Conference Abstract

Organisational structures and integrated care. An evaluation of interventions in ten care organisations

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Abstract

Introduction: Research on integrated care utilises different definitions of integrated care and, in general, not much attention is given to the role of organisational structures with regard to the implementation of integrated care. Nevertheless, organisational structure represents a key concept in the field of organisation studies. Organisational structures represent the standards for organising and coordinating work. As such, organisational structures codetermine the capacity to take strategic decisions as the implementation of integrated care. Flanders Synergy, an organisation which promotes workplace innovation in the region of Flanders (Belgium), redesigned the organisational structure of ten care organisations (including elderly care, day care, and hospital care organisations). In the present study, the relation between the organisational structure of these care organisations and their level of care integration is examined, both before and after the organisational intervention took place.

Theory/Methods: Modern sociotechnical systems theory (MST) provides an integral framework for studying organisational structures. MST distinguishes between functional and order-based structures. Care organisations with a functional structure assign different (aspects of) operational tasks to specific professionals which are organised in homogeneous, profession-specific departments. Functional structures are organised independently of the continuous development of patients' care needs. Conversely, care organisations with an order-based structure gather heterogeneous groups of operational tasks within self-steering, multifunctional teams that work around parallelized flows of patients. Order-based structures do follow the continuous development of patients' care needs. Based on modern sociotechnical systems theory we hypothesise that order-based care organisations are better suited to deliver integrated care, compared to functional care organisations. The present study examines this hypothesis by evaluating the interventions that have been implemented in the ten selected care organisations.

Data with regard to the organisational structure, both before and after the intervention, was gathered by way of the Flanders Synergy Organisation Scan, a standardised tool to describe

different aspects of organisational structures. Items from the ACIC-questionnaire are used as a topic list to assess the extent of care integration via semi-structured interviews. Qualitative Comparative Analysis (QCA) is used for analysing the collected data, thus relating organisational structures to the extent of integration of care.

Results: The study presents an investigation into the effects of interventions with regard to organisational structures of care organisations and the extent of integration of care. Functional care organisations seem to deliver more fragmented care. Order-based care organisations tend to deliver more integrated care.

Conclusions: The study results show that the integration of care is closely linked to the underlying organisational model. Integrated care initiatives may therefore benefit from the design principles based on modern sociotechnical systems theory.

Lessons learned:
- Integrating care is an organisational challenge.
- Modern sociotechnical systems theory can support analysis and redesign of care organisations

Suggestions for future research: Given the trend of care organisations joining up in networks to reach a more integrated care delivery, structures of networks and organisations-within-networks should best be investigated together.

Keywords

integrated care; organisational redesign; organisational structure; organisational performance

PowerPoint presentation

http://integratedcarefoundation.org/resource/icic15-presentations