Call for a Publishing Project

in

Editions ISTE, collection Santé & Innovation (in French)

&

WILEY Editions (in English)

Theme: How innovative training for healthcare workers can help to make health organizations sustainably resilient?

Coordinator of the book: Aline Courie Lemeur (ISM-IAE, LAREQUOI Laboratory, University of Versailles St Quentin en Yvelines, University of Paris-Saclay)

Deadline for submission of proposals: September 30th, 2021

Deadline for submission of papers: November 30th, 2021

Publication date of the book: 1st semester 2022

Expected:

This publishing project aims to explore the impact of innovative training for healthcare workers on the structural resilience of healthcare organizations. Healthcare workers include health, social and medico-social professionals involved in the care of patients. Healthcare organizations include all the organizations involved in patient care (hospital structures, coordination support structures and devices, medical, social and medico-social structures, etc.). The diversity of disciplines, methods and approaches will be appreciated. The authors may be researchers, institutional leaders, healthcare workers, or actors working within health structures. This will encourage the emergence of good practices, which could be transposed among organizations and countries.

The contributions will be published in a collective book coordinated by Aline Courie Lemeur, to be issued by Editions ISTE, collection Santé & Innovation. The book will also be published in English, by WILEY Editions.

Proposals and contributions should be sent by e-mail to **aline.lemeur@uvsq.fr**, specifying that they are intended for the collective book for ISTE and WILEY.

The purposes of this publishing project

Long associated with properties of materials to signify their resistance to shock or their ability to absorb energy under the effect of a shock causing them to deform, the concept of resilience is currently mobilized within multiple fields.

In the 1950s, the novelist André Maurois presented resilience as a human quality and the psychologists Emmy Werner and Ruth Smith defined it as a psychological specificity enabling children suffering from psychopathological risks to cope, thanks to qualities they possessed or to opportunities in their environment. Resilience thus becomes a model for understanding people in their social, biological and psychological wholeness, taking into account both their vulnerability factors and their salutogenic potential (Anaut, 2015). It can manifest itself as entrepreneurial resilience, or even as a process that promotes the reconstruction of oneself when faced with life's misfortunes (Bernard, 2007).

For management and organizations, resilience refers to an organization's ability to continually rebuild (Hamel and Välikangas, 2003; Rouet, 2019). It helps to understand why some organizations are able to bounce back from unexpected events and sudden shocks, while others disappear (Weick and Suncliffe, 2007; Christianson et al., 2009). It is defined as an adaptation process that is passive, unconscious and also active (Manciaux, 2001).

The concept of organizational resilience is mentioned in research on crisis management. The analysis focuses on the collective and organizational level and is interested in mechanisms that make the group less vulnerable to sensemaking breakdowns (Weick, 1993). This concept seeks to understand how organizations manage to absorb, react to and capitalize on turbulence coming from their external environment (Lengnick-Hall & Beck, 2005).

Given the health crisis linked to Covid 19, resilience has become the watchword of the Politicians and the concerns of health authorities and health professionals in all their diversity (medical, social, medico-social). Facing a pandemic of an almost unprecedented magnitude, the health system with all its various structures had to adapt quickly to provide the best possible care to patients, despite the multiple shortages (masks, emergency care structures, health care personnel, medical equipment, etc.). Their ingenuity and resourcefulness were widely praised.

Several fundamental questions then arise concerning the organizational resilience of health structures, in particular how to make them permanently resilient to definitively break with the " ingenuity " aspect that has become the traditional qualification of caregivers' and healthcare organizations' actions, each time a health crisis occurs. Of course, the ingeniousness of actors is a strength that must be encouraged and preserved, but continuous and comprehensive care of patients cannot be satisfied with individual and punctual initiatives. These initiatives should be levers to accentuate the virtuosity of the healthcare system, and should not be the only solution to its durable resilience.

For several decades, research and literature have denounced the negative impact of the so-called "top-down" approach, historically adopted by institutional authorities and considered as source of rigidity (Bartoli, 2009). This is accompanied by pyramidal, centralized and top-down organizational norms and forms, with classic management typologies systematizing action and hierarchizing the relationship between actors (Flora, Ghadiri and Pomey, 2017; Gravereaux, 2018). Certainly, there has been a shift to a less rigid approach with the emergence of human relations school and the generalization of management concept advocating "that it is better to encourage than to impose", however, the inspiration continues to come from above (Riveline, 2012).

For example, in France this top-down approach manifests in several ways within healthcare field: through the mechanisms of calls for projects and the multiple management instruments. To this we can add the vertical cascading accountability mechanisms, going from national through local to regional, then to departmental. This leads to a "quasi-injunctive" approach that accentuate isomorphism

movements, which aren't very favorable to innovation (Grenier, 2014). And the academic training of healthcare professionals does not escape this paradigm, where students' academic paths are normalized and constructed unilaterally by higher education authorities, mainly under the impetus of the Ministry of Higher Education and specialized institutions.

Despite decades of scientific research initiating a theoretical renewal to better respond to the current challenges in healthcare (Grenier, 2014); warning that the unilateralism in decision-making is no longer sufficient to nourish the agility of organizations (Greselle, 2007); advocating the hybridization of institutional logics by action logics, to define appropriate actions from both behavioral and cognitive perspectives (Thornton, 2004; Amblard, 1996); recommending the "territorialization" of action by approaching the territory as a space co-constructed by public policies and local actors (De Maillard, 2000; Terssac, 2005; Raulet-Croset, 2008); encouraging the deployment of a joint regulation that articulates formal and informal knowledge (Grenier, 2006); raising awareness regarding the need to translate public policies into rules that can be adapted to territorial specificities so as to facilitate their appropriation and avoid the loss of meaning (Joffre, 2014),.... dualities remain topical...

Beyond the impact of history and ingrained organizational routines, such a functioning mode is said to consolidate the power of decision-making authorities, sometimes at the cost of a destructive immobilism (Ghadiri, Flora and Pomey, 2017; Gravereaux, 2018). But wouldn't structurally resilient organizations, effective and efficient in any context, also constitute a new source of legitimacy for institutional authorities?

This publishing project aims to explore how innovation in training of healthcare workers can contribute to building sustainably resilient healthcare organizations. It is complementary to all approaches that challenge the duality between the "everything regulated by policies" and the "leave it to the field" (Grenier, 2014) and advocate the adoption of a co-construction approach for the renovation of public policies, which is vital for building structurally resilient organizations.

Organizational resilience in healthcare is an emerging, promising and little explored field of research:

- What is the difference between structural resilience and situational resilience? Why should a health organization be resilient? How to build a structurally resilient organizational structure?

- How can the training of health professionals in all their domains (medical, social, administrative) contribute to organizational resilience? What are the specificities of training that would favor the construction of structurally resilient organizations?

- What is the role of public authorities in the construction of sustainably resilient health organizations? How can higher education institutions, especially universities, contribute to making health organizations structurally resilient?

All of these questions can therefore be gathered around three central issues:

- Building a structurally resilient organizational structure.

Although it is difficult to measure organizational resilience (Somers, 2009), the mechanisms that underlie it have been highlighted by studies about the actions and reactions of organizations that have survived unexpected shocks (Lengnick-Hall and Beck, 2005; Weick and Sutcliffe, 2007). Through careful analysis of these mechanisms, learning has emerged around the factors and processes that would allow an organization to build and maintain its resilience capacity over time, in order to better withstand and emerge stronger from hardship (Hollganel et al., 2009).

Contributions are expected to explore the issues of structural organizational resilience, the reasons why it can be vital for healthcare organizations, as well as its levers for success, particularly in crisis contexts.

- The specificities of a healthcare professional training that would promote their resilience, as well as the structural resilience of their organizations.

Resilient organizations typically face multiple challenges. On the one hand, they face a cognitive challenge, requiring realism in dealing with change and its inevitable impacts on the organization. On the other hand, they are subject to a strategic challenge that requires them to design new strategies that will replace the declining ones. Also, when facing an ideological challenge, they must adopt a proactive attitude to continuously seek new opportunities. Also, a political challenge requires them to develop a capacity to abandon obsolete programs and products and reallocate resources to the most promising activities (Hamel and Välikangas, 2003).

A combination of defensive, proactive, and reflective approaches would enable them to better overcome these challenges (Christianson et al., 2009). While the defensive approach will allow them to better cope when the shock occurs and the proactive approach to enhance creativity to imagine new solutions, the reflective approach will help them learn from the crises they have experienced, in order to be better prepared to face future crises. Learning from past shocks and weaknesses should allow for corrective actions and organizational learning.

Contributions are expected to explore the issues of training of healthcare professionals (medical, social, administrative) that would promote their resilience, as well as the role of innovative training in initiating organizational learning, and a reflective approach for structurally resilient organizations.

- The role of government and higher education institutions in building structurally resilient health organizations.

Resilient organizations possess absorptive, renewal, and appropriation capacities (Weick & Sutcliffe, 2007) to deal with unusual challenges. Absorptive capacity requires that the organization be able to draw on immediately available resources of its own, on reserves left over from previous periods, as well as on external sources that can take many forms (loans, support, etc.) (Arregle et al., 2007; Danes et al., 2009). Also, the capacity for renewal implies being able to rethink existing activities, develop new ones and experiment other ways of doing things (Bégin and Chabaud, 2010; Hamel and Välikangas, 2003; Lengnick-Hall and Beck, 2005 and 2009). Moreover, the capacity for appropriation that fosters organizational learning requires the initiation of "post-crisis learning", to better put routines and practices into perspective and to learn from past failures (Thorne, 2000; Christianson et al., 2009; Altintas and Royer, 2009).

Contributions are expected to explore the role of public authorities and higher education institutions in building sustainable resilient health organizations, through their involvement in the training of health workers, as well as in the development of absorption, renewal and appropriation capacities of health organizations.

Submission process and schedule:

- **Submission of proposal**: send an abstract of about 2 pages including name and contact information of the author(s), title of the paper, presentation of the main issues.
  For research papers, also provide a short development of the theoretical framework, the terrain, the main expected results, the main theoretical references.

- **Submission of papers :** we strongly recommend to follow the model outline below, in order to give some consistency to the whole book:

  - Introduction (short introduction introducing the chapter)
  - Section 1 - Context, issues, and developments.

  For research papers, to be completed by:
  - Section 2 - Conceptual (theoretical) framework
  - Section 3 - Illustrations (empirical research)
  - Conclusion (lessons to be learned)

  Various formatting guidelines
  - Chapter size: 15-18 pages, 1.5 line spacing
  - Font for section titles, introduction and conclusion: Times 14
  - Body text font: Times 12
  - References: give preference to the main references (about 15 references max.)
  - For each author: indicate the affiliation and the email address; in case of several authors, indicate the corresponding author.

  The proposal and the paper can be submitted either in French or in English.

- **Timeline schedule**:
  - **Deadline for submission of contribution intentions**: September 30th, 2021.
  - **Deadline for submission of contributions**: November 30th, 2021
  - **Proposals and contributions should be sent to**: Aline Courie Lemeur (aline.lemeur@uvsq.fr)
  - **Publication of the book**: 1st semester 2022

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