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Challenges for inter-departmental cooperation in hospitals: Results from cross-case analysis



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Inter-departmental cooperation;
Cross-case analysis;
Case study;
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Abstract

Background: Increased economic pressure and rising quality expectations force hospitals to use their resources more efficiently than ever. Therefore, hospitals specialise to generate quality advantages and link up with other hospitals to generate economies of scale. In this light of increasing organisational complexity of growing hospitals, successful inter-departmental cooperation is discussed as an important lever for mitigation of these growing challenges.

Purpose: A core requirement for successful inter-departmental cooperation is the sufficient knowledge about potential barriers and challenges in such complex organisations. Unfortunately, existing literature does not address this question in a structured way. Therefore, the aim of this study is to provide a list of challenges that can occur in a hospital environment and to suggest initiatives to overcome or reduce these challenges.

Method: The author follows a case study approach based on the data from scaled- and open interviews with members of different professional groups in two hospitals. To generate a holistic picture, the phenomenon is studied from a strategic-, process- and technological perspective. Furthermore cases are compared in a cross-case analysis to improve generalisability.

Results: Challenges identified from the three different perspectives are presented and compared in the cross-case comparison. Furthermore, potential initiatives to overcome the identified challenges are presented.

Conclusion: The study reveals that several challenges on organisational and technological level hinder inter-departmental cooperation. Among these are distrust in the medical service quality, lack of skills of employees as well insufficient data integration and media breaks.

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Introduction

In recent years health systems all over the world are facing considerable pressure to reduce costs while having to

sustain and improve the quality of health service delivery. There are several side-effects, which complicate the fulfillment of this mission. Among these are an increased number of chronic diseases and multi-morbidities associated with demographic change, the lack of qualified health workers, and higher demands of patients, local administrators and health insurers [1,2]. Therefore, such initiatives as change

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from a time-based to a fixed price remunerations system should increase competition among healthcare institutions and help to sustain the quality and costs of care [3]. In this light, hospitals - the biggest cost drivers [4,5] - are forced to improve the efficiency of care processes by intensifying their efforts toward specialisation, and cooperation (e.g. within integrated care networks) [6]. Similar to movements in the manufacturing industry in the mid-80s [7], hospitals aim to change from a historically grown function-oriented to a process-oriented and more patient-focused organisation of their main treatment processes [8-10]. Critical requirement for such a paradigm shift is the smooth cooperation between different functional units and/or departments within hospitals [9,11,12]. Therefore, profound knowledge about potential barriers and critical process interfaces for flawless cooperation is important to avoid redundancies and to design and guide efficient care processes. Furthermore, it is expected that a broader adoption of information technology (IT) can improve interoperability, reduce the risk of redundancies at departmental interfaces and facilitate cooperation between different stakeholders participating in the care process [13-16]. This applies to the cooperation between various medical departments as well as between different professional groups, such as physicians, nurses and hospital managers [17]. However, evidence exists that implementing IT for medical use without further knowledge of the underlying challenges of cooperation from a holistic perspective will not necessarily generate the expected benefits [18]. This is also reflected in the current debate on “meaningful use” of supporting technologies in healthcare [19-21]. For a successful transformation of hospitals to more efficient organisations, it is crucial to know the critical pitfalls for intra-departmental cooperation on a strategic, organisational and technological level [17]. Therefore, it is important to identify challenges that prevent smooth inter-departmental cooperation and to derive clear guidelines that help practitioners avoiding them. The interest of this paper can be summarised in the following two research questions:

What are the current challenges for inter-departmental cooperation within hospitals from a holistic organisational perspective?

What are the potential organisational and technological levers to address these challenges?

These questions are answered by illustrating the challenges identified during an empirical comparative study of an urban and a rural hospital. Firstly, a brief delineation of the important underlying concepts is presented in the next section. Then, in the [Method](#) section we describe why and how we used the case study methodology, including aspects such as cases selection, interview participants' recruitment and data analysis. Finally, in the [Result](#) section we describe the findings. We conclude with a discussion of the major findings and suggest questions for future research.

Background

Before the analysis and discussion of the data generated in two hospital cases, we introduce and explain several concepts and conceptual foundations relevant for cooperation discourse.

Cooperation in healthcare

From a classical management perspective the notion of “cooperation” describes the collaboration between two or more legally independent companies or entities with the aim to either increase efficiency or to create new products or services [22]. With increasing economic pressure different concepts of cooperation also find their way into health care. Among these are integrated care networks (to increase medical service portfolio), cooperation to jointly buy medical materials (to increase bargaining power) or cooperation between hospitals to increase the number of patients and to benefit from treatment synergies [23,24]. As a consequence of such consolidating initiatives, hospitals grow significantly [12]. This creates certain challenges for inter-departmental cooperation between and within different hospitals. Due to these changes, hospitals are forced to improve certain processes: for example, by optimising and unifying certain treatment procedures to guarantee high quality and also reduce costs. As a consequence, different medical departments (e.g. surgery, orthopaedics, etc.) specialise their treatment portfolio and procedures. This, in turn, is expected to increase operation times and reduce medical risk [25]. However, the downside of specialisation can be an increased isolation of different departments, and, thus, an increased need for process reintegration [12]. Therefore, to take advantage of specialisation and to provide holistic care at the same time, individual functional units (departments) have to be linked up smoothly with other departments [1]. Furthermore, given the complex inter-professional context of bigger hospitals, not only different departments, but also different professional groups should be able to cooperate smoothly [26]. To facilitate integrated care, cooperation between different departments must be improved and redundancies should be limited [27]. Therefore, the basis for gaining competitive advantage is the ability to identify challenges for inter-departmental cooperation.

There are numerous publications on the subject of cooperation in the hospital environment. A literature search via Web of Science identified 1200 articles related to the subjects of cooperation and hospital in a broader sense. Some publications address topics such as patient well-being from a psychological or medical perspective [28,29]. Others focus on challenges associated with hospital mergers [30,31], management challenges from an economical perspective [32,33] or technological innovation diffusion in hospitals [26,34]. Finally, several researchers suggest models for improvement of single aspects for process orientation [1], elaborate on the role of leaders [35] and provide an overview about organisation-wide process orientation of care [12]. However, although each of these contributions is very valuable in itself, they cannot answer the questions of our study. To identify challenges in such a multi-level and multi-professional environment, we need to develop a conceptual model that allows examining the phenomenon of cooperation from several perspectives.

A contingency based view on cooperation

Building upon our discussion and the evidence from literature, “cooperation” can be understood as a multifaceted

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