Organizational theory – a three-dimensional tool to analyze and enhance collaboration in healthcare systems

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Abstract

Purpose – Healthcare systems receive criticism from both providers and recipients. The diversity in these systems throughout the world makes innovation and change difficult. However, a structured analysis of healthcare systems is crucial to identify areas for improvement and to share best practices for the betterment of healthcare throughout the world.

Design/methodology/approach – The paper uses organizational theory as an unbiased tool for evaluating healthcare systems. This theory analyses healthcare systems across five dimensions: environment, culture, social structure, physical structure and technology. This analysis provides an in-depth understanding of the organization's surroundings, formation and function. It offers a lens through which healthcare systems can be envisioned and establishes a vocabulary for communication.

Findings – Organizational theory presents a multifaceted approach to initiate assessments aiming to enhance existing healthcare systems and customize them to serve all stakeholders within the focused ecosystem. It alters the dynamics of criticism and presents an opportunity to sustainably address unforeseen healthcare challenges in the future. As the author proceeds to understand healthcare organizations through the perspective of organizational theory, the author also uncovers subtle yet crucial issues such as resource dependence, cultural clashes, organizational silence, bureaucracy, hierarchy, ethics, values, engagement and burnout.

Originality/value – This paper was crafted from a collaborative paper for the final of a master's degree. A collaboration was conceptualized using organisation theory as the tool to align processes and achieve successful outcome. The narrative of the collaboration has been edited and paper presented highlighting the importance of the tool of organisation theory in healthcare systems.

Keywords Organizational theory, Healthcare management, Collaboration, Environment, Culture, Social structure

Paper type Case study

1. Introduction

Healthcare organizations are inherently complex and often exhibit a wide range of diversities. Recipients of such systems frequently identify faults and deficiencies in service provision. Cross-country comparisons of healthcare systems underscore the advantages and disadvantages in each ecosystem. When embarking on the introduction of innovations, addressing difficulties or seeking integration within the system, the process can appear both exhaustive and confusing. In such contexts, the presence of a framework becomes crucial to navigate the healthcare circumstance at hand.

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Organizational theory serves as an unbiased tool for evaluating the healthcare system. Analyzing healthcare systems through five distinct dimensions—environment, culture, social structure, physical structure and technology—provides an in-depth understanding of the organizational context, formation and operation. This perspective offers a lens through which healthcare systems can be conceptualized, thereby providing a shared vocabulary to facilitate communication.

The theory can be distilled into three main dimensions: environment, culture and social structure. As we unravel the application of organizational theory within the healthcare system, our goal is to align processes and thereby foster enhanced collaboration among different units within a single healthcare organization. It becomes evident that organizational theory not only encompasses a common knowledge of terms but also provides a platform for realization, visualization and communication within the healthcare domain.

2. Unraveling the dimensional analysis of healthcare systems using organizational theory

2.1 Organizational – environment relations in healthcare systems

2.1.1 Organization within its environment. The exploration of an organization's environment is a requisite for any change or collaborative efforts. The **organizational environment** consists of external entities and forces that influence the internal operations of the **focal organization**, which is the subject of our analysis. **A stakeholder model** would bring forward all the actors and beneficiaries of the healthcare organization (Dill, 1958; Evan, 1966; Thompson, 1967). It allows us to understand all the key players involved in general administration, decision-making and financial arrangements. Awareness of all the players in the working environment delineates the potential for action and change.

A stakeholder model can aptly describe healthcare systems, analogous to the structure of a **Roman house**. Just as a house comprises a foundation, three pillars, a capstone and a roof, most global healthcare systems consist of six core elements (Okma, 2016).

The **foundation** represents the underlying **principles** – societal culture and values. The **first pillar** represents healthcare **funding**. The **second pillar** embodies **payment models**, and the **third pillar, provision,** underscores the integration of care within proper funding regulation. The **prominent capstone atop these pillars** is the **administration and governance** of healthcare services (Okma, 2016).

The need to regulate professionals, safety, quality and subsidies to ensure that equitable healthcare access remains undisputed (Okma, 2016).

2.2 Organizational boundaries

Resource dependence theory argues that organizations should strive to exert the highest level of control over resources within their environment. This is because controlling scarce or critical resources yields the power to influence those reliant on said resource, thereby amplifying an organization's sway within its interorganizational network. In a hospital environment, service provision can be optimized by prioritizing investments toward specialties that address prevalent community conditions (Thompson, 1967; Pfeffer, 1978).

Healthcare managers implement a variety of major organizational improvement techniques. Pressures for cost containment often diminish resources, compelling healthcare managers to grapple with difficult decisions concerning the allocation of limited resources. Despite a commitment to excellence in medicine, technology, clinical skills and managerial and leadership talent, a lack of training and planning might contribute to the lack of success in such improvement programs (Summers and Nowicki, 2002).

Understanding the demands of the environment in terms of healthcare services required, managers must make informed decisions that foster organizational improvement, create centers of excellence and facilitate innovation and expansion. Leveraging resource dependence can be reinforced by enhancing **organizational consciousness**, which plays a pivotal role in the success of healthcare organizations in pursuing their goals and missions, whilst expressing their values and establishing a clear and coherent identity.

2.3 Organizational consciousness

Organizational consciousness encompasses a wide spectrum of attributes, including survival, belonging, self-esteem, transformation, cohesion, inclusion and unity. Key attributes of organizational consciousness such as accountability of experience, a sense of knowing, the power of choice, interrelationships, meaning, reflection and self-awareness are deemed invaluable (Pees and Shoop, 2009).

From a broader perspective, organizational consciousness can be defined as the organization's mental alertness, encompassing its identity, purpose for existence and interactions with others. This consciousness serves as the unifying force that aligns organizational units, proving instrumental in making decisions and managing change (Pees and Shoop, 2009).

Creating an **organizational identity** establishes the organization's perceptual boundaries rather than its physical ones. This identity is created and communicated in subtle and unintentional ways through daily interactions among employees and stakeholders. It is further solidified through formal efforts aimed at elevating the organization's image, employing methods such as advertising, corporate branding and reputation management (Rindova, 2001; Hatch, 2008).

Identity shapes members' perception of what aligns with their organization, subsequently guiding strategy formulation, decision-making and employee conduct. Sustained investments in training and education, leadership style, project management, staff recognition, dedicated time and resources for improvement initiatives cultivate a sense of commitment and loyalty among healthcare staff toward the organization. **Organizational climate** is defined as the collective perceptions of the work environment (Rojas *et al.*, 2014).

2.4 Modern theories of organization – environment relations

2.4.1 Structural contingency theory. Shifting our focus from analyzing the organization's role (both existential and potential) in its environment, we transition towards understanding the organization's operational patterns and constraints within its environment. **Organizational forms** are successful only within their favorable and adaptable environments.

In a stable environment, the **mechanistic** form of organization proves most effective due to the efficiency gained from standardized procedural adherence. However, when environments undergo rapid changes, the **organic** organizational form provides the flexibility required for innovation and **adaptation**. The **differentiation** between subtasks and their **integration** yields organizations that exhibit optimal adaptability in dynamic environments (Burns, 1961; Lawrence and Lorsch, 1967a, b).

Environmental uncertainty explains the effectiveness of different organizational forms. Environmental uncertainty is defined as the interplay between complexity and the rate of change. Here, **complexity** refers to the number and diversity of environmental elements, while the **rate of change** evaluates how rapidly an environment is evolving – often termed turbulence or dynamism (Galbraith, 1973; Emery, 1965).

2.4.2 Resource dependence theory. The environment determines how power/dependence relationships existing within the organization influence the organizational form it adopts. Analyzing interorganizational networks can help an organization's managers understand

and manage the **power/dependence** relationships between their organization and other network participants. An organization's dependence on its environment allows the environment to wield power derived from this dependence. This power is harnessed to impose demands on the organization for pricing, services and effective organizational structures and processes (Pfeffer, 1978).

Networks can be defined as cooperative structures wherein interconnected groups or individuals coalesce around a shared purpose, driven by trust and reciprocity (faith, respect and mutual benefit). In the healthcare sector, networks play a crucial role in facilitating rapid learning and development, enhancing employee efficiency and optimizing their capabilities and resources (Mervyn, 2018).

Developing such resource dependence within complex healthcare environments compels us to understand the community's **population** and its requirements for healthcare services.

3. Organizational – culture relations in healthcare systems

In 1993, Harrison Trice and Janice Beyer defined **culture** as the collective phenomena that embody people's responses to the uncertainties and chaos that are inevitable in the human experience. These responses fall into two major categories. The first is the substance of a culture – shared, emotionally charged belief systems called ideologies. The second is cultural forms – observable entities, including actions, through which members of a culture express, affirm and communicate the substance of their culture to one another (Jo Hatch, 2018).

Organizational culture helps us understand the behavior of individuals within organizations as they navigate external demands and internal social changes. In demanding organizational scenarios, enthusiasm for the job, result orientation, highly organized employees and high-performance expectations are sometimes necessary. Supportiveness includes team and people orientation, collaboration and the free exchange of information (Zachariadou, 2013).

Schein proposes: "Organizational culture is the pattern of shared basic assumptions–invented, discovered or developed by a given group as it learns to cope with its problems of external adaptation and internal integration – that has worked well enough to be considered valid and therefore to be taught to new members as the correct way to perceive, think, and feel about those problems" (Zachariadou, 2013).

In organizations with strong cultures, most employees align with the organization's values, and the organizations, in turn, provide more meaning, commitment and guidance to their employees. This results in reduced employee turnover and increased job efficiency.

3.1 Subculture

A **subculture** is a subset of an organization's members that identifies itself as a distinct group within the organization based on either **similarity** or **familiarity**. Subcultures based on similarity can emerge from shared professional, gendered, racial, ethnic, occupational, regional or national identities. The shared workspace and equipment facilitate frequent employee interaction, increasing familiarity and thus creating subcultures (Van Maanen and Barley, 1984).

3.2 Culture clash

The existence of separate sub-cultures inevitably presents challenges. The reciprocal relationships between individuals and organizations, between units within organizations and between the organization and its environment are not always harmonious. Some employees find themselves out of place with the organization's culture, leading them to join or form countercultures, or even worse, to leave or be dismissed. Any organization that embraces or explores growth exposes itself to the risks of encountering a **culture clash** (Jo Hatch, 2018).

Such culture clash may become apparent when an organization enters a new regional or national territory through a **merger or acquisition**, encountering a culture foreign to its own. Clashes can arise internally between departments or divisions due to differentiation and/or bureaucracy. These clashes become problematic when they result in the rejection of an organization by a foreign culture and/or when they foster internal silos (Chesley, 2020).

Culture plays an important role in determining the potential success or failure of a merger and acquisition (M&A). The merging of one organization with another can give rise to many unintended consequences, including the inevitable culture clash. This clash can lead to the natural evolution of a new culture, the blending of the two cultures or the more likely scenario where one culture prevails over the other (Chesley, 2020).

3.3 Merger syndrome

Merger syndrome emerges when individuals undergo culture shock, experience diminished job performance, exhibit resistance to change, face job insecurity and grapple with general feelings of anger and fear. During this time, executives within the organization often transition into crisis management mode, and a reduction in communication can lead to the escalation of hostility. For lower-level employees, adapting to the cultural leanings and management approaches governing day-to-day work processes can lead to elevated stress and emotional turmoil (Chesley, 2020).

This underscores the necessity of establishing **clan control** not only to support the transformation of healthcare institutions but also to generate a workforce that enhances collaborative efforts.

3.4 Clan control

"If you learn to control your culture, your culture will control your employees" – this encapsulates the essence of clan control. Managing an organization's culture can ensure the manifestation of desired behavior. This is mainly because culture shapes behavior via norms and values (Ouchi, 1979, 1980).

Cultural and clan control can be achieved by identifying employees who share compatible values, facilitating socialization, providing employee training aligned with organizationally preferred norms and values and ultimately offering rewards, appreciation and acknowledgment that reinforce adherence to management norms and values.

Clan control depends on the socialization of new organizational members, wherein they internalize cultural values, goals, expectations and practices that steer them toward desired levels of performance. Once internalized, these implicit understandings direct and coordinate employees' behavior, allowing managers to focus on other aspects (Ouchi, 1979, 1980).

Changing a culture under clan control management should, in theory, be a straightforward process of redirection. This perspective originates from the fact that culture is a tool that managers can use to enhance **organizational effectiveness** and foster competitive advantages (Schein, 1984, 1992/1985, 1991, 1996).

3.5 Measurement of organizational culture

Understanding the development of organizational culture may require an exploration of its three dimensions, upon which **Hofstede** constructed his influential theoretical framework: power distance, uncertainty avoidance and individualism (Cooke and Lafferty, 1987, 2000).

3.5.1 Power distance. Power distance refers to the extent to which the members of a culture are willing to accept an unequal distribution of power, wealth and prestige.

In cultures with high power distance, organizations heavily rely on hierarchy. In these cultures, unequal distributions of authority are expected and accepted, often accompanied by

limited growth. In contrast, due to their equitable nature, members of cultures with low power distance find inequalities in status difficult to accept.

Encounters between members from high and low-power distance cultures can result in cultural clashes. Managers accustomed to high power distance expectations may encounter resistance when asserting their authority over those from low power distance cultures. Conversely, managers from low power distance backgrounds may face clashes when applying egalitarian leadership practices with individuals from high power distance cultures. To overcome such challenges, managers in low power distance cultures should adopt resourceful democratic approaches, whereas those in high power distance cultures should adopt benevolent autocratic strategies.

3.5.2 Uncertainty avoidance. Uncertainty avoidance denotes the degree to which members of a culture tend to avoid taking risks. Societies with low uncertainty avoidance are more receptive to innovation and divergent viewpoints, whereas high uncertainty avoidance social cultures resist or even revolt against such concepts. Rules, regulations and control are better received in high uncertainty avoidance cultures. Organizations rooted in high uncertainty avoidance cultures tend to exhibit greater formalization and standardization, whereas those in low uncertainty avoidance are less inclined toward rules and resist formalization and standardization.

3.5.3 Individualism. Individualism involves the degree to which individuals in a culture are expected to act independently from the larger society. In individualistic cultures, independence and distinctiveness contribute to well-being. Interpersonal connections between members are loose, and self-reliance is encouraged. Here, task completion takes precedence over relationships. In contrast, collectivist culture views independence and distinctiveness as undesirable and alienating. Cohesive groups provide a sense of identity and belonging, requiring considerable loyalty in return. In these cultures, relationships take precedence over tasks.

These dimensions collectively shape the patterned development of a culture, influencing organizational outcomes. **Constructive cultures** foster employee motivation, job satisfaction, teamwork and high-quality customer service. **Passive-defensive cultures** do not yield the same results. **Aggressive-defensive cultures** may produce similar outcomes but often exhibit significantly high stress levels and poor work relations, along with diminished customer service quality (Cooke and Lafferty, 1987, 2000).

3.6 Organizational silence

The term "**organizational silence**" was first introduced by Morrison and Milliken, who defined it as the active and conscious act of withholding ideas that could improve an organization due to the fear of isolation or a sense of desensitization towards the organization. The "spiral of silence" theory by Noelle-Neumann (1974) suggests that employees who feel insecure about their ideas and lack support from co-workers are less likely to voice their opinions. They tend to conform to the dominant opinion, resulting in the suppression of minority viewpoints. This effect perpetuates and multiplies, leading employees to refrain from speaking up or even attempting to express opinions over critical matters (Begum Yalcin and Ulku Baykal, 2019).

As healthcare professionals collaborate for the well-being of patients, organizational silence can impact patient care. Evidence indicates that the hierarchal nature of healthcare contributes to workplace silence. Only around 10% of healthcare professionals raise their concerns about critical issues related to patient care. To prevent organizational silence and foster a better working environment for healthcare professionals, it is important to identify trends in organizational silence and strive to establish a comfortable conversational environment for every healthcare worker involved in patient care provision.

If left unaddressed, organizational silence can give rise to major problems in healthcare service delivery. Communication failures could lead to errors that can jeopardize patient safety or result in workplace issues like burnout and increase employee turnover (Begum Yalcin and Ulku Baykal, 2019).

3.7 Changing culture

Increasing attention is being given to creating environments that promote collegiality and effective communication among healthcare providers, as the absence of such factors is a root cause of healthcare errors and their recurrence. To achieve higher levels of safety, providers need to embrace a "position that values equivalence among their ranks". Recognizing the roles and contributions of all team members and treating each individual with respect will significantly improve patient safety (Wolf, 2005).

Among the seven crucial conversations studied, three pertain to incompetence, poor teamwork and disrespect. Disrespectful and abusive behavior has been linked to the intention to quit jobs. Barriers to direct communication include a lack of knowledge, a "not my job" attitude, fear of retaliation and low confidence (Wolf, 2005).

3.8 Values, ethical environment and units of excellence

An **ethical environment** can be defined as employees' perception of their work in terms of how the workplace environment influences their ability to advance what they and others ought to do in particular situations within their organizations. It implies the ability to engage in conversations about ethical concerns, ethical attention to policies and procedures, discussions on ethics related to patient care and an overall perception of an ethical culture. An ethical environment model should enable the management of disagreements, work effectiveness and work-related opinions (McDaniel, 2006).

The ability to manage disagreements and overall perception of work effectiveness are commonly reported among units of excellence. These "**units of excellence**" exhibit greater productivity or work effectiveness, a crucial factor for the effective delivery of healthcare services. An ethical environment facilitates the development of high-quality units, leading to increased productivity and reduced attrition rates (McDaniel, 2006).

Organizational culture influences, such as excellence in care delivery, ethical values, value-for-money, commitment to quality and strategic thinking, have been identified as key determinants of quality care delivery.

Values encompass the "explicit and implicit elements of the care culture that serve to determine the individual's action system", with a focus on the ethical dimensions of multidisciplinary healthcare delivery.These ethical dimensions include concepts such as accountability, responsibility, trust and professional standards of care (Carney, 2011).

Common values, beliefs, meanings, concepts, principles and informal rules foster individual initiative and self-discipline, promoting disciplined thinking and action without relying on external controls. This enhances the organization's commitment, motivation and activation of its potential, representing one of the most fundamental elements of its identity or image (Koulouris, 2019).

4. Organizational–social structure relations in healthcare systems

Current healthcare financial incentives allow deviations from healthcare institutions' function as a service organization with patients as the prime beneficiaries. "The basic ethical obligations of all providers are similar because all are engaged in the special activity of caring for patients" (Heater, 1996). All healthcare "providers are ethically obligated to put the good of the patient first. The good of the patient is the most fundamental norm of the physician-patient

relationship. Physicians cannot interpose other priorities, such as research goals, their personal self-interests, or institutional goals if these conflict with the good of the patient" (Heater, 1996).

4.1 Understanding organizational social structure

Weber's theory of "ideal" bureaucracy (Weber, 1946, 1947) provides important characteristics of organizational social structure which include

(1) Fixed division of labor.

(2) Clear and competent defined hierarchy of offices.

(3) A set of general rules for discipline and control governing the performance of offices.

(4) Candidate selection based on technical qualifications and appointments rather than election.

(5) Officials remunerated through fixed salaries.

(6) Promotion granted based on seniority or achievement, as evaluated by superiors.

Integrating services often faces coordination challenges, requiring trained professionals with appropriate mandates. Integrating services becomes a moral learning process that involve show people with vested interests in the matter at hand interactively allocate, reinterpret and renegotiate responsibilities.

Responsibility should not be regarded solely as something assigned by "authority"; it should include the practice of "accepting, deflecting or negotiating specific assignments of responsibility". Professionals from different disciplines establish relations with different perceptions of their responsibilities. Such perceptions collectively shape the moral ecology of the organization, representing a vigorous process among participants in integrated services. Through this process, they implicitly co-createvalues, roles and relationships (Visse, 2011).

4.2 Core aspects of Weber's bureaucracy (Jo Hatch, 2018)

4.2.1 Division of labor. The division of labor refers to the distribution of organizational tasks among employees, each contributing to a segment of the whole output-generating process. It distributes responsibilities and assigns specific tasks. When executed properly, this division enhances organizational efficiency and effectiveness, resulting in desired outputs. The aggregation of tasks into jobs and jobs into organizational units produces departments and/or divisions, forming the foundation of organizational structures. This grouping of work into units is known as departmentalization. The need for administrators or managers to oversee this system leads to the establishment of a hierarchy of authority.

4.2.2 The hierarchy of authority. Within healthcare organizations, physician leadership plays a critical role in developing strategies and designing processes that standardize care with evidence-based quality metrics, enhancing service quality, patient satisfaction, reliability and ultimately overall outcomes. The benefits of such a leadership structure include prioritizing safety and outcomes, comprehending physicians' motivating factors, and focusing on enhancing the patient experience (Berdan, 2016).

Physicians often face the challenge of limited authority. **Authority** is defined here as the positional right to direct the activities of others. Physicians can influence peers without being in authority. Nurturing leadership skills among key physicians enables them to lead effectively, regardless of hierarchal or authority matrices (Berdan, 2016).

The allocation of authority in an organization produces hierarchy. This organizational hierarchy defines formal reporting channels, outlining vertical communication channels – downward (for directing subordinates) and upward (for reporting to management). Dual

reporting relationships and lateral connections can integrate an organization's diverse parallel activities, promoting flexibility in responding to environmental pressures.

4.3 Levels within organizational structures

The formal nature of tasks, the emphasis placed on task performance and relationship building, time allocation and goal orientation serve as differentiating measures that segregate departments within organizations. Stability brings in formalization, while hierarchy prompts frequent performance evaluations. Task uncertainty introduces relationship orientation, and short-term orientations facilitate swift feedback. Thus, a relationship exists between environmental stability and social structure (Lawrence and Lorsch, 1967a, b).

4.4 Burnout and engagement

Having discussed potential system failure, a particular problem, especially prevalent in healthcare systems, is burnout that needs to be addressed. **Burnout**, a specific type of job stress stemming from prolonged responses to chronic interpersonal stressors at work, might be described as a state of fatigue and frustration. Burnout is characterized by emotional exhaustion, depersonalization and reduced professional efficacy (Setti, 2011).

High levels of stress affecting healthcare workers might result from various aspects, including extended work hours, inadequate social support, lack of control over tasks, unclear management, demanding quality service standards, continuous pursuit of technological advancement and staff shortages. Burnout primarily emerges due to a misalignment between personal and professional values. When healthcare workers fail to find meaning in their work, burnout might result, posing risks to both physical and psychological health. Symptoms can include headaches, gastrointestinal issues, sleep disturbances and depression. This syndrome can also have broader effects on organizations, such as financial loss through high sickness rates, absenteeism, intention to leave the job and turnover (Setti, 2011).

Engagement is a positive, fulfilling and work-related state of mind that is characterized by vigor, dedication and absorption. Predictors of engagement within the organization include workload, control, reward, community, fairness and values.

Effective differentiation and integration enable the efficient distribution of workload. Individuals performing tasks with sustainable workloads, whether quantitative or qualitative, work with enhanced focus and effectiveness in completing the assigned tasks. The freedom to make decisions and exercise control over daily tasks positively influences professional efficacy. The appreciation of one's work further boosts professional efficacy and involvement (Setti, 2011).

At this point, a healthcare organization can be compared to a **democracy**. The organization's role within its community (**for the people**) represents its **environmental** dimension. The organization's operations (**by the people**) represent its **culture**. The organization's working arrangement (**of the people**) represents its **social structure**. This perspective suggests that collaboration needs not to be burdensome; it often requires awareness and acknowledgment. Conflicts arise when diverse subcultures, misunderstood environments or rigid social structures hinder strategies and plans designed without a prior understanding of the stated dimensions. Knowledge enhances the means of adaptability and encourages acceptance when working together to enhance healthcare practices, systems and ultimately patient well-being. This approach also fosters respect, dedication and appreciation, ultimately contributing to the sustainable democracy of healthcare organizations.

5. Conclusion

The journey to understand an organization starts with understanding its impact on the environment. This entails familiarizing stakeholders and authorities to grasp the

organization's operational scope, encompassing aspects such as funding, governance and principles guiding the administration. Each healthcare organization is designed to leverage the needs of a specific population, and when it expands internationally, it must acknowledge the demographic change it encounters.

Within the evolving healthcare landscape, the consciousness of the workforce plays an important role in upholding service quality standards, thereby cultivating a reputation that endures over time. This reputation becomes the organization's enduring identity understanding how the environment influences the organization's behavior and adaptability helps in gauging the flexibility in driving innovation and collaboration potential. Establishing networks with clinics and medical centers may improve the visibility of a healthcare organization and amplify its workload compared to functioning as a stand-alone entity. Such networks are contingent upon the requirements of the community, following the pattern of "right disease–right treatment– right outcome".

An organization's culture represents its willingness to participate in collaborations. The emergence of subcultures and potential culture clashes is inevitable within any organization, possibly leading to burnout and disruption in mergers, networks and collaborations. Selecting suitable individuals for roles allows for cohesive control, pattern formation and enhanced efficiency. Evaluating adaptability, flexibility, independence and risk-taking behavior enables an exploration of the extent to which such collaborations can be pursued and exploited. Understanding local beliefs, community mindsets and responses to adverse outcomes may guide in defining the boundaries of service provision.

Meanwhile, effective communication must be fostered, and organizational silence addressed. Integrating various aspects of work while retaining responsibility in duty demands extensive communication, especially in adaptive organizations functioning within unstable environments. Such practices promote an ethical environment and contribute to the establishment of "units of excellence", fostering quality, productivity, skill development and staff retention.

The organization's social structure is characterized by its hierarchy. Integrating different service components in healthcare organizations might create a maze of channels that can be perplexing for collaborators. Designating specific points of contact facilitates "entry into the system" and also encourages decentralization, a cornerstone of collaboration. The absence of this identification can lead to a lack of engagement, potentially stemming from burnout. This, in turn, can disrupt collaboration and even adversely affect the well-being of those involved.

Healthcare systems often face criticism from both providers and recipients in several circumstances. The pandemic is a prime example of when the healthcare system faced repeated challenges, and its efforts were deemed inadequate. The healthcare system cannot be shunned or avoided. The system is an essential construct, created and facilitated by individuals like us and designed to assist people like us! Factors such as demography, ethnicity, economic strength, socio-cultural values and more influence governance, infrastructure, workforce, skill and accessibility. The organizational theory offers a multifaceted tool to initiate assessments with the intent of enhancing the existing system and tailoring it to cater to all aspects within the focal ecosystem. This shifts the dynamics of criticism and provides an opportunity to confront unforeseen healthcare challenges that lie ahead, ensuring sustainability in the face of an uncertain time.

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