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The collaborative hospital: conceptual underpinnings and empirical insights

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1. Introduction:

Hospitals have seen a recent reorientation toward horizontal organization around processes (e.g., care pathways) and/or structural arrangements (e.g., Kaizen meetings) that cross departments, functions and professional boundaries and cultures. This, however, is challenging because hospitals need to move from formal structures and functional silos (low cross-collaboration context) to a form that builds on collaboration and trust. Moreover, this, calls for rethinking our understanding of the hospital as an organization. To those ends, this conceptual paper outlines conceptual underpinnings of ‘the collaborative hospital’ by drawing on theory and hospital cases.

2. Methods/Theory:

The theoretical backdrop builds on insights from the “The firm as a collaborative community” (Adler & Heckscher, 2006) which is driven by the collaborative trust that emerges through shared purpose and institutionalized dialogue (e.g., focused cross-disciplinary meetings or employees develop working procedures together). This provides a foundation for building organic and mechanic organizational features into individual organizational entities rather than separate ones (e.g., R&D and manufacturing), thereby advancing organizational ambidexterity (simultaneously efficient by drawing on authority interactions and innovative/flexible by harnessing lateral interactions) throughout the organization. Four illustrative cases from Danish hospitals are selected to illustrate central elements of the collaborative hospital.

3. Results/empirical cases:

Collaboration across professions: Set-up of fixed daily multidisciplinary surgery teams led to the implementation of morning kick-off meetings and focus on ongoing dialogue. This resulted in strong planning and task-sharing without compromising professional autonomy.

Collaboration across departments: An orthopedic surgery ward collaborates with endocrinologists around the shared purpose of improving patient treatment. The set-up is now that an endocrinologist every day spends half a day doing ward rounds in the orthopedic ward, thereby securing medical follow up and facilitating knowledge sharing.

Continuous improvements: a surgery centre introduced short weekly Kaizen meetings, which ensure multi-professional participation and perspectives and it connects employees closer together.

Integrated care pathways: such standardized work routines are found to facilitate collaborative interaction because it connects across departments and professional specialties.

4. Conclusions:

The collaborative hospital characterized by organizational ambidexterity is a new way of conceptualizing the organizational developments in hospitals. Examples from local activities support such an understanding of contemporary hospitals.