E-HEALTH AND INNOVATION FOR LEGITIMACY AND TRUST

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Abstract
New technologies help to develop health innovation, leading the patient to act about their health actively and driving health care from institution-centric to patient-centric systems. E-health relates to a new way of thinking about health care. Healthcare organizations are seeking legitimacy as credible institutions by using the potential of information technology to introduce service innovation and build trust-based relationships with patients. Policies can support the diffusion and dissemination of innovation and the implementation of new technologies in healthcare service delivery, helping healthcare organizations to drive service innovation and reinforcing patient-centred relationships.

Keywords
healthcare; innovation; information technology; legitimacy; sustainability.

Introduction

With the advent of digital technologies, healthcare organizations behave as credible institutions that promote wealthy conditions for people, seeking legitimacy by building trust-based relationships with citizen-patients to generate social value by improving health (Gilson, 2003). New technologies are redesigning the relationships between healthcare institutions and patients, leading health consumers to act about their health actively, and driving healthcare to move from being institution-centric to becoming more and more patient-centric systems and organizations (Eysenbach & Diepgen, 2001; Serbanati, Ricci, Mercurio, & Vasilatenu, 2011; Demiris, 2006).

In the healthcare field, the concept of innovation refers to the adoption of those best-demonstrated practices that have been proven to be successful and the implementation of those practices aimed at improving treatment, diagnosis, education, outreach, prevention, and research, and with the long term goals of enhancing the quality, safety, outcomes, efficiency, and costs (Omachonu & Einspruch, 2010). E-health relates to a new way of thinking about improving global health care using new technologies (Eysenbach, 2001).

The study explains that e-healthcare is emerging as a technological and social innovation that enables healthcare systems and organizations to achieve legitimacy for building trust by developing interaction and improving communication between health systems and patients. Healthcare organizations follow a patient-centered orientation, enhancing the relational dimension of service innovation driven by technologies as a source of legitimacy for building trust-based relationships. Public

policies are legitimate sources that help to support the dissemination, development, and diffusion of e-health as social and technological innovation driving healthcare organizations to introduce service innovation. The study relies on reviewing and analyzing literature about the advent of new technologies and the role of e-health policies in supporting the adoption and diffusion of e-health innovations.

The study is structured in five sections. The methodological section follows the introduction, and the theoretical background is in the third section. Healthcare organisations are seeking legitimacy to build trust. The role of technology for innovation in health care is presented in the fourth paragraph. In particular, defining e-health care as a communication-oriented and social process and identifying the role of policies in supporting e-health innovation are presented. Finally, the discussion and conclusions are outlined.

Healthcare organizations between seeking legitimacy and building trust

Healthcare systems contribute to improving public health and the wealth of society, ensuring well-being for people and breeding social value (Gilson, 2003) by sustaining the introduction, adoption, and diffusion of innovation as a social process and virtuous pathway leading to healthcare organizations towards public trust restoring. Healthcare systems and organizations actively influence the feedback they receive by seeking legitimacy to restore public trust and successfully survive in the long run. As complex systems, healthcare organizations achieve legitimacy, conforming to the standards and expectations of the key stakeholders, acting in ways not always predictable, and behaving as institutions that enhance the credibility of their actions, pursuing active or passive support to survive in front of uncertain challenges and environments (Johnson, Dowd, & Ridgeway, 2006; Plsek, 2003; Suchman, 1995; Yang, Fang, & Huang, 2007; Ruef & Scott, 1998).

Healthcare organizations obtain legitimacy from those normative sources that influence the approval or disapproval of their programs, improving their survival chance, complying with policies and practices as rationalized myths that contribute to developing innovations that enhance legitimacy under conditions of uncertainty (DiMaggio & Powell, 1983; Meyer & Rowan, 1977). Healthcare organizations seek longevity within communities by investing in trust and relying on the capacity of professionals to communicate with patients, involving them in building new partnerships and promoting collaboration (Mechanic, 1998). The public trust placed by a group or person in a societal institution or system influenced by experiences of people in contact with representatives of institutions is expected to provide information for measuring the health care system's performance. Today, responsive healthcare organizations develop interaction and communication between the health system and community, encouraging a trust-led participatory process (Thiede, 2005) to facilitate collective action for social and economic value (Eysenbach & Diepgen, 2001; Gilson, 2006). Healthcare systems influence public trust by guaranteeing how healthcare providers protect patients' rights (Straten, Friele, & Groenewegen, 2002). Patient-centered care public policies support the quality of health care provision and build trust-based relationships by enhancing public trust or restoring lost trust (van der Schee, Braun, Calnan, & Schnee, 2007; Abelson, Miller, & Giacomini, 2009).

Methodological section

This study aims only to provide an interpretive and qualitative framework. The research is based on archival and qualitative, considering the literature related to the role of the information technology Internet, virtual and interactive technologies as a means that enables innovation in health care to create social and cultural value by opening up to increasing patient involvement and participation in the health care process. The analysis elucidates how healthcare organizations use information technology's potential to support and drive innovation, seeking legitimacy to build public trust. The referenced journal articles were selected from Google S*cholar* as the main web source and database. The selected contributions are summarised and interpreted (Denyer & Tranfield, 2006) in a narrative synthesis that accommodates differences between the questions, research design, and the context of the studies considered to develop new perspectives on emerging issues and advance theoretical models (Dixon-Woods, Agarwal, Young, Jones, & Sutton, 2004).

Understanding the innovation process in healthcare

In healthcare, the concept of innovation refers to the adoption of those best-demonstrated practices that tend to be successful and the implementation of those practices that improve the quality and safety of outcomes in terms of diagnosis, education, prevention, and education. Innovation processes involve different stakeholders with their interests, wants, and expectations: physicians to improve clinical outcomes, diagnosis, and treatment; patients willing to improve their well-being by reducing the waiting times; organizations aiming to enhance efficiency, productivity, and quality of outcomes; innovating companies for profitability; and regulatory agencies to reduce risks and improve patient safety. Improvement of clinical outcomes, efficiency/effectiveness, patient safety, quality, physician acceptance, organizational culture, regulatory acceptance, partnership and collaborations as operational and environmental dimensions exert influence on the introduction of innovation in healthcare (Omachonu & Einspruch, 2010).

Innovation processes develop across four main stages: dissemination, adoption, implementation, and continuation as influenced by the socio-political context in terms of rules, legislation, and patient characteristics, the organization; the user or adopting person; complexity and relative advantage of the innovation (Fleuren, Wiefferink, & Paulussen, 2004). Different patterns of diffusion emerge because the process of diffusion is a social and political process that implies the interaction between the key characteristics of an innovation and the adopting system in terms of values, interests, and power dependencies of the actors involved (Denis, Hèbert, Langley, Lozeau, & Trottier, 2002). The diffusion of effective programs and ideas is an important challenge healthcare systems must face to promote health. Dissemination and diffusion are different concepts. As the process by which an innovation can be communicated through several channels over time among members of a social system (Rogers, 2003), diffusion is the outcome of dissemination efforts. Dissemination implies planned efforts to maximize the achievement and the adoption of new programs or policies to be available to a target audience (Oldenburg & Glanz, 2008).

The planning processes for innovation development and dissemination should aim to improve the fit between the innovation and users, adapting and reinventing the

innovation to the practical possibilities and constraints of the system where it is implemented and disseminated (Oldenburg & Glanz, 2008). While diffusion relates to passive spread, dissemination refers to active adoption efforts. While implementation relates to mainstream innovation, sustainability refers to making innovation a routine until obsolescence (Greenhalgh et al., 2004). Dissemination of innovation is a linear process. Success and rapid adoption of innovation, prudence, and slow adoption emerge only in the presence of leading or lagging and ambiguous evidence. In the other two situations, under-adoption and over-adoption tend to occur (Denis, Hèbert, Langley, Lozeau, & Trottier, 2002). In health care, the dissemination of innovation is slower than its successful implementation. The diffusion of innovation depends on how organizations find sound innovation and support innovators (Berwick, 2003).

Technology for innovation in healthcare

Information technology is a crucial driver of innovation in healthcare. Successful implementation of technological innovation as a source of organizational development and change relies on involving the user and driving effective planning in health care (Berg, 2001). Digital health helps improve the healthcare provision and the well-being of patients, empowering them to manage their health (Iyawa, Herselman, & Botha, 2016). The Internet and information and communication technology are driving health care from institution-centric to patient-centric or consumer-centric systems, leading patients to assume a responsive orientation about their health (Eysenbach & Diepgen, 2001; Serbanati, Ricci, Mercurio, & Vasilatenu, 2011).

Defining e-health care

In the e-Health Action Plan 2012-2020, «e-Health is the use of ICT in health products, services and processes combined with organizational change in healthcare systems and new skills, to improve the health of citizens, efficiency and productivity in healthcare delivery, and the economic and social value of health. E-health covers the interaction between patients and health-service providers, institution-to-institution transmission of data, or peer-to-peer communication between patients and/or health professionals» (European Commission, 2012). Health care refers to a process to be driven and improved rather than an outcome to be achieved. The role of technology is to contribute to enabling processes and services to support human activities rather than merely represent a substitute (Oh, Rizo, Enkin, & Jadad, 2005).

E-health care refers to technical developments to improve public health and enhance health services and information. As a state of mind for building healthcare improvement, e-health enables benefits and positive outcomes for individuals and communities. The task of digital and Internet-led technologies is to provide efficiency and quality, allowing consumers to obtain online services from providers, access personal records, and acquire knowledge. Technology helps redefine new relationships between patients and health professionals by encouraging mutual information exchange and trust to proceed and share information and knowledge (Omachonu & Einspruch, 2010). Sustaining e-health relies on necessarily ensuring quality management of health information on the internet by educating consumers, encouraging self-regulation of health information providers, evaluating information by third parties, enforcing by providing feedback channels for evaluating complaints, contrasting the violation ethical or legal standards (Omachonu & Einspruch, 2010).

E-health as a communication-oriented process

Introducing and developing information and communication technologies (ICTs) helps to improve the quality, efficiency, and accessibility of healthcare services, improve the effectiveness of medical interventions, and support the interaction between patients and health service providers. High levels of health information technology implementation are positively associated with quality patient care and safety improvement strategies that enhance patient satisfaction and the perceived quality of services (Restuccia, Cohen, Horwitt, & Shwartz, 2012). ICTs help sustain healthcare quality, driving increasingly proactive health consumers in their healthcare. Technological advancements help to promote health information, encouraging communication between professionals and consumers, leading to consumer-patient empowerment by making the relevant information accessible and available for patients (Eysenbach and Jadad, 2001). E-health systems are evolving towards user-centricity by driving patients to control their own healthcare information, ensuring transparency and access to health records, and fostering federation and integration of healthcare information between different providers and actors (Deng, De Cock, & Preneel, 2009).

New Internet technologies have facilitated consumer education, disease management, clinical decision support, physician-consumer communication, and administrative efficiency, leading healthcare organizations to become fully aware of their role in support of the e-health revolution, putting people first, focusing on service and interactivity, and offering appropriate training for physicians and support staff (Ball & Lillis, 2001). Technology helps to support health professionals in their work and lifelong learning, disregarding the organizational boundaries of the health systems (Moen et al., 2012). The adoption of information and communication technologies helps re-engineer the healthcare sector and promote the economic sustainability, quality, and cost efficiency of healthcare services by providing e-services that facilitate the interoperability among authorized healthcare professionals and promote collaborative, multidisciplinary, and cross-organizational healthcare delivery processes (Serbanati, Ricci, Mercurio, & Vasilatenu, 2011).

Health communication relies on interactive and participatory processes involving the health system and the individuals or the community (Mechanic, 1998). Internet technologies help patients make informed healthcare choices and share decision-making to build collaborative teamworks (Wald, Dube, & Anthony, 2005), fostering greater participation and interactive communication (Kreps & Neuhauser, 2010). E-health empowers patients and medical professionals by supporting knowledge transfer (Alpay, van der Boog, and Dumaij, 2011). Healthcare providers should incorporate patients' perspectives into medical decision-making, understanding and meeting patient's needs (Qiao, Asan, & Montague, 2015).

The role of policies to support the e-health innovation

E-health policies contribute to wealthy e-health (Scott, Chowdhury, & Varghese, 2002). The deployment of e-health applications should require policies to support service innovation in health care because of the overlap and interdependence between strategic, organizational, technological, and professional dimensions (Moen, Hacki, & Hofdijk, 2012). Policymakers should monitor continuous health information technology developments, spur the development of new information tools, and

disseminate all promising technologies widely (Buntin, Burke, Hoaglin, & Blumenthal, 2011). Furthermore, policies should focus on helping healthcare organizations benefit from adopting electronic health records (Ben-Assuli, 2015).

E-health policies help facilitate the development of e-health programs by enabling the integration of e-health projects into regular services; implementing e-health successfully; defining policies; guiding the process of evaluation and research for positive evidence of e-health adoption; transfer of information and provision of care between different jurisdictions; addressing the digital divide for diffusion of e-health (Khoja et al., 2012). E-health initiatives and policies should be planned to support the relationships between patients and health providers (Harrison & Lee, 2006). The role of policies is to overcome social, ethical, and legal barriers that hinder information technology implementation in health care and support clinical data exchange (Anderson, 2007). Therefore, e-health strategies and policies are not yet connected to the reality of healthcare delivery (Mars & Scott, 2010). There is an emerging distance between what is postulated and empirically demonstrated about the benefits of technologies for health care (Black et al., 2011).

Discussion and conclusions

New technologies offer opportunities for healthcare organizations seeking legitimacy as worthy and credible organizations introducing service innovation to improve patient communication and restore public trust in citizens. Policies provide a context for healthcare organizations that aim to introduce technological and information system innovation to enhance citizens' and patients' quality of life. Healthcare organisations are embracing new technologies and medical informatics to improve efficacy, effectiveness, and quality of care along a *continuum* between seeking legitimacy and building trust with patients, between driving the adoption and implementation of technological innovation or following the innovation driven by other successful organisations and conforming to guidelines drawn by public policies.

E-health policies support the diffusion and dissemination of innovation in health care. Healthcare organizations seek legitimacy by following technology-driven service innovation, conforming to regulatory frameworks and policies that support the diffusion of innovation. Policies for disseminating innovation help healthcare organizations build trust-based relationships with patients and design organizational arrangements for managing service innovation. Healthcare organizations need policies that contribute to the successful implementation of innovation, the continuous improvement of processes, and the development of better communication. E-health innovation is only a technology-driven process that supports modernization, leading healthcare organizations to seek legitimacy as credible health institutions. E-health is emerging as a technology-led and social process through policies that help healthcare organizations redesign patient relationships, investing in public trust building to re-think about individuals and their health.

Innovation helps to achieve legitimacy as a source to build trust-based relationships. Healthcare organizations follow an institution-centric orientation to introduce service innovation to improve efficiency, quality, and effectiveness, focusing only on the technological dimension while searching for a new relationship by involving the patient in the interaction. Following a patient-centered orientation, healthcare

organizations focus on the technological dimension to achieve legitimacy as institutions that work in the patient's interest, strengthening the relational dimension and improving communication and interaction with patients to build trust-based relationships. Future research perspectives must further investigate how e-health care as an opportunity is interpreted within the Italian Regional care system. The future of healthcare relies on bringing together technological and communicational aspects to support sustainable value creation and reinforce public trust, fostering social relationships and innovation between patients and healthcare organizations.

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