SERVICE INTEGRATION IN A HEALTH CARE UNIT:  
A CASE STUDY OF RADICAL CHANGE

This study adopts a case study research to examine the dynamics of archetypal change in a health care unit in a rural region in Canada as it moved from a fragmented, treatment-based model to an integrative, prevention-based model of health care delivery. The goal of the study is to answer two questions: (1) What change track was followed by the health unit? and (2) What institutional and organisational elements enabled or constrained the change?

The analysis indicates that the change track followed by the unit could be described as an oscillation between parallel structures derived from two different archetypes and that such oscillation was necessary in order to maintain quality patient care. The study also shows that a number of elements at the institutional and organisational levels were potential inhibitors of change, such as the opposition by the medical professional association, the problems emanating from the use of new information systems, and the difficulty involved in relinquishing aspects of practitioner roles. However, these elements had a relatively minor effect and were substantially outweighed by institutional and organisational forces that both precipitated and enabled the change. Such forces included the support of governing and funding bodies, co-location of services, the implementation of a new incentive system, the championing of the change by the dominant group, the commitment of all groups to the new template, the ability and continuity of leadership and the emergence of trust that facilitated new modes of interaction. The limitations of the study and implications for future research are addressed.