



COLLECTIVE PREPAREDNESS AS ORGANIZATIONAL RESILIENCE:



FACING THE “D-CHALLENGES” IN COMPLEX ADAPTIVE HEALTH AND NON-HEALTH SYSTEMS

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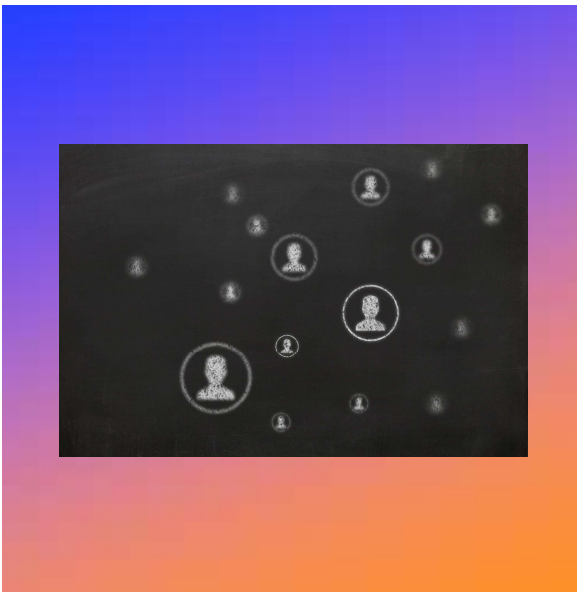
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INTRODUCTION TO D- CHALLENGES



INTRODUCTION TO THE D-CHALLENGES

DEFINITION AND CONTEXT OF THE D-CHALLENGES



Organizational Resilience. Resilience enables organizations to prepare for and flexibly respond to future challenges. This talk focuses on the **preparedness** dimension. **But prepared for what?**

The three D-Challenges as hot topics for organizational preparedness:

Decarbonization

Digitalization

Demographic change

They shape today's major organizational challenges.

Early Recognition and Action

Identifying changes early and responding appropriately is key for long-term competitiveness.

Research Questions

Are hospitals and non-hospital companies well **prepared** to cope with the D-Challenges?

Do HR managers and medical directors **feel** well prepared?

Is the perceived **collective ability to act** (and its capacity components) a predictor of organizational D-Challenge preparedness?

OBJECTIVES AND HYPOTHESIS OF THE STUDY



Objectives and Hypothesis



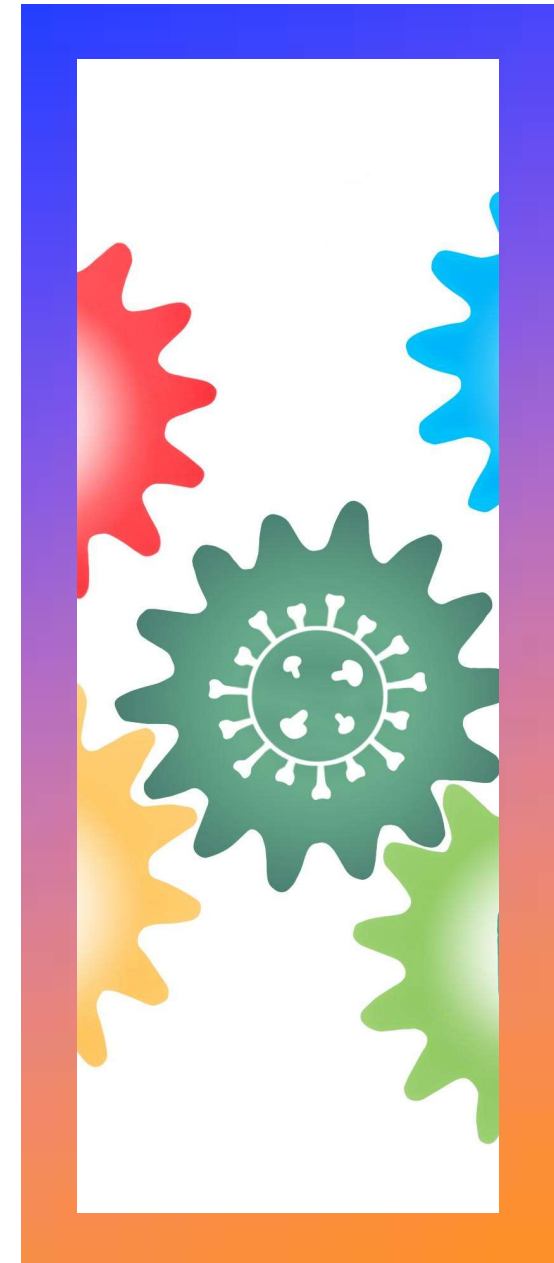
Hypothesis. The **AGIL capacities (AGIL-C)** predict **organizational preparedness** for major chronic challenges in complex adaptive systems. These capacities are essentially **collective action capacities (CAC)**.

Rationale. CAS are socio-technical systems with a strong social-system component. It is **worthwhile** to revisit an early social-system theory that implicitly explains the resilience (survival) of social systems and its determinants: **Parsons' social system theory** (Parsons, 1951).

We believe that the AGIL functions of Parsons (1951) are backed up by **four specific capacities**:

- Adaptive Capacity (A):** Enables organizations to adjust flexibly to changes and emerging challenges.
- Governance Capacity (G):** Ensures effective decision-making and control **within** organizations.
- Integrative Capacity (I):** Combines diverse attributes and resources for cohesive action.
- Latent (Cultural) Capacity (L):** Draws on shared values and norms that unify members.

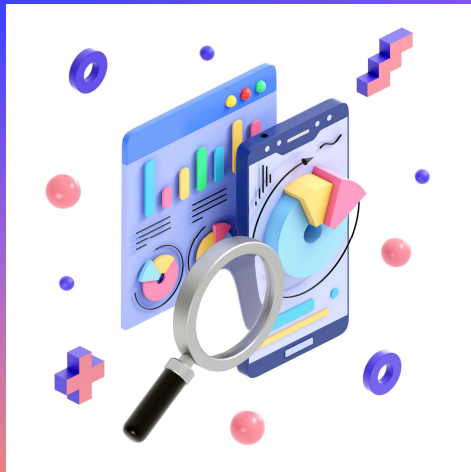
Literature: Parsons, T. The Social System, 1951



METHODOLOGY OF THE STUDY



SURVEY DESIGN AND STATISTICAL ANALYSIS



Nationwide Survey (2024).

595 organizations, including **42 hospitals**; respondents: medical directors and HR managers.

Analysis Sample. **595 companies (hospitals and non-hospitals)** used for regression analyses.

Scale Reliability. Four AGIL capacities and preparedness ($\alpha = 0.77\text{--}0.90$) indicating strong internal consistency.

Regression Analysis. Linear regressions (**N = 595**) assessed individual and combined effects of capacities on **organizational preparedness** (controlled for company size).

Research Objective

The analysis aimed to determine the significance of each capacity and the overall model in promoting organizational resilience.



RESULTS OF THE OVERALL SAMPLE



OVERALL SAMPLE (N = 595):

AGIL CAPACITIES ARE SIGNIFICANT PREDICTORS OF ORGANIZATIONAL PREPAREDNESS

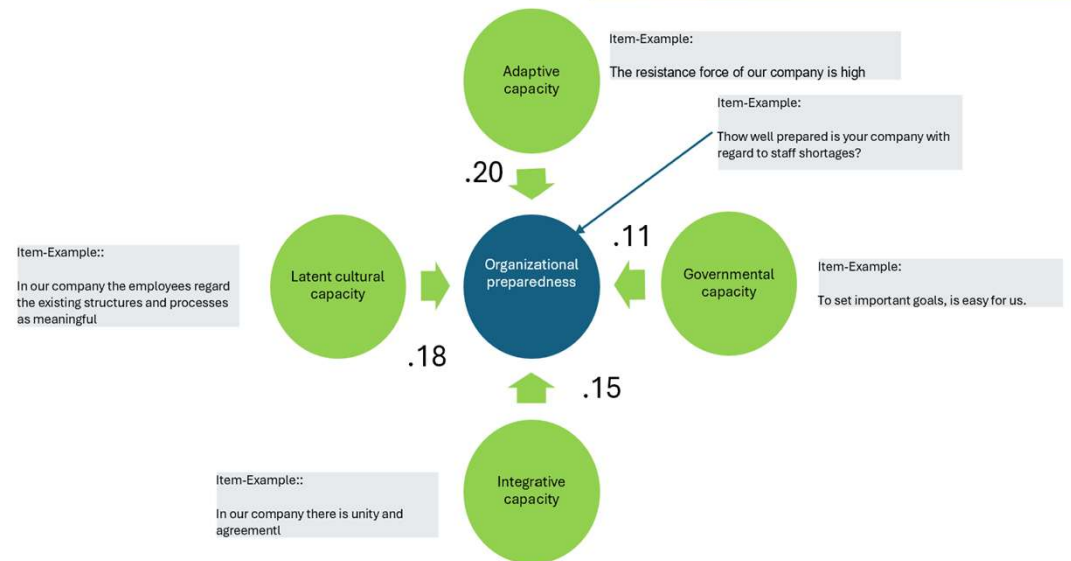
($R^2 = 0.24$, CONTROLLED FOR COMPANY SIZE).

Adaptive Capacity. Significant positive predictor.

Governance Capacity. Significant positive predictor.

Integrative Capacity. Significant positive predictor.

Latent Cultural Capacity. Significant positive predictor.



TAKEAWAY: ADAPTIVE CAPACITY IS NOT ENOUGH!

RESULTS OF THE NON- HOSPITAL SAMPLE



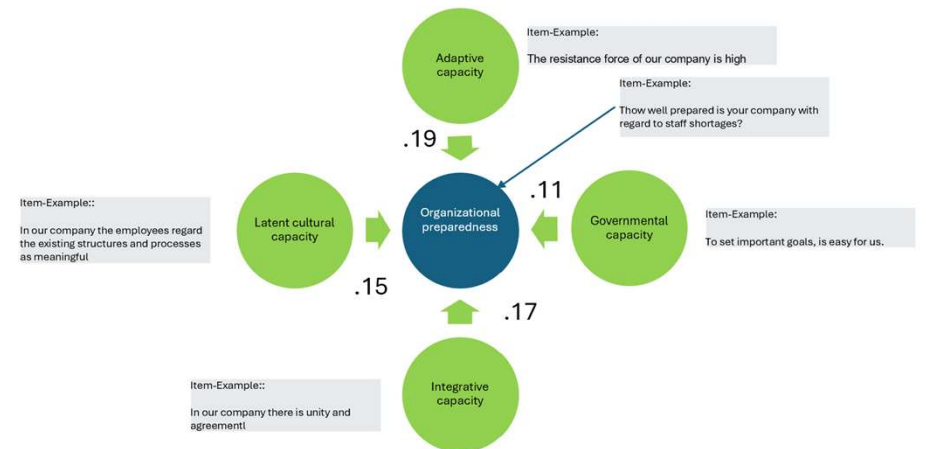
NON-HOSPITAL ORGANIZATIONS (N = 545).

AGIL CAPACITIES PREDICT ORGANIZATIONAL PREPAREDNESS

(ADJ. $R^2 = 0.21$, CONTROLLED FOR COMPANY SIZE).

RESULT:

A, G, I, L ALL SIGNIFICANT POSITIVE PREDICTORS.



RESULTS OF THE HOSPITAL SAMPLE



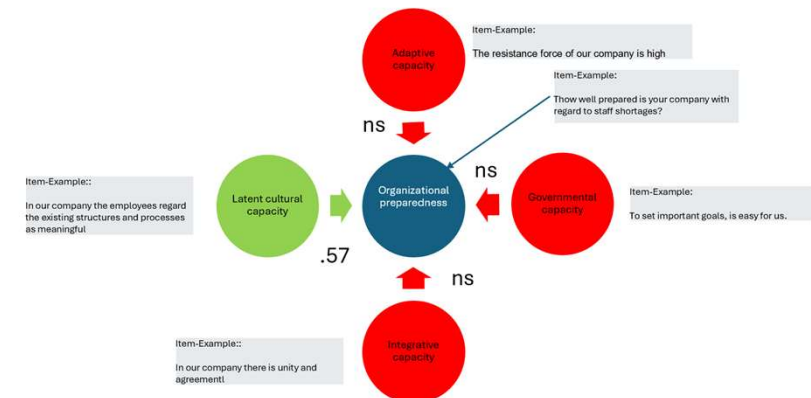


Hospitals

(N = 42; adj. R² = 0.26, controlled for hospital size).

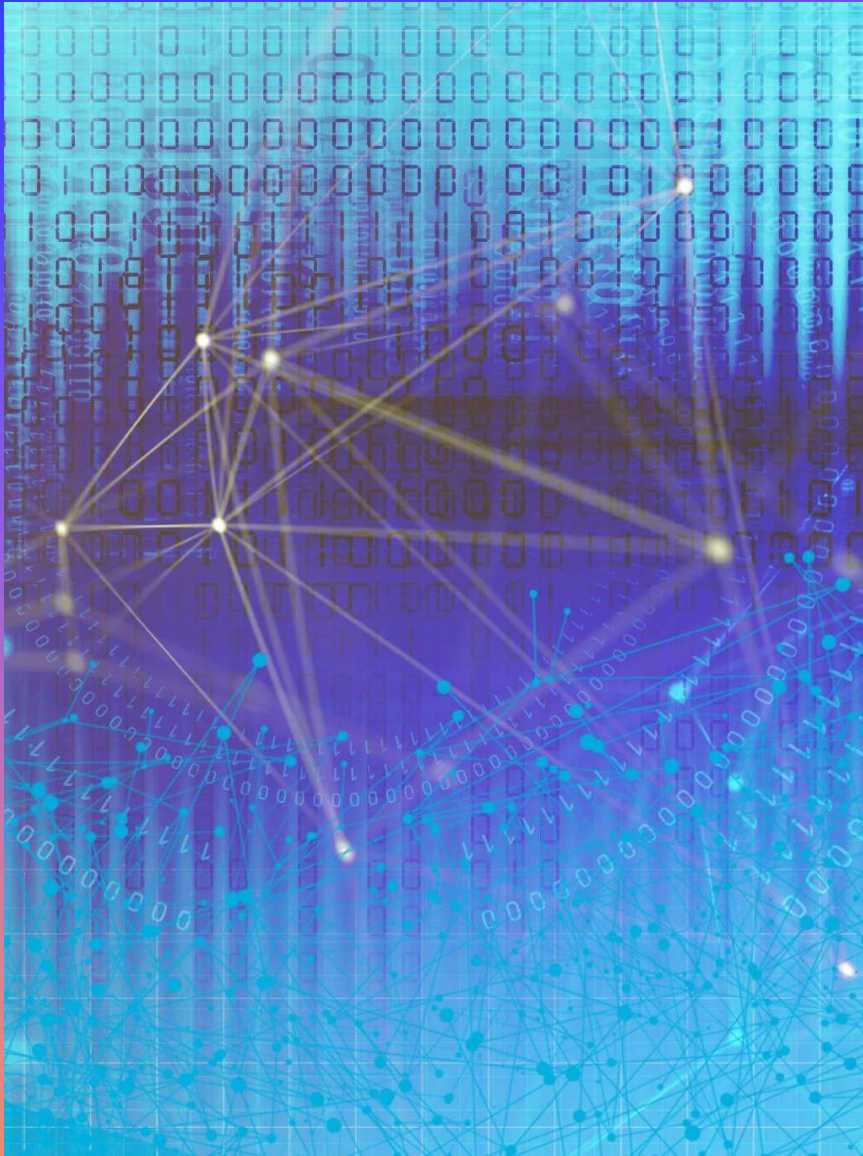
Latent (Cultural) Capacity is a strong predictor of organizational preparedness.

Takeaway. Culture is key.



LIMITATIONS OF THE STUDY





LIMITATIONS AND METHODOLOGICAL CHALLENGES



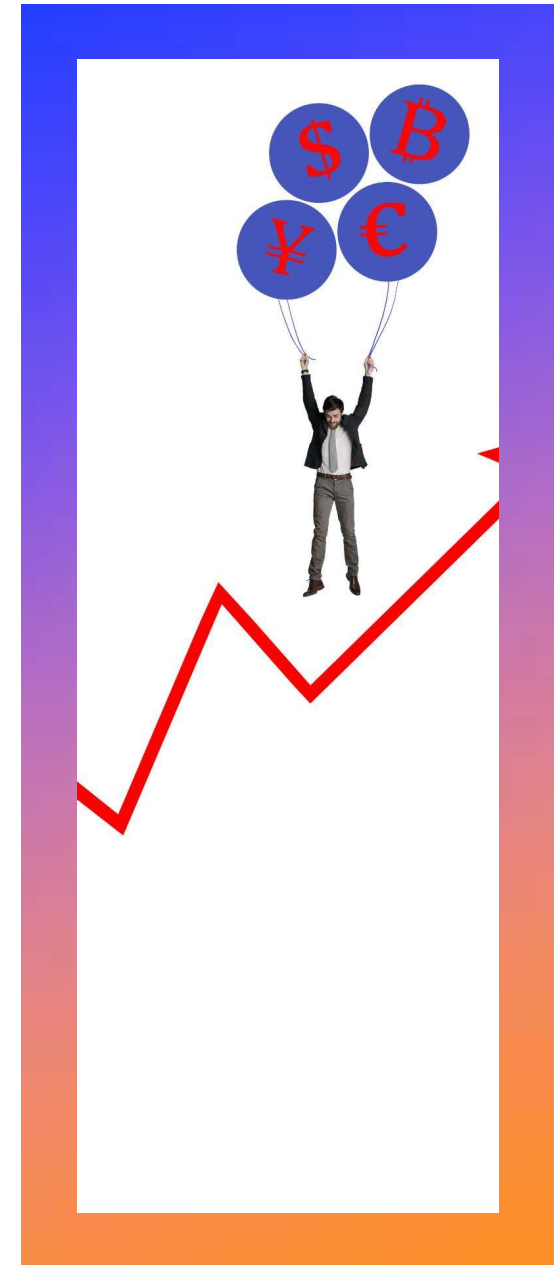
- Small hospital sample limits generalizability; only strong effects reach significance.
- Cross-sectional design prevents causal inference.
- Self-report measures may introduce subjectivity and common-method bias.

IMPLICATIONS FOR RESEARCH



THEORETICAL DEVELOPMENT AND FUTURE STUDIES

- Sector-specific patterns.** Preparedness may vary by sector; context matters.
- Theory development.** Advance frameworks to incorporate contextual differences.
- Longitudinal designs.** Identify causal links and interactions over time.
- Objective indicators & triangulation.** Combine objective metrics and multiple perspectives.



PRACTICAL IMPLICATIONS FOR ORGANIZATIONS



CAPACITY BUILDING:

CONTEXT- SENSITIVE



•**Context-sensitive strategies.** Tailor resilience strategies to institutional context and challenges.

•**Healthcare.** A strong emphasis on **organizational culture** may improve preparedness in hospitals.

=> **Preparedness follows culture.**

•**Non-health sectors.** Targeted development of **all AGIL action capacities** can promote social performance and, over time, general preparedness.

•**Leadership.** Focus leadership on **social capacity building** to strengthen resilience.



CONCLUSION



SUMMARY AND OUTLOOK

- **Organizational preparedness is collective preparedness: both are key.**
- **Apply the AGIL action capacities framework (AACF)** to explain and strengthen the basis of organizationale preparedness.
- **Context-adapted strategies** are essential to address sector-specific differences.



CONTACT



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