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THE VIRTUOUS EFFECTS OF STRATEGIC ANALYSIS OR HOW TO DECIPHER THE BALANCE OF POWER THROUGH THE PRISM OF THE SOCIOLOGY OF ORGANIZATIONS?

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ABSTRACT

This article draws on the strategic analysis of organizations developed by Michel Crozier and Erhard Friedberg to examine organizational dynamics, power relations, and change processes. It starts from the premise that organizations cannot be understood solely through formal structures or organizational charts, as these overlook the concrete systems of interaction, negotiation, and power games that shape collective action. By focusing on actors, their interests, and the resources they control, strategic analysis provides a relational and dynamic understanding of organizational functioning. Tools such as sociograms make it possible to visualize these interactions, identify "strong" and "weak" actors, and analyze cooperative or conflictual game systems that underpin organizational change.

The article first outlines the theoretical foundations of strategic analysis, emphasizing learning processes, negotiated change, and cooperation rather than the simplistic notion of "resistance to change." Organizational change is approached as a long-term, non-linear process characterized by crises, ruptures, and adjustments, in which actors seek to preserve or improve their positions within evolving power structures. Particular attention is given to the four main sources of power identified by Crozier and Friedberg: expertise, control of relations with the environment, mastery of information and communication flows, and hierarchical authority embedded in organizational rules.

The second part presents an empirical case study conducted in 2009 within a hospital organization. Based on exploratory interviews, participant observation, and numerous semi-structured interviews, the study analyzes how a new management team introduced a specific managerial rationality and attempted to implement organizational reform. The findings show that change was driven by selective resource allocation and the formation of alliances with key department heads, resulting in clear "winners" and "losers" within the organization. While certain services benefited from increased resources, legitimacy, and visibility, others remained marginalized or excluded from the reform process.

Overall, the study demonstrates that organizational reform is not purely the outcome of technical or financial rationality, but rather the result of negotiated processes deeply embedded in power relations. Strategic analysis thus proves to be a powerful framework for understanding both organizational stability and change.

Keywords: Strategic analysis; sociology of organizations; power relations; organizational change; hospital management; actors and games.

1 INTRODUCTION

Any organization, whatever its nature, type, values and purpose(s), is made up of actors who interact according to eminently particular, if not quite singular, mechanisms. The relationships they have with each other (or sometimes the lack of them) highlight the power games they develop, thus structuring the dynamics of the organization. These games basically are interesting to characterize because they are fundamentally revealing of the actor's rationality and the interest he finds in them and that he expresses. Also, while the formal organizational chart of an organization provides information on the hierarchical positioning and the position occupied, it does not take into account the dynamics of collective action, nor what is at play between the actors who make it up. As soon as we focus on what binds the actors and what is at stake in their exchanges, we can characterize the interactions and develop thanks to a sociogram. A sociogram is a sociological representation that illustrates and informs about the nature of social relations and analyzes power games within and outside the organization. For example, we can identify "strong actors" (i.e. those who hold a lot of resources and power) and conversely "weak actors" (whether voluntary or not). This tool, which is reputed to be powerful in deciphering the dynamics of a group, can also highlight cooperative game systems: it is then possible to glimpse the dynamics of change management. This semantics, characteristic of strategic analysis, is an approach to the sociology of organizations1, stemming from the work of Michel Crozier2 and Erhard Friedberg3.

2 OVERVIEW

In order to understand more precisely the interest of strategic analysis, we will first take care to characterize this approach and the virtuous effects expected in the analysis of organizations. Secondly, we will illustrate this article through an empirical study, symptomatic of this approach, carried out in 2009 in a hospital structure4.

It is clear that resistance to change, a concept that is too often overused, does not in reality exist in itself. If change is first decreed, it must then be accompanied. We cannot speak of resistance to change when this learning phase has not been carried out : actually, the actors are not in themselves resistant. On the contrary, they are able to seize opportunities that manifest themselves in the development of collaboration and the implementation of cooperative games: "The members of the organization are not passively and narrow-minded attached to their routines. They are quite ready to change very quickly if they are able to find their interest in the games that are offered to them."5 However, if routines were to continue, this state could be described as organizational hypocrisy.

It is therefore an approach that proceeds by learning: "All learning requires rupture, all real change means crisis for those who live it" [...] "no learning can be carried out within the framework of a harmonious

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[1]This contribution of the "French School of the Sociology of Organizations" is such that it has gone beyond the borders of France while participating in a renewal of research and teaching of sociology in France from the 1960s onwards.

[2] French sociologist (1922-2013), member of the Academy of Moral and Political Sciences, founder of the Centre for the Sociology of Organisations (CSO), director of research at the Centre National de la Recherche Scientifique (CNRS), he has also taught at the University of California and Harvard.

[3] Austrian sociologist (1942), director of the CSO (1992-2007), researcher at the CNRS, professor at the Institut d'études politiques de Paris (1992-2009), he was honored with an honorary doctorate by the University of Liège in 2012.

[4] Thesis by Malou V., co-directed by Bergeron H. and Castel P., Master 2 Research in Strategic Analysis and Sociology of Organizations, Sciences-Po Paris (2008-2009). An article resulting from this research work was also published in the journal Inflexions, n°21 La réforme perpétuelle, éditions de La documentation Française, 2012, Malou V. "Le cas de l'Institution Nationale des Invalides", p. 145-153.

[5] Crozier M. and Friedberg E., L'acteur et le système, Paris, éditions du Seuil, 1977, p.386.

gradual evolution".6 In addition, an organization can only survive if it is able to transform and renew itself constantly. Friedberg adds7 that "insofar as any organizational change always constitutes a break with old practices and the balances of power that correspond to them, it is always also an opportunity for a crisis for the actors of the human system whose structure is sought to be modified." Therefore, it is necessary to ask ourselves how to bring together the necessary conditions for change management? As Crozier and Friedberg point out, a process of continuous change "involves action and reactions, negotiations and cooperation."8 Cooperation is then perceived as one of the vectors of change. And these "cooperation costs [...] are a character for networking".9

This continuous and long-term process, made up of trial and error, backtracking, unfinished projects, and reflecting a process of "partisan mutual adjustment"10 generally includes a multitude of actors. This process crystallizes around the impetus and leadership of one or more actors in the organization, thus inviting (inciting) the actors to participate. Moreover, while an organization may appear to be at peace with an autonomous and stabilized mode of action, violence, including symbolic violence, is likely to characterize the relations between (certain) actors.

By developing the notion of institutional inertia and linking it to that of path dependence, Pierson (2000)11 has shown that institutions change in continuity by basing themselves and relying fundamentally on what already exists, or even by reactivating certain aspects of it. He places particular emphasis on their stability and their role, as an institution, as a determining factor in that stability. By looking at the emergence of institutions, their persistence and their maintenance, it appears that institutions are not neutral: they can promote either change or inertia. In addition, they also influence decision-makers cognitively and affect the representations that actors have of them. In addition, they give certain groups special powers in the decision-making process (power to distribute resources) and these then become key players.

Crozier and Friedberg (1977), for their part, while they do not neglect the role of institutions, conceive of social constructs as the most susceptible to change. Thus, they were interested in organized action: their study allows us to understand organizational change as being first and foremost "the transformation of a system of actions".12 Already through the contribution of March and Simon (1958),13 it had been shown that the members of the organization played a fundamental role in the structure and that it was not necessary to limit oneself to studying the impact of the environment on the organization alone. Thus, strategic analysis can both make it possible to grasp the functioning and logic of an organization but also the way in which change has been made possible.

The four sources of power (sometimes called "zones" or "types"), described by Crozier14 and likely to reduce areas of uncertainty, highlight and illustrate the problem of power in organizations.

- The very first source of power is to be linked to that of the expert. Based on knowledge, know-how and interpersonal skills, Crozier states that having a particular professional skill (functional

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[6] *Ibid., p.400.*
[7] *Friedberg E., Le pouvoir et la règle : dynamique de l'action collective, Paris, éditions du Seuil, 1997, p.347.*
[8] *Op. cit., p.391.*
[9] *Cresson G., Schweyer F.-X. (under the direction of), Professions et institutions de santé face à l'organisation du travail, Aspects sociologiques, éditions de l'ENSP, Rennes, 2000, p.168.*
[10] *Lindblom C.E., The intelligence of democracy, 1965 (cited by Crozier M. and Friedberg E., L'acteur et le système, Paris, Editions du Seuil, 1977, p.313-316.*
[11] *Pierson P., "Increasing returns, path dependance and the study of the politics", The American Political Science Review, Vol. 94, No. 2, p. 251-267.*
[12] *Op. cit., p.383.*
[13] *March J.G, Simon H.A., (1993, 2e edition), Organizations, New York: Wiley, 1958.*
[14] *Op. Cit.*

specialization) increases the "profession" legitimacy of the actor. Because of his expertise and knowledge, an actor may be the only one able to negotiate, arbitrate and solve certain crucial problems within the organization. He shall therefore difficult to replace: his departure and replacement would be too costly, from many points of view for the organization.

- The second source of power is that of the environment, influenced by external actors. Indeed, if an actor masters the uncertainties surrounding the relationships between the organization for which he is responsible and its environment, he will hold an additional source of power. In fact, an important part of a member of the organization's daily work consists of meetings and appointments with stakeholders in the relevant environments of the organization. Ensuring the interface with the authorities, associations, administration, partners, etc. (in short, multiple affiliations linked to the network) and convincing them is always a major concern of the management: it is a sine qua non condition in order to obtain the resources necessary for the functioning of the organization. Being a stakeholder with other systems of organized actors is crucial: it allows the actor to play the role of intermediary, or even interpreter in systems where the logics are often different, even sometimes contradictory.

- The third source of power lies in the control of communication and information flows within the organization. If an actor wants to be able to answer both internally and externally for what is happening, he will ensure that he knows the precise situation and is kept informed of it regularly. He will thus favor communication with the environmental staff by being available, open and listening, thus increasing and strengthening his power. This type of power creates a link in itself: it is imperative to maintain and strengthen it continuously to gather relevant information via a channel that will be as fast and reliable as possible.

- Finally, the hierarchical zone related to status characterizes the institutional power of the actor. It includes not only the status (function and associated prerogatives) but also the mastery of the practice of organizational rules. When the actor masters this fourth source through the organizational rules enacted by the management, he considerably strengthens his power: "the rule is a means in the hands of the superior to obtain comfort, a compliant behavior on the part of his subordinates. By prescribing precisely what they must do, it reduces their margin of freedom and thus increases the power of the superior."[15] For example, the introduction of a quality approach is a way for management but also for staff to protect themselves from arbitrariness by applying existing regulations.

On the other hand, in order to concretely illustrate the approach to the strategic analysis of the sociology of organizations that was voluntarily introduced previously, we will rely on an empirical study carried out in 2009 in a hospital structure. From a methodological point of view, this field survey is indeed symptomatic of the use of the strategic analysis of actor systems theorized by M. Crozier and E. Friedberg.

In fact, this research phase was structured around exploratory interviews beforehand during the winter and then a participatory observation in immersion for 2 months in the spring. Several dozen semi-structured organizational interviews were then conducted. This field survey aimed to precisely understand and analyze the functioning of the organization as well as to collect information on the environment and to grasp the issues. The research question that guided and oriented this work was: how was a certain managerial rationality introduced by management? More precisely, how has this managerial rationality prevented the establishment of a cooperative gaming system? How has this cooperative game system enabled the management to lead the change in order to generate transversality on the one hand and to ensure the sustainability of the establishment on the other? How has this coalition of converging interests enabled the emergence of a process likely to bring about a reform of the establishment? By what

[15] *Op. cit.*, p.88-89.

vector(s) has this rationality been disseminated in the organization? How has this had an impact on the organization? What are the consequences in terms of cooperation and transversality?

3 FINDINGS AND RESULTS.

With the arrival of a new management at the head of the establishment, strong incentives for change have been produced: whether it is measures put in place during the first months or the future reform project of the establishment. Management encouraged departments to evolve and even transform. It is clear that its power to allocate resources has encouraged many actors to participate: it has been the main vector of negotiation with a view to producing change. Some alliances around the reform have emerged: department heads, in particular, have become key players, and on many subjects, the closest allies of the management. However, it is necessary to take account of such a phenomenon which, a priori, is not self-evident. There are several reasons why these players have joined by responding favourably to the management's call. First, the fact that the heads of department are new or recent and that they arrive in a new dynamic makes it possible to understand why there was no resistance. Another element of explanation, more cultural, lies in the common and statutory belonging to the same professional segment. They have already worked together in the past and share both experience and common codes that can be assumed to be both unifying and facilitating. Thus, the reactions to the reform are effectively the result of a negotiation between those who hold resources and those who would like to obtain them in return. As a result, the heads of department are more inclined to cooperate and participate so as not to remain on the sidelines: alliances are then created. While some actors can legitimately be perceived as "winners" (insofar as they have obtained a lot of resources), others will be described as "losers". By analyzing these differences, it is possible to explain why the reform ultimately affects only a part of the organization and to show that it includes a rationality that also takes into account and reflects power relations.

A fair distribution of resources rewards the 3 services that are going to be transformed.

Three department heads can be described as “winners”: those of units A, B and C. They have in common, on the one hand, the ability to project themselves into the future as a doctor, which is a strong motivation, and on the other hand, the very typology of the patients they welcome meets a proven need that is likely to last over time.

3.1 Service A is rewarded.

Service A (rehabilitation) is a unit with a national, even international, reputation. Its activity is important, recognized and valued. In addition, it is the largest department in the hospital and the one that best manages to meet its objectives in terms of occupancy rate. These key elements constitute resources for the head of department, who is unquestionably able to negotiate with management. Indeed, his department contributes to the financial health of the organization: this argument is decisive for the management vis-à-vis the board of directors. The very high occupancy rate militates in favour of an increase in its capacity in order to be able to meet the demand of patients: it is imperative to respond favourably to the many refusals due to lack of space. The head of department A is therefore allocated larger premises, which will correspond to the daily reception of more patients. This increase also involves the allocation of additional human resources, including a doctor and several caregivers. The type of care chosen (day hospitalization, outpatient care) is of definite financial interest since it corresponds to a less expensive care offer. The department also saw its level of expertise in equipment strengthened thanks to the acquisition of a walking platform (state-of-the-art technology), which increased the prestige of the service. Also, the very positive speech of the head of department when he mentions this prospect is coherent since he will be directly impacted by this change: his service will be valued and expertise strengthened. The additional responsibilities of the head of department will also expand the prerogatives linked to his function. Finally, he is also an actor who has the ability to project himself professionally in the long term insofar as he can claim to be kept in his position as head of department for many years.

3.2 Service B is legitimized.

It has been noted that the reopening of department B (surgical unit with an operating theatre) and the reorientation of surgical activity are the result of a strategy that can be described as a gamble between the director and the head of department. Both surgeons by training, they have been able to mobilize several forms of action (dissemination of information and ideas to their institutional, professional and interpersonal networks) to benefit from support and contingent resources. Results: the department's activity is now in line with the institution's historical mission, the social utility of public health is consolidated (this meets a need insofar as few structures receive patients of this type) and the department is positioned as a state-of-the-art unit with increased expertise and highly qualified staff. In fact, there is the creation of a new form of organization that can be described as a surgical center with, on the one hand, a post-operative type sector and on the other, a follow-up care type sector. This two-headed organization reflects a financial rationality since the model chosen is less financially expensive at the same time as it requires less increased supervision and therefore a lower workload for caregivers. This new organization and distribution of work fully satisfies the doctors of the department. The surgeon can maintain his strict surgical activity and increase his technical expertise while enhancing his operating activity rate. By delegating the supervision of care to the assistant doctor, the surgeon relieves himself of a constraint that is of less interest to him but which was his responsibility until now. As for the assistant doctor, he is less dependent on the surgeon and gains autonomy in his medical activity of supervising care. As for the anaesthetist, he is confirmed as a key player in the department. A true ally of the surgeon, this can be explained by the fact that their respective functions are by nature eminently complementary and inseparable. As for the nurses in the operating room, who have a high level of technicality, the resumption of this activity is synonymous with a renewed interest for this population. Indeed, they will be able to once again perform the technical gestures they are particularly fond of: this enhancement translates into a high level of satisfaction and a renewed motivation. It is therefore a form of recognition and optimization of their potential. The future activity therefore represents a common interest shared by all these actors. In addition, Service B is also rewarded with additional human resources.

3.3 Service C, the most recent unit, is absorbed into a complete system.

Unit C (geriatric assessment), which until then had been isolated, marginalised and stigmatised, had crystallised strong discontent at the time of its creation a few months ago: it was not perceived as legitimate. However, the new director, gradually convinced of its interest, has made it possible to reduce the tensions surrounding the very existence of this unit. The evolution of the context (Alzheimer's pathology established as a major national cause from a medical point of view) has undoubtedly made it possible to maintain and promote this type of structure through the development of a geriatric sector. This is therefore partly the result of an adaptation to the economic situation and provides expertise and responses to a public health need. This form of service is therefore a rational response (in the form of a tool) that has since been reproduced in other establishments, according to a logic of imitation. What probably legitimized the development of this unit is also the interest it represents for patients. In addition, the new project aims to modify the current form of the unit by developing a global evaluation and care system. We are thus witnessing a disembodiment of unity recast into a larger structure. There is therefore absorption of a recent element (hitherto disputed) which is amalgamated into a complete system. It can be assumed that the form chosen is likely to be perceived positively, or at least to be better accepted than the previous one, because it also makes it possible to break with the much-maligned object inherited from the previous direction. From a financial point of view, the integration of this activity into a day hospital makes it possible to count certain acts that were not accounted for until now. In addition, the recruitment of an assistant geriatrician doctor corresponds to one of the objectives expected by the head of department: now fully satisfied with this development, this prospect offers him the opportunity to work in pairs while leading a unit at the forefront of the overall management of geriatric pathologies. This notoriety will also be likely to significantly increase the reputation of the service.

Finally, the reform affects the most modern and recent aspects of the organization: priority has been given to services A, B and C. These are the services that will potentially provide a lot of patients and that will also

generate funding. However, while the new project rewards some services, it crowds out others. In the face of the reform, not all partners are equal: "some have access to it while others are rejected".16

Nevertheless, the “losers” remain on the sidelines of the reform. Thus, two entities and/or actors do not seem to be directly impacted by the reform. On the one hand, there is the head of department D and on the other hand, the director of care, the highest hierarchical position in nursing. One of the first elements of explanation for this analysis is that while we can see that some players are committed to projecting themselves into the future, others do not seem to feel the need to do so. Thus, it is essential to explain why these two actors remain on the margins of the reform and can de facto be described as "losers". Moreover, if in the first case (head of department D) it is a "collaborative" loser, in the second, we are faced with a weak and marginalized actor who has not managed to impose himself.

3.4 Service D (long-stay centre, comparable to a hyper-medicalised retirement home)

This type may, a priori, appear to be the great forgotten part of the project insofar as it does not see its capacity increase. As a result, one is led to wonder why this service is not being transformed in the same way as the others and why there are no plans to do so. Indeed, we are faced with a very particular service that evolves according to a certain mode and that maintains itself according to an immutable and independent logic.

Its activity is not intended to generate revenue and is unlikely to do so in view of current financing methods. Structurally, there is not very much room for manoeuvre to develop the service. But this does not explain everything and it is appropriate to question the action of the head of department. A loyal ally of the management, the head of department D expresses his total support for the indications retained in the new school project: thus, one is tempted to describe him as a "collaborative loser". Indeed, he is not bothered by the fact that the reform does not directly affect the service for which he is responsible and that it is based on what already exists. Moreover, the head of the department has not had a very strong incentive to change the service and he is aware that he could not in any case claim a total transformation of it: his wishes would be, according to him, out of step with the current care offer of the service. If this actor does not consider himself a loser, it is probably due to the fact that he is personally in a situation of disengagement. Close to retirement, he is reluctant to project himself in the long term from a professional point of view. As for the current and future orientations of the department, it shows little or no interest in geriatrics. He is indeed a doctor specializing in internal and tropical medicine. While the head of department is a “loser” who is to be described as "satisfied", it is quite different for the assistant doctor. The latter envisaged a priori that the reform would be a real window of opportunity, likely to make the service evolve. It should be noted that this assistant doctor is much younger than the head of department and that he envisages his future within the department. Also, he regrets that the reform does not promote unit D, which he believes has been largely forgotten by the reform. His words reveal that, unlike the head of department, he embodies the role of the “dissatisfied loser”. While the two doctors in this department clearly had contradictory objectives that did not meet, their different approaches did not create tension between them. Indeed, the head of department has ensured the collaboration of his deputy, in particular thanks to an increased presence at his side at the bedside of patients, willingly and assiduously participating in visits. It can also be assumed that this clinical time was a strategy implemented to avoid having to invest in the development project of the department. Indeed, the reform does not directly concern service D. While some actors try to explain that patients in department D will nevertheless be the first to benefit from the transformations of services A, B and C and that they will be able to access them as a priority, this argument assumes a transversality and effective collaboration between the services deemed to be required to cooperate. However, cooperation is not self-evident: it requires that the heads of department have concordant objectives. However, it has been observed that several actors in Service D limit cooperation with the other services, also weakening one of the management's objectives. This

[16] *Crozier M., "Sentiments, organisations et systèmes", Revue française de sociologie, XI-XII, N° spécial, 1970-1971, p.153.*

example illustrates the following fact: a new offer of care can be legitimized, in view of the supposed benefits that a given population will derive from it, but in practice, it may not benefit the same population, which will have served only as a pretext. There may therefore be a risk of a gap between the objectives (real or displayed) and their achievement.

4 FINAL THOUGHTS

The care management is weakened and marginalized. In the hierarchical organizational chart, this actor is the number three in the organization: she occupies the highest position among the nursing staff. Placed under the authority of the director, organically integrated into the management, she nevertheless did not participate in the momentum relating to the reform. One of the possible causes that could explain this distancing is the fact that it is a player that does not have the capacity to project itself in the long term: its retirement is expected in less than three years.

However, the arrival of a new management could have corresponded to a window of opportunity for the director of care likely to strengthen both her credibility (considered already undermined) and her power. However, by not openly adhering to one of the measures taken by the management, she did not respect the rules of the game prescribed by the director and transgressed them, thus taking the risk of weakening their relationship. Moreover, it seems that this new team (management and several department heads), far from representing a resource for her, constitutes a threat. For example, the involvement of the director and the deputy director in the organization of care encroaches on what she considers to be her reserved domain. This aspect seems to contradict her position. In addition, she has not been able to ensure the support of her team (hierarchically, she supervises the nursing staff). While the vast majority of nursing managers have adhered to one of the measures taken by the new management (increase in the number of health executives), the director of care has not encouraged it and remains hostile to it. This event has weakened an already difficult relationship and seems to have damaged her relative credibility in the eyes of executives. This isolation is reinforced by the fact that the director of care is not perceived as a privileged and relevant interlocutor in the eyes of the heads of department. Some criticize her, among other things, for not knowing how to manage his team, castigate what is described as incompetence and indicate that it produces perverse effects on the collective. In the end, the most important resource that the director of care seems to have, and which is likely to be of interest to management, is her seniority within the organization. The director insists on the excellent knowledge she has of the structure and the staff who work there. This resource is indeed a decisive weapon for the director of care in the face of a relatively recent management. Thus, the management instrumentalizes the anteriority of the director of care in order to collect information that is otherwise difficult to access and that still escapes him. However, the interest of this resource should be put into perspective and the need to know about the management will tend to decrease over time. In short, the director of care can be described as a weak actor: she has few resources and is very dependent. Her collaboration with the management corresponds to an apparent submission (she would have too much to lose) but the cooperation is not frank. It is clear that the director of care has not accepted the new rules of the game. It has also failed to establish a quality relationship with the executives she is supposed to supervise. Finally, it is not a privileged relay for the heads of departments who limit their relationship with it. Marginalized and isolated, it is in a position of mistrust.

The selective distribution of the benefits linked to the reform thus refers directly to the structuring of the power relations between the director and his main interlocutors. This is more favourable to some than to others because some are in a favourable position to be able to negotiate while others little, or not at all. The unequal distribution of benefits and development projects is therefore not only the reflection of a purely instrumental managerial rationality. It also reflects a rationality that takes into account the balance of power between management, department heads and the board of directors. The creation of alliances within the organization illustrates the power relations that exist in the structure.

While the reform partly is the result of rational thinking, particularly from a financial point of view, it is also the result of "ready-made" solutions. In addition, there has been collective learning in the implementation of the process of developing the new project. An important place was given to service

players, which caused enthusiasm and contributed to adherence. However, reform is also a process which, at the end of its implementation, reflects a rationality that takes into account a particular structuring of power relations in the institution. Indeed, it is not only the reflection of a rationality that would have us develop and transform services first and foremost by taking into account the needs of patients. As evidenced by Binst in her work17 "In 2001, the slow evolution that began in hospitals around 1975 has finally come to an end. Each patient follows a typical circuit according to his or her pathology. A team of specialists intervenes to execute, in a limited time, the technical gestures provided for in standard protocols. Doctors have refocused on what makes the essence and nobility of their profession: technique. The hospital managers are reassured, they can make five-year budget projections in the chamber. The best of all worlds in the hospital finally reached thanks to the practical application of the concepts of good old Taylor. Only a small group of department heads are still resisting. They call themselves "the mandarins of the third kind" and affirm that it would not be possible to treat patients well without department heads playing a strong integrating role within a real team." Actually, there is no obligation to give preference to so-and-so, at least it is not necessary. Through the prism of strategic analysis and thanks to the reading and analysis grid of the sociology of organizations, it has been established that this reform is indicative of the structuring of power relations in the institution. It shows "winners" and "losers". The rules and mechanisms are not applied in the same way, within and between services. Reform is therefore also the result of a rationality that underlies negotiations and power relations, even implicit.

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