e-ISSN 2798-0502

Jurnal Ekonomi, Manajemen, Akuntansi dan Keuangan Vol: 7, No 1, 2026, Page: 1-7

Organizational Design Analysis of Telkomedika and It's Impact on the Effectiveness of Corporate Health Services

Diona Ossy Wahyuni*, Rinawati

PT Sarana Usaha Sejahtera Insanpalapa

DOI: https://doi.org/10.53697/emak.v7i1.3301
*Correspondence: Diona Ossy Wahyuni
Email: dionaossy@gmail.com

Received: 28-11-2025
Accepted: 28-12-2025
Published: 28-01-2026

Abstract: This study aims to comprehensively analyze the organizational design implemented by Telkomedika, one of the corporate healthcare providers in Indonesia, and evaluate its impact on service effectiveness. The research focuses on several key elements of organizational design, such as structural differentiation, integration mechanisms, centralization and decentralization of decision-making, the level of formalization, and the suitability of the organizational structure based on mechanistic and organic theories. The method used in this study is a descriptive qualitative approach, with data collection techniques including in-depth interviews, field observations, and a review of internal organizational documents. The results indicate that Telkomedika has a fairly high level of horizontal and vertical differentiation, but integration and coordination between units is still suboptimal. The decision-making process remains centralized, which can hinder the speed and flexibility of services, particularly in emergencies or cases requiring rapid decisions. Telkomedika's current organizational structure reflects mechanistic rather than organic characteristics, despite the demands of corporate healthcare services for high adaptability, flexibility, and speed of response. Therefore, a structural transformation toward a more adaptive, collaborative, and technology-based organizational model is needed to sustainably improve the effectiveness and competitiveness of corporate healthcare services.

Keywords: Organizational Design, Corporate Healthcare, Service Effectiveness, Mechanistic-Organic Structure, Qualitative

Introduction

Organizations are established to achieve economic objectives, including improving productivity, maximizing effectiveness, and optimizing efficiency. The formation of an organization is based on the needs of various groups within society, whether small, medium, or large-scale communities (Safitri, 2023). Organizational design is closely related to managerial decision-making that determines structures and processes used to coordinate and control organizational work. The outcomes of organizational design include work systems and job classification structures, along with the associated processes such as authority relationships and communication networks, which are essential for planning and control techniques. Consequently, organizational design significantly influences the creation of work structures within an organization (Giu, 2013).

Organizational design encompasses the full set of structural elements and the relationships among these elements used for managing the organization as a whole. It includes efforts by managers to select and manage structural and cultural aspects that enable the organization to control activities necessary to achieve shared goals (Budiliono, 2013). Healthcare organizations face high levels of complexity, particularly in managing human resources, service flows, and cross-unit coordination. These challenges demand an organizational design that balances structure, processes, and coordination mechanisms to support work effectiveness.

According to Lawrence and Lorsch (1967), organizations must harmonize differentiation and integration to effectively achieve their goals. Meanwhile, Burns and Stalker (1961) highlight the importance of choosing between mechanistic and organic structures based on environmental needs.

In the context of Telkomedika as a corporate health service provider, organizational design plays a critical role in ensuring that service processes run optimally. The dynamic environment, high service standards, and the need for rapid responses to corporate clients require an organizational structure that is flexible yet well-coordinated. This study aims to explore Telkomedika's organizational design and evaluate the extent to which the existing structure supports the effectiveness of corporate health services.

Methodology

This study employed a qualitative descriptive research design intended to provide an in-depth and contextual understanding of Telkomedika's organizational design and its alignment with service effectiveness. A qualitative approach was chosen because it enables the researcher to capture complex organizational dynamics, communication patterns, coordination mechanisms, and real-world decision-making processes that cannot be fully represented through quantitative methods (Creswell & Poth, 2018).

Research Setting and Participants

The research was conducted at Telkomedika, a corporate healthcare provider operating within a dynamic service environment. Participants were selected using **purposive sampling** based on their involvement in organizational decision-making and day-to-day operations. The informants consisted of:

1. Operational Manager
2. Senior Officer (frontline health service)
3. Administrative Staff

This composition ensured diversity of perspectives, enabling triangulation of managerial, operational, and administrative viewpoints.

Data Collection Techniques

Three data collection techniques were used to strengthen the validity of findings:

1. **Semi-structured interviews**

   Conducted with all three informants using an interview guide focusing on organizational structure, communication flow, decision-making, and SOP flexibility. Each interview lasted 30-45 minutes.

2. **Direct observation**

   Observations were performed on service workflow, inter-unit interactions, escalation processes, and coordination mechanisms. Field notes were recorded systematically.

3. **Document analysis**

   Internal documents reviewed included: organizational structure charts, SOPs, flowcharts, and internal memos. Document analysis helped validate findings from interviews and observations.

Data Analysis Procedure

Data were analyzed using the **Miles, Huberman & Saldaña (2014)** interactive model consisting of:

1. **Data Reduction** – interview transcripts, categorizing patterns (e.g., coordination barriers, hierarchical bottlenecks, SOP gaps), and eliminating irrelevant data.
2. **Data Display** – arranging themes into matrices to visualize patterns in communication flow, differentiation levels, and centralization tendencies.
3. **Conclusion Drawing and Verification** – drawing interpretations that were continuously validated through triangulation and member checking.

Validity and Reliability

To ensure credibility and trustworthiness, the following strategies were applied:

- **Triangulation of data sources** (manager–officer–staff)
- **Triangulation of methods** (interviews, observations, documents)
- **Member checking** to verify accuracy of interpretations
- **Audit trail** to document decision processes during analysis

Ethical Considerations

Participants were informed about the purpose of the research, confidentiality procedures, voluntary participation, and the right to withdraw at any time. No personal or institutional identifiers were disclosed.

Result and Discussion

The research results were analyzed using the Miles & Huberman model, which consists of data reduction, data display and conclusion drawing (Miles, Huberman, & Saldaña, 2014). During data reduction, interview, observation and document data were grouped into several categories including communication mechanisms, decision-making patterns, SOP and structural characteristics. The findings showed that each Telkomedika

unit had clearly defined tasks but coordination between units remained ineffective relying heavily on informal communication. That is an indicator commonly seen in bureaucratic organizations when formal channels are insufficient (Mintzberg, 1979).

Data display revealed that coordination often required multiple levels of confirmation up to central management, reflecting a vertically layered structure typical of mechanistic organizations (Burns & Stalker, 1961). SOPs were found to be rigid and unable to accommodate rapidly changing conditions, confirming findings by Adler & Borys (1996) regarding coercive bureaucracy, where overly strict procedures hinder operational adaptability.

In the conclusion drawing stage, interview findings aligned with observations, showing delays caused by centralized decision-making. The verification process (member checking) also indicated that operational staff often experienced confusion when encountering cases not covered by SOPs. Overall, results show that Telkomedika's structure is not fully aligned with the dynamic needs of corporate healthcare services, consistent with Contingency Theory, which emphasizes the importance of structural–environmental fit (Donaldson, 2001).

Organizational Differentiation

Telkomedika demonstrates high horizontal differentiation, shown through various specialized units such as clinical services, medical check-up, laboratories, marketing, administration, and finance. It also exhibits high vertical differentiation with multiple managerial layers. This condition corresponds with Lawrence & Lorsch's (1967) theory that organizations operating in complex environments naturally experience high differentiation.

The finding also aligns with Pugh et al. (1968), who note that organizations with high structural complexity often encounter coordination challenges if integration mechanisms are not strong.

Integration and Coordination

Although formal procedures exist, inter-unit coordination relies heavily on informal communication, resulting in slow service flow. This reflects Galbraith's (1973) assertion that increased differentiation requires stronger integration mechanisms to avoid inefficiency.

In healthcare settings, weak integration correlates with slower decision-making and increased risk of operational errors, as supported by Atighechian et al. (2024). The absence of an integrated information system at Telkomedika further slows down reporting and communication.

Centralization and Decentralization of Decisions

The study found that decision-making remains centralized at specific leadership levels. This aligns with Weber's (1978) concept of bureaucratic hierarchy, where key decisions must move through rigid vertical lines.

However, centralized systems are known to reduce responsiveness in dynamic environments. Research in healthcare agility supports the need for decentralized authority so frontline units can make rapid, context-based decisions (Rigotti et al., 2022).

Telkomedika's current centralized process thus reduces its ability to respond quickly to service demands.

Standardization of Procedures and Level of Flexibility

SOPs at Telkomedika ensure service quality but lack flexibility to accommodate complex or unexpected cases. This reflects Adler & Borys's (1996) idea of coercive bureaucracy, where rigid procedures restrict adaptability.

Healthcare studies emphasize the need for controlled flexibility, especially in dynamic settings where routine procedures may not fully address real-time conditions (Maugeri & De Terlizzi, 2020).

Mechanistic and Organic Structures

Findings indicate that Telkomedika employs a mechanistic structure characterized by rigid hierarchy, formalization, and top-down communication. This is consistent with the mechanistic model described by Burns & Stalker (1961).

However, healthcare organizations operate in highly dynamic environments that require more organic structures—those that are flexible, collaborative, and adaptive (Duncan, 1979). Recent digital transformation literature also notes that modern healthcare delivery benefits from hybrid or semi-organic structures supported by digital systems (Mauro et al, 2024).

Contingency Theory Suitability

According to Contingency Theory, organizational effectiveness depends on "fit" between structure and environment (Donaldson, 2001). Telkomedika operates in a dynamic corporate healthcare environment characterized by fluctuating service demand, strict quality standards, and the need for rapid decisions.

However, the organization's mechanistic structure—centralized decisions, rigid SOPs, and layered hierarchy—does not align with this environment. This finding supports modern research showing that misalignment between structure and environmental complexity reduces organizational agility (Rigotti et al., 2022).

Theoretical Implications

This study reinforces several organizational theories:

1. **Contingency Theory (Donaldson, 2001)** – showing that Telkomedika's mechanistic structure does not fit its dynamic context.
2. **Burns & Stalker (1961)** – illustrating that healthcare organizations benefit from more organic structures.
3. **Lawrence & Lorsch (1967)** – demonstrating that high differentiation without sufficient integration results in coordination failure.
4. **Digital-enabled organizational design** – supporting Mauro et al. (2024), who highlight technology as a key enabler of adaptive structures.
5. **Organizational agility literature** – aligning with studies showing that agility improves performance in healthcare (Atighechian et al., 2024; Rigotti et al., 2022).

Practical Managerial Implications

Several managerial implications arise from the findings:

1. Operational decentralization is essential to speed up decision-making.
2. Digital information integration must be strengthened to reduce reliance on informal communication.
3. SOP revisions should incorporate adaptive flexibility without compromising patient safety.
4. Cross-unit coordination mechanisms (e.g., joint task forces, structured handovers) are needed to improve integration.
5. Leadership development programs should foster collaborative and adaptive leadership styles.
6. Organizational learning mechanisms such as reflective meetings and after-action reviews must be enhanced to strengthen agility.

These recommendations correspond with evidence that digital systems, decentralized structures, and strong integration improve healthcare organizational performance (Atighechian et al, 2024).

Conclusion

The study concludes that Telkomedika has high horizontal and vertical differentiation but lacks effective integration, resulting in slow coordination and limited service responsiveness. The centralized and mechanistic structure does not match the dynamic nature of corporate healthcare services.

While SOPs ensure standardization, their rigidity limits the ability to handle complex service demands. Decision delays are further exacerbated by weak digital integration.

Transitioning toward a semi-organic, adaptive, and technology-enabled organizational model—supported by decentralization and stronger integration mechanisms—will enhance Telkomedika's responsiveness, service effectiveness, and competitiveness. This aligns with organizational design theories by Burns & Stalker (1961), Galbraith (1973), and recent work on digital health adaptation (Mauro et al, 2024).

References

Adler, P. S., & Borys, B. (1996). Two types of bureaucracy: Enabling and coercive. *Administrative Science Quarterly, 41*(1), 61–89.

Atighechian, G., Shadloo, S., & Rabiei, R. (2024). Organizational agility in healthcare systems: Determinants and outcomes. *Journal of Health Organization and Management.*

Atighechian, P., Maleki, M., Souri, A., & Fesharaki, M. (2024). Organizational adaptability in hospital systems: A post-pandemic analysis. *Journal of Health Management, 26*(2), 145–160.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.

Budiliono, R., & Setiawan, R. (2013). Analisis deskriptif desain organisasi pada PT. Win Win Realty Centre. *Jurnal Riset Manajemen dan Bisnis, 1*(3), 1–10.

Burns, T., & Stalker, G. M. (1961). *The management of innovation.* Tavistock Publications. Donaldson, L. (2001). *The contingency theory of organizations.* Sage Publications.

Duncan, R. (1979). What is the right organization structure? *Organizational Dynamics, 7*(3), 59–80.

Galbraith, J. R. (1973). *Designing complex organizations.* Addison-Wesley.

Giu, A. R. (2013). Pengaruh desain organisasi dan tipe kepribadian terhadap stres kerja pegawai pada Balai Diklat Keagamaan Manado. *Jurnal EMBA, 1*(3), 476–486.

Lawrence, P. R., & Lorsch, J. W. (1967). *Organization and environment: Managing differentiation and integration.* Harvard Business School Press.

Mauro, C., Persico, L., & Gittler, J. (2024). Digital-enabled organizational design in healthcare: A framework for adaptive structures. *Health Policy and Technology.*

Mauro, M., Persico, L., & Gittler, J. (2024). Digital transformation and organizational adaptation in healthcare. *International Journal of Medical Informatics, 187,* 105–120.

Maugeri, F., & De Terlizzi, F. (2020). Flexibility of clinical procedures in emergency departments. *International Journal of Health Management, 13*(2), 77–88.

Miles, M. B., & Huberman, A. M. (1992). *Analisis data kualitatif: Buku sumber tentang metode-metode baru.* UIP.

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Sage.

Mintzberg, H. (1979). *The structuring of organizations.* Prentice Hall.

Pugh, D. S., Hickson, D. J., et al. (1968). Dimensions of organization structure. *Administrative Science Quarterly, 13*(1), 65–105.

Rigotti, T., et al. (2022). Collaborative governance and cross-disciplinary coordination in hospitals. *Health Services Management Research, 35*(1), 12–25.

Rigotti, T., et al. (2022). Agility in healthcare organizations: Implications for service performance. *Journal of Organizational Behavior.*
Safitri, D., Sujarwo, & Septianingsih, R. (2023). Literature review: Penerapan desain organisasi yang efektif di suatu perusahaan. *Cendikia Pendidikan, 1*(1), 1–13.

Weber, M. (1978). *Economy and society.* University of California Press.