

Innovation Disabilities

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Abstract: Disability has been described by many perspectives, including medical, administrative, economic, and socio-political. Like the human body, organizations are also affected by organic dysfunctions, either in whole or in part. This article presents a theoretical proposal that seeks to bring all the developments on disability in other sciences (mainly in the field of health) to the organizational field to understand how difficulties and limitations in basic and specialized capacities can negatively affect the innovation capacities of organizations. The proposal presented leads to a different view of the problems that arise within organizations, which would lead to developing various strategies that help improve the health of organizations, considering that their good condition does not depend on the absence of diseases, but the ability they possess to anticipate and deal with them.

Keywords: Innovation disabilities, organizational Culture, organizational disability, models of disabilities

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1. Introduction

The concept of disability has been transformed over time and is currently the subject of extensive study in various fields of knowledge, mainly in the health sciences where it seeks to prevent and seek effective treatments for its control and improvement of the patients. The studies expand through the educational field, where the challenge is to include students with disabilities and achieve with it an inclusive and democratic education for people with different abilities. However, the term disability has also been taken by other scientific disciplines to better understand some phenomena that occur within their field of study. Thus, in the organizational sector, it is possible to adapt all the concepts related to the study of disabilities to take all the developments and advances on this topic in other fields.

Therefore, based on a theoretical review of the topic to be developed, a model is proposed to bring the concept of disability to the organizational environment. I will clarify that the approach proposed in this paper is closely related to innovation barriers. The same is characterized by the presence of both factors internal and or external to a firm, and diminish or even prevent the firm's propensity to innovate, reducing its ability to introduce a or significantly improved product or process, thus affecting innovative performance (Franco & Diaz, 2020; Hadjimanolis, 2003; Madeira et al... 2017), a situation that affects negatively achieving expected results (Lewandowska, 2014; Madeira et al... 2017). In a broad sense, these barriers can negatively influence innovation. process (Piatier, 1984).

The article follows the following structure: in the first section; a brief introduction to disability is provided; in the second section, the theoretical construction of organizational disabilities is developed, proposing a model of organizational disability, which is made up of four

elements: (a) the pathologies of the organizations; (b) impediments; (c) disabilities, and (d) the disadvantage. The third part presents innovation disabilities and how they affect organizations, analyzing different sources and causes; eight of them are raised: (a) learning; (b) management; (c) culture; (d) resistance to change; (e) loss of address; (f) inflexibility; (g) communication; and (h) barriers. In the fourth section, the main implications of seeing the organization in this way and how the innovation disability model affects organizational processes are raised. Finally, the fifth section indicates the conclusions obtained from the theoretical review presented.

2. Towards the theoretical construction of organizational disabilities

To adequately analyze the phenomenon of disabilities, it is necessary to inquire mainly about its significance in medicine given its direct impact, without ruling out other disciplines that also contribute significantly to its understanding, to later incorporate it into the language of organizations based on an analysis of specialized literature. Like most of the concepts embraced by the social sciences, there is a multiplicity of approaches, definitions, and positions that make their study more difficult. For example, Altman (2001b) and Mitra (2006) indicate that disability is a complex and multidimensional concept. In this sense, efforts have focused on defining disability from simple statements, theoretical models, classification schemes, and even though different forms of measurement.

There is a great profusion of terms on the definition of disability, particularly when the operational measures of disability are interpreted and used as definitions (Altman, 2001a). Disability has been described by many perspectives, including medical, administrative, economic, and socio-political. From medicine, for example, the World Health Organi-

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zation and World Bank (2011) conceives disability as a generic concept that encompasses deficiencies, activity limitations, and participation restrictions. Disability denotes the negative aspects of the interaction between people with health, personal, and environmental problems. For Altman (2001b), disability is linked to those situations associated

with injuries, health, or physical conditions that create specific limitations that have lasted (or are expected to last) a certain period. It is also notable that, given the multifaceted nature of the disability, multiple models have been generated that seek to explain it. In Table 1, different models found in the literature review are presented.

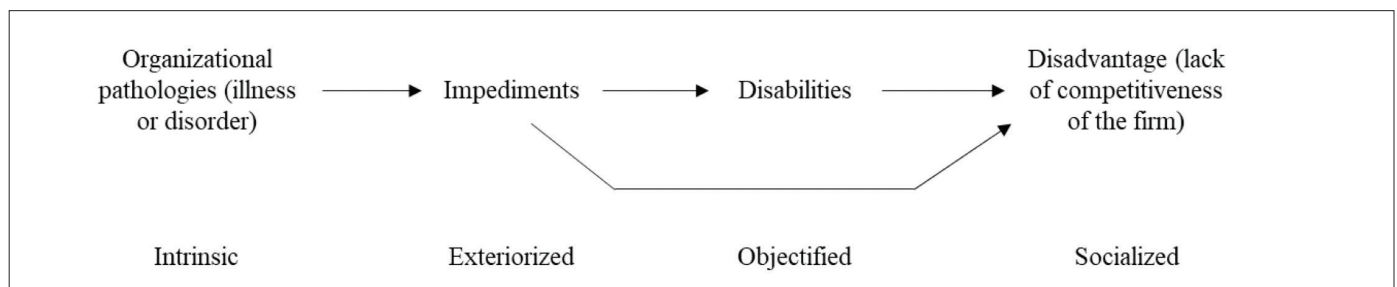
Table 1. Explanatory models of disabilities.

Model name	Definition of Disability	Characteristics	Author
Sen's Social	Limit or loss of opportunities to take part in community life due to physical and social restrictions.	The approach helps explain the importance of the economic causes and consequences of disability.	Abberley (1987) and Oliver (1990, 1993, 1996)
Nagi's model	The behavioral pattern evolves in situations of prolonged or continuous deficiencies that are associated with functional limitations.	Identify functional limitations, as well as restrictions that impairments place on the individual's ability to perform the tasks of their normal daily roles and activities.	Nagi (1965, 1969, 1991)
ICIDH	In the context of health, any restriction (resulting from an impairment) or lack of ability to perform an activity in the manner or within the range considered normal for a human being.	The model postulates that disability has its genesis in a health condition that gives rise to deficiencies and then to activity limitations and participation restrictions within contextual factors. Deficiencies are problems in the function or structure of the body that cause significant deviation or loss.	World Health Organization. Assessment: Classification and Epidemiology Group (1999) and World Health Organization (1980)
IOM	The expression of a physical or mental limitation in a social context: the gap between a person's capabilities and the demands of the environment.	This model highlights functional limitation, similar to Nagi's model, where it describes the effects that are manifested in the performance or capacity of the person as a whole. The environment is where the intensity of the disability is defined.	Brandt and Pope (1997), and Pope and Tarlov (1991)
Verbrugge and Jette	Disability consists of experiencing difficulties in performing activities in any area of life due to a health or physical problem.	The model tends to focus on the capacity of the individual, ignoring the efforts that people usually make to reduce demand through adaptations in activities, environmental modifications, psychological coping, and external supports.	Verbrugge and Jette (1994)

The models presented in Table 1 allow navigation in the appropriate direction to bring this phenomenon to the organizational level. For this purpose, the models proposed by World Health Organization. Assessment: Classification and Epidemiology Group (1999), World Health Organization (1980) and Nagi (1965, 1969, 1991) will be taken as a basis, without discarding the valuable contributions of the other

proposals. To meet the proposed objective, an insertion scheme is proposed at the organizational level, which can be seen in the following table. Figure 1. It is worth clarifying that the model proposed here is a complementary view of organizational life. It has the primary function of maintaining organizational health if the indicated diagnoses are made especially at the beginning when pathologies are formed.

Figure 1. Organizational disability model. Adapted from World Health Organization (1980).



Pathologies of organizations

Like the human body, organizations are also affected by organic dysfunctions (Brandt & Pope, 1997; Fernández, Urarte, & Alcaide, 2008; Pasieczny, 2017; Pasieczny & Glinka, 2016; Pope & Tarlov, 1991), whether in its entirety or partially. Like all living, systemic and com-

plex beings that are exposed to the influence of their environment, companies are affected by pathogens that cause diseases, integral or partial diseases that inhibit their growth, development and cause instability. These agents cause people to decrease their productivity, leading them to be inefficient and incompetent. According to the law

of entropy (Katz & Kahn, 1978; Scott, 1992), all systems are doomed to eventually collapse; organizations are no exception (Mouzelis & Samuel, 2017).

According to Pasieczny (2017), pathologies have been approached from different contexts: the ecology of the population of organizations (Scott, 1992); psychopathology (Kets De Vries & Miller, 1984); and biology, with the metaphor of the organism as a living being (Miller, 1988; Morgan, 1980). There is also a great variety of studies that seek and create instruments for the identification and analysis of pathologies (Gestmann, 2001; Goulielmos, 2005; Guy, 1989; Robinson & Bennett, 1995; Stocki, 2005, 2013). According to Fernández et al. (2008) and in agreement with Miller (1988) and Morgan (1980), proposes to study the organization as a human organism, which is constituted by the sum of organs and in this way, better understand its operation, properly diagnose its illnesses and try to provide the most effective treatment.

The approach taken for the analysis of such pathologies is based on the life-cycle paradigm of organizations (Mouzelis & Samuel, 2017, Kazanjian, 1988, Kazanjian & DRazin, 1989, Hanks, 1990). According to this paradigm, organizations go through several stages of maturation ranging from the emergence of pathology to the last stage where disability is generated, each of the states is associated with a unique set of characteristics and therefore the life cycle is defined as a unique configuration of variables associated with its environment and the structure of the organization.

There is a group of universal pathologies that are known as negative autonomization associated with the change of the main objective, in addition

to the goals, other subsidiaries, or other objects and pathologies associated with the way the organization operates. Alternatively, Kheirandish, Abbaszadeh, and Nazemi (2017), Mouzelis and Samuel (2017), Pasieczny (2017), and Pasieczny and Glinka (2016) identify a set of structural and functional pathologies that are closely linked with capacity for adaptation and planning. These pathologies are associated with internal resources, leadership, creativity, innovation, planning strategies, external resources, among others. Some examples of such pathologies can be associated with following superiors 'instructions at the expense of clients' needs and stubborn resistance to change (Mouzelis & Samuel, 2017; Scott, 1992). Recent studies have reported that cultural change and resistance to change as the main challenges that government organizations still face when using digital solutions Mantovani & Marczak, 2020).

Other types of pathologies are associated with gigantomania, which is the increase in the organizational structure; lustomania, which is unjustified excessive spending linked to the external manifestation of power, corruption, and arrogance of power associated with the lack of respect for customers by employees. As the last classification, there are those addressed by Fernández et al. (2008), where they illustrate that there is a repertoire of diseases or pathologies that affect human beings and therefore are comparable in the life of organizations. Said taxonomy is based on the following criteria: (a) associated with age, childhood diseases, youth, adulthood, and old age; (b) concerning their healing, curable, degenerative or terminal; (c) according to the type of physical, psychological or psychiatric ailment; and (d) others that depend on the location, frequency, duration, and severity. Table 2 shows the most common pathologies.

Table 2. Organizational pathologies.

Name	Association in the organization
Osteoarthritis	The difficulty of the organization to adapt to changes in the environment.
Myopia	Atrophy does not allow anticipating and anticipating market changes.
Cancer	Presence of an internal problem that spreads between the parts of the organization.
Osteoporosis	Weakness that is generated by the lack of resources.
Hypochondria	Fear and pessimism lead to a dark vision of the present and the future.
Obesity	Accumulation of unnecessary resources, goods, or people.

Note. Adapted from Fernández et al. (2008).

Impediments

They are externalized in the organizational task. The impairments are associated with problems in the functioning of the body such as a significant deviation or loss (World Health Organization. Assessment: Classification and Epidemiology Group, 1999). The impediments occur in certain functions, such as the inability to carry out a basic activity of the body; or part of the body. Similarly, Nagi (1965) initially identified functional limitations as the restrictions that impairments

impose on the individual's ability to perform the tasks and obligations of their usual roles and normal daily activities. Taking these impediments to the organizational level, Cameron, Whetten, and Kim (1987) and Pasieczny and Glinka (2016), found a series of dysfunctions in organizations, as well as their sources. Some elements of these dysfunctions can be seen in Table 3, where the associated dysfunction and their characteristics are collected.

Table 3. Dysfunctions in organizations.

Associated dysfunctions	Characteristics
Centralization	Decision-making is made from the highest levels of the organization, participation decreases, and control is emphasized.
Lack of strategic planning	Crises and short-term needs eliminate strategic planning and the loss of objectives begins.
Restricted innovation	Without experimentation, risk aversion, and skepticism about core and complementary activities.
Leaders as lures (scapegoating)	Leaders are blamed for mistakes and uncertainty.
Resistance to change	Conservatism and protection of achievements lead to the rejection of new alternatives.
Rotation	The most competent leaders tend to go first, causing a lack of leadership.
Low morale	Few needs are met, and infighting prevails.
Loss of investment resources	The resources are used in their great majority for operating expenses.
Fragmented pluralism	Stakeholders are unable to find agreements.
Loss of credibility	Leaders lose trust in their subordinates.
Conflicts	Competition and internal struggle for control prevail when resources are scarce.

Note. Adapted from Cameron et al. (1987).

Disabilities

Table 1 collects the different conceptions found in the literature review and, accepting the proposals. As presented in Figure 1, it can be stated that disability occurs when an individual is deprived of practical opportunities because of an impediment (Mitra, 2006). According to Abberley (1987), Mitra (2006), and Oliver (1990, 1993, 1996) the capabilities approach is a useful framework for addressing disability. From this perspective, it could be analyzed on two separate levels, as a deprivation of capabilities or as a deprivation of functions. This concept is equivalent at the organizational level to the proposal of Teece, Pisano, and Shuen (1997) who affirm that the term capacity emphasizes the key role of strategic management to adapt, integrate and reconfigure, in an appropriate way, organizational capacities, both internal as external, abilities, resources and functional competencies to the requirements of the change of the environment.

According to Mitra (2006) under the capabilities approach, Disability in humans can be understood as the result of a combination of different factors. It can result from (a) the nature of impairment and other characteristics such as age, gender, or ethnicity; (b) the resources available to the individual; and (c) the environment. Continuing with the description of these disabilities at the organizational level, Mouzelis and Samuel (2017) state that organizations must be conceptualized as open systems embedded in economic, political, social, and technological environments simultaneously. Also, these disabilities can be analyzed from two levels, internal, and external. While organizational or external environments have been classified in many ways; in particular, the context, they are classified broadly according to only two main groups: the task environment and the general environment. The task environment is one with which the organization interacts directly and includes industry, raw materials, market sectors, human resources, and international sectors. The general environment includes those sectors that may not have a direct impact on the daily operations of a company, but will indirectly influence them. The general environment includes government, interest groups, social, cultural, economic conditions, and technology. In this way, both Mitra (2006) and Mouzelis and Samuel (2017) agree that the elements that cause disability are internal and external factors.

The disadvantage

It can be associated with the absence of effective business results that can lead to the firm's lack of competitiveness, caused by its antecedent elements in the model: pathologies, impediments, and disabilities. This means that the entire process illustrated in Figure 1 leads to interference in the efficient operation of the organization, making it impossible or preventing the proper management of the firm (Pasiczny, 2017). This is how, for example, the lack of competitiveness in the firm occurs due to the inability to adapt to the immediate environment, or to the particular niche in which it exists and operates. A decrease in their ability to deliver their goods in quantity, quality, price, and reliability may occur (Mouzelis & Samuel, 2017), which does not allow the achievement of the objectives established for the organization (Pasiczny & Glinka, 2016; Stocki, 2005). It should be clarified that the disadvantage is a consequence of the sum of the previous effects (pathologies, dysfunctions, and disabilities). This point is reached in two ways, the first occurs when the administration recognizes the presence of the disability; the second occurs when there is no recognition of said disability and, therefore, there is a jump from the impediments to the point where the disadvantage is generated. Recognizing disability is a key factor in correcting the fatal consequences it can have for the success and growth of organizations.

Innovation disabilities

In the field of innovation, the theoretical current that addresses innovation capabilities is known. These capabilities can be defined as the strength or competence associated with a set of resources or organizational practices for developing new processes or products (Acosta-Prado, Romero, & Tafur-Mendoza, 2020; Black & Synan, 1997; Lawson & Samson, 2001; López-Montoya, Villegas, & Rodríguez, 2017; López & Acosta-Prado, 2019; Peng, Schroeder, & Shah, 2008). According to (Barney, 1991; Conner & Prahalad, 1996; Peteraf, 1993), The resources and Capabilities Theory analyzes and interprets the strategic internal resources of organizations such as resources, capabilities, organizational processes, information, knowledge, among others, that allows developing and maintaining competitive advantages. For the context analyzed, the theory remains valid because the acquisition of resources and capabilities is a long-term, evolutionary and cumulative

process. Innovation depends mainly on the availability of resources. And technological knowledge and requires a series of capabilities. Some pathologies and dysfunctions are generally associated with the scarcity of these resources and capabilities and finally can manifest themselves as barriers to innovation. Obtaining these resources from the environment could be costly and difficult (Hadjimanolis, 2003). Therefore, this lack of resources does not allow organizations to have innovative performance that assists with the generation of new products, processes, and services that, on the one hand, can generate added value that distances them from their competitors and, on the other hand, can generate competitive advantages.

While organizations have capabilities, they may also not have them. Returning to the model proposed in Figure 1, disabilities begin with a pathology generated by a disorder or by organic dysfunctions, which can then change to a set of functional limitations that are finally objectified by a disability. Likewise, dysfunctionality can attack organizations like any living organism (Mitra, 2006; Mouzelis & Samuel, 2017). Nor is it difficult to show that said Disability affects the ability to innovate in organizations. Thus, in a journey through the specialized literature and taking the different sources and causes of said disabilities, evidence can be found to demonstrate it. Each of them will be explained below.

The learning

Knowledge management is related to absorption capacity (Black & Synan, 1997; Domínguez Gonzalez, & Martins, 2014, Madeira, Carvalho, Moreira, Duarte, & Filho, 2017), this capacity can be defined as the ability of a company to recognize the value of new external information, assimilate it and apply it for commercial purposes (Black & Synan, 1997). The disability manifests itself in a learning difficulty on the part of the organization (Bernat & Jasek, 2018).

Management

Management capacity helps to shape innovation capacities (Kearney, Harrington, & Kelliher, 2017; Lawson & Samson, 2001). According to López-Montoya, Villegas, and Cantú-Mata (2018), these capabilities are constituted by the organization's ability to deploy its available resources to achieve the desired results. Furthermore, human, technological, and fixed assets are positively related to financial performance and search, absorption, and openness capabilities as a control effect are positively related to an increase in the sales rate of a company (Park & Lee, 2011). Management disability is associated with a lack of a set of skills that allow the top management and the leader of the organization to properly interpret the environment. Among the constituent elements of this disability can be found the inadequate management of resources, the lack of adaptation to their environment, and the absence of strategic management of technology (Bernat & Jasek, 2018).

Culture

Just as the organizational culture generates favorable conditions for innovation (Acosta-Prado, López-Montoya, Sanchís-Pedregosa, & Zárate-Torres, 2020; Parolin, Canto Bonfim, Segatto & Espindola, 2020; Brimhall, 2019; Jaskyte, 2015; Meyer & Leitner, 2018; Narapareddy & Berte, 2018), the absence of an adequate Management of corporate culture as a strategic asset (Bernat & Jasek, 2018; Mouzelis &

Samuel, 2017) generates disability to innovate. Therefore, companies have types of culture that are not conducive to innovation, essentially caused by highly bureaucratic structures, poor teamwork skills, inadequate management of human resource management practices, centralized decision making, little empowerment of employees, collaborators and a deficiency in the development of capacities in collaborators. The aforementioned characteristics are associated with a bureaucratic culture (Cameron & Quinn, 2011; Hannan & Freeman, 1984) or also known as a culture with a low orientation towards involvement (Denison & Mishra, 1995).

Resistance to change

Established companies are reluctant to make major strategic changes. This resistance is due in large part to what Leonard-Barton (1992) calls organizational rigidities. Rigidity is the tendency of a company to maintain the status quo, in part because it arises from an unobserved organizational process. Resistance to change is closely related to those types of culture with a high internal orientation that fails to adapt adequately to their environment (Denison & Mishra, 1995; Mouzelis & Samuel, 2017).

Loss of direction

This abnormal situation is likely to develop in organizations whose core values are abandoned due to certain external or internal changes. The displacement of the most important values can hurt the functioning of organizations and cause some serious problems. In value-based organizations, such loss of direction can be fatal. All of the above leads to what Mouzelis and Samuel (2017) call organizational atrophy conceived as a process of decline, in this case, it reflects the syndrome that success can engender failure. Organizations manifest this atrophy due to their inability to respond adequately and in time to changes in their environment. Managers rely on past success as a guarantee of future success. External threats that develop in your environment are overlooked or underestimated. Instead of implementing new policies and programs, leaders insist on doing the same things in the same way as in the past. These organizations are limited by inertial forces, so they do not adapt to their external conditions (Bernat & Jasek, 2018; Kearney et al., 2017; Lawson & Samson, 2001; López-Montoya et al., 2018).

Inflexibility

The lack of organizational flexibility or inflexibility can be understood as a disability that does not allow the organization to adapt to the environment. Inflexibility is evident in organizations due to the slow and poor response to adapt or anticipate the different changes that occur in their environment continuously. Said response by the organization negatively affects it because the evaluation of internal and external circumstances is not done on time, inhibiting the possibility of positively affecting business results that allow it to develop or maintain a competitive advantage (Aaker & Mascarenhas, 1984; Denison & Mishra, 1995; Leonard-Barton, 1992; Mouzelis & Samuel, 2017).

The communication

Lack of effective communication is closely linked to organizational performance (Kheirandish et al., 2017; Wang & Liu, 2009). Disability in communication management is evident through three factors

(Adiguzel, 2019). The first is made up of the factors that are related to the complexity of the structure: formalization, centralization, and flexibility of the organization. The second factor is the elements that are associated with people and their behavior. The third factor is linked to the contextual dimension, represented in manifestations of the culture, which are given through the multiple interpretations of the elements of the cultural system by the collaborators, and the techniques related to the lack of mechanisms suitable facilities and infrastructure for effective communication (Adiguzel, 2019; Middel, Schuitmaker-Warnaar, Mackenbach, & Broerse, 2019; Pasiieczny & Glinka, 2016).

The barriers

Barriers to innovation generate a type of disability (Bernat & Jasek, 2018; Mouzelis & Samuel, 2017). These barriers can be defined as factors internal and external to a company that decreases or even inhibit the propensity of the company to innovate, reduce its ability to introduce and maintain a new or significantly improved product or process, affecting innovative activity, which prevents the achievement of expected results and impacts organizational performance (Lewandowska, 2014; Madeira et al., 2017). In the literature review, a diversity of approaches and typologies is found. The most common typologies include barriers related to lack of creativity, lack of market knowledge, legal aspects, risk adoption, financial aspects, infrastructure, and the skills of people generated by institutions (Assink, 2006; Bernat & Jasek, 2018; Hölzl & Janger, 2012; Jasińska-Biliczak, Kowal, & Hafner, 2016).

3. Implications

Like all health problems that affect human beings, perhaps the best thing would be to start with the roots of said problem, that is, with the pathologies for the case that is being analyzed. From an organizational point of view, many strategies help improve the health of organizations, it is worth clarifying that the good state of these does not depend on the absence of diseases, but on the ability of the organization to anticipate and face them. It is also necessary to indicate that medicine has a preventive character when it allows avoiding the appearance or development of disease; curative when it seeks to eradicate an existing disease; and palliative, when it comes to incurable diseases whose development and ailments are tried to cushion (Fernández et al., 2008; Mouzelis & Samuel, 2017).

In the case of curative treatment taken to the organizational level, Fernández et al. (2008), propose a management model by habits (MDH) and a management model of administrative will. The MDH addresses the function of habits within the firm. The role of this cultural element and its impact has been widely addressed by organizational theorists and especially the footprint it generates for the life of the organization (Cameron & Quinn, 2011; Denison & Mishra, 1995; Hannan & Freeman, 1984). Habits refer to a behavior acquired by repeating an action for a certain period. Many of the diseases suffered by human beings are caused by bad practices and for which their respective treatment requires a change in the patient's habits, which of course is valid for organizational life. The problem in organizations is that they are repeated behaviors that are done unconsciously and mechanically, and

to the extent that they take root in the behavior of an individual, they become increasingly difficult to modify in action the daily routine of the organization to which it belongs.

The MDH can be implemented through a well-known current in psychology called behaviorism (Watson, 1913). The author states that learning from experience is the main influence on behavior. This model aims to change bad practices in organizations through the modification of habits. According to Fernández et al. (2008), it is necessary to have a strong will on the part of the leaders of the organization, in such a way that they can be translated into positive acts and based on a process of repetition, the members of the organization convert them in healthy habits. Making the simile from Myology, in the same way, that a muscle is molded and strengthened with continuous exercise, which demands a great effort and a lot of patience, thus also the behaviors are improving with the daily work that turns them into habits. In the case of an organization, this requires a great deal of tenacity and patience on the part of all its members, and mainly of the executives, on whose actions and examples the chances of success are centered.

In the same way and the same sense as the MDH, the organizational management model meets the objective of curative treatment. According to Fernández et al. (2008), for this to be effective, there must be the will of the patient to heal. At the organizational level, it poses great challenges to managers who are going to lead a treatment against the pathologies of the organization. Therefore, a shared will to achieve an improvement is necessary, and no one is more competent to motivate or discourage this will than those who make collective decisions and decide the roles and activities of their collaborators.

In the case of preventive treatment, those responsible for the firms must use the multiple tools that the management offers. This is how, for example, the control function as part of the administrative process must be carried out with complete rigor, since this function will allow the organization to obtain deviations from the programmed course and thus be able to detect the causes of deviation, to act accordingly in an integral way (Da, Maurel, & Favoreu, 2018; Lartey, Kong, Bah, Santosh, & Gumah, 2020; Vasile & Croitoru, 2019). These effective control actions can detect some pathologies in organizations in their early stages (Fernández et al., 2008). Examples of these pathologies can be osteoarthritis that does not allow the organization to adapt to changes in the environment; myopia, which is atrophy that does not allow us to anticipate and anticipate market changes; osteoporosis generated by the lack of adequate resources to achieve the firm's objectives and finally; obesity generated by resources that are unnecessary for organizational performance (Table 2).

About the organizational innovation process, what has been stated so far is valid in terms of treatments. In this way, treatments are valid both to cure and to prevent the pathologies of organizations. It is well known that these pathologies generate impediments and disabilities that prevent the organization from achieving the desired results. This is how it has been found that learning, culture, management, communication, inflexibility, loss of direction, and the same barriers can be attacked from the pathologies that originate them.

Implications for Managers

The presented model organizational disabilities helps managers to understand clearly and concisely, the need to maintain a good state of the organization, as mentioned above, just like living beings, organizations are affected by such disabilities. Similar to health in living being, there are two possibilities for maintaining excellent organizational diagnostics. All these elements should be aligned with their environment and the needs of stakeholders so that any misalignment can be corrected promptly.

The second, and least desired one has to do with treatment. To this effect, it becomes necessary to analyze what elements of the organization the pathology may present, before migrating to an impairment; then to disability; and subsequently, to a loss of the firm's ability to be competitive in the marketplace. Table 2 shows a set of pathologies that have been identified in the specialized literature. The manager's efforts should be aimed at identifying the symptoms of these pathologies, which are fully identified in the table. It is worth clarifying that treatment depends on the pathology generated and that it is important to fully understand it before proposing solutions to help cure the organization. In this way, it is prevented and prevented that the situation deteriorates and ends up killing the organization as expressed in the same life cycle of organizations.

4. Conclusions

The article addresses a theoretical proposal that seeks to make a simile of disability in other health sciences and take it to the organizational field to understand how the limitations of basic and specialized capacities can lead to problems or difficulties in innovation capacities. The model presented has four components that are related to factors in organizations. In this way, the pathologies of organizations are seen as diseases or disorders that arise and develop within them (intrinsic processes), which results in limitations for production (external processes). Subsequently, the disabilities themselves appear within organizations, which leads to negative consequences, such as low productivity, lack of competitiveness, low capacity for innovation, among others. The innovation disabilities found are related to learning, management, culture, resistance to change, loss of direction, inflexibility, communication, and barriers. Understanding organizations in this way will allow preventive measures to be taken mainly to avoid harmful effects either on workers, senior managers, or the operation of the organization as such.

Finally, it is worth clarifying that the article does not generate a negative vision built on pathologies, impairments, and disabilities. On the contrary, it accepts that many of the causes of the lack of competitiveness in firms are given by pathologies that then become dysfunctions and subsequently become impediments for the firm to achieve the desired success. The key is that a hidden reality becomes evident to organizations, and once revealed, it makes the intervention process much easier.

It should be noted that the processes associated with innovation are transversal to the firm. Now, although the proposed model is proposed in this direction, it is also necessary to understand that

responsibility for innovation is not only the responsibility of the I+D areas. Having said that, the functional areas of the company are resource providers; it is clear that they have a preponderant role in the success of such innovation processes. Therefore, this model can be applied to any functional area of the organization.

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