IJHRMOB

International Journal of

HRM and Organizational Behavior

www.ijhrmob.com

editor@ijhrmob.com

ISSN 2454 - 5015

DECISION MAKING ASSISTANCE IN TIMES OF VOLATILITY, UNCERTAINTY, COMPLEXITY, AND DISRUPTION VIA THE USE OF INFORMATION TECHNOLOGY

Kapila A Parmar[1], Dr. K. Sravan Kumar[2]

[1]Research Scholar, Commerce and Business Management, OPJS University, Churu, Rajasthan

[2]Assistant Professor, Commerce and Business Management, OPJS University, Churu, Rajasthan

Abstract:

Income volatility has been rising since the 1970s and reflects a decline in economic security among middle- and low-income households. Half of all American adults are affected by chronic illness, and 40 percent of adults who have health insurance have difficulty paying for medical care (Claxton et al., 2017). Considering these trends together, this study explored characteristics of households that experience income volatility and medical expenses, how they pay for health care, the extent to which technology (including fintech) can be a solution to their challenges, and factors influencing their health care decisionmaking.

Digitalization and associated VUCA (volatile, uncertain, complex, and ambiguous) circumstances are causing significant shifts in the healthcare system. These shake up the status quo and the routines that have existed for a while. The worldwide pandemic, new technologies, and patients' demands for their rights as customers all contribute to the urgency with which healthcare systems must undergo a paradigm change. Most healthcare providers, however, have not yet successfully bridged the digital divide. They lack the resources to develop into responsive VUCA service providers. We offer an IT-based multi-perspective analysis approach that enables holistic knowledge and decision-making to create individualized digitalization plans to assist healthcare organizations in better understanding and adapting to the changing circumstances. A semantic layer of knowledge mapping and integration is crucial for this purpose. This article presents the GOLD Framework and the associated IT-tool assistance for deriving a holistic knowledge via the careful selection and connection of appropriate methods/theories, with the aim of directing the users to the right use of these resources. The necessary standardization of IT-tool support guarantees uniformity and serves as the foundation for further enhancement. This method encompasses every stage, from identifying possibilities and challenges to implementing company-specific strategies for making the transition to digitally enabled service providers. There are three new features: It provides a new level of understanding and

ISSN 2454 - 5015

alignment among stakeholders by making the holistic dependencies visible and tangible; it guides the various stakeholders step-by-step; and it is based on a standard approach that allows for and supports the customization of steps and guidance to better suit the targeted domain and its needs.

Ambidextrous healthcare; return on health; value-based healthcare; digitalization; VUCA; GOLD Framework; GOLD Tool; IT-based decision assistance; multi-perspective counseling;

I.introduction:

The study population has some economic and social advantages but is also showing signs of financial precarity. • The study population included prime working age adults (aged 27 through 55), was primarily female (79% female, 21% male), highly educated (more than half had at least a BA/4-year college degree), racially diverse (70% non-white, 30% white), median income of $60,000. • More than half of the sample depended on multiple income sources to make ends meet. Income volatility stemmed from changes to secondary income sources. Income volatility can be both an indicator of and response to economic insecurity when workers depend on multiple income streams to supplement insufficient wages from a primary job. • Most were familiar with fintech (such as banking, budgeting, and credit monitoring apps) but did not see it as a solution to fundamental financial challenges they faced. • The majority of the study population had health insurance, and more than three quarters had employer sponsored plans. But health insurance was not enough to make health care affordable, beyond primary care or preventive services. • Health insurance was a source of uncertainty in health care decision-making. Some participants opted to skip or delay care due to cost, or when they couldn’t anticipate the cost of treatment. • Overall, the results show a need for higher wages and affordable comprehensive health benefits to ensure access to care beyond primary care and preventive services.

Hyper-dynamic rivalry and shifting client needs are two main causes of disruption in today's healthcare sector. One may argue that digitization is likely to cause chaos in the sector and usher in a period of VUCA [1]: volatile, unpredictable, complex, and ambiguous. On the other side, digitization is based on user-centric design, making processes, business models, and services user-friendly and efficient. Despite the fact that digitalization is the root cause of VUCA environments, the development of digital skills is essential for thriving in such a world. To meet the challenge of becoming VUCA service companies, healthcare providers must quickly close the digitalization gap [2]. In this context, digitization acts as a connecting mechanism, helping to break down barriers caused by healthcare systems' inherent hierarchies, specialized practitioners, and prevalence of evidence-based, science-driven treatment. As a result, the need for digitalization goes beyond the traditional academic disciplines of MINT (which stands for mathematics, information, natural sciences, and technology). This acronym has to be modified to fit within the developing MMM-MINT framework, which includes but is not limited to the areas of medical, marketing, and management. We also see a change in focus from curing disease to promoting wellness as the healthcare industry moves toward a value-based model. By following treatment protocols and accepting medical procedures, individuals are already playing an active role as co-value producers in their own health care. Patients are demanding to be

ISSN 2454 - 5015

treated more like consumers in the healthcare system, and this change alters their traditional roles and perspectives. Both the threat of hyper-dynamic competition and the challenge of adapting to shifting client expectations remain formidable challenges for hospitals today. Age, inertia, administrative malpractices, and antiquated command-and-control governance systems are all burdens that many healthcare practitioners must bear. When it comes to meeting cost, quality, service, and agility requirements, these businesses typically display classic indications of autocratic expert organizations. High-tech hubs can only realize their full potential when they are embedded in holistic healthcare and workflow systems. Supply chain management on a global scale and the existence of interconnected value networks demonstrate the need of coordination and cooperation in achieving goals. To complete the circle, the aforementioned C-ingredients of corporate success [3] are complemented by creativity and money. However, hospitals are neither service-, client-, or process-driven [4], unlike many other businesses and prospective new entrants. This explains why they're so susceptible to the aggressive MedTech and HealthTech ideas of digital tycoons like SAP, Google, Salesforce, Amazon, and Apple. As a result, these IT moguls bring their digital savvy and expertise to a healthcare system that has been slow to adapt to new technologies like AI, ML, and IoMT in the context of big data. They also adopt a customer and service perspective more in line with value-based healthcare, where prevention is preferable to treatment: if people are determined to maintain and improve their health through eco-friendly practices, there is no reason to spend money on costly interventions like medication or invasive tests. As digital assistants have shown, quantified self-technologies and wearables may significantly aid in making more informed choices about one's health. To summarize, digitalization is a complex process that defines the present and points to the future of the healthcare system. Here, ICT skills are crucial for survival in the face of chaos and disaster. There is little doubt that standardization in areas such as IT skills and alignment are prerequisites for standardization in areas such as IT skills, technologies, procedures, and systems. Furthermore, it is possible that strategic and operational responsiveness, robustness, and resilience in the face of VUCA circumstances may be bolstered via the alignment of hardware, software, brainware, and peopleware.

Contribution Established healthcare firms require continual adaptation to remain competitive and effectively cope with today's VUCA conditions. However, there is currently no unified strategy or method that can be used universally to facilitate continual adaptation. As a result, healthcare companies have to figure out how to deal with VUCA conditions on their own. To put it another way, businesses need to take into account their own strengths and limitations when formulating and implementing adaptation plans. Hiring experts is an option, but it won't equip hospitals to handle change on their own in the long run. This article suggests, presents, and adopts a holistic approach and related tool support to fill this need and allow businesses to manage the complicated gestalt of holistic analysis. To achieve success in value-based healthcare and digitization, it unites the MINT and MMM stances. In order to meet this comprehensive healthcare need, we turn to tried-and-true approaches, such as strategic management, stakeholder value, and value-based healthcare, to deal with the unique problems and opportunities that hospitals face. The benefits of this are many. First, appropriate theories, methodologies, frameworks, roadmaps, canvases, and balanced scorecards are often used in a siloed, individualistic approach. This essay, on the other hand, seeks to provide a more comprehensive picture. To facilitate the selection, integration, and interlinkage of various

ISSN 2454 - 5015

methods on a per-domain basis, we present and propose the GOLD Framework [5]. Second, the GOLD Framework comes to life with the help of the GOLD Tool integration. By integrating the chosen approaches into a comprehensive, logical, and consistent multi-perspective and multi-step analysis process, it paves the way for co-analysis and co-alignment [6]. Third, the GOLD Tool allows an organized and standardized but configurable analytical method, guiding users through each stage and viewpoint. Fourth, this all-encompassing method aids in pinpointing the causes of change, conducting in-depth assessments and evaluations, and deducing specific countermeasures. To facilitate and strengthen strategic decision-making toward ambidextrous healthcare, the fifth goal is to increase transparency, tangibility, and stakeholder alignment.

Health care decision makers and researchers often use aggregated data from centralized repositories and/or data warehouses to gain insights into health care practices and to understand and improve patient outcomes and quality of care. For example, policy makers may analyze aggregated data to point out significant variations in hospitalization rates for expensive medical interventions [13], or researchers may compare cancer mortality rates in similar communities by investigating average tumor size at detection. These aggregated data are often created by combining administrative data collected across several sources as a patient traverses the health care system. Data are collected from the moment a patient enrolls in a health plan and along each step as he or she seeks care as health care providers and payers approve expenditures and track service utilization and monitor cost and performance. Administrative data are submitted when billing for care. These data are not explicitly collected to examine the health or healthcare of populations, but offer important advantages for this purpose [24]. Unfortunately, in the United States the health care delivery system is fragmented which impedes the creation of longitudinal, populationbased databases. Efforts have been made to centralize this information in medical registries. Thanks to increased availability of data and new health information exchange initiatives with centralized repositories, data from multiple medical registries and from electronic medical records can be stored in data warehouses and, thus are available to create meaningful insights [6,18]. Data from data warehouses are presented to decision makers using reporting tools (often referred to as business intelligence (BI) tools) such as Online Analytical Processing (OLAP) which display aggregated data to help decision makers make comparisons and observe trends [42]. One challenge to decision makers is that the data are usually displayed as point estimates (typically mean values) and do not contain information about instability (such as variation around the mean), so decision makers often are unaware of the presence of outliers or data errors. When aggregating data from several medical registries, the possibility of type mismatches and other integration problems, and well documented problems with data quality from the original data sources have the potential to create the illusion of data trends or data shifts where none exist. In these cases, a descriptive analysis of the data can often provide an understanding of any unusual patterns. Yet, the impact and importance of the variability of a point estimate or trend on a decision is difficult to quantify, since it is highly subjective and dependent on the context of the decision being made.

II. literature survey:

1. Guided Business Modeling and Analysis for Business Professionals:

ISSN 2454 - 5015

In addition to its widespread use in encouraging innovation and re-designing existing businesses, business modeling has become a popular instrument of creativity among entrepreneurs and new ventures. As a result, there is a growing selection of digital resources, such as web-based editors and mobile app platforms. However, beyond simple cost and revenue projections, most tools lack elements for organized examination and comparison of business models. This article proposes a methodology for developing domain-specific business modeling tools that accommodate these useful but sometimes overlooked aspects and benefit both modelers and analysts. This article describes the Business Model Developer (BMD), which was created and used in a project in Germany that focused on business models for Personalized Medicine. Predictions focus on expanding a set of tools for business modeling that allows for flexible but systematic construction, and which facilitates the examination and comparison of different models.

2. Service Model Innovation in Hospitals: Beyond Expert Organizations:

As the healthcare industry undergoes profound transformations, it is more important than ever to implement novel service models. Hospitals have been pushed to shift their emphasis from expert organization-centric rationalization, rationing, and priority during the previous several decades to patient-centered care delivery. Preparedness for the era of digital convergence requires clinics to move beyond cost dumping and operational excellence (lean, mean, clean). This article provides a rough outline of the arguments for and against defining service only from the patient's point of view, as well as the potential pitfalls for hospitals that are both clever and client-focused when it comes to safety, security, surveillance, and monitoring. Innovations in the service model provide a way to balance the books.

The VUCA Model, Version 2.1.1 VUCA characteristics, including as foresight, understanding, clarity, and agility, are necessary in this new age of volatility, uncertainty, complexity, and ambiguity, as described by the VUCA framework. Discontinuity, disorder, devaluation, disassembly, displacement, destabilization, and disruption are seen as precursors of a major paradigm change in this view. As healthcare moves toward digitalization and industrialization, it faces challenges associated with shifting demographics, advances in technology, and the state of the economy. Patients, taking on the role of consumers and co-value producers, desire efficiency-focused care. In this context, dealing with VUCA requires dynamic skills matching agile qualities like robustness, reactivity, resilience, and anti-fragility [2], posing a challenge for medical professionals, consultants, and paramedics who must provide a new level of care following, for example, a 24/7 service-to-go logic. MMM-MINT Structure (2.1.2) where MINT (Management, Innovation, and Technology) meets MMM (Medicine, Marketing, and Management). Thanks to this harmony, medical treatment may now be focused on its users. MINT represents the strategic management perspective that focuses on an organization's strengths and capabilities. This inward-looking view is often fueled by technological advancements. Here, patients take center stage as examples to be treated with treatments supported by research. Nonetheless, this MINT-driven therapeutic strategy often ignores the demands of the patients, leading to discomfort. In contrast, patients want to be dealt with like customers, with the same expectations of accessibility, politeness, and problem-solving services. Otherwise, the possibility exists that disgruntled patients would not only discontinue therapy, resign, or complain, but will also participate in viral de-marketing, as advocated by the market-based perspective. To avoid this, experts and researchers must prioritize the value they are seen to provide to their

ISSN 2454 - 5015

patients and customers. For the goal of a unified healthcare credo [1], the ethics of patient-centered medicine include marketing, management, and MINT-related problems. Healthcare for the Two-Handed The ambidextrous organization model [8] serves as the foundation for ambidextrous healthcare. Both capitalizing on an organization's strengths and venturing into uncharted territory in terms of new ideas and innovations are necessary for success, but neither is sufficient. It is challenging to achieve success in both areas at once since they call for different approaches, values, and organizational frameworks. Therefore, ambidextrous businesses have two distinct but interdependent elements to use the strengths of both without being limited by either (see Figure 1). The objective is to have a mix of tried-and-true offerings with some daring new ideas. In this setup, the explorers are always coming up with new ideas, which they then pass on to the exploiters when they're ready. Here, the exploitative component uses its power to help enhance the inventions consistently. An company may reap the rewards of a steady stream of new goods in this fashion, as some of them become industry standards and cash cows.

The numerator and denominator are the two components of value production in the return on health calculation. The numerator represents the RRP mindset of rationing, rationalization, and prioritizing, whereas the denominator represents the EID concept of progressive entrepreneurship, innovation, and digitalization. To compete in the future, numerator navigation is analogous to the creation of services, discovery of new markets, and the acquisition of relevant skills. To grasp the here and now and make the most of current strengths, denominator navigation takes a more defensive approach [10]. The current issue for healthcare administrators is to shift their attention from being driven primarily by RRP to being motivated instead by EID. Because of the importance of satisfying a wide range of interested parties, businesses and medical facilities alike constantly seek for ways to gain a competitive edge and strengthen their standing in the community. Similarly, value creation is essential to guarantee the advantages exceed the disadvantages. Constraints in resources and available funds, on the one hand, and desired outcomes, on the other, can lead to snags. While RRP has traditionally been used to address bottlenecks, the EID method provides a larger and more forward-looking lever [10]. The shift from MINT to MMM-MINT places more emphasis on the need to integrate previously siloed healthcare management methods, technologies, and trends into a unified managerial ecosystem for value generation. The AMLEG framework [11] suggests a more comprehensive view of healthcare navigation, in which management is only one of five pillars. The goals of healthcare administration, management, leadership, entrepreneurship, and governance are not exclusive of one another, but they do need a slant toward either administration and management or leadership and entrepreneurship for optimal success [1]. Ownership and control rights often dictate the strategy and direction of institutional growth, making governance of healthcare organizations crucial to their success. The importance of financial investors will grow as the healthcare sector becomes a multibillion-dollar market. Long-term, the LOHAS (lifestyle of health and sustainability)-target group places a premium on health, fitness, and wellbeing as prerequisites for a happy, independent, and self-controlled existence. Here, similar to how a board of directors exercises its authority, corporate governors see to it that the company's goals are met for the benefit of its shareholders and other interested parties. Future success will need more than just expert management and administration. As a result, digital age adages center on leadership and business acumen. Amazon, Apple, and Tesla, three of today's most valued firms, are paradigmatic of the LEG style. Traditional areas

ISSN 2454 - 5015

of value production are less appealing to them than chaos, disassembly, and destruction. Established healthcare providers must grasp the present while anticipating the future if they are to remain competitive. Given that many well-established healthcare providers are hampered by age-related legacies, prevailing logics, and investment trajectories, how can the gap between path-taking and path-breaking be bridged? Here, ambidextrous businesses assert that they have advantages of both types of organizations [8,18]. The term "ambidexterity" describes the need and the means by which a business may capitalize on its current strengths while also looking forward to the opportunities that lie ahead. Thus, ambidextrous healthcare refers to overcoming resource limits and bottlenecks while operating in a volatile, uncertain, complex, and ambiguous environment. To implement well-rounded healthcare plans, it's important to bring together the many components of the AMLEG framework, which requires ambidextrous navigation abilities. In predictable environments, AM navigation may be enough, but in volatile and uncertain contexts (VUCAs), radical adjustments in thinking and practice, and innovative approaches to doing business are all the norm. In this context, LEG navigation is a call for tactical change.

III. The GOLD Approach: Materials and Methods:

This paragraph presents the research strategies and data used in the work. They provide the groundwork for gaining complete comprehension, consensus among stakeholders, and sound judgment. Our mission is to create the global organization alignment and decision (GOLD) Framework, an interactive multi-perspective tool for analyzing an organization's environment from top to bottom. Its primary benefit is: First, it helps everyone in a company work together toward a unified corporate goal. Second, it provides interested users with a comprehensive and domain-specific procedure that guides them step-by-step, filling in the gaps in their knowledge and allowing them to concentrate on what they do best [7]. A domain-specific process described as a framework and implemented as IT-tool assistance helps users make better choices by incorporating relevant ideas, rules, facts, etc. into their existing body of knowledge in a unified and coherent way. Third, it allows for the monitoring and derivation of informed remedial actions, as well as the transparency of information, decisions, and outcomes. This comprehensive, multi-stage, and multi-perspective strategy helps businesses in VUCA times by increasing transparency and tangibility and facilitating intelligent and flexible responses. To help consultants or companies methodically build and integrate the customized process, we provide the GOLD Framework and GOLD Tool. Section 3.1 explains why the GOLD Framework and GOLD Tool exist and what they can do for you. In Section 3.2, we cover the broad steps involved in developing a user-group-specific integration of the GOLD Tool. The hospital administration is the article's intended audience, thus the methodology outlined in Section 3.3 is applied to them in order to arrive at the healthcare-domain-specific GOLD Tool.

3.1. Introduction of the Global Organization Alignment and Decision (GOLD) Tool:

Constant and possibly disruptive industry shifts are a direct result of digitalization and VUCA impacts. Therefore, it is crucial for businesses to regularly assess the environments in which they operate. Changes in the external environment are analyzed in light of the organization's core competencies, strengths, and weaknesses in order to

ISSN 2454 - 5015

classify them as either new threats, opportunities, or ignorable. With this knowledge in hand, businesses may better choose which adaptation/adoption initiatives to prioritize in order to avoid the innovator's problem, or "when new technologies cause great firms to fail" [29]. To be effective, this kind of reactive mitigation must be coupled with dynamic capabilities that enable nimble and rapid adaptability [30]. The issue that has to be asked, then, is how to help businesses quickly see and respond to emerging possibilities and threats. Observed shifts and tendencies in the outside world are often abstract and difficult to pin down. In light of this, businesses must adopt a more comprehensive strategy, preferably one that is driven by a standardized process that incorporates all necessary points of view and forms of analysis. This allows businesses to monitor their environment, detect shifts, and make those shifts visible and measurable (see Figure 2). After the changes and their effects on the industry and the organization have been identified, they must be examined, appraised, and prioritized so that appropriate mitigation plans may be developed and implemented. Integrating, aligning, and supporting complementary viewpoints and skills throughout the process is crucial for deriving well-informed choices for the company.

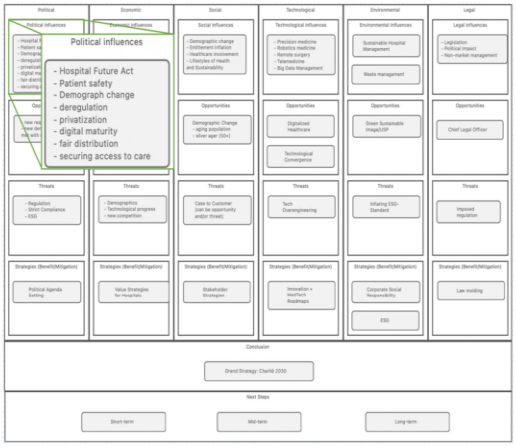
Consultants help businesses today by advising them on which viewpoints and techniques of analysis will provide the best results. Businesses, however, lack the standardization, guidance, and tool support necessary to independently tailor, evaluate, and draw informed judgments. Using dynamic capacity logic, this study develops and presents the GOLD Framework for directing the sensing, capturing, and transforming phases of change management [30,31]. Allowing Figure 2 to exist. Analysis Procedure With Several Stages. Consultants help businesses today by advising them on which viewpoints and techniques of analysis will provide the best results. Businesses, however, lack the standardization, guidance, and tool support necessary to independently tailor, evaluate, and draw informed judgments. Using dynamic capacity logic, this study develops and presents the GOLD Framework for directing the sensing, capturing, and transforming phases of change management [30,31]. It allows for the creation of dynamic and adaptable approaches represented as canvas-based interfaces, which are more comfortable to use because of their common use.

IV.Results:

This chapter explains how the healthcare industry-specific GOLD Tool, which is composed of harmonized and interrelated frameworks/perspectives, may be put into practice. Figure 2 depicts our modified multi-step analytical approach, and Figure 8 shows how we chose four canonical viewpoints to represent each of the four stages of this example adoption. Here, we have a canonical viewpoint on the macro level, another on the meso level, and two on the micro level. Macro-level analysis is conducted using the PESTEL framework (Figure 9) while meso-level

ISSN 2454 - 5015

analysis is conducted using a modified version of Porter's 5 Forces (Figure 10). The results from both studies are then combined and analyzed at the micro level (see Figure 11), with consideration given to both the return on health logic (addressed by RRP-EID) and the ambidextrous healthcare strategy (improved by AMLEG). Taking into account and illustrating the hierarchy across the three meta levels (macro, meso, and micro), as shown in Figure 8, is the outcome of step 5, where canvases and their dependencies are incorporated into the domain-specific GOLD Tool (as shown in Figure 4). As an added bonus, you may access the updated framework versions by clicking on the blue construction pieces. Figure 9 opens with no data when you click PESTEL, and Figure 10 opens with the Porter's Five Forces. By linking together several references to the same framework/canvas/information, we can guarantee that our users always have access to the same, reliable data. All presented canvases in this part have been generically filled in by the selected healthcare specialists. The goal is to let the ultimate users (such as a hospital's administration) make sense of the canvas's structure, reflect at least on the pre-filled-out perspectives/aspects, and tailor the inputs to their own expertise and preferences. By adopting and applying the canvases from the standpoint of a hospital (such as Berlin's Charité University Hospital), the healthcare specialists who pre-filled them did just that. We discuss the relationships between and the results of the preselected canvases in this section. The PESTEL framework (Figure 9) serves as the basis for the study. First, the universal influences are identified through a generic analysis (for example, political influences like the Hospitals' Future Act (in Germany)), the demographic change of population, the privatization of hospitals, the need to ensure healthcare service supply, and the equity of supply (see zoom in highlighted in green in Figure 9). Some items appear in many categories; for example, demographic shifts are discussed in the social category as well as the political and legal categories.



With novel technology and strategies, new entrants pose the biggest threat to established business models. Companies in the HealthTech and MedTech industries, for example, may debut game-changing products here. Therefore, it is crucial to take into account this overlooked competitive factor. The complementors (e.g., analytics providers) allow hospitals to innovate, extend, and enhance their offerings and were thus included as the sixth factor in our analysis. It's an important asset that will improve their ability to compete. Here, hospital-to-hospital rivalry may take place.

ISSN 2454 - 5015

Limitations:

To aid hospital administration in generating individualized navigational help in the setting of today's VUCA environment, the authors of this paper have designed an instantiation of the GOLD Tool that is both ready for implementation and domain-specific. Addressing the sweet spot of allowing healthcare professionals to benefit from personalized and guided tool help throughout the whole strategic decision-making process, this domain-specific language is tailored for non-IT specialists like a hospital's administration. Two healthcare sector consultants devised, analyzed, and approved the design and strategy, however the recommended design and solution have not yet been implemented and tested by use cases. Because of the comprehensive breadth of the method, implementing it in hospitals and evaluating it will take at least a year. We've had preliminary conversations with interested medical facilities, but we don't yet have any data to provide or particular case studies to discuss. In this paper, we propose a hypothesis that we want to test in further research.

Conclusion:

To further verify the generalizability of our method, we also want to investigate its application in other areas and settings. We wrap off by outlining 10 guidelines for successful GOLD Tool implementation.

References:

1. Rasche, C.; Reinecke, A.; Braun von Reinersdorff, A. Digitale Transformation aus der Organisations- und Personalperspektive, Synthese von MINT-Fokus und Verhaltens-Fokus in der medizinischen Versorgung. In Patienten-Sicherheits-Management; Gausmann, P., Henninger, M., Koppenberg, J., Eds.; De Gruyer: Berlin, Germany, 2022; pp. 121–137.

2. Knape, T.; Hufnagl, P.; Rasche, C. Innovationsmanagement unter VUKA- Bedingungen: Gesundheit im Fokus von Digitalisierung, Datenanalytik, Diskontinuität und Disruption. In Innovationen und Innovationsmanagement im Gesundheitswesen; Springer: Berlin/Heidelberg, Germany, 2020. [CrossRef]

3. Knape, T.; Hufnagl, P.; Rasche, C. Dashboardconsulting im Gesundheitswesen—Digitalisierungsoptionen und Anwendungsfelder. In Consulting im Gesundheitswesen; Springer: Berlin/Heidelberg, Germany, 2020; pp. 1–27.

4. Rasche, C.; Margaria, T.; Floyd, B.D. Service model innovation in hospitals: Beyond expert organizations. In Service Business Model Innovation in Healthcare and Hospital Management; Springer: Berlin/Heidelberg, Germany, 2017; pp. 1–20.

5. Steffen, B. Global Organization aLignment & Decision (GOLD) Framework. In Proceedings of the 8th International Symposium, ISoLA 2018, Limassol, Cyprus, 5–9 November 2018.

ISSN 2454 - 5015

6. Steffen, B.; Boßelmann, S. GOLD: Global organization alignment and decision—Towards the hierarchical integration of heterogeneous business models. In Proceedings of the 8th International Symposium on Leveraging Applications of Formal Methods, ISoLA 2018, Corfu, Greece, 5–9 November 2018.

7. Steffen, B.; Boßelmann, S. Domain-Specificity as Enabler for Global Organization aLignment and Decision. In To Appear in International Symposium on Leveraging Applications of Formal Methods; Springer: Berlin/Heidelberg, Germany, 2022.

8. O'Reilly, C.A.; Tushman, M.L. The ambidextrous organization. Harv. Bus. Rev. 2004, 82, 74–83. [PubMed]

9. Kim, W.C.; Mauborgne, R. Blue Ocean Strategy; Harvard Business School Press: Cambridge, MA, USA, 2005.

10. Rasche, C.; Schultz, C.; von Reinersdorff, A. EID-Leadership im Gesundheitswesen—Entrepreneurship. Innov. Digit. FOR-MED Z. Manag. Gesundh. Ausg. 2020, 1, 1–11.