

Diagnose Before You Redesign: A Systems Perspective on Organizational Restructuring and Design

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ABSTRACT

Organizational restructuring remains a common response to persistent performance problems, even when the organizational conditions producing those problems have not been established with much precision. This article examines the reasoning that connects an observed performance problem with the choice of a redesign intervention. A structured integrative review was conducted using six Scopus search domains covering organizational design, restructuring and reconfiguration, contingency and fit, information processing and decision making, coordination and interdependence, and systems and socio technical perspectives. The searches produced 1,784 records; after deduplication and staged screening, the final analytical evidence set comprised 49 sources, including 44 contemporary analytical studies and 5 seminal theoretical works identified through citation searching. The review confirms that organizational diagnosis and problem intervention matching have established antecedents in organization development and systems research. The unresolved issue lies more specifically in how contemporary redesign practice translates visible performance symptoms into causal accounts of structural and nonstructural conditions before an intervention is chosen. The synthesis develops symptom cause ambiguity to describe the extent to which one observable problem admits several plausible organizational explanations, and diagnostic breadth to capture the range of causes considered, the relationships among them, and the evidence used to evaluate them. Intervention fit extends established fit reasoning by focusing on correspondence between diagnosed organizational causes and the mechanisms targeted by redesign. The resulting Diagnostic Fit Model positions restructuring as one contingent intervention within a broader organizational design problem and proposes that redesign effectiveness depends partly on the quality of the causal connection between diagnosis and intervention.

Keywords: organizational design, organizational restructuring, organizational diagnosis, systems thinking, intervention fit

INTRODUCTION

The Organizational Restructuring Problem

Persistent organizational problems often lead managers to reconsider formal structure. Slow decisions may prompt delayering, rising costs may lead to consolidation, and weak accountability may encourage changes to reporting relationships or spans of control. Such responses have an obvious appeal because structure is visible and consequential. It allocates authority, groups activities, establishes formal accountability, and influences how information and decisions move through the organization (Joseph & Gaba, 2020).

Structural intervention can be effective when the arrangement of roles, units, and authority materially contributes to the problem being addressed. Girod and Whittington (2017) distinguish restructuring from reconfiguration and show that the performance effects of each vary with environmental conditions. Lin et al. (2006) reach a related conclusion in crisis settings, where restructuring can improve adaptation but can also expose organizations to design traps when internal mechanisms are misunderstood.

Formal structure nevertheless represents only one part of the organizational design problem. Joseph and Sengul (2025) organize contemporary scholarship around configuration, control, channelization, and coordination, while Burton and Obel (2018) emphasize the fit between task division and the mechanisms used to coordinate interdependent work. A performance problem that appears within the hierarchy can therefore originate in information, authority, coordination, technology, or the interaction among several conditions. Whether restructuring helps depends on which of those conditions is materially producing the difficulty.

The paper focuses on that prior question. It considers how organizations move from observing a performance problem to deciding what needs to change, and it develops a conceptual account of how diagnosis influences the correspondence between problem and intervention.

The Structure Assumption

A recurrent redesign logic moves from an observed problem to a structural explanation and then to a structural intervention. That sequence is reasonable when evidence supports the structural explanation. Difficulty arises when the symptom is allowed to stand in for evidence about its cause.

Decision delay provides a useful illustration. Additional hierarchical levels can slow a decision when approval must pass through each level, yet the same delay can arise when decision authority is unclear, information is dispersed, performance feedback is interpreted differently across levels, or interdependent actors cannot coordinate their inputs (Athey & Roberts, 2001; Joseph et al., 2016; Okhuysen & Bechky, 2009). Collaboration and accountability create similar problems of causal interpretation because formal proximity does not determine the quality of coordination or the way authority is exercised.

Structure is therefore a credible explanation for many organizational problems without being sufficient evidence of causality. Premature structural attribution occurs when a structural account is accepted before plausible alternatives have been examined. A restructuring may then be implemented exactly as planned and still have little effect on the problem that originally justified the change.

Research Gap

The literature establishes several foundations relevant to this problem. Contemporary organizational design extends beyond formal structure and includes mechanisms concerned with control, information, decision making, coordination, and configuration (Joseph & Gaba, 2020; Joseph & Sengul, 2025). Contingency research explains effectiveness through fit between organizational arrangements and the conditions in which they operate (Drazin & Van de Ven, 1985; Rantakari, 2013; Van de Ven et al., 2012). Systems and socio technical work adds a relational argument by showing that design elements interact and can create outcomes that are not attributable to one element in isolation (Govers & van Amelsvoort, 2023; Kimsey et al., 2025; Rivkin & Siggelkow, 2003). Restructuring research further shows that formal change has contingent consequences rather than uniformly positive effects (Girod & Whittington, 2017; Jensen et al., 2013; van der Heijden, 2024).

Organizational diagnosis is also an established tradition. Weisbord (1976) argued for examining several organizational domains when locating problems, Nadler and Tushman (1980) framed diagnosis around congruence among interdependent organizational components, and Burke and Litwin (1992) proposed causal relationships linking organizational conditions with performance and change. Earlier organization development scholarship went even further by connecting diagnosis with intervention strategy. Bowers et al. (1975) developed a systemic model for matching problem behaviors and causal precursors with interventions, while Tichy et al. (1976) treated participative diagnosis as a basis for developing intervention strategies.

These streams have rarely been integrated around the specific decision problem that precedes contemporary organizational redesign. Organization design research explains many mechanisms that can create performance variation, and diagnosis research explains how organizations can investigate organizational problems. What remains less developed is a focused account of how an observable performance symptom is translated into competing structural and nonstructural causal explanations, how the breadth of that inquiry influences cause identification, and how the resulting diagnosis affects the correspondence between the selected intervention and

the condition responsible for the problem. The gap therefore concerns the causal pathway from symptom to redesign choice rather than the general proposition that diagnosis should precede intervention.

Research Questions

Four questions organize the review:

RQ1: How does existing organizational design literature distinguish structural restructuring from the broader process of organizational design?

RQ2: What does the literature reveal about structural and nonstructural causes of organizational performance problems?

RQ3: How can systems and organizational diagnosis perspectives explain the relationship between diagnosis, intervention selection, and redesign effectiveness?

RQ4: What conceptual relationships connect symptom cause ambiguity, diagnostic breadth, intervention fit, and organizational redesign effectiveness?

Contribution of the Study

The first contribution is conceptual clarification. Restructuring is positioned as one category of organizational design intervention rather than as a synonym for organizational design. This distinction preserves the genuine importance of structure while allowing information, decision, coordination, control, capability, technology, and socio technical relationships to enter the explanation of organizational performance.

The second contribution reconnects two bodies of scholarship that address adjacent parts of the redesign problem. Organizational diagnosis and organization development research established the value of systemic diagnosis and problem intervention matching decades ago (Bowers et al., 1975; Tichy et al., 1976; Weisbord, 1976), whereas contemporary organization design research has developed a more differentiated account of the mechanisms through which organizational arrangements influence performance. The paper brings these traditions together and formalizes diagnostic breadth for the redesign context through causal breadth, relational depth, and evidentiary depth.

The third contribution develops a parsimonious model of the pathway from symptom to intervention. Symptom cause ambiguity captures the multiplicity of plausible explanations attached to an observed problem. Intervention fit draws on both contingency fit and earlier intervention matching logic but relocates the relationship within contemporary organizational redesign, where the relevant question is whether the mechanism changed by the intervention corresponds with the organizational conditions identified through diagnosis.

RESEARCH METHODOLOGY

Review Design

A structured integrative literature review was selected because the research problem crosses theoretical traditions that use different constructs, methods, levels of analysis, and outcome measures. The purpose is conceptual synthesis rather than statistical aggregation (Snyder, 2019; Torraco, 2005, 2016). The review therefore combines a transparent search and screening process with theory led interpretation across organizational design, restructuring, contingency and fit, information processing, coordination, systems, socio technical design, and organizational diagnosis.

The review does not claim exhaustive systematic retrieval of every publication that could be associated with organizational design. Its purpose is to establish theoretically sufficient coverage of the research streams needed to answer the four research questions, while retaining an auditable record of how the analytical evidence set was constructed.

Literature Search Strategy

Scopus served as the principal bibliographic database. The search was conducted on 21 August 2026 and covered publications from 2000 through 2026. Records were limited to English language Articles and Reviews. Six search domains were specified before detailed eligibility assessment so that the review would

capture the broader organizational design literature together with research on restructuring, fit, information and decisions, coordination, and systems relationships. The search strings and retrieval counts are reported in Table 1.

Table 1 Scopus Search Domains, Search Strings, and Retrieval Counts

Search	Domain	Scopus search string	Records
S1	Organizational design	"organizational design" AND (structure OR configuration OR coordination OR control OR "information processing")	974
S2	Restructuring and reconfiguration	("organizational design" OR "organisation design" OR "organization design") AND ("organizational restructuring" OR "organisation restructuring" OR restructuring OR reconfiguration)	73
S3	Contingency and fit	"organizational design" AND (contingency OR "organizational fit" OR "structural fit" OR "configurational fit" OR congruence)	91
S4	Information and decisions	"organizational design" AND ("information processing" OR "decision making" OR "decision rights" OR "decision authority")	309
S5	Coordination and interdependence	"organizational design" AND (coordination OR interdependence OR "task interdependence" OR "coordination mechanisms")	202
S6	Systems and socio technical	("organizational design" OR "organisation design") AND ("systems thinking" OR "systems perspective" OR "open systems" OR "sociotechnical systems" OR "socio-technical systems" OR "organizational systems")	135

The proposed constructs were excluded from the principal search terms because they were intended to emerge from synthesis rather than determine the literature retrieved. A supplementary Scopus search for organizational diagnosis returned 40 records, 31 of which overlapped with the principal pool and 9 of which were additional. Exact terminology checks for intervention fit and symptom cause ambiguity returned no Scopus records. These checks were used only to assess whether the labels were established terms; they were not treated as evidence that the underlying ideas had never been studied.

Backward and forward citation searching was then used around theoretically central sources and contemporary reviews. This stage was particularly important for organizational diagnosis, information processing, contingency fit, coordination, and socio technical systems, where foundational works predate the principal search window.

Inclusion and Exclusion Criteria

Eligibility was determined by substantive relevance to the research questions rather than by the presence of a search term alone. Peer reviewed theoretical and empirical journal articles and scholarly reviews were eligible

when organizational design, restructuring, organizational diagnosis, fit, coordination, information processing, interdependence, or socio technical relationships formed a material part of the argument. Earlier seminal works were retained through citation searching when contemporary scholarship continued to depend on their theoretical contribution.

Financial restructuring, debt restructuring, bankruptcy restructuring, purely technical architecture, and nonacademic practitioner material were excluded. Studies in which organizational structure appeared only as a descriptive feature or statistical control were also excluded. Table 2 summarizes the final eligibility boundaries.

Table 2 Inclusion and Exclusion Criteria

Dimension	Included	Excluded
Publication type	Peer reviewed theoretical and empirical journal articles; scholarly reviews; theoretically necessary seminal works	Practitioner material and nonacademic commentary
Conceptual relevance	Organizational design, restructuring, diagnosis, fit, information processing, coordination, interdependence, systems, and socio technical design when theoretically substantive	Studies where organizational structure was incidental or only a control variable
Restructuring	Organizational restructuring, reconfiguration, redesign, formal authority or grouping changes	Financial, debt, capital, insolvency, and bankruptcy restructuring without substantive organizational design content
Technology	Technology or AI studies where organizational arrangements and work were substantively examined	Purely technical, software, or systems architecture without organizational design implications

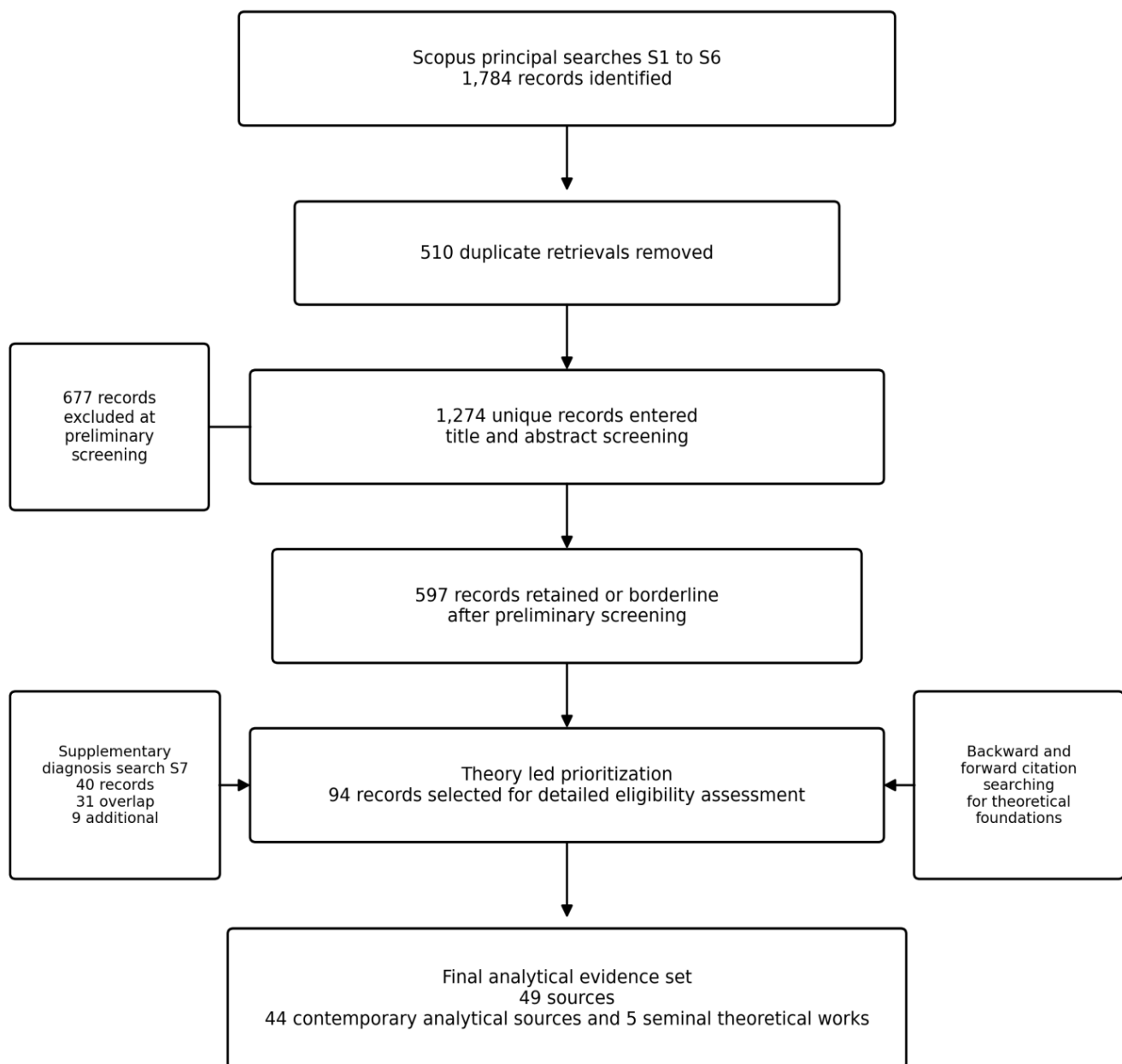
Study Selection

The six principal Scopus searches returned 1,784 records. Cross search deduplication using DOI, Scopus EID, and title plus year removed 510 duplicate retrievals, leaving 1,274 unique records for title and abstract screening. At the preliminary stage, 677 records were excluded with a recorded reason and 597 were retained or classified as borderline.

Because the review is integrative rather than exhaustive, the next stage used theory led prioritization rather than treating all 597 records as an equivalent systematic review pool. Records were ranked according to direct contribution to the research questions, theoretical centrality, conceptual distinctiveness, and redundancy with stronger sources.

Ninety four high relevance records proceeded to detailed eligibility assessment. Full text verification, supplementary diagnosis screening, and citation searching then produced a final analytical evidence set of 49 sources. Forty four are contemporary analytical sources and five are seminal theoretical works identified through backward citation searching. The complete inclusion, exclusion, verification, and source route decisions are retained in the review audit database. Figure 1 summarizes the process.

Figure 1: Literature Identification and Analytical Selection Process



Exact terminology checks for intervention fit and symptom cause ambiguity returned no Scopus records; these checks were used only to assess terminology, not to establish conceptual novelty.

Data Extraction

Each included source was entered into a structured literature matrix. The extraction fields recorded author and year, theoretical perspective, the source's explicit or implied conception of organizational design, treatment of restructuring, structural variables, nonstructural variables, systems characteristics, key findings, research gaps, and relevance to organizational diagnosis and redesign. Source derived findings were kept separate from interpretations developed during synthesis.

The matrix also records the route through which the source entered the evidence set and the basis for verification. This distinction matters because foundational books and classic papers entered through citation searching, whereas the contemporary evidence base was built primarily through Scopus and then checked against accessible full text, publisher records, or authoritative reproductions.

Synthesis Method

Analysis began within theoretical streams before moving across them. The first pass examined how each literature explained organizational performance, which design mechanisms it emphasized, and whether relationships among design elements were treated as independent, contingent, or interdependent. The second pass compared explanations across streams to identify convergence, disagreement, complementarity, and gaps in the pathway from observed problem to intervention selection.

This cross stream comparison was especially important for the diagnosis literature. The review found clear antecedents for systemic organizational diagnosis and for matching interventions with problem causes (Bowers et al., 1975; Nadler & Tushman, 1980; Tichy et al., 1976; Weisbord, 1976). The conceptual contribution was therefore developed around a narrower unresolved relationship: the degree of ambiguity between observable symptoms and plausible organizational causes, the breadth of diagnosis used to evaluate those causes, and the fit between the diagnosed cause and the intervention eventually selected.

ESTABLISHING THE CONCEPTUAL BOUNDARY

Organizational Design

Organizational design has strong structural roots, but the field has never been confined to an organization chart. Contingency research connected differentiation, integration, authority, and environmental conditions, while later fit research examined how organizational characteristics work in combination rather than as isolated variables (Drazin & Van de Ven, 1985; Lawrence & Lorsch, 1967). Contemporary studies continue this logic by showing that centralization, formalization, incentives, knowledge, and environmental volatility interact in shaping performance (Athey & Roberts, 2001; Rantakari, 2013; Victor, 2020).

Information processing research widened the analytical domain. Galbraith (1974) linked uncertainty to the amount of information an organization must process, and Tushman and Nadler (1978) argued that design should provide capacity appropriate to those information requirements. Joseph and Gaba (2020) show how this tradition developed into research connecting structure with information aggregation, attention, cognition, and decision making. Coordination research reaches the same design problem from another direction because differentiated work requires mechanisms that integrate interdependent activity (Burton & Obel, 2018; Okhuysen & Bechky, 2009). Organizational design has also been examined as an enabler of organizational learning and creativity, reinforcing the wider consequences of design choices beyond formal reporting arrangements (Benavides Espinosa & Merigó Lindahl, 2016; Khandwalla & Mehta, 2004).

Joseph and Sengul (2025) synthesize contemporary organization design research through configuration, control, channelization, and coordination. Their review is consistent with evidence that formal and informal mechanisms condition one another, including research on boundary spanning, knowledge integration, information technology, and AI enabled coordination (Gibbs & Van der Stede, 2025; Hendriks & Fruytier, 2014; Steinberger & Wiersema, 2021; Tasselli & Caimo, 2019).

For the purposes of this review, organizational design refers to the arrangement and alignment of formal and informal mechanisms through which differentiated and interdependent work is directed, coordinated, informed, and controlled. Organizational structure forms part of that design, but it does not exhaust it.

Organizational Restructuring

Organizational restructuring concerns deliberate change to formal organizational architecture. Girod and Whittington (2017) distinguish restructuring, which alters the structural archetype, from reconfiguration, which recombines units while leaving the broader archetype substantially intact. Other studies use related language for formal design change, including reconfiguration through offshoring, crisis induced restructuring, departmental redesign, and supply chain organization change (Jensen et al., 2013; Lin et al., 2006; Roh et al., 2017; van der Heijden, 2024).

These studies also reveal why restructuring should be interpreted as a contingent intervention. Structural change affects information processing, coordination, strategic flexibility, and the integration of activities, and its consequences vary with environmental and organizational conditions (Bock et al., 2012; Girod & Whittington, 2017; Van de Ven et al., 2012). A formal change can therefore be appropriate without being sufficient, and a structurally coherent intervention can still create unintended consequences elsewhere in the organization.

Organizational Design Versus Organizational Restructuring

The distinction between the two constructs is consequential for the rest of the review. Organizational design concerns the broader arrangements through which an organization directs and integrates work. Restructuring changes a subset of those arrangements by altering formal architecture. A diagnosis may therefore lead to restructuring when hierarchy, grouping, reporting relationships, or authority are materially involved in the problem, but redesign can also require changes to information, decision processes, coordination, technology, capability, or other mechanisms. Table 3 summarizes the boundary used in this review.

Table 3 Conceptual Distinction Between Organizational Design and Organizational Restructuring

Dimension	Organizational design	Organizational restructuring
Scope	Broad organizational arrangements and mechanisms through which activity is directed and integrated	Deliberate changes to formal organizational architecture
Primary concern	How organizational arrangements enable coordination, decisions, adaptation, and performance	How hierarchy, grouping, reporting relationships, structural archetypes, or formal authority are changed
Role of structure	One design mechanism among several	Principal object of intervention
Typical mechanisms	Structure, control, coordination, information processing, decision rights, technology, and interdependence	Hierarchy, layers, organizational units, reporting relationships, centralization, decentralization, and structural archetype
Relationship	Provides the broader domain within which interventions are selected	Represents one contingent category of intervention within organizational design

Beyond Structure: Multiple Sources of Organizational Performance

Structure and Configuration

Formal structure shapes performance because it allocates authority, groups work, creates reporting relationships, and establishes organizational boundaries. Centralization can improve consistency and coordination in some conditions, while decentralization can move decisions closer to local information and opportunity. Evidence from contingency research shows that neither arrangement is universally superior; the contribution of authority allocation depends on the environment, the work, incentives, knowledge, and the configuration of other design choices (Athey & Roberts, 2001; Rantakari, 2013; Van de Ven et al., 2012). Empirical work also links decentralization and formalization to opportunity discovery and creation, while broader design constructs have been examined as interconnected elements rather than isolated structural choices (Foss et al., 2015; Koufteros et al., 2007).

Structure also has relational effects. Rivkin and Siggelkow (2003) show that hierarchy, incentives, decision decomposition, and information processing limits have interdependent consequences. Karim et al. (2023) similarly demonstrate that task and resource bottlenecks emerge from alignment problems across a wider task

system. Structural variables therefore warrant serious diagnostic attention, but their meaning cannot be established reliably when they are detached from the configuration in which they operate.

Coordination

Division of labor creates dependencies that organizations must coordinate. Thompson (1967) showed that different forms of interdependence generate different coordination requirements. Burton and Obel (2018) retain this logic within contemporary organization design by treating the division of tasks and the coordination of those tasks as a linked design problem.

Coordination is carried by more than reporting relationships. Okhuysen and Bechky (2009) identify accountability, predictability, and common understanding as conditions that support coordinated performance, while Faraj and Xiao (2006) show that expertise and dialogic practices become particularly important under uncertainty. Boundary spanning research adds another layer because informal network patterns can support or constrain collaboration differently depending on formal design (Tasselli & Caimo, 2019). A collaboration problem can therefore originate in structural separation, weak interfaces, inadequate shared understanding, or the interaction among them.

Information Processing and Decision Making

Information processing provides another route to organizational performance. Uncertainty increases the amount and complexity of information that must be processed during work, creating a requirement for organizational capacity that can be met through hierarchy, lateral relations, information systems, or changes to decision authority (Galbraith, 1974; Tushman & Nadler, 1978). Technology further changes the feasible distribution of information and authority, although its effects on centralization remain contingent rather than uniform (Clay Dibrell & Miller, 2002; Gibbs & Van der Stede, 2025).

Decision performance depends on how authority and information are combined. Athey and Roberts (2001) treat decision rights and incentives as joint design choices, and Joseph et al. (2016) show that centralization affects decisions both through coordination and through the interpretation of performance feedback. Joseph and Gaba (2020) synthesize this research by connecting structure to information aggregation, attention, cognition, and decision making. Slow decisions can therefore arise in a deep hierarchy, but they can also arise in a relatively flat organization where authority is ambiguous, information is fragmented, or decision processes are poorly coordinated.

Control, Governance, and Sociotechnical Relationships

Formal authority does not determine how decisions are exercised in practice. Incentive contracts, performance measures, approval rules, and other control mechanisms influence whether authority is used locally or escalated upward, which helps explain why organizations with similar structures can behave differently (Athey & Roberts, 2001; Joseph & Sengul, 2025; Rantakari, 2013). These mechanisms are analytically distinct from hierarchy even when they operate through formal roles.

Socio technical research adds the relationship between people, work, and technology. Trist and Bamforth (1951) established the principle that technical arrangements and the social organization of work should be considered jointly. Contemporary work applies the same reasoning to digital transformation, where technical possibilities alter tasks, information, coordination, and capability requirements (Govers & van Amelsvoort, 2023; Pasmore et al., 2019; Walker et al., 2008). AI makes the point especially visible because data models and adaptive technology can change coordination across organizational boundaries and alter the scale at which firms organize work (Steinberger & Wiersema, 2021; Wan et al., 2026).

Synthesis

The evidence supports a causal view of organizational performance in which structure matters but operates alongside other mechanisms. Coordination, information processing, decision rights, incentives, knowledge,

technology, capability, and socio technical relationships can produce or amplify problems that appear to be structural. The same observable symptom can therefore arise from different conditions, and the location at which the problem becomes visible need not reveal where its most important cause resides.

The Diagnostic Problem in Organizational Redesign

Organizational Symptoms and Organizational Causes

Organizations usually encounter design problems through their consequences rather than through direct observation of the conditions that produced them. A decision takes too long, accountability becomes uncertain, collaboration breaks down, customer outcomes deteriorate, or managers spend increasing time resolving internal dependencies. Such observations reveal where performance is constrained. They do not, by themselves, identify the mechanism responsible for the constraint.

The distinction has a long history in organizational diagnosis. Weisbord (1976) encouraged practitioners to examine several organizational domains when locating trouble, Nadler and Tushman (1980) focused diagnosis on incongruence among tasks, people, formal organization, and informal organization, and Burke and Litwin (1992) proposed causal linkages among organizational conditions and performance. These models differ in structure, but they share an important premise: the visible problem and the organizational condition producing it are not necessarily the same thing.

For this review, a symptom is the observable expression of an organizational performance problem, whereas a cause is an organizational condition, or combination of conditions, that contributes materially to that expression. Decision delay illustrates the distinction. Unnecessary hierarchy may be responsible, but the delay may instead be traced to ambiguous decision rights, unavailable information, repeated governance review, capability limitations, or unresolved coordination demands.

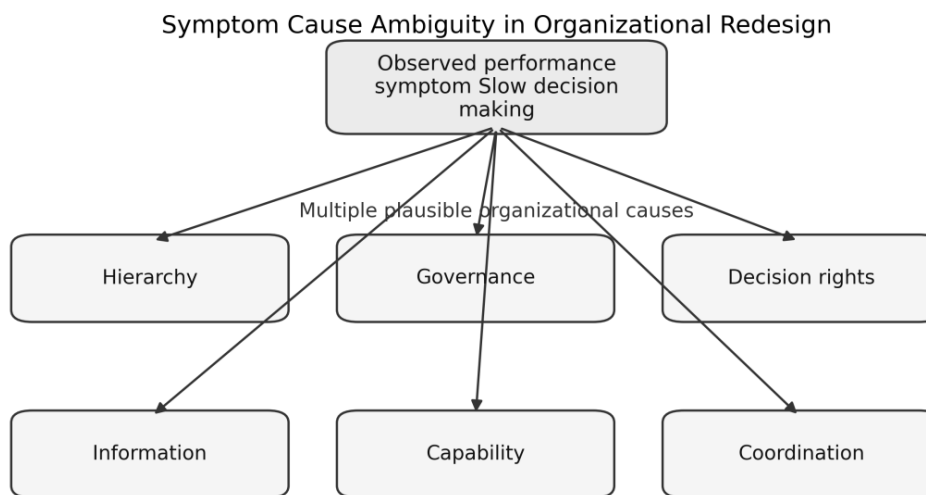
Symptom Cause Ambiguity

Symptom cause ambiguity refers to the extent to which an observable organizational performance problem can plausibly originate from multiple organizational design conditions. The construct concerns uncertainty about causal interpretation rather than uncertainty about whether the problem exists.

The idea follows from reading the design literatures together. Contingency research shows that the effect of a design choice depends on the surrounding conditions (Drazin & Van de Ven, 1985; Rantakari, 2013). Information processing research identifies uncertainty, information availability, and processing capacity as possible constraints on performance (Galbraith, 1974; Joseph & Gaba, 2020). Coordination research draws attention to dependencies and interfaces (Faraj & Xiao, 2006; Okhuysen & Bechky, 2009), while systems research shows that several elements can contribute jointly to an outcome (Kimsey et al., 2025; Rivkin & Siggelkow, 2003). Organizational diagnosis scholarship provides complementary evidence that problems can be located across several organizational domains rather than within structure alone (Nadler & Tushman, 1980; Weisbord, 1976).

Symptom cause ambiguity therefore names a property of the redesign problem that the earlier diagnosis models generally treated implicitly. It becomes high when several theoretically credible explanations remain consistent with the observed symptom and low when the evidence strongly isolates one organizational condition. Figure 2 illustrates the distinction through slow decision making.

Figure 2: Symptom Cause Ambiguity in Organizational Redesign



Premature Structural Attribution

Formal structure is particularly susceptible to premature attribution because hierarchy, reporting lines, and organizational units are easy to see and comparatively easy to redraw. Visibility can compress the reasoning process from symptom to structural explanation before other causes have been evaluated.

Earlier organization development research already warned against selecting interventions independently of causal diagnosis. Bowers et al. (1975) developed a systemic model that matches interventions to problem behaviors and their causal precursors, while Tichy et al. (1976) linked participative diagnosis with intervention strategy. The present argument applies that matching logic more specifically to organizational redesign. When structure is a principal cause, layering, regrouping, or changing authority can have strong causal correspondence with the problem. When the dominant mechanism lies in information, decision rights, coordination, capability, or technology, structural change alone may leave the causal condition largely intact.

A redesign can therefore be coherent in form and competently implemented while remaining weakly connected to the problem that triggered it. The first two propositions express this causal requirement.

P1: The likelihood of effective organizational redesign increases when intervention selection is based on diagnosed organizational causes rather than observed performance symptoms.

P2: Structural restructuring is more likely to improve organizational outcomes when structural conditions constitute a principal cause of the performance problem.

From Broad Diagnosis to Systems Diagnosis

Organizations as Interdependent Systems

Organizational causes rarely operate independently. Authority affects information requirements, structural differentiation changes coordination demands, technology redistributes work and knowledge, and incentives shape how actors respond to formal responsibilities. Rivkin and Siggelkow (2003) model these dependencies directly, while Karim et al. (2023) show how task and resource characteristics combine to produce bottlenecks. A design choice can therefore change the contribution of another design choice even when the latter is left formally untouched. Systems thinking research similarly emphasizes that organizational design and change need to be interpreted through relationships among interacting conditions (Cabrera et al., 2018).

Systems and socio technical research provides a vocabulary for these relationships. Kimsey et al. (2025) argue that meaningful systems analysis requires explicit attention to interdependence, interaction, emergence, and

system boundaries. Govers and van Amelsvoort (2023) apply a related logic to digital transformation through joint optimization of social and technical arrangements. Cybernetic work also connects diagnosis and design by examining whether the relationships among organizational subsystems support viability (Achterbergh & Vriens, 2011; Sadi et al., 2016).

The implication for redesign is practical as well as theoretical. Removing a management layer changes more than vertical distance because spans, coordination, information aggregation, and managerial work can change with it. Centralizing a function may reduce duplication while increasing local information loss. AI can automate part of a process while creating new accountability or capability requirements. These are system effects, not simply implementation errors.

Why More Variables Do Not Automatically Mean Systems Thinking

A diagnosis can examine many variables and still remain reductionist. Structure, governance, processes, technology, capability, and culture might each be assessed independently, producing a long list of weaknesses without explaining how the conditions produce one another or combine to create the performance problem. Kimsey et al. (2025) describe this difference as the distinction between ceremonial use of systems language and analysis that actually models interdependence and emergence.

The same issue appears in applied systems work. Sadi et al. (2016) found that viable system applications often checked whether required subsystems were present while paying less attention to the relations among them. Their proposed extension emphasizes subsystem connections during diagnosis and design. Systems diagnosis therefore requires relational explanation, not simply broader coverage.

Diagnostic Breadth

Diagnostic breadth refers to the extent to which organizational diagnosis considers multiple plausible structural and nonstructural causes of a performance problem before an intervention is selected. The construct has clear antecedents in systemic diagnosis, particularly work that directs attention across several organizational domains (Nadler & Tushman, 1980; Weisbord, 1976). Its purpose here is narrower: to formalize the scope of causal inquiry that precedes a redesign decision.

Three dimensions emerge from the synthesis. Causal breadth concerns the range of plausible explanations considered. Relational depth concerns whether the diagnosis examines dependencies among those explanations rather than assessing each condition independently. Evidentiary depth concerns the extent to which competing explanations are tested against organizational evidence instead of being accepted because they are plausible or familiar. Table 4 summarizes these dimensions.

The value of broader diagnosis should vary with the ambiguity of the problem. When evidence points strongly to a single cause, additional diagnostic expansion may contribute little. When several causes remain credible, a narrow diagnosis increases the possibility that a consequential mechanism will sit outside the frame. The following propositions capture that relationship.

P3: Greater symptom cause ambiguity increases the value of diagnostic breadth in organizational redesign.

P4: Greater diagnostic breadth increases the likelihood that the underlying organizational causes of a performance problem will be appropriately identified.

Table 4 Proposed Dimensions of Diagnostic Breadth

Dimension	Meaning	Diagnostic question
Causal breadth	Range of plausible structural and nonstructural causes considered	What organizational conditions could plausibly be producing the problem?

Relational depth	Extent to which dependencies and interactions among possible causes are examined	How might these conditions reinforce, constrain, or depend on one another?
Evidentiary depth	Extent to which competing explanations are evaluated against organizational evidence	What evidence supports or challenges each proposed explanation?

Intervention Fit and Redesign Effectiveness

From Diagnosis to Intervention

Diagnosis changes nothing by itself. Its value depends on whether the causal account developed through inquiry shapes the organizational response. This point is consistent with the early organization development argument that interventions should be selected in relation to diagnosed problem causes rather than as generic techniques (Bowers et al., 1975; Tichy et al., 1976). Beer et al. (2005) make a comparable observation in strategic change, where systemic diagnosis is used to identify organizational and leadership barriers that superficial programs can leave untouched.

The redesign problem is therefore sequential. Diagnosis identifies the conditions that appear to be producing the observed difficulty. Intervention selection determines which organizational mechanisms will actually be changed. The quality of the link between those stages is analytically distinct from both the quality of diagnosis and the quality of implementation.

Intervention Fit

Intervention fit is the degree to which the organizational intervention selected corresponds to the organizational conditions principally responsible for the observed performance problem.

The construct is an extension rather than a claim that problem intervention matching has no antecedents. Bowers et al. (1975) explicitly matched interventions with causal precursors, and contingency research has long treated organizational effectiveness as a question of fit among organizational arrangements and relevant conditions (Drazin & Van de Ven, 1985). Intervention fit relocates these ideas within organizational redesign by asking whether the mechanism targeted for change corresponds with the causal condition identified through diagnosis.

Fit is distinct from intervention size and from implementation quality. A small change can exhibit strong fit when it directly addresses the relevant mechanism, whereas a large restructuring can exhibit weak fit when the principal cause lies elsewhere. An organization can also implement a low fit intervention efficiently. Completion of the new structure then demonstrates project execution, not resolution of the original organizational problem.

Illustrative High and Low Intervention Fit

The same intervention can carry different levels of fit under different causal conditions. Delaying corresponds closely with decision delay created by unnecessary hierarchical escalation, but it has much weaker correspondence with delay created by ambiguous authority if decision rights remain unchanged. Information integration similarly has strong fit where fragmented information is the dominant constraint, whereas reporting line changes alone leave that mechanism largely untouched. Table 5 provides additional illustrations.

Table 5 Illustrative Examples of Intervention Fit

Observed symptom	Diagnosed principal condition	Illustrative intervention	Expected fit
Slow decision making	Unnecessary hierarchical escalation	Delaying with appropriate redistribution of authority	Higher
Slow decision making	Unclear decision rights	Delaying without clarification of authority	Lower

Fragmented information	Disconnected information flows and processes	Information integration and process redesign	Higher
Fragmented information	Disconnected information flows and processes	Reporting line changes without information redesign	Lower
Weak cross boundary coordination	Unclear interfaces and coordination mechanisms	Interface clarification and coordination redesign	Higher
Management overload	Routine escalation caused by concentrated authority	Redistribution of appropriate decision authority	Higher

Redesign Effectiveness

Redesign effectiveness is the extent to which an organizational intervention resolves or materially improves the performance problem that triggered the redesign without creating disproportionate unintended consequences.

This definition keeps evaluation tied to the original problem. If a redesign is initiated because decisions are slow, decision performance should be part of the outcome assessment. If weak accountability initiated the redesign, clarity of responsibility and authority should improve. Cost reduction may be a legitimate objective, but a reduction in management expense does not establish that a decision, coordination, or customer problem has been solved.

The expected relationship follows directly from causal correspondence.

P5: Greater intervention fit increases the likelihood of organizational redesign effectiveness.

Organizational Interdependence and Unintended Consequences

Organizational interdependence complicates intervention fit because the effect of changing one element can propagate through others. Formal structure can alter information pathways, managerial spans, coordination requirements, and the interpretation of performance feedback. Technology can redistribute information and tasks, which then changes capability and authority requirements. Socio technical and configurational research treats these dependencies as normal properties of organization rather than exceptions (Govers & van Amelsvoort, 2023; Rivkin & Siggelkow, 2003).

Misfit is more consequential when the target of change is tightly connected to other organizational elements. A poorly matched intervention can leave the initial problem unresolved while simultaneously disturbing arrangements that were previously functioning. The final proposition therefore concerns the reach of intervention consequences.

P6: Greater organizational interdependence amplifies the potential negative consequences of intervention misfit.

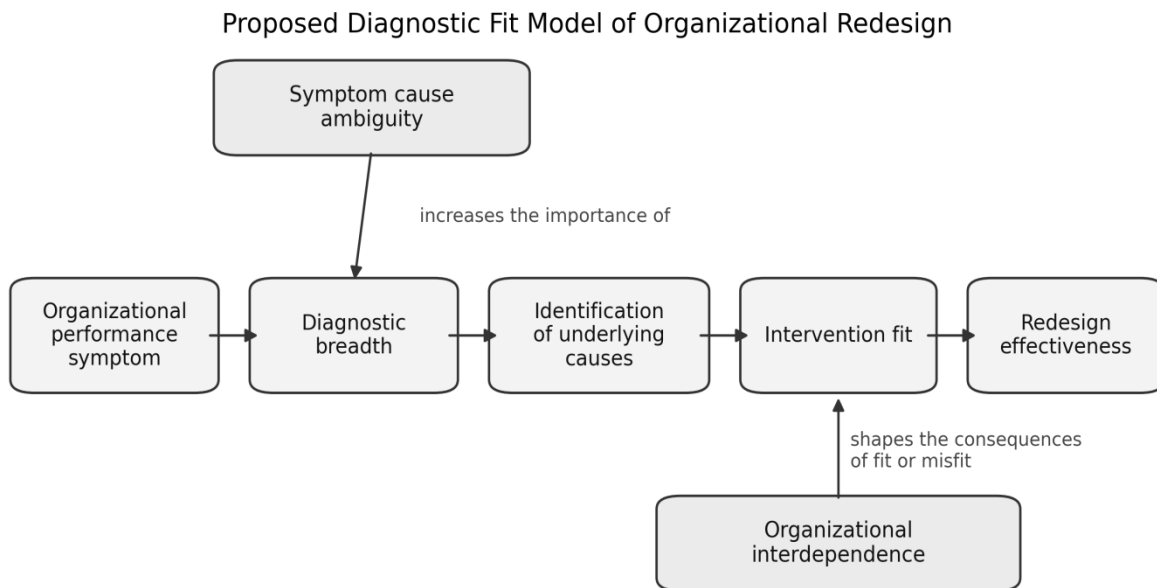
An Integrated Diagnostic Fit Model of Organizational Redesign

Figure 3 brings the six propositions into a single model. An organizational performance symptom initiates inquiry but does not specify its cause. Symptom cause ambiguity determines how many plausible explanations remain open, which in turn affects the value of diagnostic breadth. Broader diagnosis increases the opportunity to identify the organizational conditions that materially contribute to the problem, while intervention fit captures whether the subsequent change targets those conditions.

The model treats redesign effectiveness as problem referenced rather than as generic financial performance or implementation completion. Organizational interdependence sits around the cause to intervention relationship because the consequences of fit and misfit can spread beyond the organizational element directly changed.

The model also clarifies what is established and what is proposed. Systemic diagnosis, organizational fit, information processing, coordination, and problem intervention matching all have substantial prior literatures. The new integration lies in connecting them around the contemporary redesign pathway from an observable symptom to a causal diagnosis and then to a selected intervention. Symptom cause ambiguity and diagnostic breadth formalize the diagnostic part of that pathway, while intervention fit specifies the correspondence that links diagnosis with redesign effectiveness.

Figure 3: Proposed Diagnostic Fit Model of Organizational Redesign



DISCUSSION

Repositioning Restructuring

The first theoretical implication concerns the place of restructuring in organization design. The review provides little support for treating structural change as a generic response to organizational underperformance. Restructuring changes hierarchy, grouping, reporting relationships, or authority, and these mechanisms can matter greatly. The evidence also shows that structural changes alter information processing, coordination, strategic flexibility, and integration in ways that depend on context (Girod & Whittington, 2017; Jensen et al., 2013; Lin et al., 2006; van der Heijden, 2024). Restructuring is therefore better understood as a contingent intervention whose relevance has to be established against the cause of the problem.

Symptom Cause Ambiguity

The second contribution lies in naming the ambiguity between a visible organizational symptom and its possible design causes. Earlier diagnosis models already recognized that organizational trouble can originate in several domains, yet the redesign literature rarely treats the degree of causal multiplicity attached to a symptom as a construct in its own right. Symptom cause ambiguity makes that issue explicit. It helps explain why an intervention can appear reasonable when selected and still disappoint later: the intervention may correspond with one plausible reading of the symptom while another mechanism contributes more strongly to the observed outcome.

The construct also establishes a boundary condition for diagnosis. Extensive diagnostic work is harder to justify when causal evidence is already strong and narrow. Its expected value increases when several structural and nonstructural explanations remain credible.

Diagnostic Breadth

Diagnostic breadth moves the organization design discussion to the stage before alternatives are compared. The construct does not replace established organizational diagnosis. Weisbord (1976), Nadler and Tushman (1980), Burke and Litwin (1992), and later systems approaches all provide important diagnostic foundations. The contribution is to translate that tradition into a focused redesign construct whose dimensions can be examined empirically: the range of causes considered, the depth with which their relationships are analyzed, and the evidence used to discriminate among them.

This shift matters because knowledge about which organizational design performs well under a given contingency becomes useful only after the organization has identified the contingency or mechanism that is relevant to its own problem. The paper therefore asks a question that sits upstream of most comparative design research: how does an organization determine which design problem it actually has?

Intervention Fit

Intervention fit extends two established ideas. Contingency theory supplies the general logic of correspondence, while organization development research supplies a direct antecedent in the matching of interventions with problem causes (Bowers et al., 1975; Drazin & Van de Ven, 1985). The present model applies that logic to organizational redesign and distinguishes fit from implementation quality. A redesign can be executed well but remain causally misaligned with the problem.

This formulation also clarifies the novelty claim. Intervention fit is not presented as the first suggestion that interventions should match diagnosed problems. Its contribution is to integrate cause intervention correspondence with contemporary organizational design mechanisms, restructuring choices, symptom cause ambiguity, and redesign effectiveness in one parsimonious model.

MANAGERIAL IMPLICATIONS

Diagnose Before Designing

Managers should separate recognition of a performance problem from selection of an organizational solution. Slow decisions, weak accountability, poor collaboration, management overload, and customer dissatisfaction justify investigation, but they do not identify the mechanism that should be changed. Diagnosis should test plausible structural and nonstructural explanations before a preferred intervention narrows the inquiry.

Treat Restructuring as a Hypothesis

A statement such as 'we need to restructure' contains an implicit causal claim that formal architecture contributes materially to the problem. Managers can make that claim explicit by asking whether structure is principally responsible and what evidence supports that conclusion. Where hierarchy, grouping, reporting relationships, or authority are strongly implicated, restructuring can be appropriate. Where evidence points elsewhere, structural change should not become the default simply because it is visible or familiar.

Examine Competing Causes

Competing explanations deserve proportionate attention when symptom cause ambiguity is high. Decision delay may require examination of hierarchy, authority, information, governance, capability, and coordination. Poor collaboration may involve formal boundaries, unclear interfaces, conflicting incentives, or weak shared understanding. The purpose is not to investigate every imaginable factor, but to prevent the first plausible explanation from becoming an untested diagnosis.

Examine Interdependencies

Before changing one organizational element, managers should identify which other arrangements depend on it.

Decentralizing authority can require changes to information access, capability, and controls. Removing a layer changes the work carried by adjacent managerial levels. Technology can simplify a process and create new accountability or skill requirements at the same time. These dependencies determine whether the focal intervention will operate as intended.

Evaluate Success Against the Original Problem

Implementation milestones should be separated from redesign outcomes. A new structure can be launched, roles can be filled, and management costs can fall while the original problem remains unchanged. Measures of redesign effectiveness should therefore be specified against the reason for the intervention. Decision redesign should improve decision performance, accountability redesign should improve ownership and authority, and customer focused redesign should improve the organizational conditions affecting customer outcomes.

Limitations and Future Research

The Diagnostic Fit Model is derived from literature synthesis rather than primary empirical testing. Its propositions should therefore be treated as theoretically grounded expectations whose explanatory power and boundary conditions remain to be established. The constructs introduced here also require measurement development before the complete model can be tested.

The review design creates a second limitation. Scopus was the principal bibliographic database, supplemented by citation searching and a targeted diagnosis search. The integrative strategy sought theoretically sufficient coverage rather than exhaustive retrieval, and a theory led prioritization stage reduced 597 preliminarily retained or borderline records to 94 records for detailed eligibility assessment. The audit database preserves these decisions, but a different database, search vocabulary, or prioritization rule could identify additional relevant work. The diagnosis literature uncovered during the review demonstrates why such transparency matters: it materially refined the paper's novelty claim.

Future research should first examine whether diagnostic breadth behaves as the proposed multidimensional construct. Qualitative studies of redesign episodes could assess causal breadth, relational depth, and evidentiary depth in real decision processes. Quantitative work could then develop measures of intervention fit based on correspondence between documented diagnostic findings and the mechanisms actually changed, rather than relying solely on retrospective perceptions of redesign quality.

Once reliable measures are available, studies can test whether diagnostic breadth predicts redesign effectiveness and whether intervention fit mediates that relationship. Symptom cause ambiguity provides a plausible moderator because broader diagnosis should matter more when several causal explanations remain open. Longitudinal designs would be particularly useful because they can record the original symptom, competing causal interpretations, evidence used, intervention choice, and subsequent outcomes before success or failure reshapes participants' memories.

Comparative work can also examine whether the model behaves differently across restructuring, governance, process, information, technology, coordination, and capability interventions. Industry, national context, regulation, technological intensity, and professional specialization may alter both symptom cause ambiguity and organizational interdependence. Such studies would establish where the model generalizes and where redesign requires additional contextual explanation.

CONCLUSION

Organizational restructuring remains a legitimate management intervention. Hierarchy, grouping, reporting relationships, and authority can create real constraints, and formal redesign can improve performance when those conditions are materially involved in the problem. The evidence reviewed here provides no basis for treating structural change as either inherently desirable or inherently misguided. Its relevance depends on what the organization is trying to correct.

The review also shows that the principle of diagnosing before intervening has established intellectual foundations. Organizational diagnosis, congruence models, causal change models, and early organization development research all recognized the need to investigate organizational conditions and, in some cases, to match interventions with problem causes. The contribution of this paper lies in connecting that tradition with contemporary organization design and restructuring research, where visible performance symptoms can arise through structure, information, authority, coordination, technology, capability, or interactions among them.

Symptom cause ambiguity describes the causal uncertainty that results when several such explanations remain credible. Diagnostic breadth specifies how widely and relationally the organization investigates those explanations and how deeply it tests them against evidence. Intervention fit then captures the correspondence between the diagnosed cause and the mechanism targeted by redesign. Taken together, these constructs explain why an intervention can be well executed yet ineffective and why structural change is most defensible when structural conditions are part of the causal account.

The central implication is therefore narrower and more demanding than a general call for better diagnosis. Organizational redesign should begin by establishing what is producing the performance problem, then select an intervention whose mechanism corresponds with that diagnosis. Redesign effectiveness depends substantially on the quality of that causal connection and on the wider interdependencies through which organizational change travels.

Ethical Considerations

Ethical approval was not required because this study reviewed published literature and did not involve human participants or animals.

Conflict of Interest

The author confirms that no potential conflicts of interest exist.

Data Availability

This study did not generate or analyze primary research data. The evidence base consists of published academic literature identified through Scopus and supplementary citation searching. Bibliographic details and DOI links for the sources included in the review are provided in the reference list. The literature search strategy, eligibility criteria, and study selection process are reported in the manuscript.

The review audit database and literature matrix generated for this study are available from the corresponding author on reasonable request. This database is also provided for the reviewer.

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