BUILDING SUSTAINABLE HEALTHCARE ORGANIZATIONS

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Abstract. *Healthcare organizations have to proceed towards a sustainable development by seeking legitimacy for building and maintaining public trust with patients as social and economic institutions creating value and wealth for society. Sustainability of health care relies on rediscovering the importance of human resource management and policies for effectively improving communication with patients and building trust-based relationships. While processes of accreditation tend to be regarded as a means for legitimizing quality and efficient processes, the introduction of new technology seems to be more focused on restoring the relationship with patients.*

Keywords: *sustainable health care; accreditation; technology; human resource management and policies.*

Introduction

The aim of this study is to identify the drivers leading the healthcare organizations and systems to proceed towards a sustainable, social and economic development. The future of healthcare systems relies on redesigning the relationship with citizens and patients based on dialogue and cooperation. The future challenges healthcare systems will have to face require to combine and link processes of accreditation, new technologies, and human resources in order to permit to healthcare organizations to build efficient and effective processes that improve medical and health issues for building and maintaining better public trust with patients and citizens. Human resource management (HRM) practices tend to represent a fundamental issue of analysis and development in health care sector. Sustainability of healthcare systems relies on healthcare organizations seeking legitimacy for building and maintaining trust with patients. Healthcare organizations tend to achieve legitimacy and need of a social appraisal. Trust as a multidimensional concept is an important component of the relationship between clinicians, healthcare institutions, and patients. Healthcare organizations tend to invest in public trust as a resource for building new relationships with patients (Mechanic, 1998).

The study is articulated in four paragraphs. The theoretical framework is presented in the first paragraph. In the following paragraphs, the three pillars or drivers for health care sustainability are presented. Processes of accreditation are considered as a means of improving the quality of healthcare services. The adoption of new technologies offers healthcare organizations the opportunity for developing an interactive communication with the patient. Thereby, managing processes of accreditation and the adoption of new technologies rely on designing and implementing strategically human resource management systems and policies towards a sustainable development in long-terms. Finally, in the last paragraph, the discussion and conclusions are presented

jointly with future research perspectives. The study relies on archival and qualitative data drawn by analysis and review of the literature concerning the relationship between healthcare organizations and new technologies, processes of accreditation and the relevance of managing human resources.

Towards sustainable healthcare organizations seeking legitimacy for building trust

The main challenge of healthcare systems and organization is to proceed towards a sustainable development in long-term. Healthcare systems should contribute to improving public health and ensure both well-being and wealth of society in order to generate positive benefits and contribute to broader social value (Gilson, 2003). Health systems need to improve the quality and outcomes of care. Ferlie and Shortell (2001) have proposed a multilevel approach for building and sustaining change focused on different levels: the individual, the group or team, the organization, and the larger system in which organizations operate and are embedded by recognizing the importance of some essential core properties for managing a successful quality-improvement work: the role of leadership and the development of effective teams; the relevance of culture in sustaining learning in the care process; the adoption of information and communication technologies (ICTs). Healthcare systems facing the challenges related to the development and aging of population, the average life expectancy, the advances in medicine, in technologies, human-computer interaction and informatics (Haux, Ammenwerth, Herzog & Knaup, 2002) should develop a long-term and organizational ability to mobilize human, financial and technological resources for activities meeting needs and demands of public health or the individuals (Olsen, 1998) coherently with interventions on individual, organizational, community action and system level to achieve health promotion outcomes (Sverissen & Crisp, 1998). The healthcare system tends to be embedded in larger societal, industrial and political systems that influence the pace and spread of innovation driving healthcare organizations to be viewed as complex systems acting in ways not always linear and predictable (Plsek, 2003).

Sustainability of health care tends to rely on seeking legitimacy for building trust with citizens and patients. The challenge of sustainability relies on the ethical task of fulfilling institutional responsibilities related to patients, physicians and other health professionals defining the obligations of health institutions for building patient-centered organizations ethically responsible (Gallagher & Goodstein, 2002; Gray, 1997). Organizations tend to achieve greater legitimacy conforming to the expectations of the key stakeholders in their environment by enhancing the credibility of their actions and pursuing active or passive support and obtain resources in order to survive. Legitimacy can be considered as a central concept in the organizational study coherently with an institutional perspective (Deephouse & Suchman, 2008). Legitimacy as a cognitive process through which an entity becomes embedded in taken-for-granted assumptions implies that the actions of an entity are desirable, or appropriate within some socially constructed system of norms, values, beliefs, and definitions.

Legitimacy can be embedded in organizations as constitutive belief or be managed so that the organizational goals can be achieved (Suchmann, 1995). Healthcare

organizations need to gain, enhance and maintain legitimacy facing complex challenges and highly institutionalized environments under conditions of uncertainty (Powell & DiMaggio, 1983; Yang, Fang & Huang, 2007; Meyer & Rowan, 1977) working actively to influence and manipulate the normative assessments and feedback they receive from their multiple audiences (Ruef & Scott, 1998). Health organizations consider trust as a necessary investment for building a new partnership and collaboration with patients (Mechanic, 1998). Trust as a multidimensional concept is an important component of the relationship between clinicians, healthcare institutions, and patients. Trust is generally associated with a high quality of communication and interaction driving patients to reveal information and work cooperatively with doctors (Mechanic, 1996).

Promoting quality of healthcare services: the role of accreditation processes

Today, promoting excellence and quality in healthcare services seems to be the main challenge for healthcare organizations ensuring actual and future benefits for citizens and patients. Healthcare organizations as moral agents are challenged to take responsibility for the processes leading to desired outcome (Gallagher & Goodstein, 2002). The accreditation programs tend to be an important driver to improve quality and safety in healthcare organizations (Greenfield & Braithwaite, 2008). Accreditation as a periodic external evaluation of a healthcare organization, by recognized experts, should provide data and information about the evidence of the quality of care, treatments, and services delivered to the individuals. Accreditation procedures first require to the organization a detailed self-review of the safety of the care delivery processes, to grant after a visible demonstration to stakeholders (patients, their families, staff and community) of organization's ongoing commitment to safe and high-quality care, treatments, and services. Accreditation could be seen as a source of economic gain and legitimacy for healthcare organizations that are permitted to operate by receiving an accreditation award as form and source of legitimacy in front of the stakeholders and patients (Jaafaripooyan, Agrizzi & Akbari-Haghighi, 2011). The growth of healthcare accreditation programs accelerated globally in the 1980s and in Europe in the 1990s to improve the quality of health care. The earliest programs were based on the North American models of the JCAHO and the Canadian Council on Hospital Accreditation. In the last decade within industrialized countries, processes of accreditation were designed and implemented in order to promote and ensure a quality system with regard to different stakeholders as clients, healthcare providers and public administration. The organizational accreditation model provides a framework for the convergence and integration of the strengths of all the models into a common healthcare quality evaluation model (Donhaue & vanOstenberg, 2000).

Accreditation can be considered as a rigorous external evaluation process that comprises self-assessment against a given set of standards, an on-site survey followed by a report with or without recommendations, and the award or refusal of accreditation status. Accreditation as a process intended to improve quality and safety coherently with international standards consists of a formal declaration by a designated authority that an organization has met predetermined standards. The accreditation process is an effective leitmotiv for the introduction of change coherently with a learning cycle and curve. Institutions tend to invest greatly to conform to the first accreditation visit and reap the benefits in the next three accreditation cycles but find accreditation less challenging over time (Pomey et al., 2010). Health service

accreditation programs as evaluation processes aim to improve the quality and safety of patient care, permit to assess the performance of healthcare organizations by investigating their compliance with a series of pre-defined, explicitly written standards for encouraging continuous improvements of quality. Accreditation is carried out by independent and external professionals focusing on functioning and practices of healthcare organization in order to ensure that conditions regarding the safety, quality of care and treatment of patients are taken into account leading to sustainable improvements in patient care quality and safety (Jaafaripooyan, Agrizzi & Akbari-Haghighi, 2011). The accreditation programs play a key role in monitoring the reflection of quality and excellence as healthcare values with its respective impact at the societal level as an influential mechanism for protecting society by guaranteeing the access to quality and safe health care.

The use of accreditation makes government more responsive in front of the public and permits to citizens' perspective to be heard in setting policy and standards for accreditation, meeting the increasing demand for public accountability of healthcare providers, as to contribute to decrease healthcare costs (Schyve, 2000).

Rediscovering the importance of human resource management and policies within healthcare field and organizations

Human resources are driving health system performance. Managing performance in health care relies on connecting human resources actions (numeric adequacy, remuneration, work environment, system of support, appropriate skills, training and learning, leadership and entrepreneurship) and workforce objectives (commitment, motivation and support, competence, training and learning) to ensure health system performance in terms of equitable access, efficiency and effectiveness, quality and responsiveness like indicators leading to health outcomes or health of the population (Chen et al., 2004). Thereby, some obstacles tend to emerge with regard to the best employment of health workforce: lack of strategies sustaining, motivating and training health workers; no coherent distribution of health workers in territories; skill imbalances; weak knowledge base on the health workforce. Strengthening sustainable health systems relies on investments in human resources, appropriate education, deployment and retention of human resources, putting workers first developing the workforce by building cooperation and collaboration across health workers, health sectors and government (Chen et al., 2004). Health policies facilitate planning, support decision-making, provide a framework for evaluating performance, and help to unify different resources and personnel for building consensus about health issues and allowing citizens express opinions for promoting legitimized actions. Health policies should be developed for specifying health objectives and priorities, identifying means and resources to achieve goals, rationalizing decision-making, defining the frame of reference for reporting and evaluation, building support and consensus, building cooperation between professionals and other stakeholders about health issues. Developing explicit HRH policies permits to promote a more comprehensive and systematic approach to HRM for health organizations called to arrange appropriate adjustments to the workforce facing external pressures (Dussault & Dubois, 2003).

The need for better managing a highly motivated and skilled professional workforce in health care is an emerging and actual challenge for managing healthcare systems

proceeding towards sustainability by improving healthcare quality service, performance, and patient outcome. Strategic human resource management seems to contribute to improving organizational performance and outcomes (Stanton & Leggat, 2007). Human resource functions should consistently influence employee and management behavior enabling the organizational strategies (Boxall & Purcell, 2003). HRM practices as an important driver for success and innovation contribute to building a supportive environment of cooperation by promoting the development of human and social capital. HRM practices should be considered and interpreted as behavioral patterns for sustaining human resources capabilities (Karoche, 1996).

Human resource management for health care tends to be characterized by a limited vision of managing human resources related to merely personnel administration; dispersal of accountability and lack of coordinated actions; reactive attitudes in the management of the health workforce; subordination of health human resources to economic criteria; a short-term view of human resource management. Human resources are often neglected as a component of health development. Seven characteristics are identified to achieve benefits through people: an emphasis on providing employment security; the use of self-managed teams: decentralization of decision-making and extensive training; selective hiring of new personnel; reduced status distinctions and barriers; extensive provision of training; compensation linked to performance. Health organizations more and more tend to cope with enhancing performance through human resource management practices, systems and policies. People tend to make a difference for achieving better results in terms of social, financial and economic performance within organizations. Organizational capabilities and value creation tend not to exist without people management. Defining the best practices of human resource management in health care is not enough for translating intervention and policies in the context of healthcare organizations (Buchan, 2004).

Within healthcare field, human resources contribute to improving the quality of services and patients' satisfaction. Effective human resource management strategies are required to achieve better outcomes in health care. Focus on human resources is necessary to develop new health policies sustaining training levels and education of the workforce. Thereby, some obstacles emerge for professionals seeking to deliver high-quality services: lack of congruence between different stakeholders' values, absenteeism, turnover, low morale of health personnel. Human resource initiatives contribute to improving an organizational culture exerting a positive influence on the effectiveness of care leading health professionals to be actively involved at high levels of strategic planning having an understanding of all areas of the organization (Kabene, Orchard, Howard, Soriano & Leduc, 2006). Health organizations tend to enhance performance by designing human resource practices, policies, and systems that tend to influence employee attitudes and behaviors with regard to reciprocal expectations between organization and employee (Harris, Cortvriend & Hyde, 2007). Organizations investing in policies for human resources tend to design clear roles and goals for their employees having relatively higher levels of knowledge and skill by an emphasis on training and performance management, being able and willing to share and utilize their tacit knowledge as a result of decentralization of decision-making and higher levels of involvement (West, Guthrie, Dawson, Borrill & Carter, 2006). The organizational context tends to differentiate and specify the features of the health sector with regard to human resource management because many of the measures of organizational performance tend to be unique too (Buchan, 2004). For example, some

studies have shown that the increasing autonomy for healthcare organizations helps for tailoring human resources systems and practices as more appropriated to a specific context (Harris, Cortvriend & Hyde, 2007).

The role of technology in connecting healthcare organizations and patients

The introduction of new technologies of medical informatics to healthcare sector should contribute to improving the operational and economic efficiency of healthcare service delivery going beyond obtaining merely financial results by cutting expenditures and cost. According to the eHealth Action Plan 2012-2020 – Innovative healthcare for the 21st century the eHealth is related to using information and communication technologies applied to health products, services, and processes combined with organizational change in healthcare systems and new skills for improving health of citizens, efficiency and productivity in healthcare fostering communication, interaction, data and information exchange between health institutions, providers and patients. The Internet tends to appear as a chance and challenge for evidence-based patient choice allowing patients to access general information and facilitate access to diagnosis, personal risk factors, and prescribed medicines enabling personalization of information. The Internet and social technologies permit to reconfigure and redesign the relationship between healthcare institutions and patients leading the citizen to assume a responsive orientation about their healthcare driving the health care from institution-centric to patient-centric or consumer-centric systems in which patient can actively behave and act about their own health (Eysenbach & Diepgen, 2001).

E-health, as tailored to be considered as interactive, interoperable and personally engaging, contributes to making difference enhancing the quality of health care and promotion. The most part of definitions about e-health care seems to relate to health care as a process to be improved rather than the outcome to be achieved. The role of technology is mainly to contribute to enabling processes, functions and services as to support human activities rather than merely represent a substitute (Oh, Rizo, Enkin & Jadad, 2005). E-health care is related to technical development bridging medical informatics, public health and business to deliver or enhance health services and information through the Internet and technologies. E-health seems to relate to both a state of mind and commitment to building a networked global thinking for health care improvement driven and supported by technology. E-health seems to refer to the introduction and implementation of technology in health care as an enabler of social and technical innovation and process that implies issues on side of technical, economic, individual and community level. New technologies contribute to provide efficiency and quality evidence-based, empower and educate both the consumer and the patient making accessible personal records and knowledge to be acquired, redefining new relationships between patients and health professionals, by encouraging information exchange and trust between them, involving communities beyond geographical boundaries that emphasize the search and need of new standards of equity and ethics in front of the emerging challenges and risks that potential benefits of introducing technologies tend to deliver (Eysenbach, 2001).

Conclusions

Healthcare institutions as complex organizations in virtue of the professional nature of work have to pay more attention to human resource management for influencing organizational performance and ensuring desirable outcomes by promoting quality of care and patients' satisfaction. Human resources tend to assume a critical role in determining the success of private and public organizations. Tailoring appropriate human resource management practices to the specificity of each healthcare organization should lead to high quality of healthcare services in order to improve the patients' satisfaction and health outcome. Processes of accreditation should drive policy makers and healthcare organizations to design specific practices of personnel assessment paying attention on human resources development and commitment by reinforcing the identification and esprit of belonging to the organization. Technology redesigning the relationship between health institutions and patients is leading healthcare organizations to consider the patient more and more aware of own health situation as co-producer of health service delivery and to design human resources systems and practices that emphasize and incentive soft skills and emotional intelligence of doctors and physicians.

The contribution of this study is to propose a framework of analysis for leading healthcare organizations to proceed positively with regard to social, economic and financial outcome based on a triangle for sustainability by linking human resource management practices and systems, the use and implementation of new technologies in healthcare services for better managing processes of accreditation. While processes of accreditation jointly with the introduction of new technologies seem to contribute to improve the operational and technical effectiveness and efficiency of internal processes in terms of ensuring quality and high security of procedures and programs, the strategic management of human resources should serve to sustain operational processes, sustain motivation and commitment of medical professionals and better facilitate the interactive communication between patients and healthcare institutions for building and maintaining public trust between citizens as patients and health institutions. This study is descriptive. The scope is only explorative. Future research perspectives should be focused on better understanding both the antecedents and the consequences of institutionalization of human resource management practices in health care through a research design based on more qualitative interviews in order to investigate how processes of accreditation and new technologies are likely to contribute to the better design and implement human resource strategy.

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