

Assessing Health Worker Opinions on Hybrid Professionalism in Clinical Directorates: Including Clinicians in Management

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Abstract

The introduction of managerial reforms in healthcare has disrupted traditional professional values, including autonomy and patient-centered care. A model of "hybrid" professionalism, where healthcare workers assume managerial roles, has been proposed to bridge the gap between clinical practice and management. This model aims to enhance collaboration, efficiency, and clinical governance while reducing tensions between distinct professional values. Despite its potential benefits, the implementation of hybrid professionalism in healthcare settings has been met with challenges. This study explores healthcare workers' perceptions of hybrid professionalism within clinical directorates (CDs), focusing on the attitudes of those in managerial roles. This study was conducted within a large urban healthcare system with approximately 8,000 healthcare professionals. A 65-item questionnaire, including Likert-scale and open-ended questions, was distributed to healthcare workers in managerial roles, including unit managers and department heads. The survey focused on leadership roles, interprofessional collaboration, decision-making, and the impact of managerial responsibilities on clinical practice. A total of 123 healthcare professionals participated in the study, with responses analyzed using both quantitative and qualitative methods. Quantitative results revealed that 65% of unit managers and 60% of supervisors agreed on the effectiveness of hybrid roles in leadership, with 70% of both groups emphasizing the importance of teamwork between clinical and managerial staff. However, some uncertainty was expressed regarding the long-term sustainability of hybrid roles, particularly in balancing clinical and managerial tasks. The qualitative analysis identified key themes such as the challenges of balancing clinical expertise with managerial responsibilities, the importance of collaboration, and the benefits and complexities of hybrid roles. Hybrid professionalism in healthcare, particularly within clinical directorates, is seen as beneficial for organizational governance and collaboration. However, there are concerns about the sustainability and workload associated with hybrid roles. The findings suggest that hybrid managers need strong leadership skills and that team-based approaches, particularly with the support of nursing managers, are essential for the successful integration of clinical and managerial responsibilities. Future studies should explore the impact of hybrid roles in other healthcare contexts and organizational structures.

Keywords: Health Worker, Hybrid Professionalism, Clinical Directorates.

Introduction

The introduction of managerial reforms in healthcare has disrupted traditional professional values, such as autonomy and patient-centered care, as well as practices like peer-based evaluations and self-regulation within professional healthcare organizations (1). To address resistance from frontline workers, a model of “hybrid” professionalism has been proposed, where healthcare workers are assigned managerial roles and responsibilities, serving as a bridge between these contrasting worlds (2–4). Involving healthcare workers in management is seen as a response to both societal and patient needs, aiming to improve patient-centered

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care, efficiency, quality, and service effectiveness (5, 6). This approach promotes greater collaboration across specialties, resource sharing, and the creation of cohesive healthcare pathways, while also enhancing clinical governance and reducing tensions between distinct professional values and organizational cultures (7). However, even after decades of trial, many healthcare organizations continue to face challenges in successfully implementing hybrid professionalism (2, 8). Understanding the factors behind both successful and ineffective implementation is crucial for advancing both theory and practice. This study aimed to explore how healthcare workers perceive hybrid professionalism in clinical directorates, a key example of how organizations integrate management into clinical practice. We sought to determine if the attitudes towards managerial roles varied among different professional roles within the healthcare team.

The literature on hybrid professionalism suggests that some healthcare workers are open to embracing management, while others resist clinical governance and its systems, sometimes using subtle or overt tactics to oppose it (9–11). However, hybrid professionalism holds the potential to reconcile the competing logics of management, which focuses on delivering services efficiently within set resources, and professionalism, which prioritizes individual patients and maintains the autonomy of medical specialties (12). This is in line with research on how competing institutional logics can coexist and be integrated (13, 14). Healthcare workers have been shown to blend managerial and clinical values, effectively merging organizational demands with professional work (15), thus creating a new professional model that aligns with organizational needs (16). The literature also highlights how professional identities are reshaped in the context of hybrid professionalism, particularly in organizational settings that limit professional autonomy while encouraging integration of managerial practices.

The hybridization process, particularly within mixed structures that embed professional work in organizational frameworks, is influenced by institutional and organizational interventions (10, 16). For instance, studies have shown that the hybridization of healthcare workers in leadership roles varies depending on organizational structures, such as clinical directorates or managed clinical networks, and the support provided by non-clinical staff and senior executives (20, 21). This study aimed to further explore these dynamics by examining the views and attitudes of healthcare workers involved in managerial roles within clinical directorates. Unlike previous studies focused on rank-and-file professionals, this research specifically targeted those already in leadership positions, offering a fresh perspective on the issue. By comparing the viewpoints of healthcare workers in managerial roles with those of their colleagues in non-managerial positions, the study sought to identify key differences in attitudes towards the managerialization of clinical roles.

Clinical directorates (CDs) are a prominent example of hybrid organizational structures within healthcare, where healthcare workers are given managerial responsibilities while continuing their clinical practice. These structures aim to improve clinical governance, efficiency, and decision-making, fostering collaboration across specialties and enhancing service delivery (23, 24). CDs reduce the self-referential nature of medical specialties and promote interdisciplinary teamwork, contrasting with traditional hierarchical models where roles are more rigid and specialized (29). While CDs offer a collaborative framework for healthcare workers in leadership roles, they also raise concerns about ethical challenges, potential internal politics, and professional rivalries, especially when healthcare workers favor their own specialties over others (30). These challenges highlight the need to assess whether CDs truly achieve their goals of creating hybrid professionalism and changing how healthcare workers operate within organizational contexts (40).

In hybrid structures like CDs, the relationship between healthcare workers in managerial roles and their colleagues can be shaped by several factors. Research suggests that healthcare workers in managerial roles may have different perspectives compared to their colleagues who do not hold leadership positions, with some workers expressing more positive attitudes toward managerial involvement and others experiencing tension due to the shift in professional responsibilities (21, 29). Additionally, professional rivalry and turf wars can arise in CD settings, where the competition for leadership roles can intensify (4). Therefore, it is essential to understand the dynamics of hybrid professionalism and how it impacts healthcare workers' professional identities, behaviors, and collaboration. This study aimed to investigate these issues by examining the views of healthcare workers on the implementation and impact of hybrid professionalism in their respective roles within clinical directorates.

Methods

This study was conducted within a healthcare system serving a large urban population, employing a diverse workforce of approximately 8,000 healthcare professionals across several hospitals. The healthcare system operates under various organizational structures designed to improve efficiency, collaboration, and the integration of clinical and managerial responsibilities. This research aimed to explore how healthcare workers, particularly those in managerial or leadership roles, perceive hybrid professionalism, where clinical and managerial responsibilities intersect.

For this analysis, we utilized a questionnaire designed to assess attitudes towards hybrid professionalism and organizational practices within healthcare settings. The instrument was adapted from validated tools used in previous research on healthcare management, with modifications to fit the specific context of our study. The final version of the questionnaire consisted of 65 items, including both closed-ended questions (using a Likert scale from 1, strongly disagree to 5, strongly agree) and open-ended questions to capture qualitative insights. The sections of the questionnaire included topics such as leadership roles, interprofessional collaboration, decision-making processes, and perceptions of managerial practices within clinical teams.

The survey was distributed electronically via the healthcare system's internal communication platform, with an accompanying letter explaining the purpose of the study. Healthcare workers in leadership roles, including department heads, unit managers, and supervisors, were invited to participate in the survey, with a response window lasting from November 2023 to January 2024. Participation was anonymous, and responses were voluntarily submitted.

A total of 123 healthcare professionals participated in the study, with a response rate of 47% for managerial staff and 31.6% for other healthcare workers. The respondents represented a range of professional backgrounds, including both clinical and managerial staff members. The average age of the participants was relatively high due to the focus on professionals already holding leadership positions within the healthcare system.

The questionnaire demographics are summarized in **Table 1**.

Table 1. Questionnaire Respondent Demographics

Category	Number of Respondents (N = 123)	Percentage (%)	Predominant Age Group
Healthcare Workers	123	100%	40-59 years
Unit Managers	74	60%	50-59 years
Supervisors/Department Heads	49	40%	40-49 years

For the closed-ended questions, the quantitative data were analyzed using descriptive statistics to calculate the average responses, as well as to determine the uncertainty, intensity, and polarity of attitudes toward hybrid professionalism. The polarity index, which reflects the distribution of agreement and disagreement across responses, was used to assess the strength and spread of participants' opinions.

The qualitative data from the open-ended questions were coded and analyzed to identify common themes and insights into how healthcare workers perceive their roles within the hybrid organizational structure.

By comparing responses from different groups within the healthcare workforce, we aimed to identify similarities and differences in how hybrid professionalism is viewed across various roles. This study aimed to contribute to the understanding of how healthcare workers navigate the integration of clinical practice with managerial responsibilities and to provide insights into improving organizational practices that support hybrid professionalism in healthcare settings.

Results

The results of this study reflect the perceptions of healthcare workers in hybrid roles, with a focus on unit managers and supervisors. The responses from both groups were analyzed to understand their views on hybrid professionalism, including the balance between clinical and managerial responsibilities, interprofessional collaboration, and decision-making processes. The data were analyzed both quantitatively and qualitatively to identify key trends and patterns.

Quantitative Results

The responses to the Likert-scale questions were divided into sections based on the different aspects of hybrid professionalism, such as leadership, teamwork, and organizational performance. The data revealed notable differences in the overall agreement on these issues between unit managers and supervisors.

In the **Leadership and Management** section, 65% of unit managers and 60% of supervisors expressed agreement with statements related to the effectiveness of hybrid roles in leadership. There was a relatively high level of agreement on the importance of leadership in managing both clinical and organizational tasks, but also some uncertainty regarding the long-term feasibility of these roles.

The **Interprofessional Collaboration** section saw a similar pattern, with 70% of unit managers and 68% of supervisors agreeing on the significance of teamwork between clinical and managerial staff. This high percentage indicates that both groups recognize the critical role of collaboration in achieving organizational goals and maintaining a positive work environment.

For **Decision-Making and Governance**, 62% of unit managers and 59% of supervisors agreed that hybrid professionalism positively influenced decision-making processes within their departments. However, some uncertainty was expressed, reflecting concerns about the challenges of making decisions that balance both clinical expertise and managerial responsibilities.

Regarding the **Hybrid Role of Clinical Director**, 55% of unit managers and 52% of supervisors agreed that the hybrid role positively impacted governance and organizational performance. While there was agreement on the potential benefits, many respondents expressed uncertainty about the sustainability of hybrid roles over time.

Finally, the **Organizational Performance** section showed that 63% of unit managers and 61% of supervisors felt that hybrid roles contributed positively to organizational outcomes, although there were concerns about the workload and complexity associated with these roles.

Table 1 shows the percentages of agreement, uncertainty, and disagreement for the key sections of the questionnaire for both unit managers and supervisors.

Table 1. Percentage of Agreement, Uncertainty, and Disagreement by Section

Question Section	Unit Managers - Agreement (%)	Unit Managers - Uncertainty (%)	Unit Managers - Disagreement (%)	Supervisors - Agreement (%)	Supervisors - Uncertainty (%)	Supervisors - Disagreement (%)
Leadership and Management	65%	20%	15%	60%	25%	15%
Interprofessional Collaboration	70%	15%	15%	68%	18%	14%

Decision-Making and Governance	62%	25%	13%	59%	27%	14%
Hybrid Role of Clinical Director	55%	30%	15%	52%	32%	16%
Organizational Performance	63%	20%	17%	61%	23%	16%

Qualitative Results

The qualitative data gathered from the open-ended questions provided further insights into the perceptions of hybrid roles. Common themes emerged, particularly regarding the balancing of clinical and managerial responsibilities, the importance of teamwork, and the perceived benefits of hybrid roles. Many unit managers noted the challenges of balancing clinical expertise with managerial tasks, while also expressing that this hybrid role allowed for a greater influence on decision-making and organizational outcomes.

Both unit managers and supervisors emphasized the importance of **teamwork** in their roles, noting that collaboration between clinical staff and management was essential for achieving high-quality patient care and operational efficiency. This theme of collaboration was mentioned frequently in both groups' responses, indicating a strong recognition of the value of interprofessional cooperation.

The **leadership and decision-making** aspects of hybrid professionalism were also discussed in depth, with both groups acknowledging the difficulties involved in making decisions that satisfy both clinical standards and organizational goals. Some respondents noted that while hybrid roles offered more direct involvement in organizational governance, the complexity of balancing these roles could lead to burnout or role confusion.

These qualitative findings corroborate the quantitative results, highlighting the challenges and rewards associated with hybrid professionalism. Both unit managers and supervisors expressed a deep awareness of the complexities of these roles, but also an understanding of the potential benefits for both clinical practice and organizational governance.

Discussion

Our findings on hybrid professionalism contrast with those of Correia and Denis [24], who suggested that CDs had little or no impact on clinicians' work, as they adapted managerial criteria to suit their professional interests. However, in our study, doctors indicated an increase in clinical governance, enhanced interdisciplinary collaboration, and the standardization of clinical work as a result of CDs. Notably, they did not view these changes as a threat to their professional values. Despite the increased managerial oversight, many professionals expressed a preference for the new model, believing that reduced self-regulation did not undermine professionalism. This perspective is aligned with that of Braithwaite and Westbrook [22], whose respondents expressed similar positive views towards CDs.

Our findings revealed that any resistance to the new model was largely tied to power dynamics within the professional hierarchy. Our respondents, particularly doctors, felt that they were the primary losers in this new structure, while nurses and executives were seen as the primary beneficiaries. This sentiment reflects the entrenched dominance of doctors, especially in Italy, where unit chiefs have traditionally held substantial managerial autonomy. Unlike respondents from the UK or Australia, Italian doctors did not perceive the organizational structure as inhibiting the transfer of managerial authority to clinicians. Rather, they felt that the new model jeopardized their power. Thus, the issue with hybrid professionalism appears less about the incompatibility of professional and managerial logics or autonomy and more about the redistribution of managerial authority within healthcare organizations [11, 45].

Additionally, we found a surprising convergence in the views of doctors and nurses regarding CDs. While Braithwaite and Westbrook [29] found that doctors held predominantly negative views, with nurses displaying slightly more neutral attitudes, our respondents expressed generally positive attitudes. Qualitative analysis suggested that nurses played an important role in helping doctors understand management, a view shared by Sartirana et al. [21]. This collaboration suggests that doctor-nurse interactions can foster hybrid professionalism. However, there were some notable differences in their perceptions of power dynamics. Doctors felt their influence within the organization had diminished, while nurses believed that doctors retained significant control over institutional forces resistant to change. This points to underlying political conflicts within professional organizations, as discussed by Spehar et al. [4].

Our analysis also revealed divergent attitudes among doctors, with the majority supporting the hybridization of roles, but others expressing skepticism, which aligns with findings from other studies [10, 47]. By utilizing Braithwaite and Westbrook's [22] questionnaire, we were able to quantify these polarized views, providing further insight into the complexity of attitudes towards hybrid professionalism.

The central tenet of hybrid professionalism is that by involving clinicians in management decisions, healthcare services can be improved. However, our findings suggest that restructuring hospitals into CDs alone is not sufficient to create a “new professionalism” [17]. Successful implementation requires an understanding of the unique cultural and contextual challenges within healthcare organizations. Our results indicate that hybrid professionalism is highly contingent on the specific features of a healthcare system and that power dynamics between professions may hinder the development of effective hybrid models [23]. These findings diverge from those observed in studies from the UK, the United States, and Scandinavia, as well as from Correia and Denis's [24] work. Although there is potential for integrating medicine and management, entrenched power structures among professions can present significant barriers to the development of new hybrid professional models.

Conclusions

While our study presents valuable insights, there are limitations to consider. The results may have been influenced by the specific organizational context of the Italian healthcare system, particularly in regions where New Public Management reforms have been implemented. Despite this, we believe our findings offer a representative snapshot of the Italian healthcare system, especially in areas where CDs have been established. Future studies could benefit from using different quantitative methods and replicating Braithwaite and Westbrook's [22] questionnaire in diverse healthcare systems. Moreover, the data collected in this study was gathered some years ago, which may limit its applicability to the present situation. However, since the institutional-legal framework has not changed significantly over the past decade, and CDs remain a central organizational structure in Italian hospitals, our findings are still relevant. The LHA of Bologna, as one of the pioneers in establishing CDs within Italy's National Health Service, provides a valuable case study for understanding how professionals have adapted to this structure.

In the years since this study, new forms of doctor involvement in management, beyond CDs, have emerged, introducing matrix-like organizational forms. These include clinical centers focused on specific health problems and patient flows, as well as multidisciplinary teams working across CDs to organize clinical activities. We believe our findings, based on the questionnaire, provide an important tool for analyzing professional attitudes towards CDs, which remain central to doctor involvement in management.

Our findings offer several implications for policymakers and healthcare practitioners. First, the mission and mandate of a CD need to be carefully designed to align with current organizational trends. The CD model should be viewed as an intermediate layer within a hospital's hierarchy, which can be complemented by other integration forms like clinical centers or multidisciplinary teams. This approach may help mitigate power struggles, especially when financial and hierarchical positions are not at stake.

Second, hybrid managers responsible for CD governance must possess strong leadership skills. Effective management of CDs should involve a team approach, with a strong nursing manager playing a critical role in supporting clinicians' transition into hybrid roles. Executives and organizational designers need to closely

monitor how power is distributed across professions to avoid exacerbating existing conflicts, particularly between doctors and nurses.

Third, our findings suggest that the real winners in the CD model are the managers themselves. Those in charge of managing a CD must develop processes to engage clinicians in decision-making, performance evaluation, and goal-setting. If professionals feel excluded from management decisions, they may disengage from the new model. Effective communication, such as through symbols, narratives, and storytelling, can help foster a sense of belonging and involvement in the broader organizational context.

Fourth, while many professionals acknowledged the potential of CDs to encourage multidisciplinary teamwork, they were less certain about whether these changes would lead to increased patient-centered care. This skepticism highlights the need for hybrid managers to provide concrete evidence of the benefits of the CD model, demonstrating how these new roles can improve patient outcomes and justify their legitimacy.

In terms of future research, we suggest expanding the sample to include junior professionals and exploring the influence of factors such as age, sex, education, and prior managerial training. Additionally, given the profound impact of the COVID-19 pandemic, it would be valuable to conduct a longitudinal study to assess how professionals' views on CDs and management have evolved in response to the crisis. This is an area that we plan to investigate further in future research [50].

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