

Summary

Because of social and political developments health care institutions are more and more forced into forms of co-operation in order to reach their goals. A form of co-operation which is seen more often in the health care sector is the concern. The design of health care concerns centres among other things on the development of organizational structures with which the goals of the concern can be achieved. The objective of this research is to provide insight in organizational structures for health care concerns and their influence on achieving care goals. This knowledge aims at providing those concerns' management a handhold in the choice of an organizational structure that matches the care goals of the concern. For this purpose the following question is formulated:

What are effective organizational structures for health care concerns, in relation to their care goals?

First there has been a study of existing, scientific theories to find answers to this question, which resulted in a theoretical conceptual model. This model centres on the different choices for structures within parts of a health care concern, which led to better conditions for achieving certain care goals. Then the model was used as a guide-line for empirical research. By means of a qualitative research within three health care concerns is searched further for answers. Interviews were held and documents were analysed. The purpose was to examine among other things which care goals and which organizational structures exist, the effect of those structures on care goals and changes in organizational structures. The most important outcome of this research is that the existing structures within parts of health care concerns affect the care goals of those concerns, namely integrated care and demand-centred care. A decentralized board in the strategic apex consisting of representatives from several parts of the concern points more attention on those goals than a centralized board. Decentralized staff services in the technostructure and decentralized support services provide conditions for the actual achievement of integrated care and demand-centred care. Also the combination of divisional and integral units in the operating core and the use of integral management in the middle line provide conditions for achieving the care goals. However the results show that health care concerns do not always have an eye for the effects of structures on care goals. The opposite applies for financial goals. The results show clearly that by regularity financial goals play a leading role in the way certain parts of health care concerns are structured. In those cases care goals play only a subordinate role or they are not a point of attention at all, which has its impact on achieving

care goals. It is therefore recommended that effective organizational structures for health care concerns in relation to their *strategic goals* should be investigated, in order to get the relations between structures and goals of health care concerns more obvious and more complete. Another recommendation deals with the formation of strategy within health care concerns. If there is more detail attention for a strategy's care goals and its consequences for the organizational structure, better structures can be formed towards what people want to achieve with the formation of a health care concern.