

Guidelines and Criteria for the Submission of Short Papers at EGOS Colloquia

Short papers should focus on the main ideas of the later full paper, i.e. they should explain the purpose of the paper, theoretical background, the research gap that is addressed, the approach taken, the methods of analysis (in empirical papers), main findings and contributions. In addition, it is useful to indicate clearly how the paper links with the sub-theme and the overall theme of the Colloquium, although not all papers need to focus on the overall theme. Creativity, innovativeness, theoretical grounding and critical thinking are typical characteristics of EGOS papers.

Your short paper should comprise **around 3,000 words** (inc. references, appendices, and other material).

Submission deadline for short papers for the (main) 42nd EGOS online Colloquium hosted by the University of Bergamo, July 9–11, 2026:

- Tuesday, January 7, 2026, **12:00 CET**

The deadline is unchangeable and therefore **extensions can not be granted!**

Formatting your short paper

Your short paper should comprise **around 3,000 words**, according to the following format:

- Font: 12 pt, Arial or Times New Roman
- Margin left/right: 2.5 cm
- Line spacing: 1.5
- Use APA style for your citations

Do not use capital letters in your paper's title, unless they are proper nouns (e.g. "London", "Thomas"), quoted titles, or if it is the first word after a colon or hyphen. For example: *Mark Twain's "The Adventures of Huckleberry Finn": Summary, analyses, and quotations*. Do not write your title in ALL CAPS.

Please **state your name** (and that of your co-author/s, if applicable) + affiliation + email at the top of your short paper (because no [single/double blind] peer review).

Short papers should be submitted as a **pdf or docx file**. Please do not upload txt files!



Steps prior to uploading your short paper

- To upload a short paper, you must be a **registered user** on the EGOS website.
If you have never been an EGOS member, never uploaded a short paper for one of the previous EGOS Colloquia, or never attended an EGOS Colloquium before, you need to **register on the EGOS website**. Click [here](#) and follow the instructions. Once you have an EGOS member number and password, please **log in to the member area “MyEGOS”** and follow the instructions for uploading your short paper listed below.
- If you are an active (or former) EGOS member, **log in to “MyEGOS”** using your email [or your EGOS member number] and your password.

Uploading your short paper

You can **only upload one short paper** with your EGOS member number! If your short paper is co-authored and you have already submitted a (single-authored) short paper to another sub-theme, then your co-author (one of your co-authors, respectively) has to upload this co-authored short paper by using their EGOS member number. Please note: You may only appear as **co-author in a maximum of TWO further short papers!**

- In the MyEGOS section of the website, click on **Submit your short paper**.
- Fill in the form.

Do not use ALL CAPS for your paper title.

As the uploader, you are the main author. Add all co-authors (can also be added when submitting your full paper).

Upload your paper as pdf or docx.

- If you want to re-upload your short paper because you submitted it to the wrong sub-theme or have an updated version, you can do so until the deadline:

In MyEGOS, you will see Status: Edit your short paper

Click delete your short paper application.

Submit your short paper again.

If you have any further questions, please contact the [EGOS Executive Secretariat](#).



Sub-theme 63: Transcending Humans: The Future of Health and Wellbeing



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EGOS

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Call for Papers

The intricate tapestry of health management and organization has historically been woven with threads primarily spun from the perspectives of medical and administrative managers operating at regional and national echelons. These influential stakeholders, often ensconced within established hierarchies, have wielded significant authority in dictating the design, implementation, and ongoing operation of healthcare services. Their viewpoints, deeply rooted in clinical expertise and administrative efficiency, have traditionally formed the bedrock upon which healthcare systems have been constructed and maintained. However, a growing body of literature critically examines this dominant paradigm, revealing a conspicuous lacuna in the consideration afforded to the diverse perspectives of other crucial actors within the healthcare ecosystem.

This oversight extends to a wide array of stakeholders whose experiences and insights are often marginalized or entirely absent from strategic decision-making processes. Citizens, the very recipients of healthcare services, frequently find their needs and preferences relegated



to the periphery, their voices unheard in the shaping of systems intended to serve them. General practitioners, the frontline guardians of community health, possess a wealth of practical knowledge and patient-centered insights that are often undervalued by top-down management structures. Furthermore, the traditional anthropocentric view of healthcare has largely disregarded the significant roles played by non-human actors, including the increasingly pervasive influence of artificial intelligence, advanced robotics, and even the broader environmental context within which health and disease manifest.

In this conventional understanding of healthcare, the perspectives of these diverse actors are frequently relegated to the background, their potential contributions to the redesign and improvement of healthcare systems remaining largely untapped. This exclusionary approach has ignited critical questions regarding the adequacy of traditional organizational frameworks in an increasingly complex and interconnected world. The emergence of a “more-than-human” perspective challenges deeply ingrained notions of agency and participation within organizational contexts, prompting a fundamental re-evaluation of who and what constitutes a relevant stakeholder in the pursuit of health and well-being. This oversight underscores the urgent necessity for the adoption of more inclusive and holistic approaches that actively solicit and integrate the multifaceted voices of all relevant entities in the ongoing transformation of healthcare.

This imperative for a more comprehensive and inclusive approach is powerfully championed by the concept of “One Health”. This paradigm represents an integrated and unifying approach that fundamentally recognizes the intricate and inseparable interconnections between the health of humans, animals, and the environment. It posits that true and sustainable well-being cannot be achieved through a siloed, human-centric lens, but rather necessitates a holistic understanding of the dynamic interplay between these interconnected domains. The World Health Organization (WHO), alongside a multitude of other national and international agencies, actively promotes the One Health model as a crucial strategic framework for effectively addressing global health threats. By explicitly moving beyond a narrow, human-only perspective, this approach acknowledges the zoonotic origins of many infectious diseases, the impact of environmental degradation on human health, and the shared vulnerabilities across species.

This transformative approach is gaining momentum in concert with two other profound global shifts: the accelerating pace of digital transformation and the growing urgency of sustainability. On one hand, the relentless advancements in digital technology have catalyzed a burgeoning wave of projects focused on digital health. The vast opportunities presented by these technological innovations promise to revolutionize healthcare delivery by seamlessly



integrating digital tools into existing systems, enhancing efficiency, accessibility, and the overall quality of care. Artificial intelligence (AI), in particular, is emerging as a pivotal force in reshaping the very fabric of healthcare systems. Its potential applications span a wide spectrum, from optimizing patient management and streamlining resource allocation to facilitating more accurate diagnoses and personalized treatment plans.

However, this rapid integration of AI into healthcare also raises critical organizational questions, demanding careful consideration of issues such as data privacy, algorithmic transparency, and the evolving roles of human healthcare professionals. Furthermore, profound ethical and societal questions demand rigorous scrutiny, including the imperative of ensuring equitable access to AI-driven healthcare solutions, safeguarding against potential biases embedded within algorithms, and maintaining transparency in AI-assisted decision-making processes.

On the other hand, a substantial body of research increasingly highlights the significant environmental footprint of healthcare systems. These studies reveal that healthcare organizations are major contributors to both waste generation and the emission of greenhouse gases, thereby exerting a tangible and detrimental impact on both human and non-human actors. The environmental consequences of healthcare operations, ranging from the production and disposal of medical supplies to the energy consumption of healthcare facilities, contribute to air and water pollution, climate change, and resource depletion. Despite this compelling evidence, the environmental sustainability of healthcare systems remains a largely neglected area, often managed without the sense of urgency commensurate with the pressing need to address the escalating climate crisis. Prioritizing the environmental sustainability of healthcare is no longer a peripheral concern but a fundamental imperative for creating a more resilient and equitable future for all.

Reframing health, therefore, necessitates a fundamental disentanglement of the concept from the historical power systems that have shaped its trajectory. This profound shift in perspective involves two key and interconnected actions. Firstly, it demands the development of novel conceptual frameworks, encompassing fresh narratives, innovative concepts, nuanced grammars, and inclusive vocabularies. These new frameworks must actively elevate the diverse voices of traditionally overlooked actors, drawing insights from previously unexplored methodological positions. This includes amplifying the lived experiences of patients, valuing the practical wisdom of general practitioners, and acknowledging the agency and influence of non-human entities within the healthcare ecosystem. Secondly, this reframing requires the adoption of a more responsible and interconnected perspective, one that explicitly acknowledges the intricate web of relationships between human and non-



human entities. This perspective recognizes their joint and interdependent roles in shaping not only healthcare organizations but also the broader trajectory of society.

In this spirit of fostering critical inquiry and promoting innovative solutions, the convenors of this discourse welcome submissions employing a diverse range of methodologies, including theoretical explorations, qualitative investigations, quantitative analyses, and mixed-methods approaches. We encourage scholarly contributions that address, but are not limited to, the following critical questions:

- How can healthcare systems be fundamentally redesigned to authentically integrate the diverse perspectives of traditionally overlooked actors, encompassing both human stakeholders (such as citizens, general practitioners, and allied health professionals) and non-human entities (including artificial intelligence systems and advanced robotics)? What innovative organizational structures and participatory mechanisms can facilitate this inclusive integration?
- How can healthcare bodies and governing organizations establish robust mechanisms and ethical frameworks to ensure that non-human actors, particularly AI and robotic systems, contribute equitably and responsibly to decision-making processes and routine organizational practices within healthcare settings? How can we mitigate the risks of algorithmic bias and ensure fairness in the deployment of these technologies?
- What profound implications does the adoption of a “more-than-human” perspective hold for redefining existing power structures, addressing issues of diversity and inclusion, and mitigating inequalities within the complex landscape of healthcare? How can we foster a more equitable distribution of power and resources in a healthcare system that acknowledges the agency of both human and non-human actors?
- In what specific ways can the strategic implementation of AI and other digital health tools demonstrably improve patient management protocols and optimize the allocation of scarce healthcare resources, while simultaneously proactively mitigating potential risks such as algorithmic bias, inequitable access to technology, and a lack of transparency in AI-driven clinical decision-making? What safeguards and ethical guidelines are necessary to ensure responsible innovation in this domain?
- How can healthcare organizations effectively align their often-competing goals of achieving environmental sustainability and embracing digital transformation under the overarching framework of “One Health”? What synergistic strategies and innovative solutions can be implemented to simultaneously reduce the environmental footprint of healthcare operations and leverage the power of digital technologies to promote a more sustainable and equitable healthcare system for all living entities?



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