How organization culture paves the way for intersectoral coordination: a case study of health promotion in Denmark

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Introduction: Intersectoral coordination and collaboration give rise to many well-known challenges. One central challenge is how to create a shared understanding of, and a common platform for, coordination and collaboration across sectors, organisations and professions. Health care organisations and managers often draw on the concept of organizational culture to establish a shared meaning as a pathway to effective coordination and collaboration. However, such a top-down approach is problematic as shared meaning often comes about from the bottom-up, in the context of day-to-day professional practice.

Aims, Objectives and Methods: The aim of this paper is to open the ‘black box’ of how and why organizational culture binds organisations together as some kind of social glue and how this can help understand processes of intersectoral coordination and collaboration. The specific objective is to draw on the conceptual framework of ‘boundary work’ and ‘boundary objects’ to gain a more thorough insight into how organizational culture paves the way for intersectoral coordination and collaboration. The study is based on observations and qualitative interviews with health professionals engaged in two cross sectoral projects developing and providing health promotion services for women with gestational diabetes mellitus (GDM).

Key Findings: Our study shows that boundary work revolves around negotiations about how to jointly define, understand and act on the diagnosis of GDM. This diagnosis has the characteristics of a ‘boundary object’, as it is more loosely structured in general terms, but more strongly structured in local settings, where organizations and health professionals are dependent on relatively unambiguous images to act in efficient ways. Boundary objects helps connecting different professionals and facilitating collaboration, and our analysis shows, how the introduction of time and the concept of ‘lifelong health promotion’ helps to transgress existing boundaries between strongly structured local definitions of the diagnosis. It builds a bridge across organizational and professional boundaries, by allowing for a shared meaning that embraces values and goals of the professionals from across the different sectors. This helps reconciling diverging notions of a diagnosis and creating shared meaning about life-long health promotion.

Conclusions: Our analysis shows how organizational culture emerges from negotiating, determining and agreeing on shared notions of how people, things and concepts are defined. These processes take place in concrete relational processes between health professionals rather than through top-down definitions of shared concepts and meanings.
Implications for applicability/transferability, sustainability: The study encourages health professionals and managers to use seemingly divisive boundary objects as a lever to maintaining and developing everyday practices of cross sectoral coordination and collaboration. The strong theoretical underpinnings of the study support applicability across a wide range of settings.