Balancing Integration and Role Delineation in Public Addiction Services: Insights from Northern Italy

Item Type	Article (Version of Record)
UoW Affiliated Authors	Menara, Barbara
Full Citation	Menara, Barbara (2025) Balancing Integration and Role Delineation in Public Addiction Services: Insights from Northern Italy. International Journal of Multidisciplinary Approach Research and Science, 3 (2). pp. 693-707. ISSN E-ISSN 2987-226X P-ISSN 2988-0076
DOI/ISBN	https://doi.org/10.59653/ijmars.v3i02.1613
Journal/Publisher	International Journal of Multidisciplinary Approach Research and Science Riset Press International
Rights/Publisher Set Statement	Every article appearing in any International Journal of Multidisciplinary Approach Research and Science (IJMARS) is open access, This work is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License., https://creativecommons.org/licenses/by-sa/4.0/
Item License	CC BY-SA 4.0
Link to item	https://risetpress.com/index.php/ijmars/article/view/1613

For more information, please contact wrapteam@worc.ac.uk

Balancing Integration and Role Delineation in Public Addiction Services: Insights from Northern Italy

Barbara Menara
Worcester Business School, University of Worcester, UK
Corresponding Email: b.menara@worc.ac.uk

Abstract

This study explored the complex dynamics within multidisciplinary organizations involved in addiction treatment services by investigating how professional roles, operational tasks, and systemic challenges interact and affect overall performance and service outcomes. The research was conducted within public services for addictions in Northern Italy, utilizing an ethnographic approach that included participant observation and semi-structured interviews with professionals from various disciplines. An analysis of the organizational system revealed inconsistencies between the intended goals and actual strategies, with a homogeneous approach aimed at increasing the similarities among professional categories. Upon closer examination, this homogeneous approach revealed several challenges including an unclear delineation of professional groups and overlapping responsibilities. Consequently, an excess of integrative work was observed, potentially compromising the system functionality and efficiency. While integration is important, our findings suggest the need to balance integration with other systemic functions and clearly define roles in multidisciplinary settings. By employing an ethnographic approach to public services for addictions, this study provides a novel perspective on organizational structure and its impact on service delivery. The application of Parson's four-function paradigm to understanding system functionality also offers fresh insights into the complexities of these organizations.

Keywords: multidisciplinary teams, professional role, integration, addiction services, organizational analysis

Introduction

This comprehensive examination of multidisciplinary organizations in addiction treatment services provides a nuanced understanding of their complex dynamics. By conceptualizing these organizations as interconnected systems, this study emphasizes the far-reaching consequences of changes within any part of the structure. The investigation of professional roles illuminates the intricate web of collaboration among specialists, showcasing

how diverse expertise converges to enhance patient care. Simultaneously, the analysis of operational functions offers crucial insights into the mechanisms that either facilitate or impede effective service delivery, thereby providing a practical foundation for organizational improvements. The study's focus on systemic challenges broadens the scope of the analysis, acknowledging the influence of external factors on an organization's capacity to deliver high-quality addiction treatment services.

By integrating these various elements - professional roles, operational functions, and systemic challenges–this research provides a robust framework for enhancing organizational efficiency, fostering interdisciplinary collaboration, and ultimately improving patient outcomes in addiction treatment services. This integrated perspective not only addresses a significant gap in the literature, as Menara (2025) noted, but also offers practical implications for healthcare administrators, policymakers, and practitioners seeking to optimize the delivery of addiction treatment services.

Literature Review

Multidisciplinary Teamwork in Healthcare Organizations

Multidisciplinary teams have become increasingly important in healthcare settings because of the growing complexity of patient care (Baxter, Johnson, Chambers, Sutton, Goyder, & Booth, 2018; Rosen, DiazGranados, Dietz, Benishek, Thompson, Pronovost, & Weaver, 2018). These teams bring together professionals from various fields, offering diverse perspectives and specialized knowledge to address complex health issues.

The benefits of effective multidisciplinary teams are significant, including improved patient outcomes such as lower mortality rates, shorter hospital stays, and higher patient satisfaction (Epstein, 2014; Pillay, Wootten, Crowe, Corcoran, Tran, Bowden, Crowe, & Costello, 2016). In addition, these teams contribute to reducing medical errors and more efficient use of healthcare resources (Bilotta, Cheng, Ng, Corrington, Watson, Paoletti, Hebl, & King, 2021; Zajac, Woods, Tannenbaum, Salas, & Holladay, 2021). Despite these advantages, implementing multidisciplinary teams is challenging. Professional hierarchies can hinder communication and collaboration, whereas conflicting priorities among specialties and communication barriers owing to different professional languages and terminologies can impede effective teamwork (Lancaster, Kolakowsky- Hayner, Kovacich, & Greer- Williams, 2015; Steihaug, Johannessen, Ådnanes, Paulsen, & Mannion, 2016). Recognizing these obstacles, healthcare organizations are actively pursuing strategies to overcome them and maximize the potential of multidisciplinary collaboration (Graesser, Fiore, Greiff, Andrews-Todd, Foltz, & Hesse, 2018). These include fostering an environment that encourages open dialogue and active listening, creating carefully orchestrated environments to promote synergy, managing resources effectively, and implementing inclusive decision-making processes (Freeth & Caniglia, 2020; Hoffmann-Longtin, Kerr, Shaunfield, Koenig, Bylund, & Clayton,2022).

Balancing Integration and Role Delineation in Public Addiction Services: Insights from Northern Italy

Key factors for successful teamwork in healthcare settings include effective resource management (Mattessich & Johnson, 2018; Randel, Galvin, Shore, Ehrhart, Chung, Dean, & Kedharnath, 2018; Eriksson, Robertson, & Näppä, 2025), clear communication and mutual respect to bridge gaps between disciplines (Wang, Aenis, & Siew, 2019; Ahsan, 2025), role clarity to ensure that team members understand their responsibilities (Sims, Hewitt, & Harris, 2015; Foronda, MacWilliams, & McArthur, 2016), and appropriate leadership styles that positively impact team dynamics and patient outcomes (Cummings, Tate, Lee, Wong, Paananen, Micaroni, & Chatterjee 2018; Hall, Vogel, Huang, Serrano, Rice, Tsakraklides, & Fiore, 2018). When these elements work together, multidisciplinary teams can achieve better results than homogeneous groups, creatively addressing complex issues (Gardiner, 2020; Din, Anjum, & Malik, 2024; Llamzon & Matney, 2025).

While the benefits of multidisciplinary teams are evident across various healthcare domains, it is important to recognize that certain specialized sectors, such as addiction treatment, may require additional considerations. The unique challenges of addiction services may not be fully addressed by general healthcare research.

Professional Roles and Boundaries

Clearly defined team roles in organizations offer numerous advantages that contribute to overall efficiency and productivity (Ruch, Gander, Platt, & Hofmann, 2018). By establishing distinct responsibilities, team members gain a clear understanding of their individual contributions and foster a sense of accountability and purpose (Smith & Benavot, 2019). This clarity facilitates collaboration by enabling team members to readily identify individuals responsible for specific tasks and actions (Driskell, Salas, & Driskell, 2018).

Moreover, well-defined roles streamline workflows, ensuring that tasks are allocated and executed efficiently, reducing overlap and minimizing confusion (Ullah, Saleh AlDhaen, AlDhaen, & Mahmood, 2024). Employees experience increased job satisfaction when they see how their work directly contributes to organizational goals, leading to higher motivation and engagement (Riyanto, Endri, & Herlisha, 2021).

Although clearly defined team roles offer significant benefits, it is important to consider the potential drawbacks and find a balance. Excessive role specialization may reduce flexibility, making it challenging for teams to adapt to rapid business changes or unexpected challenges (Franken, Bentley, Shafaei, Farr-Wharton, Onnis, & Omari, 2021). Creativity and innovation may be hindered if team members feel constrained by their defined roles, potentially missing opportunities for cross-functional collaboration, and fresh perspectives (Mortensen & Haas, 2018; Acar, Tarakci, & Van Knippenberg, 2019).

Organizations can implement several strategies to address these challenges, such as cross-training programmes to broaden employee skills and encourage open communication across departments (Hernaus, Černe, & Škerlavaj, 2021). This approach fosters a more adaptable workforce, while maintaining clear role definitions (Ali, Davis, Martinez, & Brown, 2024). Ultimately, the key lies in striking a balance between clear role definitions and the flexibility required to adapt to changing circumstances and industry-specific demand.

Beyond general organizational contexts, the impact of role definitions in specific sectors warrants further exploration. There is a notable research gap in healthcare settings, such as drug addiction services, where professional boundaries may need to shift in response to evolving patient care needs and organizational changes (Menara, 2025).

Research Method

This study employed an ethnographic methodology that incorporated interviews and participant observation. Conducted within public services for addictions in Northern Italy, the study entailed seven months of participant observation at a single public addiction service, where the researcher served full-time as a social worker consultant, from June 2017 to January 2018.

The participant observation method has proven valuable in capturing daily operations' nuances and interprofessional interactions (Spradley, 2016). This method yielded substantial data, potentially surpassing the information obtained through the interviews. During this period, the researcher actively participated in team meetings, case discussions, and daily activities, gaining firsthand insights into the multidisciplinary dynamics of addiction treatment. This immersive method allowed for the capture of subtle nuances in interprofessional collaboration and decision-making processes that might have been overlooked through interviews alone.

To complement the observational data and gain diverse perspectives from multiple services, a series of semi-structured interviews were conducted with professionals from three public addiction services in Northern Italy. Participants were selected using a purposive sampling method, resulting in 28 interviews (seven doctors, eight nurses, six social workers, and seven psychologists). This sampling strategy ensured representation from various professional backgrounds in addiction services (Saunders, Lewis, & Thornhill, 2015).

To maintain ethical standards and enhance the credibility of the study, ethical approval was obtained for each service involved, and all professionals within the service were informed of the aim of observing the multidisciplinary dynamics and provided their consent. Furthermore, a reflective diary was maintained throughout the study to assist the researcher in managing her dual role as both researcher and professional, thereby maintaining objectivity and enhancing ethical and methodological rigor (Sachan, 2024). Following data collection, a rigorous analytical process was employed to extract meaningful insights from the rich qualitative data using a thematic analysis. This analytical approach involves systematically identifying, organizing, and interpreting patterns or themes within the qualitative data (Guest, Macqueen, & Namey, 2012).

Balancing Integration and Role Delineation in Public Addiction Services: Insights from Northern Italy

Result

Organizational Structure

The organizational structure of Italian services for addictions has a complex setup with different levels and professional groups, each focusing on specific aspects of addiction treatment and prevention. This complex setup was designed to effectively address the multifaceted nature of addiction treatment and prevention. It can be divided into three levels to understand this organizational structure better.

1. Strategic top management: Directors of the addiction department at the regional and district levels are responsible for overall organizational management.

2. Middle management: Bridging the gap between top-level decision making and day-to-day operations, middle management plays a crucial role in ensuring effective service delivery. Typically, managers are in the medical field.

3. Operational level: This comprises professionals who perform the main work of the service, including medical practitioners, psychologists, social workers, educators (occasionally), nurses and administrative staff. This diverse team of professionals at the operational level worked collaboratively to provide comprehensive care to individuals who had struggled with addiction.

By implementing this hierarchical structure, Italian services for addictions aim to ensure efficient management, clear communication, and specialized care at every level of service provision.

Professional Subsystems and Roles

Italian addiction services operate as intricate networks designed to address various forms of addiction, encompassing a diverse team of professionals including doctors, psychologists, social workers, and administrative staff. Each professional group has a unique expertise and collaborates to deliver comprehensive care to individuals struggling with addiction.

The organizational structure of these services is characterized by varying degrees of formality among different professional subsystems, which are determined by formal procedures for specific activities and formal role prescriptions. The medical subsystem, comprising doctors and nurses, exhibits the highest degree of formality and adheres to stringent national and regional regulations with clearly defined roles. In contrast, other professional subsystems such as social workers, psychologists, and (occasionally) educators operate with considerably less formality. These groups often lack specific procedural guidelines, affording them greater flexibility in their roles (Abrams, Vandrevala, Samsi, & Manthorpe, 2019). This adaptability enables psycho-socio-educational professionals to tailor their approaches to individual clients and situations by utilizing various tools and interpretations based on their theoretical background (Beltrán-Martín, Bou-Llusar, & Salvador-Gómez, 2024). While this flexibility enhances their ability to provide personalized care, it also presents challenges in formalizing these professions and can lead to role ambiguities and overlaps with other

disciplines. Consequently, this dynamic creates opportunities for interdisciplinary collaboration while posing potential challenges in role delineation within the Italian addiction service framework.

Operational Activities

Italian services for addiction include various operational activities and functions. The main activities involved drug and alcohol addiction treatment, including medical check-ups, medication distribution, psychological support, health education, and collaboration with support groups and rehabilitation centers. It is the largest and most complex part of the system, and integrates all professional groups to provide comprehensive care for the treatment of addiction and related health issues.

While drug and alcohol addiction treatment forms the core of these organizations, several other specialized areas complement its comprehensive approach. Prevention programs educate people about drug abuse dangers, involving all professional groups except nurses. Community service probation programs help substance abusers who have committed crimes to receive treatment instead of jail, involving all professional groups.

The service also provides patients with information about their HIV status and associated risks primarily through doctors and nurses. Employment assistance and rehabilitation community placement are other non-medical activities handled by social workers (or other staff if necessary).

The service recognizes the importance of addressing other forms of addictive behavior. Tobacco cessation, eating disorder treatment, and gambling addiction were the other operational activities identified. Although less frequently addressed, these additional areas demonstrate services for addictions' commitment to providing holistic care across various addiction types, albeit with varying degrees of interdisciplinary involvement.

Parsons' Four-Function Paradigm

Social systems require a multifaceted approach to understand their functioning and sustainability. Parsons proposed the AGIL paradigm to analyze these systems, which comprises four essential components: Adaptation, Goal Attainment, Integration, and Latency (Parsons, 1964). Adaptation refers to a system's ability to adjust to its external environment, thereby ensuring its survival and relevance. Goal Attainment focuses on defining objectives, mobilizing resources, and driving progress. Integration emphasizes coordination of subsystems within a larger social structure, thereby promoting cohesion. Latency addresses the maintenance of the fundamental patterns and values that provide continuity and identity. The AGIL paradigm offers a holistic perspective of social systems, highlighting the interconnectedness of these elements (Fox, Lidz, & Bershady, 2005). Adaptation and Goal Attainment concern a system's external relationships and ability to thrive, which are vital for immediate survival and growth. Integration and Latency focus on internal dynamics to ensure coherence, stability, and long-term sustainability (Vallacher, Coleman, Nowak, & Bui-Wrzosinska, 2010). This framework provides a comprehensive tool for analyzing social

systems applicable to public addiction services, offering insights into their functioning, challenges, and potential for improvement.

A. Adaptation

Adaptation is a critical aspect of addiction service operations that encompasses both external and internal factors. The surrounding environment plays a significant role, including corporate and legal considerations related to drug addiction and public health, national funding allocation, political and organizational strategies, local health authority decisions, and relationships with various stakeholders. These external factors shape the context in which services operate, and require constant monitoring and adjustment to ensure effective service delivery. Additionally, interactions with citizens, particularly at-risk groups and those struggling with addiction, are crucial for understanding and addressing the evolving needs of the community.

While external factors shape the operational landscape, internal resources are crucial for effective functioning of addiction services. These include physical resources such as office equipment and medical supplies, financial resources for program implementation, and human resources comprising professional staff with specialized skills.

In addition to managing tangible resources, services must cultivate and maintain intangible assets. The development and maintenance of a network of relationships with other organizations, such as rehabilitation centers and job placement services, further enhance the capacity of the service to provide comprehensive care. Continuous improvement in staff skills through training and development programs can also be seen as adaptive work.

By effectively adapting to both environmental changes and resource constraints, the system can maintain its ability to address addiction and public health issues, ensuring that it remains responsive to the needs of the community, and aligns with broader health and social objectives.

B. Goal Attainment

Weekly team meetings constitute an essential strategy for addiction services to achieve their specific objectives. These meetings serve a crucial purpose as platforms for doctors, psychologists, and social workers to convene and make collective decisions regarding treatment plans and individual cases. While the core team composition is consistent, the inclusion of nurses in these meetings may vary according to organizational preferences.

This commitment to attendance is not merely symbolic; the organization's expectation of full attendance is communicated through subtle reminders to latecomers and postponing discussions until all professional teams are present. The enforcement of these expectations has negative consequences for those who fail to attend meetings, arrive significantly late, or schedule conflicting appointments. Through this structured approach to team meetings, the system aims to enhance the quality of patient care and achieve its specific goals more effectively (Pillay, Wootten, Crowe, Corcoran, Tran, Bowden, Crowe, & Costello, 2016)

C. Integration

Relationships and tasks within a system often lead to tension and conflict, necessitating effective management strategies (Folger, Poole, & Stutman, 2021). Italian addiction services employ diverse methods to address these challenges and maintain harmony within an organization. These methods can be broadly categorized into formal and informal approaches. Formal methods include the implementation of internal rules and external directives to guide behavior and decision-making, as well as regular team meetings to facilitate communication and align goals. On the other hand, informal methods encompass mutual oversight among staff for accountability, internalized norms such as respect and punctuality, senior (or particularly motivated) members acting as bridges between staff resolving conflicts or inefficiencies, and gender-based alliances among female staff members. This gender-based affinity suggests that personal characteristics such as gender may play a significant role in shaping professional interactions and perceptions within addiction services. The interaction among these integration methods ensures that expectations are fulfilled and conflicts are minimized by promoting a structured approach to collaboration and alignment.

Even members who do not actively engage in cooperative activities can significantly contribute to the cohesion of the system. These non-cooperative members may fulfill the following roles:

1. Absorbing tension: They may attract or absorb conflicts within the system, thereby potentially alleviating stress for other members.

2. Providing countermeasures: Their actions or mere presence may encourage other members to collaborate more effectively.

This scenario exemplifies the intricacies of system integration, wherein elements initially perceived as detrimental or disruptive may in fact contribute to maintaining equilibrium within the overall system. This suggests that every system component, even those regarded as negative, plays a role in ensuring its overall functionality (Parsons, 1964).

Although these integration methods create a complex system capable of adapting to various situations, this study revealed the issue of overintegration in Italian addiction services, paradoxically reducing their effectiveness. This excessive integration manifests in prolonged consultations, multiple approval processes, slower decision-making and action implementation, and the diversion of resources from essential functions. Although integration is crucial for system cohesion, the current level appears to be counterproductive, negatively impacting resource allocation, decision-making processes, and the overall system flexibility.

This finding underscores the intricate equilibrium necessary for organizational management, wherein excessive integration can be as harmful as insufficient integration. This highlights the need for a more nuanced approach to system integration within addiction services.

D. Latent Pattern Maintenance

Social systems rely on a dynamic equilibrium, in which stability is maintained through shared norms, roles, and expectations. When disruptions occur, the system adapts by modifying behaviors, redistributing responsibilities, or redefining roles (Parsons, 1964). This adjustment process ensures that the system remains functional while accommodating necessary changes (Arrow, McGrath, & Berdahl, 2000).

In the context of addiction services, this balance is particularly evident in the interplay between professional specialization and role interchangeability. While specialized expertise is essential for addressing complex issues, practical constraints such as staffing shortages and budget limitations often necessitate flexibility in role assignments. This creates a tension between maintaining professional integrity and ensuring operational efficiency. For example, socio-educational professionals may be required to handle administrative tasks that fall outside their primary expertise, whereas doctors may assume responsibilities beyond their medical training to meet service demands. Similarly, psychologists may advocate broader philosophical approaches to service delivery, and influence policies and treatment frameworks.

This apparent contradiction serves as a crucial mechanism for maintaining system stability, while allowing for necessary adaptations. The system retains its identity and purpose by preserving its core values and structure. Simultaneously, flexibility to address immediate challenges enables the system to respond effectively to changing circumstances and emerging threats.

The delicate equilibrium between rigidity and flexibility is frequently observed in various complex systems and can be analogized to a tree structure. The trunk and main branches symbolize core values and structures, offering strength and continuity. Conversely, smaller branches and leaves possess the capacity to bend and adapt to environmental pressures without compromising the overall integrity of the tree. This dynamic balance enables the system to evolve and improve while preserving its fundamental characteristics. Additionally, it enhances resilience because the system can absorb shocks and disturbances without completely transforming or collapsing.

Discussion

These findings highlight a significant discrepancy between the intended goals of the system and its actual strategies. Instead of fostering distinct professional groups, the system adopted a more homogeneous approach to increase similarities among different professional categories. This strategy was primarily implemented to enhance operational efficiency and mitigate intergroup conflicts (Kozlowski & Ilgen, 2006). The reduced sense of 'mutual dependence' could also alleviate the tensions and conflicts that often arise between diverse professional groups working within the services.

Furthermore, the organization's approach to blurring the lines between professional groups appears to have additional objectives. The system aims to cultivate a versatile workforce by diminishing the differences between professional groups. This versatility could lead to greater flexibility in task allocation and execution, potentially resulting in faster operations and improved overall service efficiency (Farchi, Dopson, & Ferlie, 2023).

Despite the apparent benefits of this homogeneous approach, this study uncovered the significant challenges associated with this strategy. The primary issue was that the lack of clear delineation between various professional groups resulted in overlapping job responsibilities. When boundaries between different professional groups become indistinct, they hamper operational efficiency and create an environment of confusion and potential conflicts (Comeau-Vallée & Langley, 2020). The resulting redundancy in work processes and struggle for professional recognition can lead to decreased job satisfaction and potentially compromise the overall quality of the services provided (Sims, Hewitt, & Harris, 2015; Ullah, Saleh AlDhaen, AlDhaen, & Mahmood, 2024). To address these issues, addiction services may need to reassess their structural strategies, implement clearer job descriptions, and establish mechanisms to acknowledge each professional group's unique contributions within a collaborative framework.

In addition to the challenges associated with blurred professional boundaries, this study identified another significant issue: the prevalence of excessive integrative work, which necessitates considerable effort to connect staff members and mitigate conflict. Staff members cited a lack of clearly defined roles and boundaries between different professional groups as the primary contributor to overintegration.

The control strategies employed by the system are also identified as significant contributors to the overintegration problem. These strategies pressure workers to adhere to the system's rules and norms, with control primarily exercised horizontally (between peers) rather than vertically (from superiors). These control strategies contribute to over integration and significantly shape professional dynamics within the organization (Menara, 2025).

The phenomenon of excessive integration is closely tied to the nature of professional interactions within the organization, as these interactions often determine the extent and intensity of the integrative work required. These interactions, which are often overlooked, play a vital role in determining the effectiveness and efficiency of service delivery (Beltrán-Martín, Bou-Llusar, & Salvador-Gómez, 2024).How different professionals collaborate, communicate, and coordinate their efforts can significantly affect an organization's overall performance of an organization (Mattessich & Johnson, 2018).

These findings imply that Italian public services for addictions may need to reevaluate their organizational structure and strategies. A shift from a homogeneous approach to one that better recognizes and utilizes the distinct roles and expertise of different professional categories could enhance the system functionality and efficiency. This may involve a clearer delineation of professional groups, a more precise allocation of responsibilities, and a balanced approach to integration that does not compromise other essential systemic functions. Such changes could potentially lead to improved service delivery and more effective multidisciplinary collaboration for addiction treatment.

Balancing Integration and Role Delineation in Public Addiction Services: Insights from Northern Italy

Conclusion

This study provides valuable insights into the complex dynamics of multidisciplinary organizations involved in addiction treatment services in Northern Italy. This research highlights a significant discrepancy between the intended goals of the system and its actual strategies, revealing a tendency towards a homogeneous approach aimed at increasing the similarities among professional categories. Although this approach was intended to enhance operational efficiency and mitigate intergroup conflicts, it has led to several challenges, including the unclear delineation of professional groups and overlapping responsibilities. The study identified excessive integrative work as a major issue, necessitating considerable effort to connect staff members and mitigate conflict. This overintegration, primarily driven by the lack of clearly defined roles and boundaries between professional groups, potentially compromises the functionality and efficiency of the system.

Future research should explore strategies for maintaining system cohesion, while minimizing the risks of excessive integration. Developing performance indicators and integration thresholds can provide quantifiable metrics to guide integration efforts. Additionally, investigating the use of advanced analytics and machine learning to dynamically optimize integration levels based on real-time data and organizational needs could offer valuable insights for improving service delivery and fostering more effective multidisciplinary collaboration in addiction treatment.

Reference

Abrams, R., Vandrevala, T., Samsi, K., & Manthorpe, J. (2019). The need for flexibility when negotiating professional boundaries in the context of home care, dementia and end of life. *Ageing & Society*, *39*(9), 1976-1995.

Acar, O. A., Tarakci, M., & Van Knippenberg, D. (2019). Creativity and innovation under constraints: A cross-disciplinary integrative review. *Journal of Management*, *45*(1), 96-121.

Ahsan, M. J. (2025). Cultivating a culture of learning: the role of leadership in fostering lifelong development. *The Learning Organization*, *32*(2), 282-306.

Ali, A., Davis, E., Martinez, C., & Brown, L. (2024). The Role of Organizational Culture in Driving Innovation and Competitive Advantage. *International Journal of Management, Business, and Economics*, *1*(1).

Arrow, H., McGrath, J. E., & Berdahl, J. L. (2000). *Small groups as complex systems: Formation, coordination, development, and adaptation*. Sage Publications Inc.

Baxter, S., Johnson, M., Chambers, D., Sutton, A., Goyder, E., & Booth, A. (2018). The effects of integrated care: a systematic review of UK and international evidence. *BMC Health Services Research*, *18*, 1-13.

Beltrán-Martín, I., Bou-Llusar, J. C., & Salvador-Gómez, A. (2024). HR flexibility and firm performance in professional service firms. *Journal of Management & Organization*, *30*(6), 2396-2417.

Bilotta, I., Cheng, S. K., Ng, L. C., Corrington, A. R., Watson, I., Paoletti, J., Hebl, M. R., & King, E. B. (2021). Remote communication amid the coronavirus pandemic: Optimizing interpersonal dynamics and team performance. *Industrial and Organizational Psychology*, *14*(1-2), 36-40.

Comeau-Vallée, M., & Langley, A. (2020). The interplay of inter-and intraprofessional boundary work in multidisciplinary teams. *Organization Studies*, *41*(12), 1649-1672.

Cummings, G. G., Tate, K., Lee, S., Wong, C. A., Paananen, T., Micaroni, S. P., & Chatterjee, G. E. (2018). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies, 85*, 19-60.

Din, B. R. U., Anjum, F., & Malik, A. (2024). Cross-disciplinary collaboration in healthcare: Enhancing outcomes through team-based care. *Multidisciplinary Journal of Healthcare (MJH)*, *1*(1), 11-19.

Driskell, J. E., Salas, E., & Driskell, T. (2018). Foundations of teamwork and collaboration. *American Psychologist*, *73*(4), 334.

Epstein, N. E. (2014). Multidisciplinary in-hospital teams improve patient outcomes: A review. *Surgical Neurology International*, *5*(7), S295.

Eriksson, T., Robertson, J., & Näppä, A. (2025). Functional top management teams and marketing organization: exploring strategic decision-making. *Journal of Strategic Marketing*, *33*(1), 1-18.

Farchi, T., Dopson, S., & Ferlie, E. (2023). Do we still need professional boundaries? The multiple influences of boundaries on interprofessional collaboration. *Organization Studies*, *44*(2), 277-298.

Folger, J. P., Poole, M. S., & Stutman, R. K. (2021). *Working through conflict: Strategies for relationships, groups, and organizations*. Oxfordshire, United Kingdom, Routledge.

Foronda, C., MacWilliams, B., & McArthur, E. (2016). Interprofessional communication in healthcare: An integrative review. *Nurse Education in Practice*, *19*, 36-40.

Fox, R. C., Lidz, V. M., & Bershady, H. J. (Eds.). (2005). *After Parsons: A theory of social action for the twenty-first century*. New York, NY, Russell Sage Foundation.

Franken, E., Bentley, T., Shafaei, A., Farr-Wharton, B., Onnis, L. A., & Omari, M. (2021). Forced flexibility and remote working: Opportunities and challenges in the new normal. *Journal of Management & Organization*, *27*(6), 1131-1149.

Freeth, R., & Caniglia, G. (2020). Learning to collaborate while collaborating: advancing interdisciplinary sustainability research. *Sustainability Science*, *15*(1), 247-261.

Gardiner, P. (2020). Learning to think together: Creativity, interdisciplinary collaboration and epistemic control. *Thinking Skills and Creativity*, *38*, 100749.

Graesser, A. C., Fiore, S. M., Greiff, S., Andrews-Todd, J., Foltz, P. W., & Hesse, F. W. (2018). Advancing the science of collaborative problem solving. *Psychological Science in the Public Interest*, *19*(2), 59-92.

Guest, G., Macqueen, K., & Namey, E. (2012). *Applied Thematic Analysis*, Sage Publications Inc. https://doi.org/10.4135/9781483384436

Hall, K. L., Vogel, A. L., Huang, G. C., Serrano, K. J., Rice, E. L., Tsakraklides, S. P., & Fiore, S. M. (2018). The science of team science: A review of the empirical evidence and research gaps on collaboration in science. *American Psychologist*, *73*(4), 532.

Hernaus, T., Černe, M., & Škerlavaj, M. (2021). The interplay between relational job design and cross- training in predicting employee job/task citizenship performance. *Human Resource Development Quarterly*, *32*(4), 625-646.

Hoffmann-Longtin, K., Kerr, A. M., Shaunfield, S., Koenig, C. J., Bylund, C. L., & Clayton, M. F. (2022). Fostering interdisciplinary boundary spanning in health communication: a call for a paradigm shift. *Health Communication*, *37*(5), 568-576.

Kozlowski, S. W., & Ilgen, D. R. (2006). Enhancing the effectiveness of work groups and teams. *Psychological Science in the Public Interest*, *7*(3), 77-124.

Lancaster, G., Kolakowsky- Hayner, S., Kovacich, J., & Greer- Williams, N. (2015). Interdisciplinary communication and collaboration among physicians, nurses, and unlicensed assistive personnel. *Journal of Nursing Scholarship*, *47*(3), 275-284.

Llamzon, J., & Matney, S. (2025). Strategic Synergy: The Dyadic Relationship of Executive Nurse and Physician in Service Line Management Within Complex Health Systems. *Nurse Leader*, *23*(1), 72-76.

Mattessich, P. W., & Johnson, K. M. (2018). *Collaboration: What makes it work*. Nashville, Tennessee, Turner Publishing Company.

Menara, B. (2025). Differentiation, Integration, and Control Dynamics in Multidisciplinary Teams: An Ethnographic Study of Northern Italian Public Addiction Services. *Journal of Applied Social Science (JASS)*. ISSN ISSN 1936-7244; eISSN 1937-0245 (In Press).

Mortensen, M., & Haas, M. R. (2018). Perspective—Rethinking teams: From bounded membership to dynamic participation. *Organization Science*, *29*(2), 341-355.

Parsons, T. (1964). Evolutionary universals in society. *American Sociological Review*, 339-357.

Pillay, B., Wootten, A. C., Crowe, H., Corcoran, N., Tran, B., Bowden, P., Crowe, J., & Costello, A. J. (2016). The impact of multidisciplinary team meetings on patient assessment, management and outcomes in oncology settings: a systematic review of the literature. *Cancer Treatment Reviews*, *42*, 56-72.

Randel, A. E., Galvin, B. M., Shore, L. M., Ehrhart, K. H., Chung, B. G., Dean, M. A., & Kedharnath, U. (2018). Inclusive leadership: Realizing positive outcomes through belongingness and being valued for uniqueness. *Human Resource Management Review*, *28*(2), 190-203.

Riyanto, S., Endri, E., & Herlisha, N. (2021). Effect of work motivation and job satisfaction on employee performance: Mediating role of employee engagement. *Problems and Perspectives in Management*, *19*(3), 162.

Rosen, M. A., DiazGranados, D., Dietz, A. S., Benishek, L. E., Thompson, D., Pronovost, P. J., & Weaver, S. J. (2018). Teamwork in healthcare: Key discoveries enabling safer, high-quality care. *American Psychologist*, *73*(4), 433.

Ruch, W., Gander, F., Platt, T., & Hofmann, J. (2018). Team roles: Their relationships to character strengths and job satisfaction. *The Journal of Positive Psychology*, *13*(2), 190-199.

Sachan, B. (2024). Bridging the Gap: Sociological Theory and Empirical Practice. *International Journal of Multidisciplinary Research in Arts, Science and Technology*, *2*(9), 1-17. https://doi.org/10.61778/ijmrast.v2i9.78

Saunders, M., Lewis, P., & Thornhill, A. (2015). *Research Methods for Business Students.* England: Pearson Education Limited.

Sims, S., Hewitt, G., & Harris, R. (2015). Evidence of collaboration, pooling of resources, learning and role blurring in interprofessional healthcare teams: a realist synthesis. *Journal of Interprofessional Care*, *29*(1), 20-25.

Smith, W. C., & Benavot, A. (2019). Improving accountability in education: the importance of structured democratic voice. *Asia Pacific Education Review*, *20*, 193-205.

Spradley, J.P. (2016). *Participant observation*. Illinois, United States, Waveland Press.

Steihaug, S., Johannessen, A. K., Ådnanes, M., Paulsen, B., & Mannion, R. (2016). Challenges in achieving collaboration in clinical practice: the case of Norwegian health care. *International Journal of Integrated Care*, *16*(3), 3.

Ullah, Z., Saleh AlDhaen, F., AlDhaen, E., & Mahmood, M. (2024). Duality of command in teaching hospitals: exploring its impact on employee emotions and the mediating effect of role ambiguity. *International Journal of Healthcare Management*, 1-12.

Vallacher, R. R., Coleman, P. T., Nowak, A., & Bui-Wrzosinska, L. (2010). Rethinking intractable conflict: The perspective of dynamical systems. *American Psychologist*, *65*(4), 262.

Wang, J., Aenis, T., & Siew, T. F. (2019). Communication processes in intercultural transdisciplinary research: framework from a group perspective. *Sustainability Science*, *14*, 1673-1684.

Zajac, S., Woods, A., Tannenbaum, S., Salas, E., & Holladay, C. L. (2021). Overcoming challenges to teamwork in healthcare: a team effectiveness framework and evidence-based guidance. *Frontiers in Communication*, *6*, 606445.