

HCMG 904-001: Doctoral Seminar in Organizational Behavior and Theory in Health Care
The Wharton School, University of Pennsylvania
Fall 2018

Instructor: Ingrid Nembhard, PhD, MS
 Time: Mondays at 12-3 PM (*Bring your lunch*)
 Location: Colonial Penn Center (3641 Locust Walk), Chestnut Room

Course Description:

This course examines how Organization Behavior and Theory (OBT) inform health services research and practice by introducing students to OBT and their application to the health care industry. The course will examine key issues in OBT that have relevance for health care organizations and professionals, different perspectives on key issues, and how OBT currently informs health services research and practice. We will discuss “micro” theories (i.e., *social psychological* theories of organizational behavior) and “macro” theories (i.e., theories focused on the *structural and environmental* aspects of organizations). We will examine the strengths and weaknesses of various theories, how they can be used as a foundation for research on health care organizations, methods used to study them, and the implications for health policy and management. Examples of published health services research grounded in OBT will be discussed so that students become familiar with the theories-in-use and various publication outlets for health care management (HCM) research.

Intended Audience:

This course is required for first-year students in the PhD Program in Health Care Management. Any PhD student with interest in conducting research on health care organizations and professionals is also welcome to enroll.

Course Objectives:

Upon completion of this course, students should:

1. Have a solid understanding of key topics, perspectives and findings in OBT that relate to the health care sector;
2. Be able to critically assess research methods used to examine theories and concepts in the context of health care;
3. Be able to apply OBT to issues in health care;
4. Be familiar with general management and health care journals, and the HCM work they publish; and
5. Be able to lead a discussion on topics in OBT that relate to the health care sector.

Prerequisites: None.

Course Outline:

Session	Date*	Topic	Discussant
0.	Pre-read	Introduction to OBT	None
1.	9/10	Introduction to OBT in Health Care	Ingrid Nembhard
2.	9/17	Contingency Theory	
3.	9/24	Institutional Theory	
4.	10/1	Population Ecology	
5.	10/8	Resource Dependency	
6.	10/15	Organizational Change	
7.	10/22	Leadership and Followership	
8.	10/29	Decision-making and Sense-making	
9.	11/5	Organizational Culture	
10.	11/12	Work Teams	
11.	11/19	Organization Design and Coordination	
12.	11/26	Networks	
13.	12/3	Innovation and Its Diffusion	
14.	12/10	Organizational Learning	Ingrid Nembhard

Course Materials: There are typically six to seven required readings for each session, with half focused on theory and half demonstrating the application of theory in health care. When there are seven readings, two of them are short applications. Optional readings are also provided. It is completely your choice whether to read these. I recommend reading their abstracts to get an even better sense of the variety of research done and possible on each topic.

- My goal is for you to learn and enjoy the readings so if we need to do five readings or divide them, we will.

Course Requirements:

- **Class attendance and participation – 50% of grade**
 - Each student is expected to attend each class, having completed all required readings and prepared to actively engage in a constructive conversation about the readings and the topic of the day. (20% of grade)
 - Each student will lead our discussion on at least one macro topic (Weeks 2-6, 13) and one micro topic (Weeks 7-12). Number of times as discussant will depend on class size. As the session discussant, the student will:
 1. summarize the assigned articles (~5 minutes)
 2. present briefly what are the major strengths and weakness of each paper (25 minutes)
 3. offer 2-3 questions sparked by the week's readings that our class should discuss (5 minutes)(30% of grade)
- **Weekly, written readings analysis addressing the following questions (3 pages maximum) – 50% of grade**

In these analyses, you should address the following and submit 2-3 questions you would like to discuss:

 1. What are the main point(s) of the readings? (1-2 sentences)
 2. What did you find most interesting or insightful about the readings?
 3. What critiques do you have? *Think:* What did you find confusing? What gap did you find in the arguments? How well was the research designed? Would you have used the methods employed?
 4. How does each reading or theory compare to the others for this week and/or past weeks?
 5. What do the readings suggest should be on the research agenda or is missing from HCM research?

Background Reference List (all provide summaries of organizational theories and/or topics in HCM):

- Scott, W. R. & Davis, G.F. 2006. *Organizations: Rational, Natural, and Open Systems*, Upper Saddle River, NJ: Prentice-Hall.
- Mick, S.S. & Shay, P.D. 2014. *Advances in Health Care Organization Theory*. San Francisco, CA: Wiley
- Johnson, J.A. 2009. *Health Organizations: Theory, Behavior and Development*. Boston, Jones and Bartlett Publishers.
- Burns, L.R., Bradley, E.H., and B.J. Weiner. 2018. *Shortell & Kaluzny's Health Care Management*, 7th Ed. Thomson, Delmar Cengage Learning.

For students who wish to pursue careers, and thus job market positions, in Management or Operations

Departments at business schools upon completion of their PhD in Health Care Management: I recommend taking additional courses (content and methods courses) in the Management Department (see <https://mgmt.wharton.upenn.edu/programs/phd/course-descriptions/>) or Operations, Information and Decisions Department (see <https://oid.wharton.upenn.edu/programs/phd/course-descriptions/>) in order to continue your learning and meet other faculty who may serve as mentors. Through these courses, you will meet your student-peers and have more opportunity to engage in activities that will prepare you for the broad audience of economists, sociologists and psychologists that you might encounter on the Management/Business School job market and career path.

A few seminal articles covered in this course (≤ 5 at current count) are covered in other department courses. In this course, we will be applying these articles to health care so discussion will be different. You should not worry about redundancy.

Session 0 (Pre-read): Introduction to Organizational Theory and Methods

Required

- Perrow, C. 1973. The short and glorious history of organizational theory. *Organizational Dynamics*, 2-15.
- Argote, L. & Greve, H.R. 2007. A behavioral theory of the firm – 40 years and counting: Introduction and impact. *Organization Science*, 18(3): 337-349.
- Bacharach, S.B. 1989. Organizational theories: Some criteria for evaluation. *Academy of Management Review*, 14(4):496-515
- Edmondson, A.C. & McManus, S.E. 2007. Methodological fit in management field research. *Academy Of Management Review*, 32(4):1155-1179.
- Hackman, J.R. 2003. Learning more by crossing levels: Evidence from airplanes, hospitals, and orchestras. *Journal of Organizational Behavior*, 24, 905-922.

Session 1: Introduction to Organizational Behavior and Theory in Health Care

Required

- Flood, A. & Fennell, M. 1995. Through the lenses of organizational sociology: The role of organizational theory and research in conceptualizing and examining our health care system. *Journal of Health and Social Behavior*, Vol 35 (Extra Issue):154-169
- Ramanujam, R. & Rousseau, D. M. 2006. The challenges are organizational not just clinical. *Journal of Organizational Behavior*, 27: 811-827.
- Kimberly J.R. & Miniwille E. 2003. *Advances in Health Care Organization Theory*, Chapter 8: Quality as an Organizational Problem, pp. 205-232. University of Chicago Press, Chicago, IL.
- Zinn, J. & Flood, A.B. 2009. Commentary: Slack resources in health care organizations-fat to be trimmed or muscle to be exercised? *Health Services Research*. 44(3):812-820.
- Burns, L.R., Bradley, E.H., and B.J. Weiner. (Eds.). 2012. Chapter 1, The Management Challenge of Delivering Value in Health Care: Global and U.S. Perspectives in *Shortell & Kaluzny's Health Care Management*, 6th Ed. Thomson, Delmar Cengage Learning, pp. 2-25.

Optional

- Scott, W. R. 2003. *Advances in Health Care Organization Theory*, Chapter 2: The Old Order Changeth: The Evolving World of Health Care Organizations, pp. 23-43. Wiley, San Francisco, CA.
- Walshe, K. & Rundall, T.G. 2001. Evidence-based management: From theory to practice in health care. *Milbank Quarterly*, 79(3): 429–457.

Session 2: Contingency and Complexity Theories

Required - Theory

- Donaldson, L. *The Contingency Theory of Organizations*. Thousand Oaks, CA: Sage, 2001. (Chapters 7-8)
- Lawrence, P. D., & Lorsch, J. W. 1967. Differentiation and integration in complex organizations. *Administrative Science Quarterly*, 12: 1-47.
- Drazin, R., & Van de Ven, A.H. 1985. Alternative forms of fit in contingency theory. *Administrative Science Quarterly*, 30(4):514-539.

Required - Application

- Alexander, J. W., & Randolph, W. A. 1985. The fit between technology and structure as a predictor of performance in nursing subunits. *Academy of Management Journal*, 28(4): 844-859.
- Zinn, J.S., Brannon, D., Mor, V., Barry, T. 2003. A structure-technology contingency analysis of caregiving in nursing facilities. *Health Care Management Review*, 28(4):293-306.
- Shay, P. D., & Ozcan, Y. A. 2013. Freestanding inpatient rehabilitation facility performance following the 60 percent rule: a matter of fit. *Medical Care Research and Review*, 70(1): 46-67

Optional

- Young, G., Beekun, R. I., & Ginn, G. O. 1992. Governing board structure, business strategy, and performance of acute care hospitals: a contingency perspective. *Health Services Research*, 27(4): 543-564.
- Mark, B.A., Hughes, L.C., Belyea, M., et al. 2008. Exploring organizational context and structure as predictors of medication errors and patient falls. *Journal of Patient Safety*, 4(2): 66-77.
- Schoonhoven, C. K. 1981. Problems with contingency: Testing assumptions hidden within the language of contingency theory. *Administrative Science Quarterly*, 26: 349-377.

- Strasser, S. 1983. The effective application of contingency theory in health settings: problems and recommended solutions. *Health Care Management Review*, Winter: 15-22.

Session 3: Institutional Theory

Required - Theory

- Meyer, J., & Rowan, B. 1977. Institutionalized organizations: Formal structure as myth and ceremony. *American Journal of Sociology*, 83: 340-363.
- DiMaggio, P. J., & Powell, W. W. 1983. The iron cage revisited: Institutional isomorphism and collective rationality in organizational fields. *American Sociological Review*, 48: 147-160.
- **Skim** this one to get a sense of the range of org responses: Oliver, C. 1991. Strategic responses to institutional processes. *Academy of Management Review*. 16(1): 145-179.

Required - Application

- D'Aunno, T., Sutton, R.I., & Price, R.H. 1991. Isomorphism and external support in conflicting institutional environments: a study of drug abuse treatment units. *Academy of Management Journal*, 34(3) 636-661.
- Westphal, J.D., Gulati, R., Shortell, S.M. 1997. Customization or conformity? An institutional and network perspective on the content and consequences of TQM adoption. *Administrative Science Quarterly*, 42:366-94
- Kennedy, M. T., & Fiss, P. C. 2009. Institutionalization, framing, and diffusion: The logic of TQM adoption and implementation decisions among US hospitals. *Academy of Management Journal*, 52(5), 897-918.
- Macfarlane F, Barton-Sweeney C, Woodard F, Greenhalgh T. 2013. Achieving and sustaining profound institutional change in healthcare: case study using neo-institutional theory. *Social Science and Medicine*, 80:10-18.

Optional

- DiMaggio, P., & Powell, W. Introduction. In W. Powell and P. DiMaggio (eds), *The New Institutionalism in Organizational Analysis*, pp. 1-38. Chicago: Chicago University Press.
- Scott, W.R. & Backman, E.V. 1991. Institutional theory in the medical care sector. In Mick, S. (Ed.) *Innovations in Health Care Delivery*, pp. 20-52.
- Zucker, L.G. 1977. The role of institutionalization in cultural persistence. *American Sociological Review* 42:726-43.
- Donaldson, L. 1995. A critique of institutional theory. In *American anti-management theories of organization: a critique of paradigm proliferation*. Cambridge University Press, pp. 79-128.
- Goodrick, E. & Salancik, G.R. 1996. Organizational discretion in responding to institutional practices: Hospitals and Cesarean births. *Administrative Science Quarterly*, 41:1-28.
- Ruef, M., & Scott, W.R. 1998. A multidimensional model of organizational legitimacy: Hospital survival in changing institutional environments. *Administrative Science Quarterly* 43: 877-904.
- Yang, C., Fang, S., & Huang, W. 2007. Isomorphic pressures, institutional strategies, and knowledge creation in the health care sector. *Health Care Management Review*, 32(3): 263-270.

Session 4: Population Ecology

Required - Theory

- Hannan, M. & J. Freeman. 1977. The population ecology of organizations. *American Journal of Sociology* 82: 929-964.
- Hannan, M. & J. Freeman. 1984. Structural inertia and organizational change. *American Sociological Review*, 49:149-164.
- Young, R. 1988. Is population ecology a useful paradigm for the study of organization? *American Journal of Sociology* 94:1-24.

Required – Application

- Alexander, J, Kaluzuny, A. & S Middleton, S. 1986. Organizational growth, survival and death in the US hospital industry: a population ecology perspective. *Social Science and Medicine*, 22:303-308.
- Wholey, D., Christianson, J. & Sanchez, S. 1992. Organization size and failure among health maintenance organizations. *American Sociological Review*, 57: 829-842.
- Jiang, H. J., & Begun, J. W. 2002. Dynamics of change in local physician supply: an ecological perspective. *Social Science & Medicine*, 54(10), 1525-1541.
- Al-Amin, M., Zinn, J., Rosko, M. D., & Aaronson, W. 2010. Specialty hospital market proliferation: Strategic implications for general hospitals. *Health Care Management Review*, 35(4), 294-300.

Optional:

- Rundall, T. G. 1987. The organization of medical practice: A population ecology perspective. *Medical Care Research and Review*, 44(2), 375-405.
- Lee, S.-Y. D., & Alexander, J.A. 1999. Managing hospitals in turbulent times: Do organizational changes improve hospital survival? *Health Services Research* 34 (4): 921-944. (structural inertia theory)
- Al-Amin, M., & Housman, M. 2012. Ambulatory surgery center and general hospital competition: entry decisions and strategic choices. *Health Care Management Review*, 37(3), 223-234. (niche overlap theory)
- Vest, J. R., & Menachemi, N. 2017. A population ecology perspective on the functioning and future of health information organizations. *Health Care Management Review*, e-version ahead of print.

Session 5: Resource Dependence

Required - Theory

- Pfeffer, J., & Salancik, G.R. 2003. *The external control of organizations: A resource dependence perspective*. Stanford, CA: Stanford Business Books. **Chapters to be assigned
- Casciaro, T., & Piskorski, M, J. 2005. Power imbalance, mutual dependence, and constraint absorption: A closer look at resource dependence theory. *Administrative Science Quarterly*, 50(2): 167-199.
- Davis, G.F, and J.A. Cobb. 2010. Resource dependence theory: past and future. *Research in the Sociology of Organizations* 28: 21-42

Required - Application

- Banaszak-Holl, J., Zinn, J. & Mohr, V. 1996. The impact of market and organizational characteristics on nursing facility service innovation: A resource dependency perspective. *Health Services Rsch*, 31(1):97-117.
- Hsieh, H., Clement, D.G., Bazzoli, G.J. 2010. Impacts of market and organizational characteristics on hospital efficiency and uncompensated care. *Health Care Management Review*, 35(1):77-87.
- Shortell, S. M., Wu, F. M., Lewis, V. A., Colla, C. H., & Fisher, E. S. 2014. A taxonomy of accountable care organizations for policy and practice. *Health services research*, 49(6): 1883-1899.

Optional

- Campbell, C. I., & J. A. Alexander. 2005. Health services for women in outpatient substance abuse treatment. *Health Services Research* 2005; 40 (3): 781-810.
- Zinn, J.S., Weimer, D.L., Spector, W., & Mukamel, D.B. 2010. Factors influencing nursing home response to quality measure publication: A resource dependence perspective. *Health Care Management Review*, 35(3): 256-265. [Similar are: Zinn, JS, Weech-Maldonado, RJ, & Brannon, D. 1998. Resource dependence and institutional elements in nursing home TQM Adoption, *Health Services Research* 33(2): 261-273. and Chisholm, L., Weech-Maldonado, R., Landry, A.Y., & Epané, J.P. 2015. The presence of hospital-based palliative care programs: A resource dependence perspective. *Health Care Management Review* 40(4):356-62.
- Swanson Kazley, A., & Ozcan, Y.A. 2007. Organizational and environmental determinants of hospital EMR adoption: a national study. *Journal of Medical Systems* 31: 375-384.
- Fareed, N., Bazzoli, G. J., Mick, S. S. F., & Harless, D. W. 2015. The influence of institutional pressures on hospital electronic health record presence. *Social Science & Medicine*, 133, 28-35.

Session 6: Organizational Change

Theory

- Kimberly, J. & Zajac, E. 1985. Strategic adaptation in health care organizations: implications for theory and research. *Medical Care Research & Review*, 42(2): 267-302.
- Van de Ven, A. H., & Poole, M. S. 1995. Explaining development and change in organizations. *Academy of Management Review*, 20(3): 510-540.
- Kotter, John P. 1995. Leading change: Why transformation efforts fail. *Harvard business review* 73(2): 59-67.

Application

- Alexander, J., D'Aunno, T. & Succi, M. 1996. Determinants of profound organizational change: Choice of conversion or closure among rural hospitals. *Journal of Health and Behavior* 37(3): 238-351.
- Bazzoli, G.J., Dynan, L., Burns, L.R. & Yap, C., 2004. Two decades of organizational change in health care: what have we learned? *Medical Care Research and Review*, 61(3): 247-331.
- Lukas, C.V., Holmes, S.K., Cohen, A.B., Restuccia, J., Cramer, I.E., Shwartz, M. & Charns, M.P., 2007. Transformational change in health care systems: an organizational model. *Health Care Management*

Review, 32(4): 309-320.

- Kellogg, K. C. 2009. Operating room: Relational spaces and microinstitutional change in surgery. *American Journal of Sociology*, 115(3): 657-711.

Optional

- Nigam, A., Huising, R. & Golden, B.R., 2014. Improving hospital efficiency: a process model of organizational change commitments. *Medical Care Research and Review*, 71(1): 21-42.
- Nigam, A., Huising, R. & Golden, B., 2016. Explaining the selection of routines for change during organizational search. *Administrative Science Quarterly*, 61(4): 551-583.
- Weiner, B.J., Amick, H. & Lee, S.Y.D., 2008. Conceptualization and measurement of organizational readiness for change: a review of the literature in health services research and other fields. *Medical Care Research and Review*, 65(4): 379-436.

Session 7: Leadership and Followership

Required - Theory

- Barnard, C. 1968. *The Functions of the Executive*. Cambridge, MA: Harvard University Press. *Chapters TBA
- Yukl, G. 1989. Managerial leadership: A review of theory and research. *Journal of Management* 15(2):251-289.
- Kelley, R.E. 1988. In praise of followers. *Harvard Business Review*, 66(6):142-148.

Required - Application

- McNeese-Smith, D. K. 1999. The relationship between managerial motivation, leadership, nurse outcomes and patient satisfaction. *Journal of Organizational Behavior* 20, 243-259.
- Nembhard, I. M., & Edmondson, A. C. 2006. Making it safe: The effects of leader inclusiveness and professional status on psychological safety and improvement efforts in health care teams. *Journal of Organizational Behavior*, 27(7), 941-966.
- Klein, K. J., Ziegert J.C., Knight, A. & Xiao Y. 2006. Dynamic delegation: Shared, hierarchical, and deindividualized leadership in extreme action teams. *Administrative Science Quarterly*, 51:590-621.
- Gilmartin, M. J., & D'Aunno, T. A. 2007. Leadership research in health care: A review and roadmap. In *The Academy of Management Annals*. (Eds. J. P. Walsh & A. P. Brief): Psychology Press, Taylor & Francis Group, Lawrence Erlbaum Associates, Routledge.

Optional

- Yukl, G., 2012. Effective leadership behavior: What we know and what questions need more attention. *The Academy of Management Perspectives*, 26(4): 66-85.
- Carnabuci, G. Forthcoming -2018. Emergent Leadership Structures in Informal Groups: A Dynamic, Cognitively Informed Network Model. *Organization Science*.
- Succi, M. J., Lee, S.-Y. D. & Alexander, J. A. 1998. Trust between managers and physicians in community hospitals: The effects of power over hospital decisions. *Journal of Healthcare Management* 43 (5): 397-415.
- Junker, N.M. and van Dick, R., 2014. Implicit theories in organizational settings: A systematic review and research agenda of implicit leadership and followership theories. *The Leadership Quarterly*, 25(6): 1154-1173.
- Uhl-Bien, M., Riggio, R.E., Lowe, K.B. and Carsten, M.K., 2014. Followership theory: A review and research agenda. *The Leadership Quarterly*, 25(1): 83-104.
- D'Innocenzo, L., Luciano, M.M., Mathieu, J.E., Maynard, M.T. and Chen, G., 2016. Empowered to perform: A multilevel investigation of the influence of empowerment on performance in hospital units. *Academy of Management Journal*, 59(4): 1290-1307.

Session 8: Decision-making and Sense-making in Organizations

Required – Theory

- Cohen, M. D., J. G. March, et al. 1972. A garbage can model of organizational choice. *Administrative Science Quarterly*, 17(1):1-25.
- Weick, K.E. 1993. The collapse of sensemaking in organizations: The Mann Gulch disaster. *Administrative Science Quarterly*, 38(4):628-652.
- Kahneman, D., & Tversky, A. 1979. Prospect theory: An analysis of decision under risk. *Econometrica*, 47(2):263-291.
- Kahneman, D. 2011. *Thinking, fast and slow*. New York, Farrar Straus & Giroux. *Chps TBF -1, 2,7,10, 14-16

Required - Application

- Yaniv G. 2000. Withholding information from cancer patients as a physician's decision under risk. *Medical Decision Making*. 20(2):216-27.
- Dooley, R. S., & Fryxell, G. E. 1999. Attaining decision quality and commitment from dissent: The moderating effects of loyalty and competence in strategic decision-making teams. *Academy of Management Journal*, 42(4), 389-402.
- Manojlovich M. 2010. Nurse/physician communication through a sensemaking lens: shifting the paradigm to improve patient safety. *Medical Care* 48(11): 941-946.

Optional

- Jordan, M.E., Lanham, H.J., Crabtree, B.F., Nutting, P.A., Miller, W.L., Stange, K.C. & McDaniel, R.R., 2009. The role of conversation in health care interventions: enabling sensemaking and learning. *Implementation Science*, 4(1): 15.
- Thomas, J.B., Clark, S.M. & Gioia, D.A. 1993. Strategic sensemaking and organizational performance: Linkages among scanning, interpretation, action, and outcomes. *Academy of Management Journal*, 36(2): 239-270.
- Burgess, D.J. 2010. Are providers more likely to contribute to healthcare disparities under high levels of cognitive load? How features of the healthcare setting may lead to biases in medical decision making. *Medical Decision Making*. 30(2):246-57.
- Staats, B.R., KC, D.S. and Gino, F., 2018. Maintaining beliefs in the face of negative news: The moderating role of experience. *Management Science*. 64(2): 804-824
- Bazerman, M. H. 1986. *Judgment in Managerial Decision Making*. New York: John Wiley & Sons

Session 9: Organizational Culture and Climate

Required - Theory

- Schein, E. H. 1992. *Organizational Culture and Leadership*. San Francisco, CA: Jossey Bass. OR Schein, E. H. 1991. What is culture? In P. Frost, L. Moore, M. Louis, C. Lundberg, & J. Martin (Eds.), *Reframing organizational culture*: 243-253. Thousand Oaks: Sage.
- Denison, D. R. 1996. What is the difference between organizational culture and organizational climate? A native's point of view on a decade of paradigm wars. *Academy of Management Review*, 21(3):619-654.

Required - Application

- Zazzali J.L, Alexander J.A, Shortell S.M, Burns L.R. 2007. Organizational culture and physician satisfaction with dimensions of group practice. *Health Services Research* 42(3 Pt 1): 1150–1176.
- Salanova, M., Agut, S. and Peiró, J.M., 2005. Linking organizational resources and work engagement to employee performance and customer loyalty: the mediation of service climate. *Journal of Applied Psychology*, 90(6): 1217
- Singer S.J, et al. 2009. Relationship of safety climate and safety performance in hospitals. *Health Services Research* 44(2, Part 1): 399-421.
- Zohar D., Livne Y., Tenne-Gazit O., Admi H, Donchin Y. 2007. Healthcare climate: a framework for measuring and improving patient safety. *Critical Care Medicine* 35(5):1312-7.

Optional

- Kuenzi, M. & Schminke, M., 2009. Assembling fragments into a lens: A review, critique, and proposed research agenda for the organizational work climate literature. *Journal of Management*, 35(3): 634-717.
- Zammuto, R. F., & Krakower, J. Y. 1991. Quantitative and qualitative studies of organizational culture. In W. R. W., & P. W. A. (Eds.), *Research in Organizational Change and Development*: 83-114. Greenwich, CT: JAI Press Inc.
- Nembhard, I.M., Singer, S.J., Shortell, S.M., Rittenhouse, D. & Casalino, L.P., 2012. The cultural complexity of medical groups. *Health Care Management Review*, 37(3): 200-213.
- Katz-Navon T., Naveh E. & Stern Z. 2005. Safety Climate in Health Care Organizations: A Multidimensional Approach. *Academy of Management Journal* 48 (6): 1075-1089.
- Naveh E., Katz-Navon T. & Stern Z. 2005. Treatment Errors in Healthcare: A Safety Climate Approach. *Management Science* 51(6): 948-960.
- Singer, S. J., & Vogus, T. J. 2013. Safety climate research: taking stock and looking forward. *BMJ quality & safety*, 22(1), 1-4.

- Nembhard, I.M., Yuan, C.T., Shabanova, V. & Cleary, P.D., 2015. The relationship between voice climate and patients' experience of timely care in primary care clinics. *Health Care Management Review*, 40(2): 104-115.

Session 10: Work Teams

Required - Theory

- Hackman, J. R. 1987. The design of work teams. In J. W. Lorsch (Ed.), *Handbook of Organizational Behavior*. Englewood Cliffs, NJ: Prentice-Hall. (pp. 315-342)
- Hackman, J. R. 1998. Why teams don't work. *Theory and Research on Small Groups*. R. S. Tinsdale. New York, Plenum Press.
- Ancona, D. G., & Caldwell, D. F. 1992. Bridging the boundary: External activity and performance in organizational teams. *Administrative Science Quarterly*, 37(4):634-665.

Required - Application

- Lemieux-Charles, L. & McGuire, W. L. 2006. What do we know about health care team effectiveness? A review of the literature. *Medical Care Research and Review* 63(3): 263-300.
- Vashdi, D. R., Bamberger, P. A. & Erez, M. 2013. Can surgical teams ever learn? The role of coordination, complexity, and transitivity in action team learning. *Academy of Management Journal*, 56(4), 945-971.
- Valentine, M. A., & Edmondson, A. C. 2014. Team scaffolds: how mesolevel structures enable role-based coordination in temporary groups. *Organization Science* 26(2): 405-422
- Song, H., Ryan, M., Tendulkar, S., Fisher, J., Martin, J., Peters, A.S., Frolkis, J.P., Rosenthal, M.B., Chien, A.T. & Singer, S.J., 2017. Team dynamics, clinical work satisfaction, and patient care coordination between primary care providers: A mixed methods study. *Health Care Management Review*, 42(1): 1.

Optional

- Grumbach, K. & Bodenheimer, T. 2004. Can health care teams improve primary care practice? *JAMA*, 291(10), 1246-1251.
- Lichtenstein, R., J. A. Alexander, et al. 2004. Status Differences in Cross-Functional Teams: Effects on Individual Member Participation, Job Satisfaction, and Intent to Quit. *Journal of Health and Social Behavior* 45(3): 322-335.
- Meterko, M. M., Mohr, D., & Young, GJ. 2004. Teamwork culture and patient satisfaction in hospitals. *Medical Care* 42(5), 492-498.
- Rodriguez, H.P., Chen, X., Martinez, A.E. & Friedberg, M.W., 2016. Availability of primary care team members can improve teamwork and readiness for change. *Health Care Management Review*, 41(4): 286-295.
- Bresman, H., 2010. External learning activities and team performance: A multimethod field study. *Organization Science*, 21(1): 81-96.

Session 11: Organizational Design and Coordination

Required - Theory

- Charns MP & Young G. 2012. Organization design and coordination (Chapter 3) in S. Shortell and A. Kaluzny, *Health Care Management: Organizational Theory and Behavior (6e)*, Albany, NY: Delmar.
- Galbraith, J.R., 1974. Organization design: An information processing view. *Interfaces*, 4(3), pp.28-36.

Required - Application

- Argote, L. 1982. Input uncertainty and organizational coordination in hospital emergency units. *Administrative Science Quarterly* 1982; 27: 420-434.
- Gittell, J. H. 2002. Coordinating mechanisms in care provider groups: Relational coordination as a mediator and input uncertainty as a moderator of performance effects. *Management Science*, 48(11), pp.1408-1426.
 - Read abstract of: Gittell, J. H., K. M. Fairfield, et al. 2000. Impact of relational coordination on quality of care, postoperative pain and functioning, and length of stay. *Medical Care* 38: 807-819.
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Optional

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Session 12: Networks

Required - Theory

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Required - Application

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Session 13: Innovation and Its Diffusion

Theory

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- Rogers, E. M. 1995. *Diffusion of Innovations* (4th ed.). New York: The Free Press. Chapter 1.

Application

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Session 14: Organizational Learning

Required - Theory

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Required - Application

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Optional

- March, J.G. 1991. Exploration and exploitation in organizational learning. *Organization Science*, 2(1):71-87.
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- Clark, J. R., Kuppaswamy, V., & Staats, B. R. 2018. Goal relatedness and learning: evidence from hospitals. *Organization Science*.

Topics We Don't Have Time to Cover but May Be of Interest

The Design of Work and Work Routines

Theory

- Hackman, J.R. and Oldham, G.R., 1976. Motivation through the design of work: Test of a theory. *Organizational behavior and human performance*, 16(2): 250-279.
- Parker, S.K., Van den Broeck, A. and Holman, D., 2017. Work design influences: A synthesis of multilevel factors that affect the design of jobs. *Academy of Management Annals*, 11(1), pp.267-308.
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Application

- LeBaron, C., Christianson, M.K., Garrett, L. & Ilan, R., 2016. Coordinating flexible performance during everyday work: An ethnomethodological study of handoff routines. *Organization Science*, 27(3), pp.514-534.
- Dai, H., Milkman, K.L., Hofmann, D.A., & Staats, B.R. 2015. The impact of time at work and time off from work on rule compliance: The case of hand hygiene in health care. *Journal of Applied Psychology* 100(3), 846-862.
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Identification – Social, Organizational and Professional

Theory and Reviews

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- Tajfel, H. & Turner, J.C. 1986. The social identity theory of intergroup behavior. In S. Worchell & W.G. Austin (Eds.), *Psychology of intergroup relations*: 7-24. Chicago: Nelson-Hall
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Application

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Performance Evaluation: Using Quality as a Goal

Theory and Reviews

- March, J.G. and R. I. Sutton. 1997. Organizational Performance as a Dependent Variable. *Organization Science* Vol. 8, No. 6, pp. 698-706
- Campbell, S. M., M. O. Roland, and S. A. Buetow. 2000. Defining quality of care. *Social Science and Medicine* 51:1611-1625.
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Application

- Chou, A. F., Yano, E. M., McCoy, K.D., Willis, D.R., Doebbeling, B.N. 2008. Structural and process factors affecting the implementation of antimicrobial resistance prevention and control strategies in U.S. hospitals. *Health Care Management Review*, 33(4): 308-322.
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