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Enhancing healthcare performance through organizational capabilities alignment

The question

Performance is a crucial theme for the health system in general and in particular for organizations that deal with health. In fact, health care is a sector with a high consumption of economic resources, and for this reason, it is necessary to improve its organizational results in spite of the reduction of public funding. Working to performance management implies working on those who will have to make organizational decisions at managerial level. In this way, the organizational capabilities are important “tools” through which the top and middle managers work daily for the improvement of performance. So by aligning organizational capabilities and performance, it is possible to increase operational efficiency and effectiveness for better performance and sustained competitive advantages. Lately, the introduction of innovation in health sector in terms of technology and organization addressing various research issues in organization studies and public management. The studies on innovation are most concentrated on relationships between performance, transformation and adoption of innovation model in public or private sectors.

The main purpose of this special issue was to identify the role and impact of organizational capabilities and innovation on performance in health sector and to promote reflections for future directions in organization and management studies.

Overview on contributions of this issue

Papers selected for this special issue offer an interesting overview of some of the most significant issues in health-care management in the current historical contingency. The contributions, in fact, touch on aspects relating to models and structures, to people management as well as aspects of process management. Specifically, the special issue collected interesting and varied food for thought on aspects of organizational capabilities in health sector. The variety of articles in the special issue highlights the complexity of the phenomenon observed. In fact, the number is characterized by a rich selection of both different theoretical references and empirical observations. The variety is also from the point of view of the observed phenomena (public or private health organizations), geographical area, applied methodology or theoretical framework of reference. The selected articles provide the scholar with a transversal representation of the health sector.

In the special issue of *Measuring Business Excellence*, the contributions span from various theoretical perspectives at macro and micro of organization levels. So there are a range of approaches that differently attempt to explicate the importance of health performance obtained through organizational capabilities alignment. In this way, some of the selected articles focus on the variables of the organizational macrostructure. This area includes the work of Ramos Júnior, Adalton *et al.* (2020). The study analyzes the impact of health systems' complexity on organizational performance and the related challenge for utilization of innovation in health organizations. On the line, the paper by Sardi *et al.*, in which attention is

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focused on how to improve health performance both in terms of patient safety and process quality. The other selected studies focus on the variables of the organizational microstructure. In particular, the study by Vesperi *et al.* (2020) focuses on the confrontational style in a sample of medical health managers. The study proposes a survey carried out through the administration of the ROCI II questionnaire – module B. From a theoretical point of view, the results highlight the main theoretical references relating to conflict management. The study by Alomari (2020) also analyzes the variables of the organizational microstructure, placing itself from the point of view of patients in five private hospitals in the Syrian capital Damascus. This study focuses on information derived from the patient's perception but also the feedback from hospital staff. Belitzky's (2020) study is focused on the relationship with pediatric cancer patients. The study analyzes how social media can be leveraged for patient management, through nonmedical psychosocial support. Sharma's study (2020) focuses on identifying the leadership capacity that supports the co-creation of value in the innovation of health services. The study identifies six characteristics of co-creative leadership skills by drawing on dynamic capacity theory.

The approaches followed range from the most theoretical to the most pragmatic ones and offer food for thought for the redesign of health-care systems put to the test by the COVID-19 emergency. The integration between the levels of care (hospital, community and home care) appears to be a crucial element to face the multi-chronicity as well as the epidemic emergency and the contribution that telemedicine and digital solutions can provide represents the cornerstone of this structural turnaround. It is clear that the processes of taking charge and the diagnostic and therapeutic processes need a substantial realignment, and the essential element to effectively govern this path of change is the consistent evolution of professional and managerial skills. The new "technical" skills are flanked by new leadership models on both the medical and management fronts. In different ways, the papers that make up the special issue, constructed in a scientifically and methodologically robust way, provide insights to professionals, management and health policymakers engaged in all countries of the globe to stimulate the "antibodies" necessary to defend and strengthen public health models and health systems more generally.

Final remarks

On the basis of studies addressed in this special issue, as well as of the evidence present in the contingent organizational analysis, following COVID-19, some initial considerations can be brought to the attention of the journal's scholars:

1. With reference to public systems and sectors of public interest, such as health protection systems, organizational theories and management studies have long highlighted the need to move from performance and input indicators (quantity and quality of production factors) to output indicators (quantity and quality of performance and services) and more recently to outcome indicators (health outcomes or response to needs).
2. The major difficulties both in terms of definition and in terms of measurement systems, linked to outcome performance, were also analyzed. Difficulties related to the different perspectives of those who evaluate the health outcome: patients, doctors, nurses, other professionals, managers of hospitals and institutions that provide the services and policymakers. Another decisive aspect is that of the "subjectivity" that characterizes health services, compared to other goods and services.
3. A broad agreement was highlighted in the acceptance of the principle of multidimensionality of health performances. According to this approach, the identification of the contribution that individual professionals, disciplinary, interdisciplinary and interprofessional teams, complex organizations such as hospitals,

diagnostic centers, outpatient clinics and intermediate care facilities can make appears particularly crucial.

4. We can agree on the positive relationship that exists between organizational efficiency and clinical and/or care effectiveness. Furthermore, we should not forget the principle according to which “with an efficient organization and low quality professionals it is not possible to obtain satisfactory performance,” whereas with “organizations with less efficiency, but with high quality and motivated professionals it is possible to obtain good performance.” The critical point is therefore constituted by the relationship that exists between people and organizations. Particularly, it should be emphasized that by good, efficient and functional organizations, we mean those that are able to attract, recognize, enhance, motivate and reward high-quality professionals.
5. Efficient and functional organizations capable of stimulating and pursuing high levels of appropriateness, effectiveness, efficiency and cost-effectiveness of health services have the following characteristics:
 - They must be able to provide prevention, diagnosis, treatment and rehabilitation services for different groups of patients with acute, chronic, degenerative diseases, etc.
 - They must favor the integration of specialist knowledge on the person considered as a whole.
 - They must pursue individual health and community health performances (public health as dramatically highlighted by the COVID-19 pandemic and by many others that have characterized the history of the community).
6. Finally, it should be emphasized that it is necessary to move from performance related to delivery structures (hospitals, departments and organizational units) to performance of care processes and performance of integrated service networks.

The future challenges for management and for measurement, analysis and performance evaluation systems are linked to the diffusion of the network culture: internal to each institution, among different institutions (intercompany networks), among professionals operating in different contexts (professional networks and interprofessionals).

It therefore appears recognized and evident that achieving performance is a nondeferrable objective for health care. In this way, insisting and understanding how the competencies of the personnel are crucial elements in these processes represent an indispensable work direction.

The articles present in this special issue in a different way have well represented and explained it, and the result can be read in the following pages