Organizational Dynamics

Derrick Snow

Omega Graduate School

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Professor

Dr. Strecker

Assignment

**Assignment #2 – Developmental Readings**

1. Create Developmental Readings from seminal sources and scholarly peer-reviewed

journal articles. Review instructions for Assignment #3, the course essential elements, and course readings to identify selections of books and journals to create entries.

1. Refer to the "Student Guide to Developmental Readings" in the General Helps folder for updated information on sample comments, the grading rubric, and key definitions related to developmental readings.

This developmental reading focuses on healthcare organizational dynamics.

**Source One:** Nilsen, P., Seing, I., Ericsson, C., Birken, S. A., & Schildmeijer, K. (2020). Characteristics of Successful Changes in Health Care Organizations: An Interview Study with Physicians, Registered Nurses and Assistant Nurses. *BMC Health Services Research*, 20(1), 147. https://doi.org/10.1186/s12913-020-4999-8

**Comment 1:**

**Quote/Paraphrase:** “The organizational change literature also stresses the importance of change initiatives resting on coherent and sound causal thinking. Employees who do not understand why a change is pursued will be

reluctant to comply with the management’s requirement for the change. The health care professionals in our study argued that the changes must benefit patients to have value. This is consistent with research that shows that health care professionals’ role identity is largely defined by patients and patients’ needs.” (Nilsen et al., 2020, p. 6)

**Essential Element:** Essential Elements of Management Theory and Practices

**Additive/Variant Analysis:** This concept of management needs to make known changes in terms of benefit to the healthcare professionals and patients is additive to my understanding of the changes within the healthcare system.

**Contextualization:**  Healthcare professionals go into that profession because they want to make a difference in the health of their patients, they have a mindset that is focused on caring for their individual patients. This is a good thing, but it may have an aspect of the limited scope of improving the health of the larger community to these healthcare professionals, not that they necessarily need to have a more global consideration, they do indeed need to focus their attention on individual patients. Healthcare leadership and management need to incorporate the individual patient perspective along with the wider community health perspective and reduce barriers for the healthcare professionals to care for their patients and reduce barriers within the community that hinder the larger health and social factors of the health of the people within the community.

**Comment 2:**

**Quote/Paraphrase:** “Organizational changes are also needed to account for evolving societal norms and values, some of which have yielded higher expectations for access to health care, improved patient experience and increased

patient involvement in care decision making” (Nilsen et al., 2020, p. 2)

**Essential Element:** Organizations Relations to Society

**Additive/Variant Analysis:** The concept of organizational change need to incorporate the changing societal norms and values is additive to my understanding of the needs within our healthcare system and healthcare organizations.

**Contextualization:** Organizations having the insight and flexibility to adapt to social changes is very critical to healthcare organizations. These social changes may have a direct effect on the healthcare system itself or may have indirect effects on the healthcare system and organizations, nevertheless, these changes affect the people served within the healthcare system. In the past recent history, we have seen a great deal of social change in regard to sexuality, and has indirect and direct impacts on the healthcare received by the patients. These sexual social norms have made changes to how healthcare professionals provide care to their patients given their sexual orientation and sexual activity. This is just one example, but it points to the direct and indirect impacts of social change on organizations.

**Source Two:** Teisberg, E., Wallace, S., & O’Hara, S. (2020). Defining and Implementing Value-Based Health Care: A Strategic Framework. *Academic Medicine*, 95(5), 682–685. <https://doi.org/10.1097/ACM.0000000000003122>

**Comment 3:**

**Quote/Paraphrase:** “Improving a patient’s health outcomes relative to the cost of care is an aspiration embraced by stakeholders across the health care system, including patients, providers, health plans, employers, and government organizations. Value-based health care aligns these diverse parties’

goals so well that, shortly after the concept was introduced in 2006, health

economist Uwe Reinhardt described it as “a utopian vision.” While Reinhardt

expressed concern about the challenges of moving to a value-based system,

he lauded the larger objectives of the transformation. (Teisberg et al., 2020, p. 682)

**Essential Element:** Organizations Relations to Society

**Additive/Variant Analysis:** This quote is additive to my understanding of the goal to reduce healthcare costs, but it is variant to the way the U.S. healthcare system is going about trying to reduce healthcare costs.

**Contextualization:** The problem is the U.S. healthcare system itself, where the healthcare system is above all a financial market to many industries involved. There is not necessarily anything wrong with healthcare businesses making money or profit, where it is a big labor market as well. There are additional technological and successful public health initiatives that have increased the dynamics of the health system. One of the issues that the health system is experiencing is the increased healthcare business that are subcontracting out to other healthcare companies, where the number of player is increasing dramatically and is getting a pie of the healthcare dollars that are spent in efforts to reduce healthcare costs all the while increasing the cost of care as feeding the ever hungry giant healthcare system. There are some things that have been made better by the value-based model, but we need to examine the entire system and evaluate whether the pursuits are actually decreasing the cost of healthcare and improving health outcomes.

**Source Three:** Loureiro, R., Ferreira, J. J., & Simões, J. (2023). Understanding healthcare sector organizations from a dynamic capabilities perspective*. European Journal of Innovation Management*, 26(2), 588–614. <https://doi.org/10.1108/EJIM-02-2021-0085>

**Comment 4:**

**Quote/Paraphrase:** “This study demonstrates how knowledge, through marketing capabilities, technological capabilities and operations capabilities in health institutions may improve innovation’s capacity. Nevertheless, knowledge may still relate favourably to innovation without necessarily being related to the aforementioned capabilities. Health organizations need to be aware of organizational changes taking place over short periods: as user and professional needs change, organizations also need to deal with the challenge of quickly responding with the dynamic agility necessary to their survival.” (Loureiro et al., 2023, p. 608)

**Essential Element:** Essential Elements of Management Theory and Practices

**Additive/Variant Analysis:** This quote is additive to my understanding of the healthcare organization dynamics. Healthcare has dramatically changed within the thirty years for multiple reasons, but one major factor has been the increase in healthcare technology.

**Contextualization:** Technology development changes quickly, so quickly it is difficult for organizations to keep up with, as well as even the organization's IT department, in particular in healthcare organizations. The author of this article mentions that organizations need to be focused on changes within the short terms as well as in the long term. How are healthcare organizations to do this where it is difficult to understand the technological advances let alone incorporate them into business practices, this is a perpetual issue for healthcare organizations.

**Source Four:** Beyes, T., & Holt, R. (2020). The Topographical Imagination: Space and Organization Theory. *Organization Theory*, *1*(2), 263178772091388. <https://doi.org/10.1177/2631787720913880>

**Comment 5:**

**Quote/Paraphrase:** “The topographical nature of the ‘spatial turn’ is, then, more than a request to attend to the organizational influence of built and natural locations. To bring space ‘in’ is also to think, and write, spatially. It is to think, for example, of how organization is made through interactions and through the edges or borders of such: who or what is ‘out’ and ‘in’? Are they estranged from the space or familiar to it? To think spatially is to be alive to how an organizational form or body is always being placed somewhere, or seeking a place, whereby power becomes intimate to its realization and identity. To think spatially is to consider how boundaries (gates, access codes, language, hierarchies, hinterlands, no-go zones, back-rooms, colonial partitions) are being instituted and transgressed as well as more critically which boundaries define organization; how organizational forms echo or recoil from their wider settings. (Beyes & Holt, 2020, p. 2)

**Essential Element:** Organizations Relations to Society

**Additive/Variant Analysis:** The concept of spatial factors relating to organizations, particularly healthcare organizations is additive to my understanding of the spatial underpinning of appearance and feel for employees and patients.

**Contextualization:** We typically don’t think of the spatial presence of an organizational building impacting its employees, customers, or patients. In the healthcare industry there are physical places that people go to when sick or injured (nowadays there are virtual spaces as well). There is a wide range of places and buildings used for healthcare purposes, from urban areas to rural areas, small buildings to healthcare campuses. The outward and inside appearances provide a subconscious vibe of people who visit those places. I have been to a fair share of healthcare facilities, and as I reflect on the spatial aspect of these spaces, I can see appealing things such as landscaping, openness, ease of understanding where to go and hindrances, such as small areas, confusing building layouts, unwelcoming factors. One overlooked but very important factor to organizational dynamics is the spatial features of an organization, where it could energize people within those spaces or provide a negative vibe.

**Comment 6:**

**Quote/Paraphrase:** “This fuller engagement with space, in the sense of its simultaneous heterogeneity of specific ‘placings’ and multiple trajectories, posits a way out of an impasse in organization theory set in place, we believe, by understanding spatial production as something grounded. By way of example of this grounding essentialism in organization theory we have, on the one hand, advocates of communicative action, and on the other, socio-material and actor-network-theory approaches.” (Beyes & Holt, 2020, p. 13)

**Essential Element:** Organizations Relations to Society

**Additive/Variant Analysis:** The concept of spatial thinking is additive to my understanding of organizational dynamics and healthcare settings.

**Contextualization:**  This quote helps us see the importance of spatial thinking in our organizations and our communities. Water and green spaces seem to provide a comfortable appealing space for viewing and engagement in activities such as playing in the park, jogging, or walking within these spaces and a place to enjoy the outdoors and clean air. These attributes that community members find enjoyable could be used in the spatial appearances of our organizations. One of the issues we have in healthcare is when measuring a patient’s blood pressure, it is typically higher on the first read, some may be due to the hypertension of the patient, but typically is because the patient is nervous about coming into the healthcare facility. Incorporating calming spatial features in these areas could reduce patient’s nervousness and in turn reduce their blood pressure reading and provide a more accurate reading for the healthcare professionals.

**Source Five:** Califf, C. B., Sarker, S., & Sarker, S. (2020). The Bright and Dark Sides of Technostress: A Mixed-Methods Study Involving Healthcare IT. *MIS Quarterly*, *44*(2), 809–856. <https://doi.org/10.25300/MISQ/2020/14818>

**Comment 7:**

**Quote/Paraphrase:** “Healthcare information technology (HIT) is radically transforming the healthcare systems in many countries (Agarwal et al. 2010; Romanow et al. 2012). While there is much promise associated with HIT, the accelerated pace at which it is being adopted can pose a technological burden on care providers, who are reporting elevated levels of stress associated with it (Bhattacherjee and Hickmet 2007). Doctors are recognized as the primary care provider in the context of healthcare. Nurses, however, are considered by the Institute of Medicine as the care providers that are vital to the success of the U.S. digital healthcare revolution (IOM 2011). Nurses use HIT to carry out a variety of work-related tasks (Strong et al. 2014). (Califf et al., 2020, p. 809)

**Essential Element:** Essential Elements of Management Theory and Practices

**Additive/Variant Analysis:** This quote about healthcare technology is additive to my understanding of the burden of technology can be on healthcare employees (for that matter all employees).

**Contextualization:** Healthcare technology has been a great benefit to the healthcare system, but it also has been a burden on providers, nurses, and patients. The electronic health records (EHR) systems hold valuable demographic and health information on the patient in order to make it easier for healthcare professionals to enter in information and retrieve information on the patient. This information entered in also provides a way to collect data on populations and evaluate health outcomes. However, these EHR systems are complex and have so many fields to enter in information, which is frustrating to the healthcare staff and gives them a feeling that instead of taking care of the patient they are just inputting information into the computer. Care for the patient and entering information into the EHR are both important to the care of the patient, organizations need to make it easier to do both.

**Comment 8:**

**Quote/Paraphrase:** “Conceptually, eustress and distress have been theorized in relation to technology through two concepts: techno-eustress and techno-distress (Califf et al. 2015; Sethi et al. 1987). Techno-eustress has been defined as “the phenomenon that embodies the positive stress that individuals face in their use of IS” and occurs when “individuals appraise IS as challenging or thrilling” (Tarafdar et al. 2017, p. 14). Conversely, techno-distress embodies “how and why individuals appraise IS as a threat, experience consequent ‘bad’ stress, and are faced largely with detrimental outcomes” (Tarafdar et al. 2017, p. 14). (Califf et al., 2020, p. 813)

**Essential Element:** People Problems in Organizations

**Additive/Variant Analysis:** This comment is additive to my understanding of the different types of technology stress on healthcare staff. Techno-distress, is the negative stress in dealing with technology.

**Contextualization:** I think the most frustrating thing for people employed in healthcare is dealing with technology. It is nice when it works, but sometimes doesn’t. In addition the technology data entry seems to make up most of the day for nurses and providers. Techno-distress refers to the burden of technology on staff. The question is how can the healthcare organization reduce this technology distress on its employees? This is an enormous question and task of an organization, where we are dependent upon technology in order to do our jobs. Sometimes the technology does not work and most of the time it is burdensome to do especially when healthcare professionals are there to take care of patients and not to be a data entry person. I am unsure of the answer to this question, but I know it is a key question to ensure less staff burnout and employee retention. Technology is a great benefit to organizations, but it could also be a big hindrance. How to balance the benefits and negative aspects of technology is a key to the organization to be successful, this includes healthcare organizations.

**Source Six:** Badia, A. (2020). *Healthcare from the Trenches: An Insider Account of the Complex Barriers of the U.S. Healthcare from the Providers and Patients’ Perspective*. Badia Hand to Shoulder.

**Comment 9:**

**Quote/Paraphrase:** “Somewhere along the way, health insurance companies decided to practice medicine and control the clinical decision-making process to mitigate their risk somehow.” (Badia, 2020, p. 247)

**Essential Element:** Organizations Relations to Society

**Additive/Variant Analysis:** This comment is additive to my understanding of the influence of health insurance companies have on our healthcare system.

**Contextualization:** The author points out the power health insurance companies have on our healthcare system. What the medical providers do for patients is dictated by health insurance companies, whether the insurance will cover this or that service or procedure. The patient may benefit from a given service, but if it is not covered by the insurance it will not likely be done. What has made the U.S. healthcare system this way? I am unsure, but logically it makes sense why our healthcare system is problematic. Where health insurance companies are supposably paying a large portion of the healthcare costs, they gain that money from healthcare premiums, which the business model is to bring in more than they have to pay out in claims, and the difference is profit. The need for healthcare of their members stands in the way of their profits. Is our healthcare system about health or profits? Can it be both or one way or the other?

**Comment 10:**

**Quote/Paraphrase:** “The simple fact that our healthcare system is interfering with our ability to practice sound and ethical medicine is damaging enough. Add to this the additional stress of work hours, bureaucracy, and litigation against us, the caregiver, is enough to push any individual, however resilient, over the edge.” (Badia, 2020, p. 383)

**Essential Element:** Essential Elements of Management Theory and Practices

**Additive/Variant Analysis:** This comment is additive to my understanding of the stress and burnout in the healthcare system, mainly by the healthcare professionals and staff, those working directly with patients.

**Contextualization:** This quote tells where this healthcare provider is informing us of the burden the healthcare providers and staff have in doing their job of caring for patients, because of the added barrier by the healthcare system itself. Healthcare has changed drastically in the past decades, and even more so for doctors and nurses. Reimbursements from insurance companies are continuing to be lower, it is worrisome that the healthcare provider and nurse profession will become like the teaching profession where it is not worth all the stress and all they have to deal with. While the healthcare system transforms it must also transform the system in which it burdens the providers and staff with the extra work on top of caring for patients. Technology was supposed to make things easier and more efficient but seems to have the opposite effect in our healthcare system.

**Source Seven:** Gabe, J., & Monaghan, L. F. (2022). *Key Concepts in Medical Sociology*. SAGE Publications

**Comment 11:**

**Quote/Paraphrase:** “Healthcare organizations have changed considerably in recent years alongside the content and practices of medicine itself. Much of the problem-solving work conducted in hospitals requires collaboration between different medical specialists or experts and different professions.” (Gabe & Monaghan, 2022, p. 333)

**Essential Element:** Group and Teamwork Dynamics

**Additive/Variant Analysis:** This comment is additive to my understanding of how the transition of the healthcare system has changed and is pursuing cost-effectiveness and quality of care which requires specialists to work with primary care providers on patient-centered care.

**Contextualization:** The system of patient-centered care seems very reasonable, but it does seem to have some system problems attached to it. Where patients are outsourced to specialists and those specialists are to work with the primary care provider to gain referrals and support the care plan of the patient. With the paperwork and conversations that take place, this could be a long process. It is very good that there is a teamwork approach to take care of the patient's health needs. There do seem to be barriers that are systematic and challenging to work through between different facilities, health insurance, and ensuring what is best for the patient. This process could be improved but it is on the right track of cooperation between healthcare professionals.

**Comment 12:**

**Quote/Paraphrase:** “For more than three decades many countries in the Global North have turned to management in an attempt to contain healthcare costs, improve performance and outcomes, and make their services more user-sensitive. …The emphasis now is on managers taking control, setting performance targets, and imposing budgetary and workload ceilings. This approach has arguably set managers on a collision course with other healthcare professionals such as doctors because of the latter’s claim to autonomy.” (Gabe & Monaghan, 2022, p. 343)

**Essential Element:** People Problems in Organizations

**Additive/Variant Analysis:** This concept of healthcare management is additive to my understanding of the difficulties in moving the healthcare system in one direction, and caring for the patient where patients become a statistic in the larger system of managing healthcare organizations.

**Contextualization:** This quote really highlights one of the major issues within our healthcare system, the care is becoming replaced by metrics. The system is overtaking the priority of the patient to fulfill itself as the thing it is important in healthcare. Management is important and could help facilitate good healthcare, but it seems the system has little healthcare professional input and more input from CFOs, health insurance companies, the Center for Medicare and Medicaid, and the healthcare technology industry. How can patients and providers become more at the center of this system, this is the answer that is needed in order to make our healthcare system more about healthcare.

**Works Cited**

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