

## The U.S. Hospital Management from a Strategic Management Viewpoint

Rachel Kim

Alliant International University, San Diego, USA

### Abstract

Historically, competition has toughened the U.S. hospital industry, while hospitals and managers have created innovative health care and treatments for their survival. This paper reviews interdisciplinary studies of hospital management and percolates them into a strategic management perspective, so hospital management in practice can grasp a big picture to lead their hospitals. Additionally, the paper is anticipated to be a guide for management researchers to re-examine hospital management and health care industry. Reflecting on the prior achievement of strategic management unveils that so far hospital management studies have not integrated the progress of fragmented studies of hospitals. Thus, this study suggests that strategic management researchers can further take this research opportunity to better build theoretical and empirical research model of how to increase success likelihood of innovation in the health care industry.

**Keywords:** Hospital management; Innovative health care; Strategic management; U.S. hospital industry; Strategic cognition; Organizational capabilities

**Corresponding author:** Rachel Kim

✉ Dr.kim.rachel@gmail.com

Alliant International University, 10455 Pomerado Rd No 15, San Diego, CA 92131, USA.

**Tel:** +1 626-284-2777

**Citation:** Kim R. The U.S. Hospital Management from a Strategic Management Viewpoint. J Hosp Med Manage. 2016, 2:1.

**Received:** January 06, 2016; **Accepted:** January 13, 2016; **Published:** January 25, 2016

### Introduction

The U.S. health care industry has been rattled since The Affordable Care Act (ACA), also known as Obamacare, was activated. The ACA created many political complications and conflict of interests between federal and states government and the two main political parties [1]. Meanwhile, there were ongoing discussions of possible mergers and acquisitions among the top five health care insurers<sup>1</sup> in order to both develop efficient operating costs and to generate more than half of their revenues from the Medicare and Medicaid government programs. Regardless of ACA's success or not, the industrial tension is indicative of major upcoming changes. In this crucial timely juncture, a strategic management view point may offer suggestions for hospital managers to achieve strategic success, both now and in years to come.

This paper reviews strategic management literature and connects the validated management constructs with hospital management to help managers achieve their mission. As manifested in hospitals' mission statements, hospital organizations intend to prevent and cure disease and to serve patients with a high quality of care. In addition to assisting hospitals managers, this review might offer insightful management constructs for researchers to further investigate in the context of hospitals. This line of work remains understudied in the context of hospitals; although there are numerous studies regarding the sectional aspects of hospitals.

### Response to Regulatory Changes: Early Studies

There was high turbulence in the hospital industry in the 1980s as changes in reimbursement policies were changed and new technologies emerged. This resulted in changing consumer expectations and new sources of competition [2,3]. Around this time, U.S. health care public policy shifted from planning and regulation toward being pro-competitive [4]. In 1974, the Hill-Burton Act expired and federal legislation pursued cost reduction and health care quality improvements. In 1982 and 1983, federal and state governments launched regulatory actions. Essentially, Medicare Prospective Payment System (PPS) was a prospective reimbursement of hospital expenses for Medicare patients in 1983 and forced hospitals to contain operation costs and vigorously compete with other hospitals. Under the prospective reimbursement system, hospitals receive a set amount to treat a patient with a given diagnosis regardless of the actual costs. This change in policy has forced all hospitals to be more economically oriented.

These industrial challenges led scholars to investigate whether environmental changes have an impact on strategy changes, which offered the most veritable anatomy of hospital management and provided the most valuable contributions to future researches at the time [2,5-8]. Studies revealed that hospital management

is distinctive from other business settings [3]. After 1983, most hospitals became strategic, moving from less aggressive to more aggressive strategies. Meanwhile, some of the hospitals with less aggressive strategies had lower profitability in 1985 [5]. Research also showed that more hospitals became strategically aggressive from 1980 to 1985 compared with the increase of aggressiveness from 1976 to 1980 [2].

Researchers studied hospital strategies by comparing the actual diversification of hospital services, number of new such services initiated, and related measures, which indicated a high degree of validity [5,8]. Generally, most hospitals responded to industrial changes as expected [2,5,7]. The most illuminating top management study was the investigation of managerial cognition and strategic issue interpretation in a hospital setting [3,9]. By interpreting external environment conditions, top management's cognitive role was understood as relevant to strategy changes. This was based upon consistent patterns between the decision process and the strategic decision [10]. Thus, the pioneering research of hospital management at an industrial level seemed to reveal that hospitals tend to change strategies when their environment changes according to their sets of data. This result was what most organizational and management theorists anticipated. However, it is important to mention that financial performance was noticeably inconsistent with other variables in the studies, in that aggressive strategies did not have a positive impact on financial performance [2,5]

## Financial Performance and Strategic Performance

As an organization, per se, hospitals pursue effective care to best serve patients and efficient operation to meet financial measures. Needless to say, the pursuit of these two goals has been extremely challenging due to their inherent contradictions. Until 1996, most hospital top management was haunted by financial performance that did not reflect quality care. However in rural hospital settings, cost efficiency and financial performance were relevant [11,12], while financial performance was not linearly related to the degree of strategic aggressiveness [5].

With both practitioners and researchers struggling with financial performance limitations, Kaplan and Norton [13] suggested the use of a Balanced Scorecard; this would serve as an integral measure of both external and internal aspects of a hospital organization, such as customer service, innovation, learning, and financial performance. This eludes short term and long term objectives that lead organizations measurable and controllable as employees' daily operations can be linked to. Evaluating internal and external components of the organization offered a way to better understand a hospital's short and long-term objectives while also measuring aspects directly related to employees daily operations. Subsequently, the balanced score card provided a tool to analyze short-and long-term objectives, financial and non-financial measures, lagging and leading indicators, and external and internal performance perspectives and to operationalize particularly non-financial and strategic performance [13]. This integrated performance measure provides organizations and their leaders with long-term goals and short-term objectives

based upon the long-term goals. As Atkinson and Epstein [14] pointed out, performance measures must be complete, measurable, and controllable, otherwise employees may not see the linkage between their daily operations and long-term goal and performance measure. This is a crucial component of success as the short-term objectives serve as milestones toward the long-term strategic goals. Similarly, Shortell and colleagues [15] pointed out the value of hospitals' services became more significant than the profit versus expenses. Moreover, specific services were valued and rewarded by patients, which were viewed as hospitals' strategic capabilities [16]. Managerial focus on cost containment remained a constraint in the pursuit of inter-professional knowledge sharing and quality care [17]. It is clear that financial performance fails to measure and indicate quality care, specialized services, and hospitals strategic capabilities. Although the dominant criterion is still cost, quality of hospitals service is now considered a performance measure, which includes a hospital's nationwide reputation and specialized services

Currently, public and private efforts to report on hospital performance have mostly utilized process and outcome measures of quality (see Joint Commission: Accreditation, Health Care, Certification (JACHO), The Healthcare Effectiveness Data and Information Set (HEDIS). Outcome measures are predominant and include mortality, complication rates, costs, etc.; process measures include evidence-based care guidelines [18]. For instance, HEDIS indicators demonstrate (1) effective disease management, (2) access to preventive and follow-up care, and (3) medication compliance in treating depression [19]. Notably, HEDIS also includes preventative care measures: breast cancer screening high blood pressure control, use of a beta blocker after CVA, cholesterol management-LDL-C Screening, diabetes care-HbA1C tested, poorly controlled, diabetes care-eye exam, and diabetes care-kidney disease monitoring. Aiming for high levels of preventative care may become a measurement tool for future health care management. It is ideal to target preventive service as a norm in practice and to evaluate their strategic performance.

Finally, quality care and internal learning were considered as of performance measures in hospital management, which enabled managers and researchers to differentiate health care providers from companies in business settings. The most significant contribution management researchers have ever made in the hospital management field is the introduction of the balanced scorecard performance measures.

## Organizational Capabilities and Managerial Cognition

While managers and researchers of hospitals strived to develop multi-dimensional performance measures, strategic management researchers began defining companies as more than economic entities. For example, Ghoshal [20-22] and other scholars described companies as organic beings with unique cultures, competences, paths, and customer relationships [20-25]. Further, they recognized what differentiates top companies from others was distinctive organizational capabilities that enabled to surpass others even in turbulent environment. Mostly, scholarly theorists with a focus on 'dynamic capabilities'

[26] and on 'distinctive competitive advantages' from a resource-based view of organization [27] enlightened practitioners and academia to identify what made industrial leaders. These leaders are distinctive value creators whose customers are not going to replace with competitors.

While most empirical studies tested and established the 'dynamic capabilities' of organizations, other researchers noticed that managerial cognition was missing in the management studies [28-30]. Managerial cognition and organizational cognition were first identified in the late 1980s [31], and then in the 1990's managerial knowledge and cognition were examined in relation to decisions about technological innovation [32-34]. Research revealed a link between managerial cognition and organizational performance [35]; further, managerial cognition seemed to drive strategic decision-making [36] and strategic action [37]. This finally led to integrating and solidifying longitudinal studies on the relationship between an organization's managerial cognition and strategic behavior [38,39]. Current organization and management study findings show that managers and their managerial cognition are key factors in sensing opportunities and reconfiguring resources to sharpen organizational competitive advantages [40-42].

Current industrial turbulence may offer great opportunities for strategic managers to identify and to make managerial sense of, while allowing researchers to examine various organizational dynamics. Missing opportunities and failure might be related to bounded managerial cognition shared within the industry, a term Porac and his colleagues refer to as cognitive oligopolies [43-45] and similar to the industrial macro-cultures studied by Ahrhanson and Fombrun [46]. Their approaches need to be furthered by researchers in this turbulence. , as the prior researchers Friedman, Shortell, Ginn, Meyer, Brooks, Goes, Shortell, Zajac, [2,5,7,8] did. Just as prior researchers discovered new links and correlations between factors, future researchers will hopefully be able to better understand how and if, cognitive oligopolies are related to missed opportunities and failure."

As seen above, organization and management studies have tapped into establishing that managerial cognition and managerial behavior are antecedents of organizational behavior [46]. For example, [3] conducted surveys to elucidate the most tantalizing yet tentative relationships between managerial information seeking and issue interpretation, an essential part of what strategic management studies have long sought. Although their methodology is based upon written scenarios that allow managers to interpret, this may extend to building constructs related to strategic issue interpretation and information seeking behavior. Recent studies have showed reliable relationships between managers' strategic cognition, strategic behavior, and innovative products and services, though causality cannot be assured [47]. When managers were more in collaboration with external partners, there were more innovative products and services [47-49]. Though the industrial logic of the biotechnology industry is not the same as the hospital industry, it is still worthwhile to extend the interplay of managerial cognition to the hospital industry. Based on the findings from previous studies, hospitals have already begun connecting relevant factors with performance improvement. It is recommended for future

hospital management studies to also utilize the current progress and findings of strategic management studies.

Some hospital management study authors have already addressed managerial interplay and factored the influence of top managers in adopting innovative management practices [50,51]. However, it seems limited in terms of managerial cognition or strategic aggressiveness since the researchers used demographic characteristics of hospital directors from Veterans Health Administration (VHA). Essentially, the authors examined personnel files of VHA directors, including their age, organizational tenure, and prior Total Quality Management (TQM) exposure to build constructs for innovation management.

In addition to the influence of top managers, future researchers need to be mindful that hospitals are among the most complex types of hierarchical social organizations [52]. There is a need for further hospital studies to focus on middle managers' involvement, and how their involvement significantly impacts idea generation and internal networking as the element of strategy makings [53,54]. Previous research showed that middle managers influenced factors regarding strategic inertia or strategic renewal while interacting with top management [55,56]. In line with this view, there seems to be an insufficient number of empirical studies that link managerial behavior and hospitals' strategic behavior. Prior management studies have shown that managerial behavior in strategy-making challenges the bias of the dominant logic and develops new capabilities for a firm to enter new markets [57,58]. Moreover, managerial behavior was seen as deeply embedded in social relationships [58-60]. However, the theoretical definition of middle management remains somewhat ambiguous [61].

In furtherance of recommendation from management studies, it might be essential to view hospitals as knowledge-based organizations, in that medical care is readily available knowledge of best practice in the medical literature [62-64]. Principally, professionals are ranked by the depth of medical and health care knowledge and positioned by their decision capabilities and resultant responsibilities. Within hospitals, there are experiences of professionals working with patients, which need to be shared across their departments. In order to be innovative, it is necessary to collaborate and communicate inter-departments, beyond the boundary of functionality. Sharing the knowledge of experience has been noted as tacit knowledge by many authors, though not in hospital setting [65-68]. Specifically, some authors viewed organizational knowledge as embedded in organizations [25,69] organizational routines as shared norms, beliefs, and patterns of behavior [70,71]; and organizational procedural knowledge based on prior experiences [72]. On the other hand, other researchers noticed the importance of social relationships within an organization since it influences the level of shared cognition and actions of the organization [73]. This line of work still needs to be done in hospital setting.

For hospitals' strategic success, which serves as their main objective, they must seek innovative solutions to better cure diseases and serve patients in both effective and efficient ways. As scholars began defining companies beyond their economic being, it became sensible to connect managerial cognition

and strategic behavior. Damanpour and Evan [74] stated that innovation in health care helps hospital managers and health care practitioners better face regulatory and social changes and uncertainties by adopting new technology and having organizational flexibility. Moreover, innovation in the health care sector should assist health care professionals to function at their best, in terms of cost efficiency and quality care [75,76]. In practice, collaboration across hospital departments improves the efficiency, the effectiveness, and the quality of services [60,77], while poor management of resource allocation and professionals' different interests hinder innovation [52,77-79]. By definition, innovation is new knowledge creation [67,80,81], which stems from both explicit and implicit (tacit) knowledge sharing. In the process of innovation, knowledge sharing involves both divergent and convergent managerial cognition [82].

In regards to knowledge sharing within hospitals, studies have already established this construct and connected it with organizational performance. Knowledge sharing in hospitals improved quality of care in terms of hospital coding accuracy, which required network development and managerial leadership [83]. Empirical and case studies of knowledge sharing among inter-professionals at the intensive unit care showed promising results for better quality care [17,63]. A shared electronic medical record (EMR) improved communication and patient care, which doctors viewed as knowledge recreation [84,85]. While innovation diffused, network factors provided a relatively greater determinant of the diffusion process. In the case of Norwegian hospitals, a patient nutrition innovation program was successful with collaborations [79]. Additionally, a pilot study regarding the training and evaluation of residents showed patient care was improved with low complications, which leads to innovative medical procedure services [86]. Some managers have perceived that knowledge is a competitive advantage, to the various degrees which depended upon organizations and industries according to the study comparing the textile companies and hospitals [87,88].

In addition to studying the response to external factors,

researchers may need to go deeper to establish reliable constructs of managerial cognition, managerial behavior, and organizational behavior. As this paper has affirmed, hospital management and the health care industry has come a long way from struggling to meet social responsibility and regulation-forced financial performance to now being recognized as knowledge sharing and value creating organizations. Nonetheless, there is still a need to examine the relational constructs of hospitals in comparison with the various performances aforementioned. Hospitals view themselves as the knowledge creators of innovative care and treatment and their health care professionals as knowledge sharers and creators providing the innovative care and treatment. In the United States, health care reform offers great opportunities for researchers to study the impact of managerial cognition in response to regulatory changes; which is right time to do so. [11,12], while financial performance was not linearly related to the degree of strategic aggressiveness [5].

## Conclusion

This review of hospital management and health industry literature has assuredly revealed great opportunities for strategic management researchers to investigate how hospital managers see the aforementioned challenges and how they respond to them, both within their own hospitals and with other hospitals, to provide innovative patient care and treatment.

In this crucial time of industrial turbulence, managers should embrace the new era as a potential gain for innovative health care providers. First, it seems relevant for the managers of hospitals to view internal professionals as knowledge providers and create knowledge-sharing networks within their own organizations and with other organizations. Second, as the paper has discussed, there have been promising results to support the relationship between managerial cognition and organizational behavior. Additional research may further empirically establish the relationship between managerial cognition, managerial behavior, organizational behavior, and strategic performance.

## References

- 1 Jones DK, Bradley KW, Oberlander J (2014) Pascal's Wager: health insurance exchanges, Obamacare, and the Republican dilemma. *Journal of Health Politics, Policy and Law* 39: 97-137.
- 2 Ginn GO (1990) Strategic change in hospitals: an examination of the response of the acute care hospital to the turbulent environment of the 1980s. *Health Services Research* 25: 565.
- 3 Thomas JB, McDaniel RR (1990) Interpreting strategic issues: Effects of strategy and the information-processing structure of top management teams. *Academy of Management journal* 33: 286-306.
- 4 Benjamin AE, Lee PR (1988) Public policy, federalism, and AIDS. *Death studies* 12: 573-595.
- 5 Friedman B, Shortell S (1988) The financial performance of selected investor-owned and not-for-profit system hospitals before and after Medicare prospective payment. *Health Services Research* 23: 237.
- 6 Bigelow B, Mahon JF (1989) Strategic behavior of hospitals: A framework for analysis. *Medical Care Research and Review* 46: 295-311.
- 7 Meyer AD, Brooks GR, Goes JB (1990) Environmental jolts and industry revolutions: Organizational responses to discontinuous change. *Strategic Management Journal* 11: 93-110.
- 8 Shortell SM, Zajac EJ (1990) Perceptual and archival measures of Miles and Snow's strategic types: A comprehensive assessment of reliability and validity. *Academy of management Journal* 33: 817-832.
- 9 Thomas JB, Clark SM, Gioia DA (1993) Strategic sense making and organizational performance: Linkages among scanning, interpretation, action, and outcomes. *Academy of Management journal* 36: 239-270.
- 10 Fredrickson JW (1986) The strategic decision process and organizational structure. *Academy of management review* 11: 280-297.
- 11 Cleverley WO, Harvey RK (1990) Profitability: comparing hospital results with other industries. *Healthcare Financial Management: Journal of the Healthcare Financial Management Association* 44: 42-44.
- 12 Cleverley WO, Harvey RK (1992) Competitive strategy for successful hospital management. *Journal of Healthcare Management* 37: 53.
- 13 Kaplan RS, Norton DP (1996) *The balanced score card: translating strategy into action*. Harvard Business Press.
- 14 Atkinson A, Epstein M (2000) Measure for measure. *CMA Magazine* 74: 22-28.
- 15 Shortell SM, Jones RH, Rademaker AW, Gillies RR, Dranove DS (2000) Assessing the impact of total quality management and organizational culture on multiple outcomes of care for coronary artery bypass graft surgery patients. *Medical care* 38: 207-217.
- 16 Douglas TJ, Ryman JA (2003) Understanding competitive advantage in the general hospital industry: Evaluating strategic competencies. *Strategic Management Journal* 24: 333-347.
- 17 Hansen BS, Severinsson E (2009) Dissemination of research-based knowledge in an intensive care unit A qualitative study. *Intensive & Critical Care Nursing* 25: 147-154.
- 18 Palmer RH (1997) Process-based measures of quality: the need for detailed clinical data in large health care databases. *Annals of Internal Medicine* 127: 733-738.
- 19 Lied TR, Malsbary R, Eisenberg C, Ranck J (2002) Combining HEDIS Indicators: A New Approach to Measuring Plan Performance. *Health Care Financing Review* 23: 117.
- 20 Ghoshal S, Moran P (1996) Bad for practice: A critique of the transaction cost theory. *Academy of Management Review* 21: 13-47.
- 21 Ghoshal S, Moran P (1996) Theories of economic organization: The case for realism and balance. *Academy of Management Review* 21: 58-72.
- 22 Ghoshal S (2005) Bad management theories are destroying good management practices. *Academy of Management Learning & Education* 4: 75-91.
- 23 Grant RM (1996) Toward a knowledge-based theory of the firm. *Strategic Management Journal* 17: 109-122.
- 24 Spender JC (1996) Making knowledge the basis of a dynamic theory of the firm. *Strategic Management Journal* 17: 45-62.
- 25 Spender JC, Grant RM (1996) Knowledge and the firm: overview. *Strategic Management Journal* 17: 5-9.
- 26 Teece DJ, Pisano G, Shuen A (1997) Dynamic capabilities and strategic management. *Strategic Management Journal* 18: 509-533.
- 27 Barney J (1991) Firm resources and sustained competitive advantage. *Journal of Management* 17: 99-120.
- 28 Barr PS, Stimpert JL, Huff AS (1992) Cognitive change, strategic action and organizational renewal. *Strategic management journal* 13: 15-36.
- 29 Stubbart CI (1989) Managerial cognition: a missing link in strategic management research. *Journal of Management Studies* 26: 325-347.
- 30 Walsh JP (1995) Managerial and organizational cognition: Notes from a trip down memory lane. *Organization Science* 6: 280-321.
- 31 Eden C, Spender JC (1998) Managerial and organizational cognition: theory, methods and research.
- 32 Swan JA, Newell S (1994) Managers' beliefs about factors affecting the adoption of technological innovation: A study using cognitive maps. *Journal of Managerial Psychology* 9: 3-11.
- 33 Swan JA (1995) Exploring knowledge and cognitions in decisions about technological innovation: mapping managerial cognitions. *Human Relations* 48: 1241-1270.
- 34 Tyler BB, Steensma KH (1995) Evaluating technological collaborative opportunities: A cognitive modeling perspective. *Strategic Management Journal* 16: 43-70.
- 35 Jenkins M, Johnson G (1997) Linking managerial cognition and organizational performance: A preliminary investigation using causal maps. *British Journal of Management* 8: 77-90.
- 36 Miller CC, Burke LM, Glick WH (1998) Cognitive diversity among upper-echelon executives: Implications for strategic decision processes. *Strategic Management Journal* 19: 39-58.
- 37 Nadkarni S, Barr PS (2008) Environmental context, managerial cognition, and strategic action: an integrated view. *Strategic Management Journal* 29: 1395-1427.
- 38 Kaplan S (2008) Cognition, capabilities, and incentives: Assessing firm response to the fiber-optic revolution. *Academy of Management Journal* 51: 672-695.
- 39 Gavetti G, Tripsas M (2000) Capabilities, cognition, and inertia:

- Evidence from digital imaging. *Strategic Management Journal* 21: 1147-1161.
- 40 Gavetti G, Levinthal D (2000) Looking forward and looking backward: Cognitive and experiential search. *Administrative Science Quarterly* 45: 113-137.
- 41 Teece DJ (2007) Explicating dynamic capabilities: the nature and micro foundations of (sustainable) enterprise performance. *Strategic Management Journal* 28: 1319-1350.
- 42 Kaplan S (2011) Research in cognition and strategy: reflections on two decades of progress and a look to the future. *Journal of Management Studies* 48: 665-695.
- 43 Porac JF, Thomas H, Baden-Fuller C (1989) Competitive groups as cognitive communities: The case of Scottish knitwear manufacturers. *Journal of Management Studies* 26: 397-416.
- 44 Porac JF, Thomas, H (1990) Taxonomic Mental Models in Competitor Definition. *Academy Of Management Review* 15: 224-240.
- 45 Porac JF, Thomas H, Baden-Fuller C (2011) Competitive Groups as Cognitive Communities: The Case of Scottish Knitwear Manufacturers Revisited. *Journal of Management Studies* 48: 646-664.
- 46 Gavetti G (2005) Cognition and hierarchy: Rethinking the micro foundations of capabilities 'development. *Organization Science* 16: 599-617.
- 47 Kim HR (2015) Managerial Cognition, Strategic Behavior and Innovation: Biopharmaceutical R&D. *Pharm Pharmacol Int J* 2: 00008.
- 48 Kim HR, Phillips F (2013) Innovation Capabilities in Bio-Pharmaceutical R&D. *Management Review: An International Journal* 8: 76-97.
- 49 Kim HR (2014) Formulation of a Success Model in Pharmaceutical R&D. SAGE.
- 50 Young GJ, Charns MP, Shortell SM (2001) Top manager and network effects on the adoption of innovative management practices: a study of TQM in a public hospital system. *Strategic Management Journal* 22: 935-951.
- 51 Kaplan S, Murray F, Henderson R (2003) Discontinuities and senior management: Assessing the role of recognition in pharmaceutical firm response to biotechnology. *Industrial and Corporate Change* 12: 203-233.
- 52 Iedema RA (2007) *Communicating Hospital Work. The Discourse of Hospital Communication: Tracing Complexities in Contemporary Health Care Organisations*, New York: Palgrave Macmillan, New York.
- 53 Pappas JM, Flaherty KE, Wooldridge B (2004) Tapping into hospital champions-strategic middle managers. *Health Care Management Review* 29: 8-16.
- 54 Wooldridge B, Schmid T, Floyd SW (2008) The middle management perspective on strategy process: Contributions, synthesis, and future research. *Journal of Management* 34: 1190-1221.
- 55 Fenton-O'Creevy, Mark (2000) Middle management resistance to strategic change initiatives: saboteurs or scapegoats? *Managing Strategy Implementation*. Oxford: Blackwell Publishers, UK.
- 56 Hopkins WE, Mallette P, Hopkins SA (2013) Proposed factors influencing strategic inertia/strategic renewal in organizations. *Academy of Strategic Management Journal* 12: 77.
- 57 Burgelman RA (1983) A process model of internal corporate venturing in the diversified major firm. *Administrative Science Quarterly* 223-244.
- 58 Floyd SW, Wooldridge B (2000) Building strategy from the middle: Reconceptualizing strategy process. Sage.
- 59 Floyd SW, Lane PJ (2000) Strategizing throughout the organization: Managing role conflict in strategic renewal. *Academy of Management Review* 25: 154-177.
- 60 Johnson L, Zorn D, Tam BYT, LaMontagne M, Johnson S (2003) Stakeholders' Views of Factors that Impact Successful Interagency Collaboration. *Exceptional Children* 69: 195-210.
- 61 Hitt MA, Beamish PW, Jackson SE, Mathieu JE (2007) Building theoretical and empirical bridges across levels: Multilevel research in management. *Academy of Management Journal* 50: 1385-1399.
- 62 Bose R (2003) Knowledge management-enabled health care management systems: capabilities, infrastructure, and decision-support. *Expert systems with Applications* 24: 59-71.
- 63 Van den Hooff B, De Ridder JA (2004) Knowledge sharing in context: the influence of organizational commitment, communication climate and CMC use on knowledge sharing. *Journal of knowledge management* 8: 117-130.
- 64 Yang CW, Fang SC, Lin JL (2010) Organisational knowledge creation strategies: A conceptual framework. *International Journal of Information Management* 30: 231-238.
- 65 Lam A (2000) 'Tacit Knowledge, Organizational Learning, Societal Institutions: an Integrated Framework'. *Organization Studies* 21: 487-513.
- 66 Lam A (2002) 'Alternative Societal Models of Learning and Innovation in the Knowledge Economy'. *International Social Science Journal* 17: 67-82.
- 67 Nonaka I (1994). 'A Dynamic Theory of Organizational Knowledge Creation'. *Organization Science* 5: 14-37.
- 68 Nonaka I, Takeuchi H (1995) *The Knowledge Creating Company*. Oxford University Press, New York.
- 69 Kogut B, Zander U (1996) What firms do? Coordination, identity, and learning. *Organization Science* 7: 502-518.
- 70 Nelson RR, Winter SG (1982) *An Evolutionary Theory of Economic Change*. The Belknap Press of Harvard University Press, USA.
- 71 Becker MC, Lazaric N, Nelson RR, Winter SG (2005) Applying organizational routines in understanding organizational change. *Industrial and Corporate Change* 14: 775-791.
- 72 Orlikowski WJ (2002) Knowing in practice: Enacting a collective capability in distributed organizing. *Organization Science* 13: 249-273.
- 73 Kogut B, Zander U (1992). 'Knowledge of the Firm, Combinative Capabilities, and the Replication of Technology'. *Organization Science* 3: 383-397.
- 74 Damanpour F, Evan WM (1984) Organizational innovation and performance: the problem of "organizational lag". *Administrative Science Quarterly* 392-409.
- 75 Damanpour F (1991) Organizational innovation: A meta-analysis of effects of determinants and moderators. *Academy of management journal* 34: 555-590.
- 76 Thakur R, Hsu SH, Fontenot G (2012) Innovation in healthcare: Issues and future trends. *Journal of Business Research* 65: 562-569.
- 77 Loxley A (1997) *Collaboration in Health and Welfare: Working with Difference*. London: Jessica Kingsley, London.
- 78 Kerusso H (2007) Renegotiating Disjunctions in Inter-organizationally

- Provided Care. *The Discourse of Hospital Communication: Tracing Complexities in Contemporary Health Care Organisations*. New York: Palgrave Macmillan, New York.
- 79 Corwin L, Corbin JH, Mittelmark MB (2012) Producing synergy in collaborations: A successful hospital innovation. *Innovation Journal* 17: 2-16.
- 80 Fischer MM (2001) Innovation, knowledge creation and systems of innovation. *The Annals of Regional Science* 35: 199-216.
- 81 Smith KG, Collins CJ, Clark KD (2005) Existing knowledge, knowledge creation capability, and the rate of new product introduction in high-technology firms. *Academy of Management Journal* 48: 346-357.
- 82 Smith WK, Tushman ML (2005) Managing strategic contradictions: A top management model for managing innovation streams. *Organization Science* 16: 522-536.
- 83 Rangachari P (2008) The strategic management of organizational knowledge exchange related to hospital quality measurement and reporting. *Quality Management in Healthcare* 17: 252-269.
- 84 Tully MP, Kettis A, Hoglund AT, Morlin C, Schwan A, et al. (2013). Transfer of data or re-creation of knowledge Experiences of a shared electronic patient medical records system. *Research in Social and Administrative Pharmacy* 9: 965-974.
- 85 Qureshi NA, Al-Dossari DS, Al-Zaagi IA, Al-Bedah AM, Abudalli ANS, et al. (2015) Electronic Health Records, Electronic Prescribing and Medication Errors: A Systematic Review of Literature, 2000-2014. *British Journal of Medicine and Medical Research* 5: 672-704.
- 86 Smith CC, Gordon CE, Feller-Kopman D, Huang GC, Weingart SN, et al. (2004) Creation of an innovative inpatient medical procedure service and a method to evaluate house staff competency. *Journal of General Internal Medicine* 19: 510-513.
- 87 King AW, Zeithaml CP (2003) Measuring organizational knowledge a conceptual and methodological framework. *Strategic Management Journal* 24: 763.
- 88 Abrahamson E, Fombrun CJ (1994) Macrocultures: Determinants and consequences. *Academy of Management Review* 19: 728-755.