Chapter 3

Conflicts of Network Embeddedness in Healthcare Organizations

Márton Vilmányi
University of Szeged, Hungary

Hetesi Erzsébet
University of Szeged, Hungary

Margit Tarjányi
University of Szeged, Hungary

ABSTRACT

This chapter examined the organizations of a university dealing with healthcare and clinical activities operating in an extremely complex network connection. In the framework of qualitative research, with the help of a series of interviews, the authors researched in which networks the university's healthcare organization and organizational units participate, and how participation in these networks influences the value creation implemented in each field. By what means can the organization handle the contradictions and conflicts that arise along the inter-organizational relations embedded in the networks. Interviews were conducted with institution leaders, business leaders, and care workers. Based on the research results, network complexity results in three types of conflicts in healthcare institutions: conflicts related to organizational management, conflicts arising in organizational processes, and personal conflicts.

INTRODUCTION

According to the representatives of embeddedness, economic processes are linked to specific social and institutional conditions. For organizations in complex network relationships, the various aspects of social integration pose challenges in which the correct interpretation of decisions, activities and processes creates uncertainties and the resulting sources of error result in conflicts.

In the study, the researchers examine how certain aspects of embeddedness affect conflicts during operation and what patterns can be identified in a special field of organizations operating in complex network relationships, in relation to health and clinical units with university backgrounds.

In the first part of the study, we briefly review the literature background of embeddedness, then conduct qualitative (in-depth) research and present the researchers' results.

THE THEORETICAL BACKGROUND OF THE TOPIC

Health Care as a Complex Network

Organizations are embedded in extremely heterogeneous networks. These networks provide resources, opportunities, and inter-organizational ties (through which resources and opportunities become available); in addition, they provide a position that makes it possible to exploit resources and opportunities (Uzzi, 1996). The extent and multiplexity of inter-organizational relationships determine the value creation, identity, and performance of organizations (Shipilov et al., 2014). This phenomenon is not only observed in business organizations, but also in such non-business areas with complex networks as healthcare (Provan & Sebastian, 1998).

Berry et al. (2004) distinguishes four types of networks in the public sector. Social networks, which describe interpersonal relationships, policy networks which focus on forming and shaping public policies, public management networks which include actors involved in the micro-implementation of a given service and their relationships. Finally, governance networks, which are aimed at coordinating the activities of actors involved in public services. The types and forms of each network are well captured, but their objectives and rules are different. An actor is not only a member of one type of network, but, where appropriate, it is a member of all the networks, which means that this actor in its operation forces the conflicting and parallel management of different logics and rules.

Healthcare-operated markets in themselves constitute a connectivity market, where the functions of the institutions require a multifaceted use of individual units

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