

Organizational transformation dynamics in hospitals, Crisis lessons

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March 26, 2024

Abstract

Organizational transformation is a multifaceted process that involves altering an organization's structure, culture, processes, systems, and strategies to better adapt to internal and external changes. This transformative process is characterized by interprofessional interactions that aim to foster collective dynamics. The likelihood of organizational transformation failure is considerable, especially in pluralistic organizations. Our study's research question centered on the interactional mechanisms that come into play in the dynamics of organizational transformations within hospitals during a health crisis, treating the crisis as a valuable learning opportunity. Following a six-month period of observation, 28 semi-structured interviews were conducted between September 2021 and December 2022 with various professionals from different hierarchical levels and professional categories in two French hospitals. The research emphasizes the mechanisms that facilitate the development of a social structure and social systems in pluralistic organizations and govern individual and collective actions that regulate the process of organizational transformation.

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Acknowledgments Ethic statement - Not applicable **Conflict of interest statement** There are no conflicts of interest for specific or individual authors.

Abstract

Organizational transformation is a multifaceted process that involves altering an organization's structure, culture, processes, systems, and strategies to better adapt to internal and external changes. This transformative process is characterized by interprofessional interactions that aim to foster collective dynamics. The likelihood of organizational transformation failure is considerable, especially in pluralistic organizations. Our study's research question centered on the interactional mechanisms that come into play in the dynamics of organizational transformations within hospitals during a health crisis, treating the crisis as a valuable learning opportunity. Following a six-month period of observation, 28 semi-structured interviews were conducted between September 2021 and December 2022 with various professionals from different hierarchical levels and professional categories in two French hospitals. The research emphasizes the mechanisms that facilitate the development of a social structure and social systems in pluralistic organizations and govern individual and collective actions that regulate the process of organizational transformation.

Keywords

Highlights

- The process of organizational transformation is forcing an upheaval in the hospital's social systems, based on delegation of power and professional autonomy.
- The process of organizational transformation within pluralistic organizations requires a modification of rule definitions based on the combined expertise of professionals.
- The delegation of power to middle managers, backed by their organizational expertise and knowledge of the field, facilitates the implementation of transformation.

Introduction

Since the 1990s, French hospitals have undergone extensive reforms aimed at addressing financial concerns, enhancing coordination among professionals, and improving the quality of care¹. However, the restructuring process has been challenging due to the unique structural and cultural characteristics of hospitals, which comprise various types of professionals and compartmentalized activities². The social aspect is a crucial component of the organizational transformation process³. Recently, the French National Audit Office reported that the reforms aimed at modernizing and transforming the healthcare system have struggled to overcome the compartmentalization of organizations, particularly between sectors of activity and the prerogatives of each profession. Moreover, during the recent health crisis, the obstacles to intra- and inter-organizational collaboration and transformation were removed in favor of adapting the organization and operating methods of the hospital^{4,5,6}. It appears that hospital strategies have been developed in the field rather than in regulatory institutions through ongoing interactions between professionals and the environment⁷.

Given these circumstances, it is essential to draw lessons from the recent health crisis and view it as an opportunity for organizational learning⁸. Therefore, the primary focus of our research is to examine the internal and external interactional mechanisms involved in the dynamics of organizational transformations within hospitals. Our central research question is: What are the internal and external interactional mechanisms involved in the dynamics of organizational transformations in hospitals?

In this article, we commence by delving into the theoretical underpinnings of our research, centering on the notion of organizational transformation through the lens of structuration theory. Subsequently, the research methodology is explicated in the second section, followed by an exposition of the findings in the third section. Lastly, we conclude with a critical reflection on the implications, limitations, and future avenues for this study.

Background

The theoretical framework of this research is grounded in the concept of organizational transformation in the context of a hospital. This framework employs a sociological perspective that utilizes structuration theory as its guiding lens.

2.1. Organizational transformations as a processual and contextual phenomenon

The need for organizational transformation has been widely recognized due to the various aspects, approaches, and theories highlighted in extensive research^{9,10,11,12,13}. This process involves significant changes in an organization's structure, culture, processes, systems, and strategies to adapt to internal and external changes and enhance long-term performance⁹. Researchers have explored organizational transformation from various angles, such as the process of transformation¹⁴ and the environmental factors that moti-

vate them¹⁵. These different perspectives reveal the complexity of the phenomenon and its interdependent themes, which include the initiative, the organizational context, the transformation process, and the results of transformation³.

The process of transformation can be viewed as an ongoing, natural change driven by professionals within the field and influenced by the structural characteristics of the organization¹⁶, or as a deliberate process initiated and managed by the organization¹⁷. The organizational context may refer to a structural rigidity that is a source of resistance to change^{18,12,19,20}. The context defines the need and urgency for transformation^{21,22}. Context and actions appear to be interdependent^{23,13,24}. The transformation process can be understood through several distinct streams of thought^{25,26}, which converge on the notion of periodization and succession of phases leading to transformation. For example, Lewin's²⁵ work outlines three phases (unfreeze, move, refreeze). Time is an integral part of the transformation process, and it is essential to consider the context and the sequencing of the phenomenon^{12,27,28}. Therefore, when examining the transformation process, it is crucial to consider the initiative, its sequencing, and interdependence with the context (figure 1).

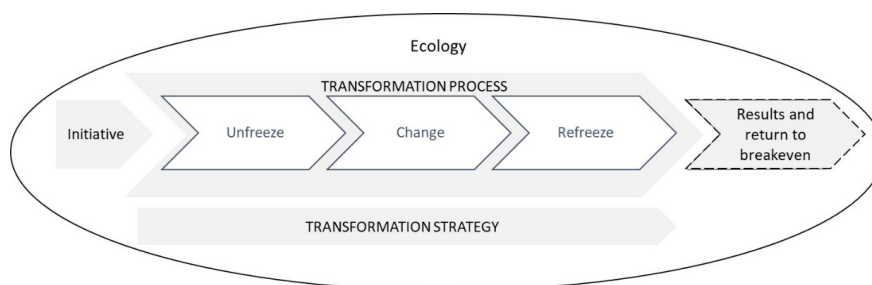


Figure 1. Organizational transformation: a complex process

Transformations can be seen as a means of adjusting the organization to fit its environment, and this is an aspect of the interdependent relationship between context and individual and collective actions^{29,30}.

2.2. Organizational transformations as a social process

The interdependence between organizational structure and individual and collective actions and conditions is crucial for driving transformations in organizational contexts. Organizational structure encompasses the inter-professional interactions that foster knowledge sharing and contribute to stability³¹. These complex social phenomena involve the emergence of individual and collective dynamics by promoting collaboration in pursuit of organizational objectives that motivate transformation⁹.

Academic research has primarily focused on the disruption of interprofessional relations and, more specifically, power relations, from a social perspective^{24,27,30}. The process of organizational transformation can be complicated by the risk of failure that arises from challenging and disrupting an established configuration of power³². This social group perspective adds further intricacy to the transformation process in pluralistic organizations, as the irregular alignment of transformation with the divergent interests of professional groups can lead to instability³³.

2.3. Organizational transformations as a multi-level phenomenon

The structurationist approach, as outlined by Giddens³⁴, is a compelling method for comprehending organizational changes as a complex social occurrence involving individual and collective dynamics. This theory is grounded in three core principles: structure, the duality of structure based on the recursivity of action and structure, and the system³⁴. The structure refers to the rules (i.e., the system of domination), the meanings

ascribed to these rules, the actions and interactions (i.e., the system of signification), and the legitimation, which determine the recognition and application of the rules³⁵.

This theory provides a comprehensive platform for understanding how social structures and individual actions intersect and how individual actions can both perpetuate or alter social structures³⁴. The structuration theory highlights the interdependence between action and structure, as structure shapes individual and collective action by influencing the relationships between actors, which in turn contribute to the organization's structuring (as illustrated in figure 2).

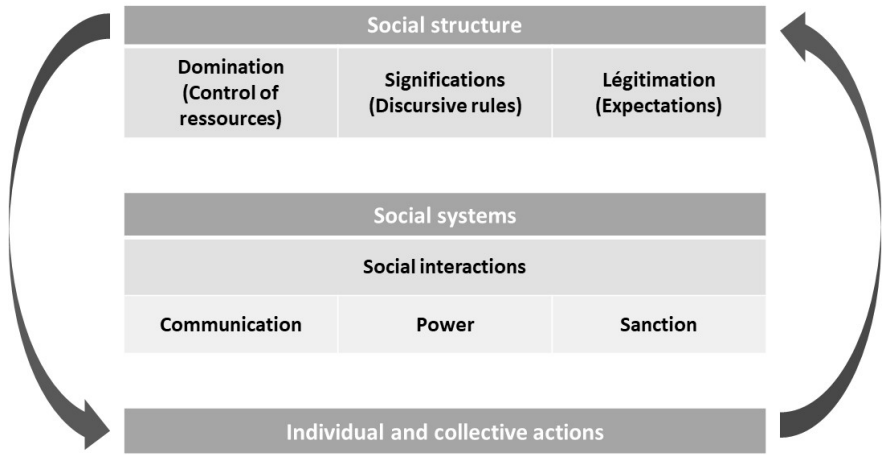


Figure 2. Structuration theory (adapted from Giddens³⁵)

The study of the organization of social systems involves examining the ways in which these systems, which are based on the activities of actors and exist within specific temporal and spatial contexts, are produced, and perpetuated through the interactions of these actors. Social systems, which are shaped by interprofessional interactions, behaviors, and discourses, are interrelated with the social structures that surround them. In turn, social structures are founded on human activities and routines. Structuration theory offers a means of understanding how social structures both enable and restrict human action, and how social order is not solely determined by external factors but is actively created and sustained by individuals^{35,36}.

The structurationist approach allows us to investigate the dynamic interactions between social and organizational structures, actors' actions, and transformation processes. It promotes macro-social reflection on organization by considering not only individual action, but also collective dynamics. The theory adopts a multi-level approach, encompassing actors, organizations, and environments, and recognizes the recursive nature of these levels. Furthermore, the structurationist approach enables us to appreciate the dynamic and processual nature of organizational transformations³⁷.

3. Methods

3.1. The context of research, a pluralistic context in crisis

The subject of organizational transformation within a hospital requires a thorough examination of its complex nature, which is influenced by the numerous professionals working there, the directives of the supervisory authorities, and the expectations of patients³⁸. The structural and cultural specificities of hospitals pose challenges to transformation initiatives. In France, recent legislative reforms aimed at modernizing and transforming the healthcare system have faced difficulties. However, due to the recent health crisis, obstacles to collaboration and transformation within and between organizations were eliminated to adapt hospital

organizations and operating methods^{5,6}. A crisis can be seen as a time of learning and can disrupt established ways of thinking³⁹.

Our research focuses on two French public university hospitals, with a capacity of over 1,500 beds and more than 8,000 professionals each. These hospitals provide care and treatment to patients suffering from the Sars-Cov-2 virus and operate under the supervision of the Regional Health Agency. They are financed by the French Health Insurance. The hospitals are typical pluralistic organizations⁴⁰. The field of study for this research is the intricate nature of organizational transformation within the hospital, influenced by the multitude of professionals working there, the directives of the supervisory authorities, and the expectations of the patients³⁸.

The objective of this study is to examine the process of organizational transformation and, more particularly, the mechanisms of interaction within pluralistic organizations. The context provided offers a suitable foundation for this exploration.

3.2. Data sources and analysis

Our research aimed to elucidate the interactional mechanisms that underpin the process of organizational transformation in hospitals, which has been propelled and imposed by the recent health crisis. Guided by the inquiry "What are the internal and external interactional mechanisms that are involved in the dynamics of organizational transformations in hospitals?", our investigation pursued a comprehensive and exploratory perspective⁴².

To collect data, we employed semi-structured interviews as our primary mode of data gathering, complemented by periods of observation and documentary analysis. Our data collection spanned an observation period from October 2020 to July 2021, followed by interviews with professionals involved in the care organization and management of Sars-Cov-2 patients from September 2021 to December 2022.

We developed our sample based on two criteria that considered both the vertical and horizontal divisions of labor: the professional category, which distinguishes between paramedics, medical professionals, and administrative professionals, and the hierarchical level, which differentiates between operational professionals, middle managers, and top management, including board members. A total of 28 interviews were conducted between September 2021 and December 2022 (refer to Table 1).

Table 1. Interviews conducted

Professional category	Hierarchical stratum	Persons interviewed	Duration of interview
Medical professional	Top management	Medical Director	54 mn
Medical professional	Middle management	Intensive care anesthetist	52 mn
		Head of Department	
Medical professional	Operational	Medical biologist	37 mn
Medical professional	Operational	Emergency physician	22 mn
Medical professional	Operational	Pharmacist	46 mn
Professional paramedics	Top management	Director of Care	36 mn
Professional paramedics	Top management	Director of Care	25 mn
Professional paramedics	Middle management	Head of Internal Medicine Department	45 mn
Professional paramedics	Middle management	Intensive care unit manager	42 mn

Professional category	Hierarchical stratum	Persons interviewed	Duration of interview
Professional paramedics	Middle management	Head of nosocomial infection prevention unit	48 mn
Professional paramedics	Middle management	Pneumology unit manager	43 mn
Professional paramedics	Middle management	Care Manager Medicine Department	58 mn
Professional paramedics	Middle management	Care Manager Medicine Department	37 mn
Professional paramedics	Operational	Nurse hygienist	49 mn
Professional paramedics	Operational	Nurse hygienist	39 mn
Professional paramedics	Operational	Nurse 1	53 mn
Professional paramedics	Operational	Nurse 2	47 mn
Administrative professional	Top management	Chief Financial Officer	28 mn
Administrative professional	Top management	Chief Financial Officer	87 mn
Administrative professional	Top management	Human Resources Director	43 mn
Administrative professional	Middle management	Occupational safety department manager	44 mn
Administrative professional	Middle management	Quality Manager	44 mn
Administrative professional	Middle management	Safety Manager	48 mn
Administrative professional	Middle management	Head of communications	44 mn
Administrative professional	Middle management	Head of Finance Department	36 mn
Administrative professional	Operational	Internal auditor	66 mn
Administrative professional	Operational	Process coordinator	55 mn
Administrative professional	Operational	Risk Manager	36 mn

The interview guide was crafted with the aim to discern the interactions between different professionals and hierarchical levels. The interviews were fully recorded and transcribed. To analyze the data gathered, we utilized Nvivo software. The transcripts were analyzed using thematic content analysis, a methodological approach that involves a set of tools to examine discourse⁴¹. To conduct this analysis, we employed an open coding approach that combined top-down coding from the theoretical framework and bottom-up coding from the field to address the process of data condensation while maintaining a comprehensive logic. This approach allowed us to establish certain categories of analysis in advance based on the literature, while others emerged during the coding process. The themes derived from the conceptual foundations of the research provided

reference points, while avoiding the circularity characteristic of qualitative research ⁴².

The second phase of the coding process involved linking the initial codes to identify the central recurring themes, a process commonly referred to as axial coding. This led to the formalization of categories in the third stage. Ultimately, the accumulation of these categories resulted in the emergence of overarching themes that brought together the key ideas in the data and provided a synthesized understanding of the mechanisms under study. The various coding stages facilitated the structuring of the collected data, promoting a progressive conceptualization (as illustrated in Figure 3).

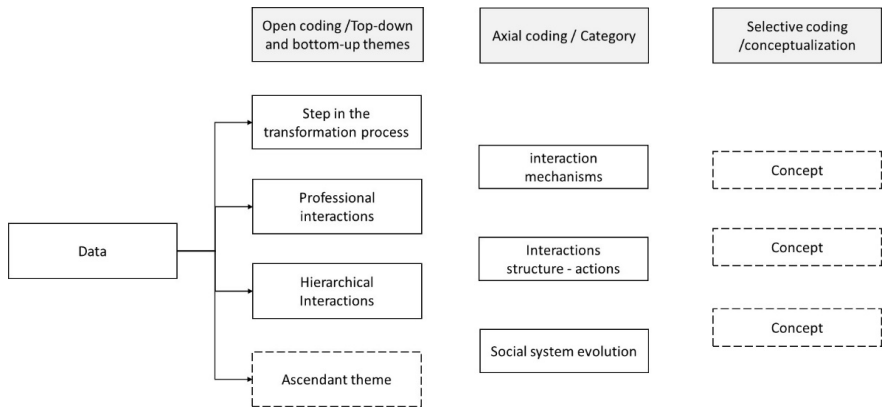


Figure 3. Data structuring

The subsequent section presents the findings, which are derived from the application of an investigative methodology.

4. Results

4.1. Presentation of the transformations studied

The study's central findings are based on three significant organizational modifications. The first of these modifications involves the reorganization of the intensive care unit, which has resulted in an increase in capacity and separate management of patients with and without the Sars-Cov-2 virus. The second transformation pertains to the reorganization of patient reception in the emergency department through the establishment of a screening platform. The last transformation involves the isolation of an infectious diseases department into a dedicated service called "Covid" for the care of infected patients. The department of infectious diseases was designated as the reception department for Covid patients.

4.2. Cross-level interactions, blurred inter-hierarchical boundaries

In the first case, the middle manager's regular communication with his Italian colleagues enabled him to anticipate the arrival of the virus in France and alert his superiors: *"I absolutely had to organize something about it, so I warned my management. They told me it was never going to happen, and a month later, there it was"* (head of intensive care unit). In the second case, the initiation of the transformation was prompted by the admission of patients exhibiting symptoms that were indicative of Covid-19, by operational professionals: *"There were patients arriving with severe coughs and hyperthermia, and we immediately had to adapt the flow so that they didn't come into contact with healthy patients"* (Nurse 2). In the third case, the department implemented strict regulations governing entry and exit, which ultimately limited the interaction between professionals working within the department. Throughout these times, professionals consistently

emphasized the importance of maintaining access to information and communication.: *"we always had the latest information, which was a great help, and enabled us to be very proactive"* (Head of nosocomial infection prevention unit); *"the crisis unit was quickly set up, and I was part of it with my partner, so it was reassuring too, because we had all the parties involved, the pharmacy, the biomedical unit, and we could really discuss things live, and communication was very good. The most important thing when you're managing critical events is to be able to talk to all the different positions, so that everyone hears the same thing"* (Director of Care). In terms of logistics, numerous alterations were encountered, particularly the establishment of parallel circuits for all individuals, goods, and materials arriving and departing the department.

The inter-hierarchical interactions identified in the various cases are shown in Table 2.

Table 2. Inter-hierachical interactions

Interactions	Cas 1	Cas 2	Cas 3
Operational professionals – Middle management	<p>- Effective interactions have been fostered between professionals and middle management in the relevant field. - In collaboration with operational professionals, middle management have formulated guidelines pertaining to flow organization and have assessed the necessary resources.: <i>"Top management gave us the green light"</i> (hygienist nurse). - Middle management implemented planning and control activities: <i>"We tried to organize activities on the basis of the protocols and flows we had decided on"</i> (head of intensive care unit).</p>	<p>- The middle management collaborates closely with operational experts to convey regulations. - Undoubtedly, extensive communication activities are undertaken. A multitude of communication avenues are employed, including regular briefings, conferences, and online platforms such as intranets and messaging applications. - Middle management personnel have been deployed to guarantee the implementation of protocols.</p>	<p>- The process of compartmentalization was carried out in collaboration with middle management, technical services, and hygienic nurses.: <i>"We defined the rules for dressing, undressing, cleaning, etc."</i> (hygienist nurse); <i>"We defined the circuit with the other managers"</i> (Care manager, Medicine Department).</p>

Interactions	Cas 1	Cas 2	Cas 3
Operational professionals – Top management	- Top management has allocated resources in response to the needs and demands expressed by professionals in the field.	- Senior executives were physically present in the operational site, and there was ongoing communication among different levels of the organizational hierarchy: <i>"for the first 6 weeks, I was out in the field all the time"</i> (Director of care); <i>"the medical solidarity, the caregiver solidarity, it was something extraordinary"</i> (Director of care). - Human Resources Direction has put in place training courses to effectively manage patients on non-invasive ventilation.: <i>"we put together a team with specific skills. Then we had to recruit, yes, a lot"</i> (Medical Director). - The top management swiftly stepped in to augment resources: <i>"We kept a close eye on resources, and closely monitored the absenteeism rate"</i> (Human Resources Director).	- The establishment of formal rules was entrusted to operational specialists by the highest echelons of management. - Physicians have elected to cease all planned activities prior to any decision being made by administrative authorities or the government, with the objective of allocating human and material resources towards the treatment of individuals afflicted with the Sars-Cov-2 virus. - The need for logistical management necessitated that logisticians assume a pivotal role in spearheading the process of transformation: <i>"we had a lot of freedom to reorganize the department's incoming and outgoing circuits"</i> (safety manager).

Interactions	Cas 1	Cas 2	Cas 3
Middle management – Top management	<p>- The relationship between middle managers and top management has been established. - Middle management became actively involved in crisis management prior to top management's involvement: <i>"So I didn't wait for meetings, or for people who had no idea what was really going on in the field to manage something"</i> (head of intensive care unit). - The anesthetist-intensive care physician, who is part of the crisis unit, routinely provides updates from their field assignments: <i>"We shared our information to justify our decisions, which nobody dared to discuss at the time"</i>. - Middle management informed top management of the necessary and desired transformations, ask for the necessary resources and materials to be made available, and worry about a definite shortage. Director of care then takes a more global view in terms of available resources and skills: <i>"We made sure that the professionals mobilized in the ICU had the skills to deal with an intubated patient"</i> (Director of Care); <i>"Before the ARS asked us to, we decided to suspend scheduled activities to concentrate our resources on Covid"</i> (Medical Director). - Resources were a decisive factor in managing the transformations: <i>"for PPE11Personal Protection Equipment , we took stock, checked with our suppliers and tried to find other suppliers"</i> (Administrative</p>	<p>- Top management define the new organization with middle management.</p>	<p>- Middle and top management meet on a regular basis to adapt the organization of the department, its capacity to receive patients, the resources allocated, etc. : <i>"something that has also been done in the past. We had daily briefings and debriefings with the head of care, meeting every day at 8:30 in the morning and then again in the evening. We took stock of everything that had happened the day before. What could we do about it, how could we improve the situation?"</i> (Care Manager, Medicine Department) - Top management coordinated with other hospitals in the area: <i>"So we should have an idea of the flows to size the number of beds that were needed, and also be able to dispatch them between hospitals. So I think it was a really important nation"</i> (internal auditor).</p>

Interactions	Cas 1	Cas 2	Cas 3
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4.3. Interpersonal interactions, overcoming interpersonal boundaries for combined expertise

In the first case, ongoing interactions take place between care managers and medical managers at the middle management level: *"We consulted each other every day, we thought things through together, we suggested things so that we could make decisions quickly. We combined our skills to come up with the best organization"* (head of intensive care unit); *"we talked a lot together, we asked each other what you thought, and above all we decided quickly"* (intensive care anesthetist); *"We had to review our organization quickly, we had to act fast and decide all together, we were all concerned"* (intensive care anesthetist).

In the second case, the middle-level managers from various professional categories promptly collaborated to devise a plan for implementing this dual flow. The safety manager played a crucial part in this process. The middle-level managers from different categories, including caregivers, medical staff, and logisticians, worked together to establish complementary rules. Once again, decisions were taken in the field: *"We did what had to be done, we set up the checking points. Management let us get on with it. We even changed our organization several times a day"* (safety manager); *"We acted very quickly, we didn't wait for directives or approvals, there was no time to lose"* (emergency doctor).

In the first two cases, the transformation process was initiated by professionals in the field who were faced with an influx of patients requiring specific care and management. Middle managers from various professional categories, including nursing, medical, administrative, and logistical, discussed the situation and collaborated to develop rules and resources for managing the transformation. These rules were based on a combination of professional expertise and knowledge of the virus, its mode of transmission, and therapeutic recommendations. As the transformation process progressed, the rules and resources were adapted to reflect the evolving situation and the actions taken by the professionals involved. Middle management is responsible for planning and control activities, and they employ various tactics to facilitate organizational transformation. By fostering transparency, trust, and effective leadership, middle management can effectively steer actions towards positive change. At times, middle management may seek information from external sources, such as their own network, to gain a better understanding of the situation and changes in the environment.

The third transformation involved the decision to establish a reception service for patients who do not require intensive care. This decision was made in consultation with political authorities and the heads of other hospitals, and management was responsible for determining the capacity and associated resources required. The rules and guidelines for the new service were collectively defined by middle management, who drew on the expertise of various categories within the organization.

4.4. Interaction mechanisms

The following statement describes the presence of various mechanisms that support inter-professional and inter-hierarchical interactions, which are interdependent and intricate in nature.

First, they were supported by an extensive communication: *"At every shift change, we had a briefing. It lasted 10 minutes. I explained what I knew and what I didn't know. And I filtered a lot, because there was too much information coming in"* (head of intensive care unit). The institutional establishment of crisis cells within the facility facilitated the provision of support for communication. These cells enabled paramedics to devise organizational solutions to address the challenges arising from the crisis. Discussions were held to address various aspects, such as health directives, the management of resources, both material and human, and the allocation of tasks within the facility.

The urgency of the situation on the ground has necessitated a change in the decision-making process. This transformation was initiated by middle managers in the field, who were granted autonomy by management

and entrusted with making decisions. The intensive care anesthetist declare that he had the impression of having freedom of decision: *"They had no idea what to do, they had no choice but to let us decide"* (intensive care anesthetist); *"we had contact with the general manager, he trusted me completely and told me to listen and take things in hand"* (intensive care anesthetist, head of department). Members of the top management team said they had placed their trust in the professionals in the field and in middle management: *"They knew better than we did what was going on, there were no longer any cost constraints, so we gave them the keys"* (Director of Care). Middle management was able to exercise judgment and utilize their expertise and understanding of the field, which was bolstered by the confidence placed in them by senior leadership. This empowered them to establish regulations and request the necessary personnel and resources to provide medical care to patients.

5. Discussion

The discussion aims to delve into the research's salient contributions, while simultaneously grappling with its constraints and potential future trajectories.

5.1. Research contributions

The research emphasizes the mechanisms that facilitate the development of a social structure and social systems in pluralistic organizations and govern individual and collective actions that regulate the process of organizational transformation.

These relationships, initially based on power, communication, and sanctions ³⁵, evolve and modify social systems.

The ongoing health crisis has significantly disrupted the traditional social order and power dynamics within pluralistic organizations^{38,40}. As the situation continues to evolve, middle management has seized power, which was originally delegated by top management who now admit they have limited control over the situation on the ground. This power grab is supported by several factors, including middle management's organizational and business expertise, as well as their knowledge of the reality on the ground. With this new-found power, middle management is able to define rules and strategies that address the challenges faced by professionals in the field. Inter-professional interactions between middle managers from different disciplines are strong, based on the expertise of each, which contributes to the development of a new organizational structure. This process requires recognizing and combining everyone's expertise. The interactional mechanisms associated with this structure rely on communication supported by top management, who establish spaces for multi-professional and inter-hierarchical exchange. The collective dynamic is facilitated by the creation of forums for exchange, such as crisis cells, and a shared perception, based on field data, of a situation calling for transformation. The synergy between individual actions and collective dynamics is essential for driving organizational transformations.

Middle management is the linchpin of social systems and the founder of social structure. They are both builders and catalysts of transformation. This capacity is based on inter-professional relationships founded on trust, and on a presence between professionals that provides access to information and to realities on the ground. Social systems are typically constructed through the coordinated efforts of middle managers and field professionals, who span a variety of professional disciplines. These individuals possess a deep understanding of the practical realities on the ground and possess the expertise necessary to devise effective organizational strategies for delivering care and related services. They are responsible for designing and continually refining procedures to ensure optimal functioning. This capacity is made possible by the confidence that top management has in these middle managers, who are regularly updated on the information and instructions communicated by supervisory authorities. The actions of individuals and groups have a recursive impact on the structure, with the return-to-equilibrium phase being temporary and giving way to increased agility. The external environment influences structural adjustment through both top-down and

bottom-up communication and access to information, leading to a mechanism of joint regulation between structure and activities. Procedures may emerge from field practices, but the allocation of resources and skills is determined within the structure. This implies an appropriate allocation of resources and skills, with the structure and activity interacting and intertwining to enable a high degree of agility.

However, this agility is supported by planning and control mechanisms based on trust and transparency between parties. Therefore, this research suggests that organizational transformations within pluralistic organizations should be understood as a processual, systemic, and multi-level (figure 4).

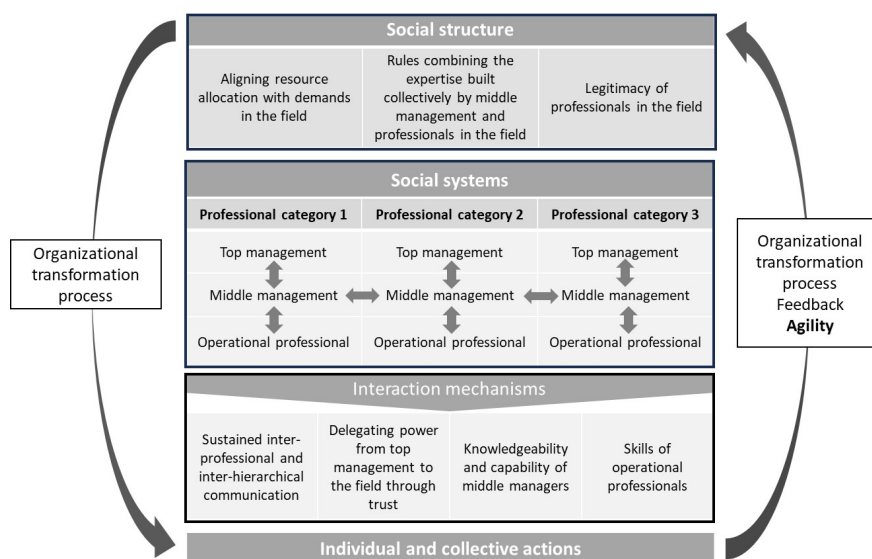


Figure 4. Organizational transformation: a dynamic multi-actor and cross-level process

In the process of organizational transformation, middle managers and professionals in the field are considered social actors with a high level of knowledge⁴³, which they have acquired through their practical experiences and real-life situations and have transformed into reflexivity. This knowledge, both tacit and explicit, is a source of knowledgeability and develops capability⁴³. According to Giddens⁴³, social actors activate and put knowledge into action in a form of reflexivity, which involves critical reflection on their own practices and actions. This practical knowledge, a source of skills, guides actions and is a source of power.

Organizational changes are influenced by inter-professional and inter-hierarchical interactions that shape the structure and actions of the organization. This complexity arises from three factors: the systemic and multi-level nature of the phenomenon, the social systems regulating hospital operations, and the processual character of the phenomenon. As such, organizational change must be approached as a systemic, social, and processual phenomenon, rather than a simple replacement of sanction systems with experimentation.

5.2. Limitations and prospects

The limitations of the research presented in this study are primarily related to methodology and may limit the generalizability of the findings. The study's unique nature and contextual and organizational specificities may render the results subject to interpretation. Therefore, replicating this study in different types of establishments with various statuses or geographical locations would be of interest. Additionally, while the organizational transformations described in this research were implemented to address a health emergency and met with minimal resistance, the transference of these mechanisms beyond the crisis context warrants further investigation.

Despite these limitations, this study has opened new avenues for research, particularly in the areas of strategic management of healthcare organizations and decision-making in uncertain environments, which align with current strategy as practice. The study demonstrates how power has shifted and been delegated in response to the need for a high level of responsiveness, transforming the hospital from a traditional professional bureaucracy to an adhocratic bureaucracy. Another promising area for investigation is the examination of transformation from the perspective of knowledge management and the mobilization of intra- and extra-organizational knowledge. Dhanaraj and Parkhe⁴⁴ argue that value and innovation will be minimal if the specialized knowledge of each network member remains largely confined within its organizational boundaries.

6. Conclusion

If hospital transformation projects often come up against obstacles linked to the plurality of professionals with sometimes divergent interests, the recent health crisis proved to be a timeless moment in time when, despite the dramatic consequences, healthcare organizations health organizations, thanks to the professionals who bring them to life, were able to adapt by transforming themselves. Against a backdrop of latent crisis within hospitals, it would seem appropriate to formalize the mechanisms put in place, with the aim of institutionalize them.

The frequently encountered obstacles in hospital transformation projects, which are often linked to the diversity of professional interests, were temporarily set aside during the recent health crisis. Despite the dire consequences, healthcare organizations were able to adapt and transform themselves thanks to the dedication of their staff. Given the latent crisis within hospitals, it is now essential to formalize the mechanisms put in place and institutionalize them.

This research, which utilizes the framework of structuration theory based on the duality of structure and the recursivity of action and structure³⁴, aims to explore the complexity of organizational transformation. It was conducted in two French hospitals that were at the forefront of the crisis, where transformation had become a necessity. The results indicate a significant shift in decision-making processes, with a logic of experimentation initiated by frontline professionals and regulated by middle management. This combination of medical, nursing, logistical, and administrative expertise was supported by top management, who provided the necessary resources. Although constant adjustments were made, the transformations initiated were successful and enabled the hospitals to effectively cope with a large influx of patients.

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