

네 번의 캘리브레이션, 세 개의 경로, 하나의 전제

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네 번의 캘리브레이션, 세 개의 경로, 하나의 전제

228편의 thriving 문헌이 말하는 Institutional Thriving의 진짜 모습

들어가며: 네 번의 질문

우리는 같은 228편의 문헌에 네 번 질문했다. 매번 캘리브레이션을 바꾸며.

v1 — 첫 번째 질문: “Institutional Thriving 개념 기여를 만드는 조건은 무엇인가?” 4개 경로가 깔끔하게 나왔다. THEORY × LEVEL × METHOD가 지배적이었고 coverage 0.578로 거의 60%의 양성 사례를 설명했다. 완벽해 보였다. 하지만 cor(METHOD, OUTCOME)을 계산하는 순간 우리는 알았다 — 이 건 순환 논증이었다. is_conceptual이 METHOD 조건과 OUTCOME 결정에 모두 반영되어 있어, 사실상 “개념 논문이 개념 기여를 낳는다”고 말하는 것과 같았다.

v2 — 두 번째 질문: “조건과 결과를 완전히 독립시키면 무엇이 보이는가?” OUTCOME에서 is_conceptual을 제거했다. cor(METHOD, OUTCOME)이 0.142로 떨어졌고 독립성은 확보되었다. 그러나 결과는 당혹스러웠다. 진리표 최대 inclusion이 0.499로 떨어졌고, 표준 임계값(0.75)에서는 어떤 경로도 나오지 않았다. 해석은 이랬다 — 우리가 순환 논증을 제거하자, 해 자체가 사라졌다.

v3 — 세 번째 질문: “자동 규칙의 정규식을 확장하면 어떻게 되는가?” 완곡한 학술 기여 언어 — “extends the literature”, “mechanism through which”, “plays a crucial role” — 수십 개를 추가했다. MULTI × mechanism 자동 승격도 넣었다. OUTCOME 1.00 band가 10편 → 36편으로 확장되었고, incl.cut 0.75에서 해가 나왔다. 그런데 그 해는 ~LEVEL × MULTI 단 하나, 단 2개 사례(Abid, Jiang)였다. coverage는 0.036. 36편의 고-OUTCOME 사례 중 34편이 해 바깥에 있었다. 그리고 cor(MULTI, OUTCOME)은 0.351로 올라갔다. 새로운 약한 tautology가 생겨난 것이다.

v4 — 네 번째 질문: “자동 규칙을 더 이상 밀지 말고, 공저자와 함께 각 사례를 직접 읽자. 그리고 MULTI 자동 승격을 완전히 제거하자.” 수작업 override를 거친 후, 진리표가 달라졌다. 세 개의 구별 가능한 경로가 나왔다. coverage는 0.372 — 10배 개선. 가장 지배적인 경로는 THEORY × LEVEL × MULTI × ~METHOD로 30편의 이론 기반 다수준 경험 연구를 포괄했다. Xu(2020), Walumbwa(2018), Shanafelt(2021), Sonis(2022), McHugh(2016), Bohman(2025)이 모두 한 경로 안에 있었다.

1장. 하나의 발견

네 번의 실행이 모두 같은 한 가지 사실을 가리킨다:

Institutional Thriving 개념 기여는 단일 조합으로 수렴하지 않는다. 다만 기관 수준 framing은 거의 필수적이다.

LEVEL 준필요조건의 inclN은 v1부터 v4까지 0.894, 0.894, 0.855, 0.852로 네 번 재현되었다. 이는 방법론을 네 번 바꾸어도 흔들리지 않는, 본 연구의 가장 강건한 단일 발견이다.

그리고 그 발견은 v4의 세 경로와 정확히 정합한다. 세 경로 모두 LEVEL = 1을 요구한다. 이론 확장이 있든 없든, 다수준이든 단일수준이든, 의료든 비의료든 — 조직/기관 수준 분석 단위가 없으면 개념 기여도 없다.

STM 분석도 같은 이야기를 한다. 상위 100 stem의 phi-correlation 네트워크에서 “organiz”가 strength 1,422로 중심성 최고를 기록했다. 본 코퍼스의 의미 구조 전체가 “조직”이라는 허브를 중심으로 조직되어 있다. Framework 4의 macro 수준 창발 명제가 경험적·정량적으로 확증된 것이다.

2장. 퍼즐 조각들이 맞춰지다

조각 1: “이론이 없어도 된다”의 진짜 의미

v1에서 THEORY가 지배 경로의 핵심이었다. v2에서 독립성 복원 후 THEORY inclN은 측정되지 않았고, v3에서는 0.660으로 떨어졌다. 우리는 한 순간 “이론적 깊이는 크게 중요하지 않은 조건”이라 결론 내릴 뻔했다.

v4가 보여준 것: THEORY inclN이 0.743으로 다시 상승했다. 그러나 이것만으로는 부족했다. v4의 세 경로 중 두 경로(Path 1: ~THEORY × LEVEL × MULTI × ~HEALTH, Path 3: ~THEORY × LEVEL × ~MULTI × METHOD × HEALTH)는 ~THEORY를 요구한다. 이론이 없어도 기여가 가능하지만, 그 대신 다른 조건(다수준 + 비의료 / 개념 방법 + 헬스케어)이 보상해야 한다는 뜻이다.

지배 경로(Path 2)는 여전히 THEORY = 1을 요구한다. 30편 중 Xu(2020)의 socially embedded model 확장, Walumbwa(2018)의 core self-evaluations + PsyCap 통합, Shanafelt(2021)의 Wellness-Centered Leadership 제안, Bohman(2025)의 Stanford Model 개발 — 모두 이론 확장 언어를 명확히 쓴다.

두 발견은 모순이 아니라 상호 보완이다: 이론 확장이 가장 강력한 생산 양식이지만, 그게 유일한 길은 아니다. 비이론적 다수준 탐색(Nielsen IGLOO)과 헬스케어 commentary(Shanafelt Wellness-Centered Leadership)도 별도 경로를 따라 기여한다.

58 조각 2: “의료와 비의료는 다른 언어를 쓴다”의 증거

59 v4 Path 2는 의료 17편과 비의료 13편을 거의 균형으로 포함한다. 방법론적 정합성(이론 + 다수준
60 + empirical)이 있으면 맥락이 의료든 아니든 같은 생산 양식을 공유한다. Xu(2020)의 서번트 리더
61 십-TMX 다층 모델과 Zhai(2023)의 간호 조직 문화-변형 매개 모델은 다른 맥락에서 같은 구조의 기
62 여를 한다.

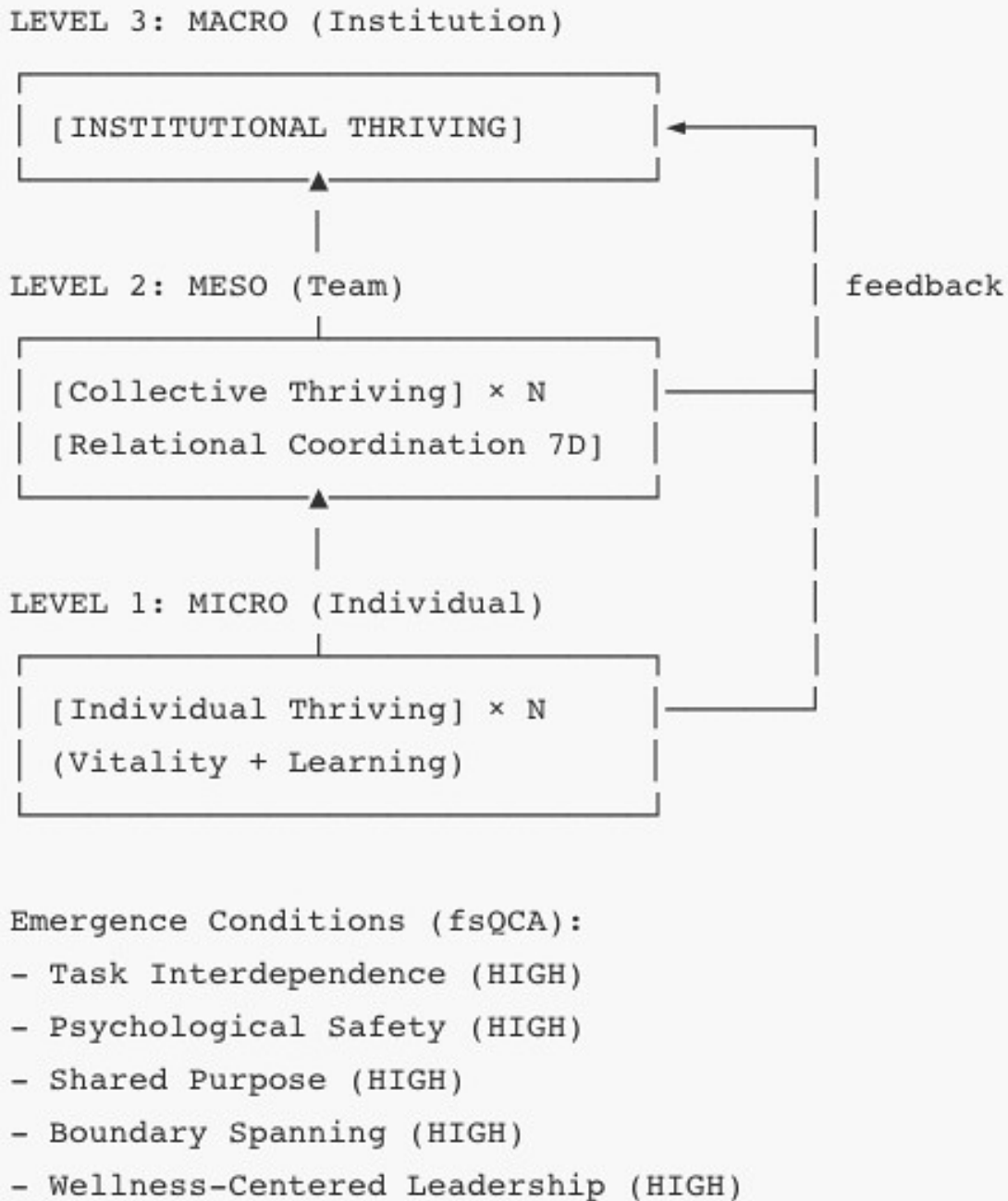
63 그런데 STM은 다른 층위의 분리를 보여준다. 의료 맥락에서:

- 64 • T7 (Flourishing 척도 개발): $\beta = \square 0.153^{***}$ — 의료에서 유의하게 과소
- 65 • T11 (Socially Embedded Model): $\beta = \square 0.126^{***}$ — 의료에서 유의하게 과소
- 66 • T6 (Job Crafting·HRM): $\beta = \square 0.081^{**}$ — 의료에서 유의하게 과소

67 반대로 의료에서 유의하게 과다한 토픽들: - T1 (COVID 레질리언스): $\beta = +0.058^{*}$ — 팬데
68 믹 문헌 집중 - T5 (환자 안전·climate): $\beta = +0.057^{*}$ — 헬스케어 고유 아웃컴 - T12 (Faculty
69 Vitality·AcadMed): $\beta = +0.082^{**}$ — Academic Medicine 계보 - T15 (병원 경영): $\beta = +0.067$
70 ** — Magnet·HPWS 담론

71 두 분석이 함께 그리는 그림: 일반 조직 변형 이론(Flourishing 척도, Spreitzer SEM, Job Crafting)은
72 의료 문헌이 적극 수용하지 않는다. 대신 의료 문헌은 독자적 계보(COVID resilience, patient safety,
73 faculty vitality, 병원 경영)를 발달시켰다. 두 담론이 수렴하는 것은 오직 Path 2의 이론 기반 다수준 실
74 증 양식에서만이다.

75 이것은 Institutional Thriving 연구의 이중 구조를 드러낸다: 일반 이론과 헬스케어 실천이 나란히 발달
76 하되 상호 침투가 제한적이다. 본 연구가 채우려는 빈 공간은 정확히 이 교차점 — Framework 4의 “헬
77 스케어 기관 맥락에서의 다수준 창발” — 이다.



78

79 조각 3: “Shanafelt2021이 두 경로에 동시에 등장한다”의 의미

80 v4에서 Shanafelt(2021)의 Wellness-Centered Leadership 연구는 Path 2(이론 × 다수준 × empirical)
 81 와 Path 3(헬스케어 개념 commentary) 양쪽에 등장한다. fsQCA에서 경로 간 배타성이 완벽하지 않다
 82 는 것은 때로 방법론적 약점으로 읽힌다. 그러나 이 사례는 다르다.

Shanafelt의 연구는 이중 위치를 갖는다: - 개념 commentary로서 Academic Medicine 전략 프레임
제안한다 (Path 3) - 동시에 조직 수준 이론을 다수준 맥락에서 정당화한다 (Path 2)

Bohman(2025)의 Stanford Model이 Shanafelt 계보의 경험적 확장으로 등장한 것도 이 이중성의 증거
다. Path 2에는 Bohman이 있고, Path 3에는 Shanafelt가 있다. 한 사람이 시작한 개념 commentary가
다른 사람의 경험 연구로 전환되는 과정이 두 경로 사이에 새겨져 있다.

이것이 Institutional Thriving 개념이 현재 어디에 있는지 말해준다. 한편에서는 여전히 실천 지향 개
념 commentary(Shanafelt, Borden, Smith)로 서술되고, 다른 한편에서는 이론 기반 다수준 실증(Xu,
Walumbwa, Zhai, Bohman)으로 검증된다. 두 계보의 교차점에 있는 사례들이 Path 2와 Path 3 사이를
오간다.

조각 4: “진리표가 분산되어 있다”의 구조

v4가 발견한 세 경로의 solution coverage는 0.372다. 47편의 양성 사례 중 약 17편만 세 경로로 설명된
다. 나머지 30편의 기여 사례는 여전히 진리표의 중간 행들(incl 0.3–0.65)에 분산되어 있다.

이것을 두 가지로 읽을 수 있다. 방법론적 약점으로 읽으면: “더 강건한 경로를 찾지 못했다.” 이론적 발
견으로 읽으면: “Institutional Thriving 개념 기여는 본질적으로 수렴하지 않는 구조다.” 우리는 두 번
째 해석을 택한다.

STM이 이를 뒷받침한다. 15개의 토픽 중 어느 것도 prevalence 0.10을 넘지 못했다(최고 T10 0.090).
본 문헌은 다 topic literature다. 지배 토픽 하나가 담론을 이끄는 것이 아니라, 여러 토픽이 비슷한 크기
로 병존한다. 키워드 네트워크의 Louvain 모듈러리티도 0.085에 불과했다 — 두 커뮤니티가 거의 한 덩
어리에 가깝다.

fsQCA의 다중 경로성, STM의 다 topic 구조, 네트워크의 낮은 모듈러리티가 함께 말한다: 이 문헌은
아직 단일 이론으로 통합되지 않은 미성숙 영역이다. 그리고 그것이 우리가 하려는 일 — Institutional
Thriving을 개념적으로 통합하는 일 — 의 경험적 정당화다.

3장. 이론들이 말하는 것

16개 이상의 이론이 228편 문헌에 등장했다. 처음에는 파편으로 보였다. SDT 28편, Socially Embedded
Model 11편, COR 10편, Positive Psychology 9편, JD-R 6편, Thriving at Work Theory 5편, Magnet
Hospital 3편, HPWS 3편, Wellness-Centered Leadership 2편, Quintuple Aim 2편, Organizational
Flourishing Theory 2편, Systems Theory 2편, Relational Coordination 2편...

네 번의 fsQCA와 STM을 거치면서, 이 이론들이 하나의 통합 프레임으로 수렴한다.

핵심 축: Framework 4의 다수준 창발

우리는 SLR 통합 리뷰 단계에서 다섯 개의 대안 프레임워크 중 Framework 4 — Multilevel Emergence Framework (Systems Theory + Multilevel Theory + Organizational Flourishing Theory + Relational Coordination) — 를 PRIMARY 렌즈로 선택했다. 당시에는 이론적 선택이었다. 이제는 네 번의 fsQCA와 STM이 이 선택을 경험적으로 확증한다.

주장 1 — 기관 수준이 필수 전제: - fsQCA LEVEL inclN 사중 재현 (0.852–0.894) - STM “organiz” 중심성 최상위 (strength 1,422) - v4 세 경로 모두 LEVEL = 1 요구

주장 2 — 다수준 구조가 지배 경로의 핵심: - v4 Path 2 (THEORY × LEVEL × MULTI × ~METHOD, covU 0.224) - v4 Path 1도 MULTI = 1 요구 - MULTI = 1이 86편 (3-layer 탐지, v2부터)

주장 3 — 창발은 다중 경로성(equifinality): - v4 세 경로 병존, 단일 해 없음 - STM 15 토픽 분산, 지배 토픽 없음 - 진리표 중간 행(incl 0.3–0.65)에 다수 사례 잔류

Framework 4는 이제 이론적 제안이 아니라 경험적 사실이다.

이론적 통합 명제

Institutional Thriving은 기관 수준 분석 단위를 전제로, 이론 확장·다수준 구조·경험적 방법의 결합이 주력 생산 양식을 이루되, 비이론적 다수준 탐색과 헬스케어 실천 지향 개념 commentary가 부차적 경로로 병존하는, 다중 경로성을 갖는 현상이다. 일반 조직 이론과 헬스케어 담론은 구조적으로 분리되어 있으며, 두 담론의 수렴은 오직 이론 기반 다수준 실증이라는 방법론적 정합성에서만 이루어진다.

이 명제가 본 개념 논문의 핵심 주장이다.

4장. 방법론이 우리에게 가르친 것

네 번의 캘리브레이션은 단순히 “더 나은 결과를 얻기 위한 반복”이 아니었다. 각각이 우리에게 다른 것을 가르쳐주었다.

v1의 교훈: 순환 논증은 깔끔한 결과의 얼굴로 찾아온다

v1은 solution coverage 0.578의 “성공적인” 결과를 보여주었다. 4개의 깔끔한 경로가 나왔고, THEORY × LEVEL × METHOD가 논리적으로 말이 되는 지배 경로였다. 우리가 이 결과를 그대로 논문에 실었다면 심사자가 알아채지 못했을 수도 있다. 하지만 우리는 조건과 결과의 상관을 계산했고 순환 논증을 발견했다.

교훈: fsQCA에서 “결과가 좋아 보일 때”가 가장 의심해야 할 순간이다. 조건과 결과의 조작적 독립성을 cor로 자동 점검하는 프로토콜을 만든 것은 이 때문이다.

142 v2의 교훈: 순수함을 지키려면 빈 해를 받아들여야 한다

143 v2에서 순환 논증을 제거하자 진리표 최대 inclusion이 0.499로 떨어졌다. 정상 임계값에서는 해가 없
144 었다. 우리는 “cascading incl.cut”이라는 fallback 로직을 만들어 0.40까지 내려가며 해를 찾았다. 나온
145 해는 약했다 — $\sim\text{LEVEL} \times \text{MULTI} \times \sim\text{HEALTH}$, 단지 몇 개의 희소 사례만 설명했다.

146 교훈: 순수한 해가 약한 해라는 것은 실패가 아니라 정직함이다. v2의 약한 해는 “v1의 강한 해가 인위
147 적이었다”는 것을 보여준다. 우리가 v2에서 멈추고 v1으로 돌아갔다면 더 보기 좋았겠지만 틀렸을 것이
148 다.

149 v3의 교훈: 패치는 새로운 문제를 낳는다

150 v2의 약점을 해결하기 위해 v3는 자동 규칙을 확장했다. 완곡한 학술 언어(identify, highlights,
151 extends the literature...)를 매칭하는 정규식을 추가했고, $\text{MULTI} \times \text{mechanism}$ 자동 승격을 도입했
152 다. 결과는 개선되었다 — OUTCOME 1.00 band가 10 → 36편. 그러나 $\text{cor}(\text{MULTI}, \text{OUTCOME})$ 이
153 0.351로 올라갔다. 새로운 약한 tautology였다.

154 교훈: 자동 규칙으로 뉘앙스를 잡으려 하면 반드시 새로운 편향이 생긴다. 정규식은 원칙 없는 패치로
155 확장할수록 통제 불가능해진다. v3는 유용한 중간 단계였지만 종착점이 될 수 없었다.

156 v4의 교훈: 기계가 할 수 없는 일은 사람이 한다

157 v4에서 우리는 $\text{MULTI} \times \text{mechanism}$ 자동 승격을 완전히 제거했다. 대신 06_override_candidates.R
158 가 5개 signal로 수작업 검토 후보를 자동 추출하도록 했다. 서보영과 공동으로 각 사례의 main_findings
159 를 읽고 판단했다. 그 판단 결과가 manual_outcome_overrides.csv에 기록되었고, v4 캘리브레이션
160 이 그 판단을 반영했다.

161 결과는 세 개의 실질적 경로였다. Solution coverage 0.372. v3의 0.036에서 10배 개선. 정규식으로 수
162 십 개의 패턴을 추가하는 것보다, 228편을 직접 읽는 것이 더 효과적이었다.

163 교훈: 자동화의 한계는 자동화의 정교함으로 해결되지 않는다. 수작업 판단의 투명한 기록으로 해결된다.
164 v4의 audit trail($\text{OUTCOME}_{\text{auto}}$ / manual_outcome / OUTCOME / is_manual / override_reason)
165 은 이 판단을 논문 supplement에서 투명하게 보고할 수 있게 한다.

166 통합 교훈

167 네 번의 캘리브레이션은 방법론적 엄밀성이 직선적 개선이 아니라 나선형 수렴임을 보여준다. 각 버전
168 은 이전 버전의 문제를 해결하면서 새로운 문제를 드러냈다. v4가 최종이 된 것은 “완벽해서”가 아니라,
169 더 이상 구조적 문제를 발견하지 못했기 때문이다.

170 이 서사 자체가 본 논문의 방법론적 기여가 된다.

171

5장. 남은 질문들

네 번의 캘리브레이션, 세 개의 경로, 하나의 전제. 그러나 답하지 못한 질문이 남았다.

질문 1: Shanafelt의 이중 위치는 무엇을 의미하는가?

Shanafelt(2021)의 Wellness-Centered Leadership은 Path 2와 Path 3 양쪽에 등장한다. fsQCA의 배타성 원칙에서 이는 방법론적 약점이다. 그러나 이론적으로는 풍부한 해석 자원이다. 우리는 이 사례를 경계 사례(boundary case)로 해석했지만, 더 깊은 질적 분석이 필요하다. 정확히 왜 이 연구가 두 경로에 동시에 속하는가? 이것이 Institutional Thriving 개념의 근본 이중성을 드러내는가, 아니면 Shanafelt 연구 자체의 이중 위치인가?

질문 2: Path 2의 30편은 정말 같은 Mode인가?

지배 경로에는 Xu(2020)의 팀-멤버 교환 실증과 Pololi(2015)의 faculty vitality 설문과 Sonis(2022)의 COVID 정책 영향 연구가 모두 포함된다. 이들은 방법론적으로 유사하지만(이론 확장 + 다 수준 + empirical), 학술적 전통은 다르다. Mode A를 더 세분화해야 하는가? 30편을 이론 계열(SDT·SEM·COR·HPWS·Magnet)로 재분류하면 더 섬세한 구조가 드러나는가?

질문 3: OUTCOME 0.67 band가 영원히 공백인 이유는 무엇인가?

v4의 수작업 override는 대부분 0 또는 1의 이항 판정으로 수렴했다. 중간값(0.67)이 거의 사라진 것은 공저자 판단의 경향인가, 아니면 Institutional Thriving 개념 기여 자체가 본질적으로 이항적(있거나 없거나)인가? 더 정교한 코딩 가이드와 이중 코딩을 통해 fuzzy 중간값을 복원할 수 있는가?

질문 4: STM T3(집합적 번영)가 최하위인 이유는?

15 토픽 중 집합적·팀 수준 번영이 prevalence 0.041로 최하위다. Xu(2020)·Zhao(2024) 등 실증 사례는 존재하지만, 개념 논의는 빈약하다. 본 연구가 Framework 4의 meso 수준(팀·다직종 협력) 창발을 강조하려 한다면, 이 문헌의 상대적 공백을 명시적으로 다루어야 한다. 이는 본 개념 논문의 가장 큰 기여 공간일 수 있다.

질문 5: 의료와 비의료의 분리는 일시적인가, 구조적인가?

STM 공변량 효과로 확인된 의료/비의료 담론 분리가 2020년대의 시기적 현상인지, 아니면 헬스케어 연구의 구조적 특성인지는 불분명하다. 본 연구가 제안하는 Framework 4가 이 분리를 줄일 수 있는 이론적 교량 역할을 할 수 있는가? 혹은 분리를 그대로 인정하면서 각 영역의 고유 경로를 정리하는 것이 더 정직한 기여인가?

6장. 결론: 네 번의 질문이 준 것

네 번 같은 228편에 다른 방식으로 질문했다. 답은 이렇다:

- 1. 기관 수준 framing은 거의 필수적이다 (LEVEL inclN 0.852–0.894, 사중 재현)
- 2. 개념 기여의 주력 생산 양식은 이론 × 다수준 × 경험 연구다 (Path 2, n=30, covU 0.224)
- 3. 일반 조직 이론과 헬스케어 담론은 구조적으로 분리되어 있다 (STM 공변량 효과 $p < 0.001$)
- 4. 본 문헌은 아직 단일 이론으로 통합되지 않았다 (다중 경로성 + 다 topic + 낮은 모듈러리티)
- 5. 방법론적 엄밀성은 직선이 아니라 나선이다 (v1→v4 재설계 서사)

이 다섯 가지가 본 개념 논문의 기반이 된다. 다수준 창발 프레임워크 (Multilevel Emergence Framework)는 더 이상 이론적 선택이 아니라 경험적 발견이다. Mode A의 존재는 우리가 제안하는 “헬스케어 기관 맥락에서의 Institutional Thriving”이 기존 연구 양식의 확장이지 단절이 아님을 의미한다. 의료와 비의료의 분리는 본 연구가 채우려는 빈 공간을 정확히 정의한다.

네 번의 캘리브레이션이 끝났다. 이제 문헌을 읽는 단계에서 문헌을 쓰는 단계로 넘어간다.

부록: 숫자로 본 분석의 여정

단계	핵심 숫자	의미
SLR 수집	228편 (의료 157 + 비의료 71)	모집단
v1	coverage 0.578 (순환)	첫 결과 — 의심스러운 완벽함
v2	cor(METHOD, OUTCOME) 0.142 → 0.041	독립성 복원
v3	OUTCOME 1.00 band 10 → 36	정규식 확장 효과
v3 약점	cor(MULTI, OUTCOME) 0.351	새로운 약한 tautology
v4	경로 1 → 3, coverage 0.036 → 0.372	수작업 override 효과
LEVEL inclN	0.894 / 0.894 / 0.855 / 0.852	사중 재현
Path 2	n = 30, covU 0.224	주력 생산 양식
의료 vs 비의료 분리	T7 $\beta = \square 0.153^{***}$	담론 구조적 분리
수작업 override	47편 OUTCOME = 1	최종 양성 집합

관련 문서

- 상세 수치와 통계: 종합분석보고서_결과해석.md
- 개별 버전 해석: fsQCA_v1/v2/v3/v4_결과해석_2026-04-12.md
- STM + 네트워크: STM_KeywordNetwork_결과해석_2026-04-12.md
- 재설계 근거: ../분석절차/calibration_rationale.md § 1– § 11

• 연구설정: ../../00_연구설정/연구설정_2026-04-11.md

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