

พลวัตการบริหารจัดการพันธมิตรเชิงกลยุทธ์เพื่อความยั่งยืนในธุรกิจเวชภัณฑ์: การวิเคราะห์เชิงลึกผ่านมุมมองผู้บริหารทางการแพทย์

Dynamics of Strategic Alliance Management for Sustainability in the Wellness Business: An In-depth Analysis from the Perspective of Medical Executives

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งานวิจัยส่วนใหญ่เกี่ยวกับพันธมิตรทางธุรกิจมักเน้นผลลัพธ์ทางการเงินหรือมุมมองของผู้บริโภค แต่ขาดความเข้าใจเชิงลึกเกี่ยวกับพลวัตการบริหารจัดการภายในองค์กรแบบผสมผสานโดยเฉพาะในธุรกิจเวชภัณฑ์ที่ต้องผสมผสานความขัดแย้งระหว่างมาตรฐานทางการแพทย์และการบริการเชิงพาณิชย์ การวิจัยเชิงคุณภาพนี้ใช้ระเบียบวิธีการศึกษาปรากฏการณ์วิทยาโดยสัมภาษณ์เชิงลึกผู้บริหารทางการแพทย์ระดับสูงจำนวน 5 ท่าน จาก 5 องค์กรชั้นนำในประเทศไทยที่มีรูปแบบพันธมิตรเชิงกลยุทธ์ การวิจัยนี้มีวัตถุประสงค์เพื่อ (1) ศึกษาพลวัตและปัจจัยขับเคลื่อนเชิงกลยุทธ์ในการก่อตัวของพันธมิตรทางธุรกิจในอุตสาหกรรมเวชภัณฑ์ (2) วิเคราะห์กระบวนการบริหารจัดการความสัมพันธ์ กลไกการลดทอนความขัดแย้ง และการบูรณาการข้ามสายงาน ผ่านมุมมองของผู้บริหารทางการแพทย์และ (3) สังเคราะห์รูปแบบความสำเร็จ และแนวทางปฏิบัติสู่ความยั่งยืนในการบริหารจัดการเครือข่ายธุรกิจเวชภัณฑ์สำหรับผู้ประกอบการในประเทศไทย

ผลการวิจัยเผยให้เห็นพลวัตสำคัญ 3 ระยะ ได้แก่ (1) "จากทุนสู่ความเชื่อมั่น" แสดงการเปลี่ยนเกณฑ์การคัดเลือกคู่จากปัจจัยทางการเงินสู่ความสอดคล้องทางวิสัยทัศน์ (2) "แพทย์ในฐานะตัวกลางเชื่อมประสาน" เผยบทบาทใหม่ของผู้บริหารทางการแพทย์ที่ใช้กลไกการสร้างมาตรฐานร่วม และกระบวนการร่วมรังสรรค์ เพื่อลดทอนความขัดแย้งเชิงตรรกะ และ (3) "ระบบนิเวศแห่งคุณค่า" คือผลลัพธ์ความยั่งยืนที่เกิดจากการถ่ายโอนความรู้ข้ามสายงาน งานวิจัยนี้ได้สังเคราะห์องค์ความรู้ใหม่ในรูปแบบ "โมเดล 3C" (Compatibility, Calibration, Co-evolution) ซึ่งขยายทฤษฎีการพึ่งพาทรัพยากร และทฤษฎีตรรกะเชิงสถาบัน โดยมีนัยสำคัญต่อการพัฒนาสมรรถนะผู้นำทางการแพทย์และการกำหนดนโยบายมาตรฐานเวชภัณฑ์ของประเทศ โดยโมเดลนี้สามารถนำไปประยุกต์ใช้เป็นกรอบการปฏิบัติงานจริง (Practical Framework) ในการออกแบบข้อตกลงและโครงสร้างความร่วมมือข้ามสายงาน เพื่อลดอัตราความล้มเหลวและเพิ่มขีดความสามารถในการแข่งขันของอุตสาหกรรมเวชภัณฑ์ไทย

คำสำคัญ: พลวัตการบริหารจัดการ พันธมิตรเชิงกลยุทธ์ ผู้บริหารทางการแพทย์ ตรรกะเชิงสถาบัน
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Abstract

Most research on strategic alliances focuses on financial outcomes or consumer perspectives, lacking an in-depth understanding of the internal management dynamics of hybrid organizations, particularly in the wellness business, which must reconcile the conflict between medical standards and commercial services. This qualitative research employs a phenomenological approach, conducting in-depth interviews with five high-level medical executives from leading wellness organizations in Thailand operating under strategic alliances. The research aims to (1) study the dynamics and strategic driving factors in the formation of business alliances in the wellness industry; (2) analyze the relationship management process, conflict resolution mechanisms, and cross-functional integration from the perspective of medical executives; and (3) synthesize success models and practical guidelines for sustainability in managing wellness business networks for entrepreneurs in Thailand.

The findings reveal three key dynamic stages: (1) "From Capital to Trust," demonstrating a shift in partner selection criteria from financial factors to vision alignment; (2) "Medical Executive as Bridging Agent," revealing a new role where executives utilize joint standardization and co-creation mechanisms to mitigate institutional logic conflicts; and (3) "Ecosystem of Value," representing sustainability outcomes derived from cross-disciplinary knowledge transfer. This research synthesizes new knowledge in the form of the **"3C Model" (Compatibility, Calibration, Co-evolution)**, expanding the Resource Dependence Theory and Institutional Logics Theory, with significant implications for developing medical leadership competencies and national wellness standard policies. This model can be applied as a Practical Framework for designing agreements and cross-sector collaboration structures to reduce failure rates and enhance the competitiveness of the Thai wellness industry.

Keywords: Management Dynamics, Strategic Alliance, Medical Executives, Institutional Logics, Resource Dependence Theory

1. Introduction

In the past decade, the landscape of global healthcare systems and economies has undergone a major paradigm shift from a focus on curative care when ill to the trend of holistic wellness, emphasizing prevention and proactive health promotion. This change was accelerated by the COVID-19 pandemic, which made consumers worldwide acutely aware of the importance of immunity and daily health care like never before.

According to the Global Wellness Institute (2023), the global wellness economy is valued at 5.6 trillion USD and has an average growth rate of 9.9% per year, which is higher than the overall global economic growth rate. For Thailand, the government has set a national strategy to promote the country as an "International Medical Hub" and a "World-class Wellness Destination," as outlined in the 13th National Economic and Social Development Plan (2023-2027) (Office of the National Economic and Social Development Council, 2023) to enhance competitiveness and generate income for the country.

However, running a wellness business successfully in the current era is too complex for any single organization to handle alone. The nature of "wellness" is a fusion of two distinct fields: "Medical Science," which emphasizes standards, safety, and empirical evidence, and "Hospitality & Tourism," which focuses on esthetics, relaxation, and customer experience. These limitations in resources and specialized expertise have led to the widespread trend of forming "strategic alliances" across industries. For example, private hospitals partnering with luxury hotel chains to open wellness centers, or real estate developers collaborating with medical clinics to create health-oriented residential projects.

Although forming strategic alliances may seem like the perfect solution in theory, in practice, many collaborations face problems or even fail. Recent studies (e.g., Dhaundiyal & Coughlan, 2020; Rajan, Dhir, & Sushil, 2020) indicate that the failure rate of strategic alliances remains exceptionally high, often reaching up to 70%. The main issues do not arise from financial factors but from "cultural and institutional logic conflicts." The healthcare business, in particular, faces tensions between "professional logic," which upholds ethics and patient safety, and "market logic," which focuses on profit and maximum customer satisfaction (Thornton et al., 2012). This conflict is akin to "oil and water," and without effective management mechanisms, it can lead to internal organizational conflicts, failed communication, and ultimately the deterioration of cooperation.

From this gap arises an important research question: Amid this structural conflict, how do successful organizations manage? In particular, the role of "Medical Executives," who are key figures standing in the middle between two worlds (intermediary) – one hand holding a scalpel to treat patients, while the other hand holds a pen to approve business budgets – what mindset, relationship management strategies, and methods do they employ to transition from conflict to sustainable collaboration?

The study "Dynamics of Strategic Alliance Management for Sustainability in Wellness Business: An In-Depth Analysis from the Perspective of Medical Executives" aims to derive insights from the experiences of medical executives in prominent organizations. The aim is to create new knowledge that serves as best practices for managing wellness businesses in Thailand. This will benefit academia, the business sector, and public policy formulation, driving Thailand toward becoming a truly sustainable wellness hub.

Research Objectives

1. To study the dynamics and strategic driving factors in the formation of business alliances in the wellness industry.
2. To analyze the relationship management process, conflict resolution mechanisms, and cross-functional integration from the perspective of medical executives.
3. To synthesize success models and practical guidelines for sustainability in managing wellness business networks for entrepreneurs in Thailand.

Expected Benefits of the Study

1. Theoretical Benefit: Expands the Resource Dependence Theory and Institutional Logics by introducing the 3C Model specifically tailored for hybrid wellness organizations.
2. Practical Benefit: Provides medical executives and business developers with concrete mechanisms (such as joint-SOPs and co-creation strategies) to navigate cultural clashes and build sustainable alliances.

2. Literature review

This research focuses on studying the phenomenon of cross-industry collaboration in a context of institutional complexity. The researcher has synthesized relevant concepts and theories to establish a research framework, dividing the content into five main parts as follows:

2.1 Resource Dependence Theory (RDT)

Resource Dependence Theory, initiated by Pfeffer and Salancik (1978), serves as a fundamental basis for explaining the rationale behind forming business alliances. This theory is based on the assumption that organizations cannot be entirely self-sufficient but must interact with their environment to exchange resources essential for survival. In wellness businesses, Das and Teng (2000) built on this theory by saying that creating strategic alliances is the best way to get "scarce resources," especially "intangible resources" like reputation and specialized knowledge, which Barney (1991) noted are key for lasting competitive advantage.

2.2 Institutional Logics Perspective

Thornton et al. (2012) defined "institutional logic" as a set of beliefs and social rules that govern the behavior of people within an organization. Wellness businesses are classified

as "hybrid organizations" according to the definition by Battilana and Dorado (2010), which must accommodate two conflicting logics: (1) professional logic, which emphasizes the quality of care and ethics, and (2) market logic, which emphasizes efficiency and profit (Reay & Hinings, 2009). The challenge for managers is to prevent a single logic from dominating and disrupting the balance.

2.3 Strategic Alliance Management

The success of an alliance depends on the post-formation management process. Kale and Singh (2009) propose that organizations must develop "Alliance Management Capability," which includes coordination, communication, and bonding. Additionally, Dyer and Singh (1998) propose the "Relational View," which states that competitive advantage arises from "Relational Assets" created collaboratively, such as knowledge sharing, which is crucial for service innovation (Mention, 2011).

2.4 Ambidextrous Leadership

Managing organizations with logical conflicts requires leaders with special characteristics. O'Reilly and Tushman (2004) refer to this as "ambidextrous leadership," which means the ability to successfully perform two conflicting activities simultaneously: (1) exploitation (maintaining existing standards) and (2) exploration (creating new innovations). Gibson and Birkinshaw (2004) found that successful leaders create a "social context" that enables employees to make appropriate decisions according to the situation.

2.5 Research Conceptual Framework

Based on the synthesis of the literature, the researcher has established the "Three-Phase Dynamics" conceptual framework as follows:

1. Formation Dynamics: Driving factors from dependence on social resources.
2. Management Dynamics: The dual role of leadership in managing logical conflicts.
3. Sustainability Dynamics: Sustainability from the business ecosystem.

3. Methodology

3.1 Research Design

This research is qualitative research using phenomenological methodology to understand the experiences and meanings of medical executives regarding the process of managing alliances.

3.2 Population and Sample

The purposive sampling method was used, with the following inclusion criteria:

1. A doctor with a medical license
2. Hold a senior management position (e.g., Medical Director, CEO, CMO).
3. Have at least 1 year of experience in managing business partnerships.

Number of informants: five individuals (codes KI-01 to KI-05) covering various business models (hospitals, clinics, resorts, technology), in accordance with the principle of data saturation (Guest et al., 2006).

After interviewing the fifth informant, the researcher confirmed the reach of data saturation, as no new significant themes emerged.

3.3 Research Instruments

The primary instrument is the semi-structured, interview guide, covering topics such as motivations for forming alliances, cultural conflict issues, communication mechanisms, and sustainability outcomes. Content validity was assessed by experts.

3.4 Data Collection and Analysis

Conducted in-depth interviews, recorded audio, and transcribed interviews verbatim. Then, the data was analyzed thematically according to the guidelines of Braun and Clarke (2006), and the reliability of the findings was verified through data triangulation by cross-checking the interview transcripts with organizational documents such as SOPs.

Table: 1 General Information of Key Informants Profile

Code	Pseudonym	Position	Business Model	Alliance Partner	Collaboration Experience (Years)
KI-01	A	Wellness Center Director	Wellness Tourism	Luxury Hotel Chain	3
KI-02	B	Medical Director	Wellness Real Estate	Property Developer	4
KI-03	C	Rehabilitation Clinic Executive	Corporate Wellness	Leading Insurance Company	5
KI-04	D	Lifestyle Medicine Physician	Destination Spa	Wellness Resort and Spa	2
KI-05	E	Chief Medical Officer (CMO)	Wellness Tech	Large Fitness Chain	2

Note: The researcher uses pseudonyms to maintain confidentiality and research ethics.

4. Results of the data analysis

The researcher analyzed data from interviews with five key informants and summarized the results according to the following themes:

4.1 Dynamics of Formation: From "Capital" to "Trust" The study found that the main motivation for forming partnerships is not just "capital" but the desire to "fill the gaps in the value chain" (value chain complementarity), especially intangible resources such as service atmosphere and customer experience.

- KI-01 stated that they wanted to change the hospital's image to a more relaxed one, so they partnered with a hotel.

- KI-04 desires a natural environment for lifestyle medicine therapy. Additionally, "Trust & Vision Alignment," which refers to ensuring that the goals and values of the organization are in harmony, is the most important selection criterion to reduce image risk.

For instance, KI-01 emphasized, "We want the relaxing vibe of a hotel, not the sterile smell of a hospital, to change the patient's feeling."

4.2 Management Dynamics: Physicians as Mediators. The main challenge is the "clash of logics" between medical safety standards and service flexibility. Medical executives act as "Bridging Agents"—**demonstrating ambidextrous leadership by balancing medical exploitation and service exploration**—using the following management mechanisms:

1. Standardization (Calibration mechanism): Using a common SOP to define safety boundaries and measuring compliance through joint KPIs and cross-functional audits (KI-01, KI-03)

2. Co-creation: Fostering cross-functional collaboration, such as having chefs and nutritionists design menus together, to reduce biases and promote innovation (KI-04)

3. Data-driven: Using empirical data in negotiations to reduce emotional conflicts (KI-05)

As KI-04 reflected on the cultural clash, "It is a war between customer satisfaction and medical safety. We solved this by finding a middle ground through joint SOPs."

By effectively resolving these structural and emotional conflicts through shared SOPs and co-creation, the alliance transitions from a fragile partnership into a robust ecosystem. This alignment directly paves the way for the sustainability outcomes discussed in the next phase.

4.3 Dynamics Toward Sustainability: An Ecosystem of Value, Partnerships Impacting Sustainability in Three Dimensions:

1. Economic sustainability: Generating stable recurring income from the partner's customer base (KI-02).

2. Value sustainability: Elevating services to the high-value market, avoiding price wars (KI-04).

3. Trust-based sustainability: Ensuring transparency in operations to build long-term confidence (KI-03).

Regarding economic stability, KI-02 noted, "It becomes a predictable recurring income because the captive market is the 500 residents living in the condominium."

5. Conclusion, Discussion, and Recommendation

5.1 Conclusion and Discussion

Issue 1: Expanding the Resource Dependence Theory (Expanding RDT) The research expands the perspective of RDT (Pfeffer & Salancik, 1978) by highlighting that in the wellness business, the most important resources for exchange are not "tangible resources" but "social resources," such as trust and reputation. Selecting partners with aligned organizational values can help manage dependency risks.

This shifts the traditional RDT paradigm for hybrid organizations: survival no longer depends merely on acquiring physical or financial assets, but on securing mutual trust and reputational alignment to buffer against institutional logic conflicts.

Issue 2: The New Role of Medical Executives (New Role of Medical Executives) The research challenges the traditional image of doctors by showing that medical executives in the alliance era must possess "ambidextrous leadership" (O'Reilly & Tushman, 2004), meaning they must be able to switch roles between "standard bearers" and "co-creators of innovation" with agility. The most important skills are not clinical skills but behavioral skills in negotiation.

5.2 New Knowledge

The 3C Dynamic Alliance Model. The researcher proposes a model for sustainable alliance management as follows:

1. **Compatibility:** Choosing partners with aligned DNA and vision.
2. **Calibration:** Adjusting standards and continuous communication through SOP mechanisms and joint working groups.
3. **Co-evolution:** Long-term growth and co-innovation through cross-functional learning.

5.3 Recommendations

5.3.1 Recommendations from research findings

Based on the research study, the researchers have recommendations that can be applied in management and policy aspects as follows

1. Wellness-Specific Joint SOPs Organizations should draft specific cross-boundary SOPs before launching operations. For example, a joint SOP between a luxury hotel and a hospital must explicitly detail the protocol for balancing patient data privacy (professional logic) with personalized guest experience (market logic).

2. Creating a Sandbox. A designated experimental area or unit should be established to allow teams from both sides to test new service models. This area should have more flexible regulations to promote innovation while still ensuring core medical safety is not compromised.

3. Soft Skills Development. It is important to encourage medical executives to receive training in essential skills for working with service personnel, such as negotiation skills, communication, and emotional intelligence (EQ).

4. Establishing a Central Standard (Wellness Alliance Standard). The government and professional associations should set guidelines for integrated wellness establishments to serve as a reference for collaboration between medical personnel and service staff, which will help reduce practical conflicts.

5. Promotion of interdisciplinary courses. The education sector should support the creation of curricula that produce personnel with knowledge covering both areas (Hybrid Talent), such as nurses with service skills or hotel management students with basic health knowledge.

5.3.2 Recommendations for Future Research:

For future research studies, the researchers suggest the following.

1. Multi-level Triangulation at the Operational Level. Since this study relies entirely on high-level executive perspectives, it is highly recommended that future research rigorously incorporates multi-level data triangulation. Researchers should conduct in-depth interviews with operational staff and middle management to empirically verify if the "Calibration" and "Co-creation" mechanisms function as effectively on the ground as executives claim. This will directly address the limitation of executive confirmation bias.

2. Quantitative Research. The "3C Model" synthesized from this study should be developed into variables and a questionnaire to test causal relationships and outcomes in a broader sample (generalization).

3. Comparative Study. We should conduct a comparative study between the "successful" and "failed" alliance groups to explore the factors that lead to failure, providing valuable insights for the industry.

4. Expanding the scope of the study (study in other contexts). The scope of the study should be expanded to include cross-industry partnerships in the wellness business, such as collaborations between wellness businesses and insurance companies (Wellness + Insurance) or wellness tech startups (Wellness + Tech Startups), which may have different contexts and dynamics from this research.

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