France has interpreted the NPM principles slightly differently as the notion of public service remains important. For instance, reforms did not go as far as privatizing public hospitals or instigating market competition as the prices for health services are set by the government rather than by the market (Simonet, 2015). In this regard, French healthcare organizations are interesting hybrid settings as their mission of "care" and the value of "public service" are likely to be in tension with the search for efficiency with the greater systematic attention to "performance" via quantitative performance measures (Broadbent and Guthrie, 1992, 2007; Lapsley, 1988, 2008; Steccolini, 2018).

Our problematization indicates that there is a need to explore further hybridity in tensions and compromises in order to understand how hybridity is enacted by individuals in a dynamic way

as actors are not determined by an outside normative frame (Denis *et al.*, 2015; Polzer *et al.*, 2016; Skelcher and Smith, 2015). In this context, we have drawn on the emerging research on the sociology of worth (Boltanski and Thévenot, 1991, 2006) and the associated emerging accounting literature (Annisette and Richardson, 2011; Annisette and Trivedi, 2013; Van Bommel, 2014; Chenhall *et al.*, 2013; Vesty *et al.*, 2018). The sociology of worth postulates that there is a pluralism of moral orders in our social world, called "orders of worth" (Boltanski and Thévenot, 1991, 2006). This pluralism may challenge how actors assign "worth" to objects and practices. In this respect, it offers an interesting approach to understanding how actors negotiate compromises around issues of justice through their justification work and behaviors (Boltanski and Thévenot, 1991, 2006).

We contribute to the prior literature on public-sector hybridity (Battilana and Dorado, 2010; Denis *et al.*, 2015; Pache and Santos, 2013; Skelcher and Smith, 2015) and the associated accounting literature (Conrath-Hargreaves and Wüstemann, 2019; Dobija *et al.*, 2019; Gebreiter and Hidayah, 2019; Kastberg and Lagström, 2019) by bringing the hybridity concept and the sociology of worth theory closer together. By opening the black box of hybrid organizations using the theoretical framework of Boltanski and Thévenot (1991, 2006), we shed light on how the use of performance measures may play an ambivalent role in mitigating the tensions due to hybridity by enabling compromises between actors with divergent values, while simultaneously enhancing tensions between actors with convergent values, such as healthcare professionals. We highlight the specific mechanisms that enable hybridity to be enacted, as well as the related moral issues.

Our article is organized into the following five sections. In section 2, we present the literature review. In section 3, we present the theoretical framework of Boltanski and Thévenot (1991, 2006). In section 4, we describe the qualitative research method and provide an overview of our case. In section 5, we provide the empirical results, which are then discussed in section 6.

2. Understanding the conflicting nature of hybridity and the role of performance measurement in bringing together divergent values

The main theoretical motivation for this study stems from the increasing number of recent studies that have begun to unify two disparate steams of literature: on one hand, the literature of public organizations and hybrid organizations; and, on the other, the literature on performance measurement and management. Moreover, there has been an increasing body of research on accounting practices using the lens of competing and conflicting rationalities (orders of worth) that may create tensions or may be resolved through compromises. In this section, we offer, in sub-section 2.1, an insight into the conflicting nature of hybridity and, in sub-sections 2.2 and 2.3, an insight into the moral issues of hybridity associated with performance measurement in the public sector in general and in the healthcare sector specifically.

2.1. *The conflicting nature of hybridity*

Hybridity is particularly relevant in the public sector. Over recent decades, governments in many Organisation for Economic Co-operation and Development (OECD) countries have introduced a variety of reforms in the public sector influenced by the new public management (NPM) doctrine (Hood, 1991, 1995). Based on quantification, performance measures, and a

greater focus on results-based control and accountability, these reforms have transformed public services, leading to a decrease in the number of "pure" public sector forms (Broadbent and Guthrie, 1992, 2007; Denis *et al.*, 2015; Grossi and Thomasson, 2015; Hood, 1991, 1995; Lapsley, 2008; Ouchi, 1979; Ouchi and Maguire, 1975).

Inevitably rife with tension, conflict and contradiction, hybrid organizations often face conflicting rationalities and the challenge of sustaining their hybridity (Mangen and Brivot, 2015). Indeed, the concept is traditionally defined as an organizational compromise where two elements that are usually from different settings, most often the public and the private sector, are combined to fulfill organizational purposes (Battilana and Dorado, 2010). In this regard, hybridity involves incessant challenges due to divergent values and beliefs held by different subgroups within the organization (Battilana and Dorado, 2010; Pache and Santos, 2013). Thus, opening the black box of hybridity requires to examine how individuals interact and evolve in relation to each other while dealing with their institutions' pluralism of values (Battilana *et al.*, 2009). It requires to examine the way individuals work out compromises on a day-to-day basis in order to understand the challenges brought about by hybridity (Cloutier and Langley, 2013).

However, how hybridity is formed through compromises at the micro level and how moral struggles are resolved on a day-to-day basis due to the clash of different values remains unexplored in the context of hybridity. Drawing on this gap, the sociology of worth (Boltanski and Thévenot, 1991, 2006), thanks to its toolbox of orders of worth, makes possible, on one hand, to examine hybrid organizations through the lens of the pluralism of moral orders which may be brought into tensions or may be resolved through compromises and, on the other hand, to examine the justification work of actors in situation and the negotiation of compromises (Cloutier and Langley, 2007).

2.2. *The moral issues of hybridity associated with performance measurement in the public sector*

Measuring and managing performance in public services have been a source of controversy as it reflects the different rationalities involved in hybrid settings (Broadbent and Guthrie, 1992, 2007; Lapsley, 1988). Much of the controversy concerns three factors: the transformation of public services in hybrid organizations and the dual goals of public organizations (Reay and Hinings, 2009; Thomasson, 2009); the moral aspects associated with hybridity in the design of performance measures (Grossi and Thomasson, 2015); and the negative consequences of performance measurement on employees (Arnaboldi *et al.*, 2015; Lapsley, 2009).

First, a significant moral issue associated with hybridity and performance measurement that we consider to be problematic is related to the mission of public services (Reay and Hinings, 2009). It has been argued that public organizations and their very mission have a moral aspect and are involved in questions of justice for society (Lapsley, 1988; Reay and Hinings, 2009). Prior literature has studied the role of agency in instigating conflicting logics brought to the fore by accounting (Conrath-Hargreaves and Wüstemann, 2019; Gebreiter and Hidayah, 2019; Mailhot and Langley, 2017). For instance, within universities, researchers have to deal with the tension between the market logic of research commercialization and the logic underlying academic research, where incentives would seem to favor publications and citations in top journals rather than commercialization (Mailhot and Langley, 2017). The use of performance measurement in instigating the business logic, combined with the educative logic may lead teachers to let students see their exams in advance (instrumental compliance) (Gebreiter and Hidayah, 2019). In another context, Kastberg and Lagström (2019) analyzed the introduction of cost–benefit

calculations as a management initiative in the social sector, examining how attempts were made to translate traditional social work into costs and benefits.

A second significant moral issue regarding hybridity is associated with the performance-measurement design (Grossi and Thomasson, 2015; Pollitt, 2017). Researchers have pointed out that, while, in the public-sector context, performance should be multi-dimensional to integrate different dimensions including not only efficiency and effectiveness but also public access and quality of service, performance indicators in practice usually measure only some aspects of public-sector performance (Grossi and Thomasson, 2015; Pollitt, 2017). Indeed, since performance measurement directs individuals' behavior, it entails implicit moral dimension and offers a representation of what is important from an organizational perspective. Even though the conceptualization of hybridity is based on examining the combination and the inherent contradictions of two sets of values, the dual set of values characterizing hybridity is not usually considered within the design of performance measures (Grossi and Thomasson, 2015). Other studies have pointed out an issue concerning the usefulness of information provided by accounting for users and their needs (Haustein *et al.*, 2019; van Helden and Reichard, 2019).

The third moral issue concerns the negative consequences and side-effects of the diffusion of the NPM doctrine and performance management on employees (Arnaboldi *et al.*, 2015; Lapsley, 2009; Smith, 1993). Some prior literature has criticized the NPM doctrine, suggesting that NPM is "the cruellest invention of the human spirit" (Lapsley, 2009). In particular, prior research has raised concerns regarding the outcome of giving primacy to audit in the process of transforming public services as this may encourage a compliance culture in which workers become more preoccupied with procedures than with delivering quality services to citizens (Lapsley, 2009).

More specifically, authors have highlighted there is an increasing criticism and a disillusionment with the use of performance measures and the output-focused mode of performance management within public services (Modell, 2005). While "doing more with less" has become a slogan (Arnaboldi *et al.*, 2015), Smith (1993) has highlighted seven of the adverse outcomes of the use of performance measurement: tunnel vision (emphasis on quantifiable measures at the exclusion of other important areas); sub-optimization (pursuit by managers of their own narrow objectives); myopia (concentration on short-term issues); convergence (emphasis on not being exposed as an outlier in performance measurement); ossification (disinclination to adopt innovative methods); gaming (altering behavior so as to obtain strategic advantage); and misrepresentation (fraud). In this context, NPM has brought to the fore many debates in the accounting literature, which call for rethinking the impact of, and redefining the responsibility of, public-management reforms' linkages with accounting (Humphrey and Miller, 2012; Mulgan, 2008; Uddin and Tsamenyi, 2005).

2.3. ***The moral issues of hybridity associated with performance measurement in the healthcare sector***

The hybrid nature of healthcare organizations presents unique performance challenges as they must combine the logics both of "care" and "efficiency." The task of pursuing performance objectives while providing care is particularly difficult in an organization that is not set up for productivity goals. Combining productivity and the patients' needs for consideration over time often poses real challenges for healthcare professionals (Horner *et al.*, 2012). However, over recent decades, the healthcare sector in many OECD countries has not been exempt from the

introduction of a variety of new reforms to improve the efficiency of public services (Lapsley, 2008). These reforms have led to the involvement of doctors in the management process to consider issues of cost and cost effectiveness (Kurunmäki, 2004).

Early studies in healthcare have highlighted the tensions and difficulties created by the introduction of performance measurement and management within the healthcare sector (Smith, 1993). The use of performance measures in the healthcare sector specifically has been a source of on-going debate (Reay and Hinings, 2009). Since moral priorities are prescribed within performance measures, prior studies have emphasized the moral dilemma that physicians may face when dealing with management-accounting techniques because of the Hippocratic Oath, which suggests the primacy of the patient's perspective (Malmmose, 2015). Indeed, the use of performance measures may clash with the "right thing to do" for healthcare professionals in the context of patient care. Prior research has pointed out that physicians' workload, increased as a result of efforts to improve healthcare productivity, may potentially affect patient health outcomes, including quality of care and patient safety (Horner *et al.*, 2012).

In this context, hybridity has been mostly explored within the healthcare sector at the level of profession in different contexts (Berg and Byrkjeflot, 2014; Byrkjeflot and Jespersen, 2014; Jacobs, 2005; Kurunmäki, 2004; Mcgivern *et al.*, 2015). In Finland, scholars have attempted to conceptualize the relationship between the medical profession and accounting practices based on the notion of hybridization (Kurunmäki, 2004). This hybridization process is defined as the acquisition of accounting calculative skills by medical professionals (Kurunmäki, 2004). However, other studies have nuanced this process of hybridization by exploring a process of polarization in the context of the UK, Germany, and Italy, postulating that only a few doctors experience changes in their knowledge, competencies, and expertise (Jacobs, 2005).

A further problem concerns the fact that accountability in the healthcare sector competes with the previously dominant logic of medical professionalism (Reay and Hinings, 2009). Based on clan control and professional values, bureaucratization can lead to the loss of medical autonomy (Freidson, 1985). Another issue is related to financial pressure, which may encourage undesirable type of behaviors, such as data manipulation and up-coding (Georgescu and Hartmann, 2013; Jürges and Köberlein, 2015) so that patients appear sicker that they really are on the coding system (Jürges and Köberlein, 2015).

However, while these approaches are meaningful, they do not explain how both tensions and compromises can emerge through the use of performance measures in such contexts of hybridity. We present in the next section the theoretical framework of Boltanski and Thévenot (1991, 2006) and the associated accounting literature.

3. Theoretical framework

3.1. *The sociology of worth as a conceptual grammar for understanding tensions and compromises*

What is the "right" thing to do in a truly moral sense? This is a core issue for social actors when evaluating what is appropriate regarding their moral values. Researchers have emphasized that current conceptualizations of institutional logics have mostly neglected the moral dimension within the institutional-logic literature (Cloutier and Langley, 2013). However, valuation is a core operation on a day-to-day basis and, more specifically, in accounting judgment (Annisette and Richardson, 2011). This process of valuing may challenge the moral choices about what is

valuable for social actors within their organization (Annisette and Richardson, 2011). Because the meaning of objects in organizational life may embody tensions between different worlds and because accounting leads to the attribution of values to what is measured, researchers have long since emphasized that accounting is not neutral and incorporates moral values (Annisette *et al.*, 2017).

While institutional logics refer to supra-organizational normative structures that may affect the way social actors manage the logics within organizations and in turn their construction at the societal level (Friedland and Alford, 1991; Meyer and Rowan, 1977; Thornton and Ocasio, 2008), pragmatic sociology refers to the capacity of actors in situ to assess what is the right or wrong thing to do. In this context, the idea of compromise in the sociology of worth is crucial. In institutional theory, prior works are silent on how compromises are negotiated and fail to explain the more dynamic aspects of the enactment of hybridity as a result of interactions between different actors. In this regard, researchers have pointed out the limits of the study of institutional theory based on analysis at the macro level (Bitektine and Haack, 2015; Cloutier *et al.*, 2017; Cloutier and Langley, 2013; Elsbach, 1994; Hallett, 2010; Hallett and Ventresca, 2006; Lounsbury, 2008; Zilber, 2016) and bridged the gap between institutional theory and the sociology of worth based on the notion of the competent actor to investigate institutions at the micro level (Brandl *et al.*, 2014; Cloutier and Langley, 2013; Pernkopf-Konhäusner, 2014).

3.2. *Disputes, compromises and accounting*

The sociology of worth framework enables the analysis of the judgment competences of actors in situ through their justification work (Boltanski and Thévenot, 1991, 2006). It presupposes a moral and cognitive competence of the actors that allows them to criticize what they consider unfair about a given situation. By so doing, they invoke moral orders upon which collective action should be organized (Cloutier *et al.*, 2017). The "means and ends" of collective action is likely to create unfair situations and justification work allows actors to reestablish what they think of as being a fair order. In this respect, Boltanski and Thévenot (1991, 2006) built their approach considering "the ability of actors to adjust to different situations of social life" (Nachi, 2006, p.20).

The concept of "orders of worth" or "world" in the grammar of Boltanski and Thévenot (1991, 2006) are ordered according to "higher common principles that reflect the degree of legitimacy of certain rules and values in society and define appropriate forms of conduct" (Patriotta *et al.*, 2011, p.2). The authors define six worlds: (i) the domestic world, where worth is defined in terms of respecting tradition, hierarchy, and trust; (ii) the civic world, where worth is defined in terms of solidarity and collective welfare; (iii) the world of fame, where worth is defined in terms of popularity and renown; (iv) the market world, where worth is defined in terms of competitiveness and money; (v) the industrial world, where worth is defined in terms of efficiency, expertise, and reliability; and (vi) the inspired world, where worth is defined in terms of creativity. In this respect, there is no unique superior conception of what is conceived as fair and valuable, but rather a pluralism.

Each order of worth has *qualified subjects* and *objects*, which are ordered according to the higher common principle (*mode of evaluation*) (see Table I).

<TABLE I ABOUT HERE>

The notion of "test of worth" as developed by the sociology-of-worth theory provides a relevant analytical prism through which to examine the nature of the justifications of the plural values invoked by the various actors involved in a dispute.

In this regard, French pragmatist sociology has renewed the landscape of organizational scholars in the accounting literature by linking the notion of "critique" and the concept of "valuation of worth" (Annisette *et al.*, 2017; Annisette and Richardson, 2011; Vesty *et al.*, 2018). Recent studies have drawn on the sociology of worth to examine the moral dimension that may arise from the design and use of accounts (Annisette *et al.*, 2017; Annisette and Richardson, 2011; Annisette and Trivedi, 2013; Van Bommel, 2014; Chenhall *et al.*, 2013; Perkiss and Moerman, 2017; Vesty *et al.*, 2018). The pluralism involved in accounts has been examined by attempting to determine whether accounting practices may create situations of tension or, on the contrary, facilitate compromises in organizations facing multiple institutional rationalities (Chenhall *et al.*, 2013).

Prior literature has emphasized that accounting numbers and performance measures are frequently drawn upon to demonstrate or test worthiness (Vesty *et al.*, 2018). In this sense, accounting numbers may constitute a test of worth in different orders (Annisette *et al.*, 2017). Performance measures may be used as tests to demonstrate efficiency in the industrial order or may be used in the market order as tests to prove the profitability of the organization.

To fully understand how accounting may be implicated in several ways in disputes, it is necessary to explain how Boltanski and Thévenot (1991, 2006) theorize two types of disputes: (1) disputes involving states of worth; and (2) disputes involving a clash of worths.

In disputes involving states of worth, the moral struggle arises within the same order of worth, which means that it is a decision concerning the worth of a subject and/or object within a moral order that leads to a dispute between actors. The tests of the state of worth involve a discussion about the way worth has been defined in a given situation. For example, the tension implicating accounting might be situated in the industrial worth, concerning the accuracy of the indicators.

In disputes involving a clash of worths, individuals appeal to competing higher principles of worth in a given situation and disagree about the "world" in which the test must be carried out. In this respect, a moral clash calls the legitimacy of the order of worth itself into question and involves a "test of order of worth." According to Boltanski and Thévenot (1991, 2006), each order of worth is discordant with all of the others, while providing a lens through which to criticize what is considered worthy in another order. In this sense, accounting numbers have the capacity to become controversial where there are parties involved in a situation who introduce moral orders that stand in opposition to another worth such as, for instance, industrial or market (Annisette *et al.*, 2017). In this regard, actors may enter into disputes criticizing the use of accounting in a situation (industrial worth) in comparison with the strong domestic principles of "tradition" and "history" of the organization (Annisette *et al.*, 2017).

Boltanski and Thévenot (1991, 2006) distinguish between the compromise and the arrangement to solve the conflict. The arrangement is defined as an agreement, which is not based on a combination of superior principles but on a logic of give-and-take between two or more parties. It is founded on three characteristics of being local, contingent, and circumstantial (Boltanski and Thévenot, 1991, 2006). Regarding the compromise, the challenge is to solve conflicts not in an attempt to reduce them but by articulating the superior principles of the common good of each worth. The compromise is defined as an agreement founded on a combination of orders

of worth. It ensures reestablishing order and attenuating tensions. Boltanski and Thévenot (1991, 2006) suggested that compromise can be solidified in material objects, called "composite objects," and behavior; these objects work for the "common interest." In this regard, "accounting's unique ability to occupy different worlds as a qualified object assuming different identities in each, in our view, enables it to act as an ambiguous object" (Annisette *et al.*, 2017, p.218). In this sense, orders of worth may be interrelated with one another due to performance measures and may create different types of compromise: "accounting efficiency data produced for separate units within a company, can be conceived as a compromise of industrial and domestic worths; and if used as a form of internal reporting to foster competitive relations amongst units, then it serves to incorporate market worth into the compromise" (Annisette *et al.*, 2017, p.218).

Recently, Van Bommel (2014) investigated the mechanisms that may permit reconciling the tensions that accounting tools such as integrated reporting brings to the fore. This author examined whether a durable compromise is forged or whether a local and temporary private arrangement is reached. Boltanski and Thévenot (1991, 2006) pointed out that, when actors judge a compromise as unfair, they may denounce it as a private arrangement. For instance, in the civic worth, the collective dimension of a common good is judged superior to the domestic worth or to the market worth, which are often critical in the search for private interest. In this regard, domestic and market principles may be qualified as "separators" from the collective common good and denounced as private arrangements (Boltanski and Thévenot, 1991, 2006). Van Bommel (2014) described three mechanisms for the internal actors to negotiate a compromise and to reconcile competing rationalities: establishing a common interest; avoiding clarification; and maintaining ambiguity and plasticity.

4. Methods

This section presents in further detail the research design, the data collection, and the data analysis.

4.1. *Research design*

Scholars recommend a micro-approach (Cloutier and Langley, 2013; Cornelissen *et al.*, 2015; Hallett, 2010; Hallett and Ventresca, 2006) and a case-based exploratory method (Elsbach, 1994; Zilber, 2016) to examine social interactions and communication between organizational actors in situ. Accordingly, we conducted a single case study in order to deepen our analysis of the tensions arising (Yin, 2008, 2012). The micro level of analysis seems eminently appropriate to explore how individuals make sense of the injustice they feel in a particular situation and how they generalize from their case a broader view founded on orders of worth in order to (re)establish a sense of justice (Ramirez, 2013).

4.2. *Data collection*

Our fieldwork is founded on an ethnographic immersion from October 2018 to February 2019 and from September 2019 to March 2020 (Van Maanen, 1979; Sanday, 1979). The ethnographic observation included being present in the workplace for a prolonged period of time, participating in daily routines, and observing activities and interactions in situ between a wide variety of actors (Becker, 1958). In total, this amounted to 240 hours of observation. We primarily observed the work of health professionals – nurses and caregivers – since these two professions are the ones in contact with the patients. We then decided to observe the senior healthcare manager because of her crucial role in the management of the medical unit, as she supervises the nine mid-level healthcare managers in the medical unit. We wrote a research diary to log the thoughts, observations, interactions, and any difficulties encountered. We then

decided to focus particularly on observing the use of performance measures between a variety of organizational actors in a French public hospital, as this may constitute a critical moment where actors assess worth in situ.

For this reason, we attended several meetings where we could observe crucial exchanges concerning performance-measurement issues:

- The weekly medical-unit meeting within which the medical-unit representatives met (chief physician of the medical unit, the senior healthcare manager, and the administrative manager) to discuss the specific issues of the medical unit.
- The quarterly accounting meeting, attended by the chief financial officer, the accounting supervisor, the medical unit manager, the senior healthcare manager, and the administrative manager. This occurs two or three times a year. A reporting of the activity of the medical unit is established based upon the results of the previous year to forecast the future activity of the medical unit.

We also conducted 48 semi-structured interviews to examine the criticisms of different professions regarding the use of performance measures. We interviewed actors at different hierarchical levels and in various functions, including physicians, administrative executives, the chief financial officer, the accounting supervisor, the patient scheduler, the senior healthcare manager, mid-level healthcare managers, and nurses. The interview guide was structured as follows: details about the interviewees (number of years within the organization, values of their profession, and sense of professional recognition); the conflicts associated with their professional values; the relationships within the organization (with the administration, the direct hierarchy, and the medical professionals); the projects process and justifications associated with budget demand; their experience in the use of performance measures (practices and beliefs); and their perception of existing tensions and injustices in general.

We sought to obtain views about how they felt regarding the challenges that the use of performance measures entails. Finally, we tried to obtain more details about situations we observed on the ground to deepen our overall understanding. The length of the interviews varied depending on the time each professional consented to share with us. Once we had obtained consent for the interviews to be audio-recorded, they were recorded and transcribed in full, with confidentiality ensured. We also took detailed notes throughout the interviews themselves. The Appendix includes details of the data sources and the interview guide.

Finally, the chief financial officer and the administrative manager provided us with an example of the performance-measurement scorecards and internal financial and accounting documents of the hospital and the medical unit.

4.3. *Data analysis*

All the empirical material was coded in three steps by the two authors. In the first stage of analysis, we performed an initial coding of the empirical material. Through this process, we identified situations of tension and conflict in which several actors were involved in a dispute, including emotional manifestations, concerning what was fair or unfair in a specific situation.

A literature review followed this initial coding in order to inductively go back to the literature and find a framework as an analytical lens for our data. From this point onwards, we used Boltanski and Thévenot's (1991, 2006) theoretical framework and, in a second stage of analysis, we used NVivo 12.2 software to build our content analysis based on a deductive coding. One of the authors structured the coding system based on the classification of the orders of worth

developed by Boltanski and Thévenot (1991, 2006). First, we identified competing orders of worth at the field level. Second, we focused on the orders of worth associated with the professional bodies. We then analyzed the tensions and conflicts associated with the use of performance measures. We examined the justification work, behaviors, and objects involved in the process of dispute and compromise to connect language, behavior, and objects, as recommended by Boltanski and Thévenot (1991, 2006). Thus, we examined performance measures as objects able to "trap worth" and we selected the disputes or criticisms which arose from their use.

Subsequently, we established descriptive chronological narratives for each dispute (Langley, 1999; Mailhot and Langley, 2017). Thus, we examined the disputes closely, looking at the early history of the medical unit and analyzing the actors, objects, and values involved in the justification work. In this process, we coded the material through the prism of orders of worth (Mailhot and Langley, 2017). Examples of orders of worth as described by respondents are provided in Table II. In the final stage of analysis, we explored the performance-measurement mechanisms underlying the dynamics of agreement within French public hospitals. In order to achieve this, we conducted pattern coding by chronologically organizing our data and coding them to generate emerging themes (Van Bommel, 2014).

<INSERT TABLE II ABOUT HERE>

5. Results

To understand better the dynamics of tensions and compromises between a variety of actors, we followed the development of two projects of the medical unit from their initial negotiation to their implementation. While analyzing the manifestation of hybridity based on the use of performance measures through the trajectories of these projects, we were able to highlight moments of compromise during which hybridity was a productive force, and other moments of tension, during which hybridity appeared to be seen as a destructive force for healthcare professionals.

We selected a medical unit within a French public university hospital as a single case study for several reasons. We believe that the case of the "competitive public service" of French public hospitals as a compromise device involving market and civic worth (Thévenot, 2001) is particularly interesting for studying the moral issues brought about by the manifestation of hybridity through the use of performance measures. The medical unit we selected is interesting because of its heterogeneous composition of medical specialties and thus different homogenous groups of patients and tariffs: it is composed of nine departments, including a surgery department, a medicine department, and a therapeutic-education department.

In the following section, we start by briefly presenting an overview of the orders of worth of French public hospitals. We then present project 1 and project 2 by narrating the moments of tension and compromise over time.

5.1. *The hybridity of French public hospitals: case context and field presentation through the lens of orders of worth*

Historically, French public hospitals are founded on civic principles. Ensuring equal access to health, providing continuity of care, and adapting the organization to the needs of the population are the main justifications for French public hospitals.

At the macro level, a compromise is reached between the search for efficiency (industrial) and profitability (market), which is embodied in the performance measures. In 1996, the government set annual financial targets called ONDAM (national objective for health insurance spending) in order to reduce the high level of spending of health insurance funds. In 2004/2005, France moved from a global budget to case-mix-based hospital financing named the "activity-based payment" (T2A in French). This mode of financing linked the coding of patient classification with the reimbursement to the hospital based on a cost-calculation system called the diagnosis related group (DRG). The groups of patients should have resource-use homogeneity (patients within a group should have a similar cost). It is a payment based on each hospital's case mix with a tariff attached to each DRG. Since the implementation of the activity-based payment, reimbursement is based on the work as coded by the medical professionals and reported in an informatic system called PMSI (Programme de Médicalisation du Système d'Information). In this regard, the activity-based payment was introduced for reporting on hospital activity in France, yet it has been also used to adjust budget allocations by measuring their clinical activity through the DRG. While the hospital budget is completed through budget envelopes for other hospital services such as psychiatric, research funds (MIGAC budget), teaching, research, recourse and innovation (MERRI), and rehabilitative care, the greatest proportion is for the delivery of care activities. In addition to this financial reform, the Hospitals, Patients, Health and Territory (HPST) Law of July 22, 2009, has introduced a new mode of governance by giving more power to the hospital board of directors and more autonomy for "clinical centers" or decentralized medical units known as "pôles d'activité."

Performance measures play a key role at this point in generating a compromise between the industrial and the market worth. The quest for performance is rhetorically justified in terms of achieving efficient financing for the institution. Each medical unit has to set performance objectives with the administration. Performance measures allow the increase of healthcare departments' productivity by reducing patients' average length of stay and increasing the occupancy ratio and the number of doctors' consultations. Regarding the market worth, care is a "marketable service," a "market to be conquered," in which the patient is considered as a "client" and care is seen as a "source of income" for the hospital.

At the individual level, multiple orders of worth were noted during our field observations and interviews. Historically, in France, there are three professional bodies with three distinctive hierarchical lines within public hospitals: medical professionals; caregivers; and administrators. Medical professionals and caregiving professions are founded on three distinctive orders of worth. The industrial worth of care is related to the expertise and the safety and quality of care. However, while medical professionals and nurses are "experts" in healthcare (industrial worth), their worth is assessed based not only on meritocratic principles (industrial) but also on domestic principles. The domestic worth is represented by personal interdependencies as the justifying principle, manifested through practices referring to the tradition of the hierarchy. The domestic worth is also visible through the care relationships with the patient based on trust. Medical professionals and caregiving professions are further founded on inspirational-worth principles because of the expression of emotion attached to care and the vocational aspect of placing oneself at the service of others.

However, the compromise between the industrial and the market worth was not without criticism among healthcare professionals regarding the culture of public services:

> "They (the ministry) require the hospital to be profitable (…) the surgeons are subjected to a culture which is not the one of public services, which is to

> develop profitability by increasing the number of surgeries." (Healthcare manager)

In these comments, the actor makes the criticism that the way value is being accounted through the device of performance measures challenges the valuation of the common good within public hospitals.

In the following section, we show how hybridity is promoted through the use of performance measures and whether this is a destructive or a productive force within French public hospitals.

5.2. ***Project 1: Is hybridity a productive or a destructive force? The ambivalent role of performance measures in bringing together divergent values***

The object of the first project was the development of the nephrology department. The initiator of the project planned to develop his/her department by opening six additional beds for dialysis and additional beds for kidney transplants. Kidney transplant is viewed as the best choice of treatment for patients with renal disease. A kidney transplant provides a better quality of life than dialysis as patients are no longer forced to attend dialysis sessions. It is also viewed as an expertise and an inspiring area of research (industrial/inspirational). For these reasons, the department chief initiated, from July 2018, a dialogue with the administrative and medical-unit representatives constituted by the chief physician, the administrative manager, and the senior healthcare manager.

5.2.1. Test 1: Are performance measures a source of moral issues or a source to compromise? Conflicting orders of worth due to the influx of patients and the associated dysfunctions

In December 2018, performance measures were used to illustrate the worth of the project and to generate a compromise.

> "We negotiate on the indicators we foresee to establish the contract with the medical unit. Sometimes, they do not agree with us on certain things, on the receipts or on the spending. It's a negotiation between them and us." (Financial controller).

During the meeting regarding "forecasting the activity of the medical unit," the administrative manager of the medical unit presented the ratings for the performance measures recorded in the medico-economic study to the administrative audience. According to the study, dialysis activity had increased by more than 31% in two years. The mean occupancy rate was extremely high (more than 97%) and there were regular overflows. The number of overrun days corresponded to approximately half of the days of the year, assuming the maximum capacity of the dialysis unit was eight dialysis procedures per day under satisfactory safety conditions. This corresponded to 165 days of overrun. If the safety standard were instead set at six dialysis procedures per day, then the number of days exceeding this standard would have been 267 days in 2017.

This presentation generated a convergent vision between the actors of the medical unit and the administration, creating an alignment between highly valued justifications considered "positive" for the institution by serving public service missions (civic) and being efficient in

financing (industrial/market), values considered "positive" for the delivery of care (industrial), and values judged "positive" for the reputation among the medical community (domestic):

> "We've done many things to increase the number of surgeries. It is easier to lower than increase it, so we have implemented many things. In the transplant department, we have placed more patients on the waiting list, and we have established protocols." (University professor and hospital practitioner)

> "It's a small war, the more we prove we are productive, the more we are likely to receive financial support. The better our indicators are, the more we are likely to obtain additional resources." (Healthcare manager)

These quotes highlight the way in which the healthcare professionals' motivation for increasing the transplant activity was driven by their desire to obtain additional resources for developing this specialty. In this context, the use of performance measures was considered as a fair way to compromise with the administration, whilst also being a source of tension within the department:

> "In the nephrology department, there is a huge increase in the intensity of work, a shorter average length of stay, and a high turn-over of patients. This evolution requires a project to increase the number of in-patient beds. We sometimes administer dialysis on patients at night from midnight to 4 a.m. The patient is also there to sleep. It's not comfortable for them. This is actually in direct conflict with my values. The patient should be able to sleep*;* that is a problem. I have no choice, but I still think we are not doing the right thing. Safety relates to dialyzing a patient, quality is the conditions under which the dialysis is received." (Healthcare manager)

In this quote, the interviewee highlights the moral issue associated with the consequences of the work intensity and the high turn-over of patients. Attempting to highlight the urgency of the situation and the moral issues they faced daily, physicians threatened to stop dialyzing patients.

In this regard, the six additional dialysis beds were expected to help reduce the tensions by absorbing the existing consultations, which currently posed problems for safety and the quality of care (industrial). At the same time, the additional transplant beds were requested to absorb the voluntary increase of consultations by the initiator of the project.

However, the architect demonstrated that only three of the six additional beds could be placed in the current space of the nephrology department. Thus, to materialize the compromise of six additional beds, the administration promoted a dialogue among medical professionals to find a compromise about which space to give to these extra beds, giving rise to a clash that is discussed below.

5.2.2. Test 2: Is the "patient" justification sufficient to reorder priorities among medical professionals?

A key difficulty in the second step of the project development trajectory was the disputes involving a clash of worth between competing higher principles: the responsibility for the collective dimension of the patient (civic); the desire to materialize the project within the space of the medical unit according to the evaluative modality of the performance measures

(industrial); while respecting the need of the other physicians to keep their current space (domestic). This moral clash between different modes of evaluation of the civic, industrial, and domestic worth revealed the imperative for compromise among medical professionals.

A strong argument in the debate regarding the world in which the test had to be carried out was the importance of the collective responsibility for the patient, as well as the public service mission (civic) and the quality and safety of care (industrial), compared to the domestic worth. On December 6, 2018, during the medical-unit council meeting, the project leader publicly justified the project by referring to the "dysfunctions" of the nephrology department, the "insecurity" of care for the patients (industrial), and the need for more beds for transplants, as this was a "specific mission of public service" (civic). Bringing together all the doctors and healthcare managers of the medical unit (the audience was purely medical here and 31 actors were present), the medical community agreed with the common good underlying the justifications for the project development. However, while the project was viewed as quite relevant and urgent in terms of patient care, none of the doctors expressed a desire to find the required space in their own department.

When considering the failure in redistributing the space of the medical unit and the associated "political difficulties" (domestic), the project leader tried to redirect the test towards the industrial/market worth. He/she used performance measures as a way to put pressure on the administration by deciding to stop increasing the number of kidney transplants, choosing certain categories of patients (less profitable according to the DRG), and to stop hiring nurses who were not specifically trained for dialysis:

> "It was clearly a desire on my part to increase the number of surgeries, but if it is not possible to obtain financial support, I'm going to stop it." (University professor and hospital practitioner)

> "We are in a hospital here, we are in a center of expertise – kidney transplantation is a priority for a university hospital center. If we do not have the financial support to do it, we are forced to make choices among our subspecialties." (University professor and hospital practitioner)

Considering performance measures as a fair process for valuation and a valued argument, the project leader defended his/her vision by relying on civic and industrial worth to criticize the domestic worth and to denounce the compromise as a private arrangement. According to Boltanski and Thévenot (1991, 2006), in civic worth, the reference to domestic relationships is most often critical. In this context, the project leader criticized members of the medical community of protecting their own private interests rather than taking responsibility for the collective dimension of a common good superior to the domestic worth: the patient.

Drawing on these perceived injustices, the project leader used performance measures to show to the administration that the perspective of the project materialization was a condition for compromise.

5.2.3. Test 3: Can we compare the value of patients with accounting? Use of performance measures and moral clash between industrial/market and civic worth

The third phase of the project began with an intensification of the tensions and disputes with a moral clash between competing higher common principles. On one hand, the project leader

tried repeatedly to redirect the test towards the industrial/market worth by mobilizing meetings with the administration. On the other hand, medical-unit representatives did not agree to carry out the test within these orders of worth. The repeated use of accounting was judged inappropriate by the medical-unit representatives, who judged performance measures as not the only evaluative modality to consider (chief physician, administrative manager, and senior healthcare manager). Indeed, according to them, the public utility for other categories of patients (civic), which were less "productive" (industrial) or less "profitable" (market), had to be considered as well.

We attended a meeting on September 18, 2019, requested by the project leader from the administration, to analyze the performance indicators such as the discretionary margins:

> Accounting supervisor: So here we see the discretionary margins for the nephrology department (referring to the PowerPoint) (…). So, we see that in 2018, the margins generated by the nephrology department were positive and equal to 3.4 million euros. It is a significant improvement compared to last year, because we were around 2 million, which generated 1.4 million euros of additional margins. The margin rate increased from 15.2% to 21.9%. The margin rate is the margin reduced to total revenue, that is to say that 21% of your revenue is present in your margin (…).
>
> Project leader: But 3 million, what does it mean compared to the others within the medical unit? You did not show the global margin.
>
> Chief accounting supervisor: The margin of the medical unit in 2018 was around 10 million euros. On this margin, you contributed up to 3.4 million. Roughly one-third. And last year, the medical unit's margin was also around 10 million. So, it has remained stable, and your department has improved its margin. Consequently, the margin of other departments has declined. Your results are impressive.

This third test created many tensions between the project leader and the medical-unit representatives. No agreement was found at this stage. The chief physician, the administrative manager, and the senior healthcare manager related "pressures," and "tensions" in weekly meetings. From the point of view of the project leader, he/she felt "discouraged" and "demotivated," and related a "painful" situation. Dialogue was at this point extremely difficult to maintain.

5.2.4. Test 4: Does hybridity help serve the common good or only bridge gaps?

This last test from December 9, 2019, to March 11, 2020, led to a change in the discourses of various actors.

During the management-contract meeting of March 11, 2020, an agreement was reached concerning the installation of three additional beds for dialysis scheduled for March 2021, instead of the six additional beds demanded. However, the chief physician of the medical unit expressed the need for a long-term vision because no compromise had been reached concerning the additional beds demanded for kidney transplants:

> Chief physician: I think we must reflect deeply on the importance of the nephrology department and how to manage it. I truly believe we must take some more time to discuss with the nephrology-project initiator, not necessarily to give them immediate answers, but to give them long-term perspectives on this important medical specialty. In my opinion, the project must be designed over ten years, to show them a long-term vision of nephrology. At the moment we just bridge gaps.

Consequently, they criticized the temporary solutions, which did not facilitate a lasting and deep relief of tensions with the project leader of the nephrology department.

Through the analysis of this project, our results reveal a dynamic of compromise between the administration and the project leader based on an expectation of the compromise's materialization. This analysis also highlights that, in the presence of multiple orders of worth, the multiplicity of project-evaluation criteria created a situation marked by uncertainty regarding what represents value within the organization. While some medical professionals believed there was an equal relationship between performance measurement and the space allocated between departments, the test of worth revealed that this was not the case. Consequently, the common superior principle is called into question within public hospitals. Indeed, during the negotiation of this project, two years passed with dialysis patients in precarious states, creating tensions among multiple actors.

5.3. ***Project 2: Is hybridity beneficial in the long run? The reversible feature of compromises based on performance measures and the moral issues associated***

The object of the second project was the development of the urology department. The project was based on a strategy to develop activity in the operating room in order to be competitive with private clinics in the region (market). According to the notes of the urology project of September 12, 2018, it was planned, on the one hand, to obtain expensive innovative equipment – a red laser for prostate operations – as well as creating a full-time position for a surgeon to pursue the strategy of developing the surgical activity of renal transplants on living donors. The competition with the private clinics, the expertise of the surgeons, and the media coverage of the laser anchored the justifications of this project in an amalgamation of several orders of worth (market, industrial, and fame).

5.3.1. Test 1: Embodying hybridity through the use of performance measures: establishing a compromise between medical professionals and administrators based on performance measures

The process of compromise between the administration and the surgeons turned out to be successful with the completion of the industrial/market test of worth: a medico-economic study presenting the projection of activity forecast with a comparison of the activity from 2017 to 2020.

The number of chirurgical interventions was 1,759 in 2017. In the medico-economic study, an increase of 213 chirurgical operations (to 1,972), representing 12.1%, i.e. +4% per year on average, was anticipated for 2020. The variable cost margin would likely represent a gain of 1,502,000 euros by 2020 for an increase of +12.1% compared to the number of chirurgical

interventions in 2017. This margin could potentially finance the cost of an additional full-time position, representing 81,000 euros for the first two years.

Drawing on this medico-economic study, the administration agreed to buy the red laser and to hire a new practitioner to the team, as she/he should generate around 1,500 additional consultations in 2020. The accounting justifications made it possible to ensure that the project would finance itself in the short term by generating a significant margin.

5.3.1.1. Clarifying the conditional dimensions of the compromise

In the first stage of settling the compromise between the surgeons and the administration, the clarification of the conditional dimension of compromise's materialization for both parties was required, which could be achieved by defining the mutual concessions:

> *"*In exchange for a promise of a full-time position in the department, we had to outperform our indicators, roughly speaking, to prove it costs less than it brings in." (Surgeon)

> *"*We are closely observed, we only speak through performance dashboards (…) they said if we go under 80% of the occupancy rate, the time slots of the operating room and the human resources are likely to be removed from our department*."* (Healthcare manager)

During our fieldwork, our observations revealed that surgeons had agreed to attaining high performance measures in the future to obtain in the present the laser and the human resource. However, obtaining a new practitioner and the laser did lead to some tensions among the surgeons as they had to increase the number of their operations in order to respect their part of the compromise. Indeed, the administration now required a quick return on investment based on the increase productivity and the completion of the number of operations forecast.

5.3.2. Test 2: "We are so involved in the process of production that we forget the patient": how using performance measures challenges the valuation of the common good (moral issues due to the influx of patients and the associated dysfunctions)

The second stage of this development project brought several disputes to the fore involving a "test of the state of worth" in the industrial worth. They concerned the organization of the healthcare and medical professionals working in the operating room and their coordination with the actors working in the associated departments (healthcare managers, nurses, patient scheduler) because of the increase in work intensity. The repeated disputes concerned the maximization of the operating room occupation rate and its repercussions on the department organization wherein the patients were hosted.

Every Thursday, the team met to organize the planning of all the patients for the coming week. However, the surgeons added every week three or four more patients for the operating room while the department could only accommodate 21 beds. While these actors, especially the surgeons and the patient scheduler had close relationships, the interactions were tense. The dispute began at 3 p.m. and ended at 8 p.m. For five consecutive hours, the actors expressed criticism and justifications in order to reach a compromise:

> Surgeon: The administration compels us to increase the performance of our indicators on one hand, yet you seem to impede progress towards this objective on the other hand.
>
> Mid-level healthcare manager: Yesterday, several patients traveled a long way to be here, and they had to stay in the waiting room. I had to explain by saying "I am so sorry, we don't have enough beds in our department for all our patients. I am not the person who decides who stays and who goes back home.". The patients were very angry! And what do you think I did during that time? Yesterday, from 8:00 to 12:30, I spent all of my time looking for ways to accommodate these three patients in another department!
>
> Surgeon: I see, but if someone inspects the occupation rate of the department on October 10, they might say we are only 80% full!

These interactions demonstrated that while the use of performance measures brings to the fore moral struggles between a variety of organizational actors, the performance measures (industrial/market) are considered legitimate justifications for the surgeons while the quality of care of the patient (industrial) is judged as the common principle for the health managers.

Despite the repercussions on the department organization and the repeated tensions, the healthcare managers and the patient scheduler kept pursuing the hectic pace of the operating room. However, despite the continuous efforts of the surgeons to improve the operating room scheduling and efficiency, the occupancy rate of the operating room occupancy and the rate of surgery were not satisfactory enough according to the administration's forecast.

5.3.3. Test 3: The use of performance measures and the reversibility threat of compromise within hybrid organizations: breakdown in trust

We observed a dispute involving a clash between the industrial and the market worth as we attended the forecasting medical-activity meeting on the December 13, 2018. The chief financial officer questioned the chief physician of the medical unit about the performance measures of the group of surgeons who had obtained financial resources to buy a new technology (a laser):

> Administrative manager: Yesterday, I discussed with the surgeon the red-laser project. He said we had planned an increase in operations of 44, but he has only planned 10 more. He also said he planned the additional operations as in-patients rather than out-patients as previously decided.
>
> Chief financial officer: The red-laser project has been presented and validated with these performance objectives! I got annoyed by the fact that we planned for the objectives they proposed. These are their numbers! It is not us who have made them up! We do not know any more how many out-patient operations they are performing. It is their project! What really bothers me is that they say afterwards "oh no, it's not possible, it's not realistic." I say "wait, it's not us who have proposed these objectives." I am really annoyed because we can't trust each other anymore after that.

These tensions between the administration and the surgeons led the administration to reiterate that the hiring of the surgeon was conditional on the achievement of the indicators. For the surgeons, this would represent a real injustice as, from their perspective, the test should be carried out in relation to the industrial worth at the expense of the market worth considering that their expertise (industrial) is more valuable than the short-term profitability of the activities (market). The dynamic of compromise here disturbed the worth according to which the subjects were valued within the organization.

In this regard, we highlight that the dynamics of compromise can be reversed in a vicious cycle of lose–lose logic. If doctors do not attain the performance measures, they risk being denied benefits, which will be redistributed to other doctors. The use of performance indicators generates "stress," a "fear of losing" among surgeons. The attributes of the domestic worth (space, time, beds), which reflect the worth of doctors, were now conditional to the achievement of performance indicators.

Through the examination of this second project, our results reveal a similar dynamic as in project 1: a dynamic of compromise between the administration and the project leader based on performance measures, an expectation of the compromise's materialization, and a disruption of the qualified objects of domestic worth; specifically, the operating-room time and human resources. This analysis also highlights that the increase in work intensity created tensions between professionals who were at the heart of healthcare, namely the healthcare managers and the surgeons, with two different visions of what signifies industrial worth in terms of what creates value for the patient: undergoing the operation early or being properly hosted (as if the patient had to choose between the two options). However, unlike project 1, the compromise's materialization was made conditional this time by the administration, expecting a quick return on investment. Both projects show an asymmetrical temporal dimension of the materialization, bringing the values of the actors in situ to the fore and eroding the compromise over time.

6. Discussion and conclusion

Drawing on the sociology of worth theory (Boltanski and Thévenot, 1991, 2006), the purpose of this study is to empirically examine the challenges brought about by hybridity through the use of performance measures. By doing so, we offer several contributions.

First, this article contributes to the prior literature on hybridity (Battilana and Dorado, 2010; Denis *et al.*, 2015; Pache and Santos, 2013; Skelcher and Smith, 2015) and the associated accounting literature (Conrath-Hargreaves and Wüstemann, 2019; Dobija *et al.*, 2019; Gebreiter and Hidayah, 2019; Kastberg and Lagström, 2019) by bringing the hybridity concept and the sociology of worth theory closer together. While this prior work has left unexplored how hybridity is formed through compromises at the micro-level and the moral struggles brought about by the conflicting nature of hybridity, we open the black box of hybrid organizations using the theoretical framework of Boltanski and Thévenot (1991, 2006). Indeed, the sociology of worth helps us, thanks to its conceptualization of orders of worth, to examine hybrid organizations through the lens of moral orders and the way individuals work out compromises on a day-to-day basis. In this regard, thanks to the sociology of worth, we shed light on how hybridity is embodied, who embodies it, and who may be excluded demonstrating that hybridity may be both a productive and a destructive force within which the use of performance measures is central in bringing together divergent values.

In our case, a French public hospital, we found that the use of performance measures plays an ambivalent role in mitigating the tensions due to hybridity by enabling compromises between actors with divergent values that characterize hybrid organizations, while simultaneously enhancing tensions between actors with convergent values at the heart of the caregiving. In privileging the voices of a multiplicity of actors who are either at the heart of the caregiving or administrative, we provide an original insight into the complexity of the orders of worth involved and how these orders of worth are challenged by the use of performance measures.

As a productive force, hybridity may push many actors towards compromising together. We conceptualize a potentially replicable pattern of the conditions that enable hybridity to be embodied through compromises and based on the following key relational mechanisms: (1) democratic commensuration; (2) conditional codependence; and (3) expected materialization. The initial mechanism is a democratic commensuration between the administration and the medical professionals to set the measures of performance. Medical professionals use performance measures to elicit compromises by quantifying and objectifying the needs for the projects' materialization relying on an assemblage between a pluralism of orders of worth: "being efficient-financing for the institution" (industrial/market); "providing security and quality of care for the patient" (industrial); "ensuring public services mission and values" (civic); and "gaining reputation among the medical community" (domestic). Performance measures contribute not only to the industrial worth but also to fostering good relationships between medical professionals and the administration and to overcoming the lack of hierarchical relationships between the administration and medical professionals (domestic worth). This mechanism is not sufficient to understand the dynamics of agreement related to the objectives of the performance measures. The second mechanism, conditional codependence, clarifies the conditional dimensions of the compromise. At this point, the use of performance measures allows the compromise to be solidified due to the behaviors of medical professionals as they work with the financial controller to optimize their performance measures. In this regard, the compromise is promoted through an explicit promise of what is expected to

be given and taken between the different actors. Here, the pluralism of orders of worth is amalgamated in a productive way for both parties. Performance measures represent a highly valued "argument" and work as a discursive strategy for justifying the project development. The third mechanism is the expected materialization of the compromise. This mechanism is extremely important for the reinforcement of the compromise as it materializes in objects the assemblage of the orders of worth involved in hybridity. An optimal balance in embodying organizational hybridity might consist in strong cooperation and trust between the actors. Nonetheless, prior literature provides few insights into how the actors can maintain the compromise over time, although this aspect is significant.

As a destructive force, hybridity may be a source of a clash between a pluralism of evaluative modes and may divide many actors. Indeed, while a compromise might be reached through the use of performance measures, it might be also potentially subject to tensions and reshaped over time in a dynamic way. Project 1 highlighted the inability of the evaluative mode, based on performance measures, to provide the desired space for the extra beds. Project 2 highlighted the inability of the use of performance measures to satisfy the commitment made by the surgeons to the administration. In different ways, both projects highlight the limits of such compromises, especially regarding the third mechanism. These failures reveal that the use of performance measures, by enhancing situations marked by multiple evaluative modes, entail more complexity and uncertainty for medical professionals. Thus, we offer a more nuanced insight into the way medical professionals evaluate worth and reconcile apparently opposite values (care and efficiency) by revealing the significance of the domestic and civic worth for medical professionals. In this regard, we highlight that unfulfilled promises reignite tensions between the competing rationalities and a breakdown in trust between administrative and medical professionals. In this way, the use of performance measures may play a role in mitigating the contradictions of hybridity by providing bargaining chips between actors who have competing values by relying on mutual concessions, but may also play a role in breaking the trust relationship between physicians and administrative.

Second, our study contributes to the literature of PM in the public sector by highlighting its underlying moral dimension (Arnaboldi *et al.*, 2015; Broadbent and Guthrie, 1992, 2007; Grossi and Thomasson, 2015; Lapsley, 1988, 2009). Our results discuss whether such use of performance measures is beneficial and sustainable in the long run for public organizations. In particular, our results reveal that the way the use of performance measures is valued by medical professionals seems to vary over time in a dynamic way, oscillating between tensions and compromises and diverging according to specific circumstances and audiences. In this regard, the asymmetrical temporal dimension of the materialization of the compromise may bring the values of the actors in situ to the fore and erode the compromise over time. These findings are particularly interesting in light of the prior literature discussing different public organizations as the moral issues brought about by the use of PM vary among different hybrid settings (Conrath-Hargreaves and Wüstemann, 2019; Dobija *et al.*, 2019; Gebreiter and Hidayah, 2019; Kastberg and Lagström, 2019). For instance, prior literature discussing the combination of different rationalities in higher education has emphasized that one of the responses to the combination of the plural rationalities is instrumental compliance (Gebreiter and Hidayah, 2019). This response may be viewed from the perspective of its moral implications because it suggests that the teacher may give students the exam questions in advance in order to achieve the highest possible marks (Gebreiter and Hidayah, 2019). We suggest that the use of performance measurement is more complex in healthcare than in universities regarding its moral implications for two reasons. First, the tasks of healthcare professionals are significantly different from the tasks of other public services professionals as they potentially imply moral

issues regarding the health of patients. Second, the wide variety of professional bodies may increase the complexity of negotiating as the different actors are not all involved in the dynamics of compromise with the administration (i. e. nurses, caregivers, healthcare managers).

Third, our study offers a contribution to the literature on the healthcare sector (Broadbent and Guthrie, 2007; Jacobs, 2005; Kurunmäki, 2004; Lapsley, 2008). It reveals that hybridity may be portrayed as a destructive force in healthcare organizations for healthcare professionals and patients. This helps address questions raised by prior research regarding the sustainability of performance-measurement-based systems within healthcare organizations. Criticisms and disputes repeatedly occurred because of the impact of the search for efficiency and profitability at the expense of the role of the healthcare managers and medical professionals. In the case study, forging a shared compromise through the use of performance measures with actors such as healthcare managers and nurses appeared to be impossible as the patient seemed to be a justification to oppose hybridity. In particular, surgeons were accused of pursuing performance measures privileging market/industrial worth at the expense of patient safety (industrial). For nurses and healthcare managers, hybridity was seen as a destructive force as these groups experienced repeated tensions in their daily work (at the expense of the patient) as the use of performance measures may clash with the "right thing to do" for healthcare professionals. Hybridity was not the outcome of a negotiation but was more of a constraint.

Finally, following Van Bommel's (2014) initial examination of the nuances of private arrangements and compromises within the accounting literature, these two evaluative modes deserve more attention as they have been either confused or underexamined (Annisette *et al.*, 2017; Annisette and Richardson, 2011). In our analysis, hybridity is created through a compromise between an assemblage of types of worth. However, the injustice felt by some actors may allow them to denounce this compromise as a private arrangement. Boltanski and Thévenot (1991, 2006) pointed out that the domestic worth, in particular, may be denounced as enhancing the search for private interests and personal relationships, as shown in project 1.

Overall, this study offers multiple practical implications. Framing the analysis within the sociology of worth, we have emphasized the moral risks associated with the use of performance measures in the context of healthcare organizations. Using performance measures may be perceived as a source of injustice by a wide variety of actors as it may potentially affect health outcomes because of the increase in physician work intensity. In this regard, the use of performance measures may bring to the fore disputes that require social actors to construct convincing arguments for different audiences. Thus, our analysis helps managers examine how actors may use performance measures to construct their arguments in the specific setting of French public hospitals, not only administrative staff, physicians, and surgeons, but also healthcare managers and nurses. In this sense, the use of performance measures may be discussed as the "right" things to do in the market/industrial worth, while being the "cruellest" thing to do for patient care.

This study has several limitations that present avenues for further research. First, we conducted a single case study in a country-specific context. Future research could examine the relational mechanisms in healthcare organizations in different geographical areas to analyze whether the dynamics of compromise are similar or not. In particular, the domestic worth, which is extremely prevalent in France, may be less prevalent in other cultures. Second, although this study has contributed to the understanding of the healthcare sector's specific mechanisms, future studies would likely benefit from paying more attention to the dynamics of tensions and compromises in which accounting tools are involved within other public organizations. We

suggest analyzing this problem drawing on the sociology of worth as it helps understand how compromises are negotiated and has not yet received the attention it warrants. Indeed, in a wider public sector context, organizational hybridity may produce other relational mechanisms than those we discuss here. Third, considering the dual logic of NPM and the non-market logic that characterizes hybridity, the concept would benefit from further study of the moral dimension underlying it.

Acknowledgments

We are grateful to Christine Cooper and Ann Langley for their encouraging comments on earlier versions of this study. We also thank the anonymous reviewers from the European Accounting Association congress of 2019 and from the Academy of Management congress of 2019. We acknowledge financial support from the Chaire Innov'Eres of the University of Montpellier. Finally, we want to thank the editor and the two anonymous reviewers.

References

Ahrens, T. and Chapman, C. (2002), "The structuration of legitimate performance measures and management: day-to-day contests of accountability in a U.K. restaurant chain", *Management Accounting Research*, Vol. 13, pp. 151–171.

Annisette, M. and Richardson, A.J. (2011), "Justification and accounting: Applying sociology of worth to accounting research", *Accounting, Auditing and Accountability Journal*, Vol. 24 No. 2, pp. 229–249.

Annisette, M. and Trivedi, V.U. (2013), "Globalization, paradox and the (un)making of identities: Immigrant Chartered Accountants of India in Canada", *Accounting, Organizations and Society*, Vol. 38 No. 1, pp. 1–29.

Annisette, M., Vesty, G. and Amslem, T. (2017), "Accounting values, controversies, and compromises in tests of worth", *Justification, Evaluation and Critique in the Study of Organizations: Contributions from French Pragmatist Sociology*, Vol. 52, Bingley, UK: Emerald Publishing Limited, pp. 209–239.

Arnaboldi, M., Lapsley, I. and Steccolini, I. (2015), "Performance Management in the Public Sector : The Ultimate Challenge", *Financial Accountability & Management*, Vol. 31 No. 1, pp. 1–22.

Arnold, P. and Hammond, T. (1994), "The role of accounting in ideological conflict: Lessons from the South African divestment movement", *Accounting, Organizations and Society*, Vol. 19 No. 2, pp. 111–126.

Battilana, J. and Dorado, S. (2010), "Building Sustainable Hybrid Organizations: the Case of Commercial Microfinance Organizations", *Academy of Management Journal*, Vol. 53 No. 6, pp. 1419–1440.

Battilana, J., Leca, B. and Boxenbaum, E. (2009), "How Actors Change Institutions: Towards a Theory of Institutional Entrepreneurship", *The Academy of Management Annals*, Vol. 3 No. 1, pp. 65–107.

Becker, H.S. (1958). P. of inference and proof in participant observation. (1958), "Problems of inference and proof in participant observation.", *American Sociological Review*, Vol. 23 No. 6, pp. 652–660.

Bedford, D.S., Bisbe, J. and Sweeney, B. (2019), "Performance measurement systems as generators of cognitive conflict in ambidextrous firms", *Accounting, Organizations and Society*, Elsevier Ltd, Vol. 72, pp. 21–37.

Berg, L.N. and Byrkjeflot, H. (2014), "Management in hospitals: A career track and a career trap a comparison of physicians and nurses in norway", *International Journal of Public*

Sector Management, Vol. 27 No. 5, pp. 379–394.
Bitektine, A. and Haack, P. (2015), "The 'macro' and the 'micro' of legitimacy: Toward a multilevel theory of the legitimacy process", *Academy of Management Review*, Vol. 40 No. 1, pp. 49–75.
Boltanski, L. and Thévenot, L. (1991), *De La Justification, Les Économies de La Grandeur*, Gallimard, Paris.
Boltanski, L. and Thévenot, L. (2006), *On Justification: Economies of Worth*, Princeton University Press, Princeton.
Van Bommel, K. (2014), "Towards a legitimate compromise?: An exploration of integrated reporting in the Netherlands", *Accounting, Auditing and Accountability Journal*, Vol. 27 No. 7, pp. 1157–1189.
Brandl, J., Daudigeos, T., Edwards, T. and Pernkopf-Konhäusner, K. (2014), "Why French pragmatism matters to organizational institutionalism", *Journal of Management Inquiry*, Vol. 23 No. 3, pp. 314–318.
Broadbent, J. and Guthrie, J. (1992), "Changes in the Public Sector: A Review of Recent 'Alternative' Accounting Research", *Accounting, Auditing & Accountability Journal*, Vol. 5 No. 2, pp. 3–31.
Broadbent, J. and Guthrie, J. (2007), "Public sector to public services: 20 years of 'contextual' accounting research", *Accounting, Auditing and Accountability Journal*, Vol. 21 No. 2, pp. 129–169.
Byrkjeflot, H. and Jespersen, P.K. (2014), "Three conceptualizations of hybrid management in hospitals", *International Journal of Public Sector Management*, Vol. 27 No. 5, pp. 441–458.
Carlsson-Wall, M., Kraus, K. and Messner, M. (2016), "Performance measurement systems and the enactment of different institutional logics: Insights from a football organization", *Management Accounting Research*, Elsevier Ltd, Vol. 32, pp. 45–61.
Cavalluzzo, K.S. and Ittner, C.D. (2004), "Implementing performance measurement innovations: evidence from government", *Accounting, Organizations and Society*, Vol. 29 No. 3–4, pp. 243–267.
Chenhall, R.H., Hall, M. and Smith, D. (2013), "Performance measurement, modes of evaluation and the development of compromising accounts", *Accounting, Organizations and Society*, Elsevier Ltd, Vol. 38 No. 4, pp. 268–287.
Chenhall, R.H., Hall, M. and Smith, D. (2017), "The expressive role of performance measurement systems: A field study of a mental health development project", *Accounting, Organizations and Society*, Elsevier Ltd, Vol. 63, pp. 60–75.
Cloutier, C., Gond, J.P. and Leca, B. (2017), "Justification, evaluation and critique in the study of organizations: An introduction to the volume", *Research in the Sociology of Organizations*, Vol. 52, pp. 3–29.
Cloutier, C. and Langley, A. (2007), "Competing rationalities in organizations: A theoretical and methodological overview", *Les Cahier de Recherche Du GéPS*, Vol. 1 No. 3, pp. 1–35.
Cloutier, C. and Langley, A. (2013), "The Logic of Institutional Logics: Insights From French Pragmatist Sociology", *Journal of Management Inquiry*, Vol. 22 No. 4, pp. 360–380.
Conrath-Hargreaves, A. and Wüstemann, S. (2019), "Multiple institutional logics and their impact on accounting in higher education: The case of a German foundation university", *Accounting, Auditing and Accountability Journal*, Vol. 32 No. 3, pp. 782–810.
Cornelissen, J.P., Durand, R., Fiss, P.C., Lammers, J.C. and Vaara, E. (2015), "Putting communication front and center in insistutional theory and analysis", *Academy of Management Review*, Vol. 40 No. 1, pp. 10–27.
Denis, J.L., Ferlie, E. and Van Gestel, N. (2015), "Understanding hybridity in public

organizations", *Public Administration*, Vol. 93 No. 2, pp. 273–289.
Dobija, D., Gorska, A.M., Grossi, G. and Wojciech Strzelczyk. (2019), "Rational and symbolic uses of performance measurement: Experiences from Polish universities", *Accounting, Auditing & Accountability Journal*, Vol. 32 No. 3, pp. 750–781.
Elsbach, K.D. (1994), "Managing organizational legitimacy in the California Cattle Industry: the construction of effectiveness of verbal accounts.", *Administrative Science Quarterly*, Vol. 39 No. 1, pp. 57–88.
Freidson, E. (1985), "The Reorganization of the Medical Profession", *Medical Care Research and Review*, Vol. 42 No. 1, pp. 11–35.
Friedland, R. and Alford, R.R. (1991), "Bringing Society Back In : Symbols, Practices, and Institutional Contradictions", in Powell, W. and DiMaggio, P. (Eds.), *The New Institutionalism in Organizational Analysis*, Chicago : University of Chicago Press, pp. 232–263.
Gebreiter, F. and Hidayah, N.N. (2019), "Individual responses to competing accountability pressures in hybrid organisations: The case of an English business school", *Accounting, Auditing and Accountability Journal*, Vol. 32 No. 3, pp. 727–749.
Georgescu, I. and Hartmann, F.G.H. (2013), "Sources of financial pressure and up coding behavior in French public hospitals", *Health Policy*, Elsevier Ireland Ltd, Vol. 110 No. 2–3, pp. 156–163.
Grossi, G. and Thomasson, A. (2015), "Bridging the accountability gap in hybrid organizations: The case of Copenhagen Malmö Port", *International Review of Administrative Sciences*, Vol. 81 No. 3, pp. 604–620.
Hallett, T. (2010), "The Myth Incarnate: Recoupling Processes, Turmoil, and Inhabited institutions in an Urban Elementary School", *American Sociological Review*, Vol. 75 No. 1, pp. 52–74.
Hallett, T. and Ventresca, M.J. (2006), "Inhabited institutions: Social interactions and organizational forms in Gouldner's Patterns of Industrial Bureaucracy", *Theory and Society*, Vol. 35 No. 2, pp. 213–236.
Haustein, E., Lorson, P.C., Caperchione, E. and Brusca, I. (2019), "The quest for users' needs in public sector budgeting and reporting", *Journal of Public Budgeting, Accounting & Financial Management*, Vol. 31 No. 4, pp. 473–477.
van Helden, J. and Reichard, C. (2019), "Making sense of the users of public sector accounting information and their needs", *Journal of Public Budgeting, Accounting & Financial Management*, Vol. 31 No. 4, pp. 478–495.
Hood, C. (1991), "A public management for all seasons?", *Public Administration*, Vol. 69, pp. 3–19.
Hood, C. (1995), "The 'New Public Management' in the 1980s: Variations on a theme", *Accounting, Organizations and Society*, Vol. 20 No. 2–3, pp. 93–109.
Horner, R.D., Matthews, G., Yi, M.S., Care, S.M. and August, N. (2012), "Practices to Improve Health Care Delivery Linked references are available on JSTOR for this article : to Im", Vol. 50 No. 8, pp. 654–661.
Humphrey, C. and Miller, P. (2012), "Rethinking impact and redefining responsibility: The parameters and coordinates of accounting and public management reforms", *Accounting, Auditing and Accountability Journal*, Vol. 25 No. 2, pp. 295–327.
Jacobs, K. (2005), "Hybridisation or Polarisation: Doctors and Accounting in the UK, Germany and Italy", *Financial Accountability and Management*, Vol. 21 No. 2, pp. 135–162.
Jürges, H. and Köberlein, J. (2015), "What explains DRG upcoding in neonatology? The roles of financial incentives and infant health", *Journal of Health Economics*, Elsevier B.V., Vol. 43, pp. 13–26.
Kastberg, G. and Lagström, C. (2019), "Processes of hybridization and de-hybridization:

organizing and the task at hand", *Accounting, Auditing and Accountability Journal*, available at:https://doi.org/10.1108/AAAJ-08-2017-3103.
Kraatz, M.S. and Block, E.S. (2008), "Organizational Implications of Institutional Pluralism", in Greenwood, R., Oliver, C., Sahlin-Andersson, K. and Suddaby, R. (Eds.), *The SAGE Handbook of Organizational Institutionalism*, SAGE publications Ltd, London, pp. 243–275.
Kurunmäki, L. (2004), "A hybrid profession - The acquisition of management accounting expertise by medical professionals", *Accounting, Organizations and Society*, Vol. 29 No. 3–4, pp. 327–347.
Langley, A. (1999), "Strategies for theorizing from process data", *Academy of Management Review*, Vol. 24 No. 4, pp. 691–710.
Lapsley, I. (1988), "Research in Public Sector Accounting: An Appraisal", *Accounting, Auditing & Accountability Journal*, Vol. 1 No. 1, pp. 21–33.
Lapsley, I. (2008), "The NPM Agenda: Back to the future", *Financial Accountability & Management*, Vol. 24 No. 1, pp. 77–96.
Lapsley, I. (2009), "New Public Management: The cruellest invention of the Human Spirit?", *A Journal of Accounting, Finance and Business Studies*, Vol. 45 No. 1, pp. 1–21.
Lounsbury, M. (2008), "Institutional rationality and practice variation: New directions in the institutional analysis of practice", *Accounting, Organizations and Society*, Vol. 33 No. 4–5, pp. 349–361.
Van Maanen, J. (1979), "The Fact of Fiction in Organizational Ethnography", *Administrative Science Quarterly*, Vol. 24 No. 4, pp. 539–550.
Mailhot, C. and Langley, A. (2017), "Commercializing Academic Knowledge in a Business School: Orders of worth and Value Assemblages", *Justification, Evaluation and Critique in the Study of Organizations*, Published online: 02 Jun 2017, pp. 241–269.
Malmmose, M. (2015), "Management accounting versus medical profession discourse: Hegemony in a public health care debate - A case from Denmark", *Critical Perspectives on Accounting*, Elsevier Ltd, Vol. 27, pp. 144–159.
Mangen, C. and Brivot, M. (2015), "The challenge of sustaining organizational hybridity: The role of power and agency", *Human Relations*, Vol. 68 No. 4, pp. 659–684.
Mcgivern, G., Currie, G., Ferlie, E., Fitzgerald, L. and Waring, J. (2015), "Hybrid manager-professionals' identity work: The maintenance and hybridization of medical professionalism in managerial contexts", *Public Administration*, Vol. 93 No. 2, pp. 412–432.
Meyer, J.W. and Rowan, B. (1977), "Institutionalized Organizations: Formal Structure as Myth and Ceremony", *American Journal of Sociology*, Vol. 83 No. 2, pp. 340–363.
Modell, S. (2005), "Students as consumers?: An institutional field-level analysis of the construction of performance measurement practices", *Accounting, Auditing and Accountability Journal*, Vol. 18 No. 4, pp. 537–563.
Mulgan, R. (2008), "Public Sector Reform in New Zealand: Issues of Public Accountability", *Public Administration Quarterly*, Vol. 32 No. 1, pp. 1–32.
Nachi, M. (2006), *Introduction à La Sociologie Pragmatique*, Armand Colin., Paris.
Ouchi, W.G. (1979), "A Conceptual Framework for the Design of Organizational Control Mechanisms", *Management Science*, Vol. 25 No. 9, pp. 833–848.
Ouchi, W.G. and Maguire, M.A. (1975), "Organizational Control: Two Functions", *Administrative Science Quarterly*, Vol. 20 No. 4, pp. 559–569.
Pache, A.-C. and Santos, F. (2013), "Inside the Hybrid Organization: Selective Coupling as a Response to Competing Institutional Logics", *Academy of Management Journal*, Vol. 56 No. 4, pp. 972–1001.
Patriotta, G., Gond, J.P. and Schultz, F. (2011), "Maintaining legitimacy: Controversies, orders

of worth, and public justifications", *Journal of Management Studies*, Vol. 48 No. 8, pp. 1804–1836.
Perkiss, S. and Moerman, L. (2017), "Hurricane Katrina: Exploring justice and fairness as a sociology of common good(s)", *Critical Perspectives on Accounting*, Elsevier Ltd, Vol. in press.
Pernkopf-Konhäusner, K. (2014), "The Competent Actor: Bridging Institutional Logics and French Pragmatist Sociology", *Journal of Management Inquiry*, Vol. 23 No. 3, pp. 333–337.
Pollitt, C. (2017), "Performance management 40 years on: a review. Some key decisions and consequences", *Public Money and Management*, Vol. 38 No. 3, pp. 167–174.
Polzer, T., Markus, M. and Johann, H. (2016), "Institutional Hybridity in Public Sector Reform: Replacement, Blending, or Layering of Administrative Paradigms", *How Institutions Matter! Research in the Sociology of Organizations*, Vol. 48B, pp. 69–99.
Ramirez, C. (2013), "'We are being pilloried for something, we did not even know we had done wrong!' quality control and orders of worth in the british audit profession", *Journal of Management Studies*, Vol. 50 No. 5, pp. 845–869.
Reay, T. and Hinings, C.R. (2009), "Managing the rivalry of competing institutional logics", *Organization Studies*, Vol. 30 No. 6, pp. 629–652.
Sanday, P.R. (1979), "The Ethnographic Paradigm(s)", *Adminstrative Science Quarterly*, Vol. 24 No. 4, pp. 527–538.
Simonet, D. (2015), "Post-NPM Reforms or Administrative Hybridization in the French Health Care System?", *International Journal of Public Administration*, Vol. 38 No. 9, pp. 672–681.
Skelcher, C. and Smith, S.R. (2015), "Theorizing hybridity: Institutional logics, complex organizations, and actor identities: The case of nonprofits", *Public Administration*, Vol. 93 No. 2, pp. 433–448.
Smith, P. (1993), "Outcome-related Performance Indicators and Organizational Control in the Public Sector", *British Journal of Management*.
Steccolini, I. (2018), "Accounting and the post-new public management: Re-considering publicness in accounting research", *Accounting, Auditing and Accountability Journal*, Vol. 32 No. 1, pp. 255–279.
Thévenot, L. (2001), "Les justifications du service public peuvent-elles contenir le marché?", *Service Public et Droits Fondamentaux Dans La Construction Européenne*, pp. 127–143.
Thomasson, A. (2009), "Exploring the Ambiguity of Hybrid Organisations: a Stakeholder Approach", *Financial Accountability & Management*, Vol. 25 No. 3, pp. 353–366.
Thornton, P.H. and Ocasio, W. (2008), "Institutional Logics", in Greenwood, R., Oliver, C. and Suddaby, R. (Eds.), *The Sage Handbook of Organizational Institutionalism*, SAGE publications Ltd, London, pp. 99–128.
Uddin, S. and Tsamenyi, M. (2005), "Public sector reforms and the public interest: A case study of accounting control changes and performance monitoring in a Ghanaian state-owned enterprise", *Accounting, Auditing & Accountability Journal*, Vol. 18 No. 5, pp. 648–674.
Vakkuri, J. and Johanson, J.-E. (2018), "Debate: Taming the monster— understanding hybrid organizations and governance", *Public Money and Management*, Vol. 38 No. 3, pp. 162–163.
Vesty, G.M., Ren, C. and Ji, S. (2018), "Integrated reporting as a test of worth: A conversation with the chairman of an integrated reporting pilot organisation", *Accounting, Auditing and Accountability Journal*, Vol. 31 No. 5, pp. 1406–1434.
Yin, R.K. (2008), *Case Study Research. Design and Methods*, 4e ed., Sage, Thousand Oaks.
Yin, R.K. (2012), *Applications of Case Study Research*, 3e ed., Sage, Thousand Oaks.
Zilber, T.B. (2016), "How Institutional Logics Matter: A Bottom-Up Exploration", in Gehman,

J., Lounsbury, M. and Greenwood, R. (Eds.), *How Institutions Matter! Research in the Sociology of Organizations*, Vol. 48A, Emerald Group Publishing Limited, Bingley, UK, pp. 137–155.

Table I. Orders of worth.

Orders of worth	**Market**	**Industrial**	**Civic**	**Domestic**	**Inspired**	**Fame**
Mode of evaluation (worth)	Market competitiveness, cost	Efficiency, competence, reliability	Solidarity, collective welfare	Tradition, family, heritage, esteem	Creativity, emotional expression	Renown, recognition, fame
Valued characteristics	Marketable, desire, competition	Efficiency, productivity, performance	Equity, equality, rules, rights	Politeness, respect	Passion, spontaneity	Celebrity, success, visibility
Devalued characteristics	Defeat	Inefficiency, unproductivity	Individualism	Vulgarity, treachery	Habits, routines, realism	Indifference, disinterest
Qualified objects	Market services	Technical objects	Rules, rights	Territory, heritage	Creative objects	Media
Qualified human beings	Competitor, businessman	Expert	Unions, citizens	Chief, father, ancient	Artists	Celebrity

Source: Adapted from Taupin (2012).

Table II. Examples of orders of worth as described by respondents.

Order of worth	***Representative data source***
Civic	"The French healthcare system is founded on the principles of the equal right of access to care, with universal health coverage, neutrality of public services, and the continuity of care. We provide care regardless of financial, religious, philosophical or ethical considerations of the patient." (Director of performance)
Industrial	"We try to place the patient at the center but sometimes we are so involved in the process of production that we forget the patient. (…) The constraint is the pace of work, the chain of production. We are really in a logic of a factory, a logic of a production company." (Healthcare manager)
Market	"They (the ministry) require the hospital to be profitable (…) the surgeons are subjected to a culture which is not the one of public services, which is to develop profitability by increasing the number of operations." (Healthcare manager)
Domestic	In a university-hospital system, there is a hierarchy. It is the university professor who is chief of a department, who is chief of a medical unit." (Chief physician)
Inspired	"Our profession is transcendent because our actions are part of a bigger picture." (Deputy director general).

Table AI. Interviews.

No.	*Professional status*	*Gender*	*Interview length*
1	Chief physician of the medical unit and universitarian	M	1h37
2	Physician (universitarian)	F	1h41
3	Physician (universitarian)	M	2h12
4	Physician (universitarian)	M	41 min
5	Physician (universitarian) and medicine faculty president	M	46 min
6	Physician	H	1h48
7	Physician	F	1h38
8	Physician	M	54 min
9	Physician	F	1h10
10	Surgeon (universitarian)	M	1h53
11	Surgeon (universitarian)	M	43 min
12	Surgeon	M	1h48
13	Senior healthcare manager	F	2h12
14	Healthcare manager	F	1h28
15	Healthcare manager	F	1h27
16	Healthcare manager	M	53 min
17	Healthcare manager	F	1h41
18	Healthcare manager	M	2h02
19	Healthcare manager	F	1h45
20	Healthcare manager	F	51 min
21	Healthcare manager	F	59 min
22	Healthcare manager	F	56 min
23	Healthcare manager	F	44 min
24	Nurse	F	44 min
25	Nurse	F	35 min
26	Nurse	F	34 min
27	Nurse	F	47 min
28	Nurse	F	31 min
29	Nurse	F	35 min
30	Nurse	M	40 min
31	Patient scheduler	F	1h20
32	Caregiver	F	56 min
33	Caregiver	F	36 min
34	Caregiver	M	44 min
35	Caregiver	M	37 min
36	Chief financial officer	M	1h37
37	Deputy director general	F	46 min
38	Chief of the billing department	F	1h28
39	Chief of the health information system	F	1h06
40	Deputy chief financial officer	F	1h05
41	Director of nursing care	F	1h37
42	Director of performance	F	1h36
43	Administrative manager of the medical unit	F	1h41
44	Financial controller of the medical unit	F	46 min

45	Financial controller	F	47 min
46	Secretary of a department	F	43 min
47	Secretary of a department	F	1h21
48	Secretary of a department	F	46 min

Table AII. Locations of observations.

Location of observations	***Activities***
During provision of chronic disease services	Observation (non-participant) of physicians, nurses, and caregivers; observation of team meetings; participation in daily activities (e.g. having lunch, drinking coffee); participation in educational therapeutic workshops.
Office of the administrative manager	Observation (non-participant) of individual meetings with physicians about forecasts for the number of consultations and informal talks with them.
Office of the senior healthcare manager	Observation (non-participant) of informal talks with mid-level healthcare managers, physicians, and surgeons. Participation in daily activities (e.g. having lunch, managing conflicts).
Office of the chief physician of the medical unit	Observation (non-participant) of the weekly medical unit meetings with the chief physician of the medical unit, senior healthcare manager, and administrative manager.
Meeting room in the administration unit	Observation (non-participant) of accounting meetings about activity forecasting; budget negotiation with chief financial officer, accounting supervisors, chief physician of the medical unit, senior healthcare manager, and administrative manager.
Meeting room in the surgery unit	Observation (non-participant) of team meetings with surgeons, anesthetists, medical interns, mid-level service managers, and patient scheduler.

Table AIII. Research process, interviewees, and themes addressed.

Interviewees	***Themes addresses***
Case-study: *actors in a medical unit within a French public hospital.* ***Objective:*** *To explain performance measures uses considering the multiple values operating within a French public hospital.*	
Medical unit actors *Chief physician* *Senior healthcare manager* *Medical professionals (physicians, surgeons)* *Healthcare managers* *Nurses* *Caregivers* *Secretaries* *Administrative actors* *Chief financial officer* *Administrative manager* *Management controller*	Sociodemographic data: number of years in the hospital. Professional identity: mission and perception of a sense of recognition. Professional values and values conflicts. Perceptions of the relationships with the administration, the direct hierarchy, and the medical professionals. Projects process and justifications associated with budget demand. Perception of the projects' coordination within the organization. Practices and beliefs regarding the use of performance measures. Role of performance measures within the organization. Perception of the increase or the decrease of the intensity work in the department, in the medical unit, and in the hospital. Perception of tensions associated with the use of performance measures. Perception of injustices felt in general.

Table AIV. Mechanisms, representative data source and significance

Mechanisms	***Representative data source***	***Significance***
Democratic commensuration	"We negotiate on the indicators we foresee to establish the contract with the medical unit. Sometimes, they do not agree with us on certain things, on the receipts or on the spending. It's a negotiation between them and us." (Financial controller)	Administrators do not have hierarchical power over medical professionals. They need to reach a compromise with them so that the performance objectives are respected. There are no financial incentives for achieving performance objectives as medical professionals' payment does not vary according to the activity.
Conditional codependence	We are in a hospital here, we are in a center of expertise – kidney transplantation is a priority for a university hospital center. If we do	Performance measures are used to facilitate a conditional co-dependence between the physicians' projects and the

	not have the financial support to do it, we are forced to make choices among our subspecialties." (University professor and hospital practitioner) "The more we prove we are productive, the more we are likely to receive financial support. The better our indicators are, the more we are likely to obtain additional resources." (Healthcare manager)	administrators' financial support. They helped in reaching a compromise between an assemblage of types of worth: serving public service mission and values (civic); being efficient in financing (industrial/market); and obtaining a good reputation within the medical community (domestic).
Expected materialization	*"*In exchange for a promise of a full-time position in the department, we had to outperform our indicators." (Surgeon)	There is a temporal dimension of the expected materialization underlying the compromise. Performance measures ensure the link between these two timelines.