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Towards Sustainable Health Care Organizations

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Abstract. *Health care organizations have to develop a sustainable path for creating public value by seeking legitimacy for building and maintaining public trust with patients as social and economic institutions creating value and sustaining both health and wealth for people and communities within society. Health care organizations having at disposal decreasing resources and meeting increasing demands of citizens are following an unsustainable path. Designing sustainable health care systems and organizations is emerging as a strategic goal for developing the wealth of people and communities over time. Building sustainable organizations relies on valuing human resources, designing efficient and effective processes, using technology for better managing the relationships within and outside organizations. Sustainable health care organizations tend to rediscover the importance of human resource management and policies for effectively improving communication with patients and building trust-based relationships. While processes of accreditation contribute to legitimizing effectiveness and quality of health care services and efficient processes, introducing and using new information and communication technologies (ICTs) and informatics helps communication leading to restore trust-based relationships between health care institutions and patients for value creation within society.*

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

Introduction

The aim of this study is to identify the drivers leading health care organizations and systems to design and follow a sustainable, social and economic path for creating public value over time (Moore, 1995). The development and functioning of health care systems and organizations rely on strengthening sustainability as a key concept and principle driving health care sector to successfully develop and survive for creating public value and benefits for promoting health and wealth for people and communities within society. Health care systems having at disposal decreasing resources and having to meet increasing demands of citizens for health are following an unsustainable path (Coiera & Hovenga, 2007). Today, health care system is not organized in a sustainable way. Thereby, designing and building health care systems and organizations proceeding

towards sustainability is emerging as a relevant and strategic goal in long terms (Mohrman, Shani & McCracken, 2012). Health care systems and organizations have to proceed towards sustainability by employing and strengthening human resources and developing human resource management, designing and implementing sustainable practices and processes that permit to ensure quality of health care services and enable people to positively interact with technology (Mohrman, Shani & McCracken, 2012; Coiera & Hovenga, 2007; Coiera, 2004).

The future of health care systems relies on redesigning the relationships with citizens and patients based on searching for dialogue and cooperation. Health care organizations tend to achieve legitimacy and need of a social appraisal. Sustainability of health care systems relies on health care organizations seeking legitimacy (Powell & DiMaggio, 1983; Yang, Fang & Huang, 2007; Meyer & Rowan, 1977; Suchman, 1995) for building and maintaining trust with patients in order to create benefits for health and social value (Gilson, 2003; Gilson, 2006). Trust is a vital and relevant component concerning the relationship between patient and health care institution. Health care organizations aspiring to build continuously over time trust-based relationships with patients have to share common values with people going beyond merely honesty and openness (Goold, 2001). Health care organizations tend to invest in public trust as a resource for building new relationships with patients. Trust is a multidimensional concept and refers to the relationships between clinicians, health care institutions and patients (Mechanic, 1996; Mechanic, 1998).

The future challenges health care systems will have to face require to combine and bring together the processes of accreditation, the use of new information and communication technologies (ICTs) and paying attention to the quality of human resources management practices and policies in order to permit to health care 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. Human resource policies and practices contribute to sustain human resources capabilities and enhance quality and value of human resources within organizations (Kamoche, 1996) for building sustainable organizations paying attention to human factor, to social and human environment, to the role and relevance of human resources (Pfeffer, 2010) because the employees as individuals can contribute to enact and promote sustainable behaviors (Colombo & Gazzola, 2014).

Health care systems tend to influence public trust by providing good quality care (Straten, Friele & Groenewegen, 2002). Quality tends to emerge as means and source for creating and maintain value within organizations aiming to survive and successfully develop to sustain value creation and benefits for communities within society (Ferrara, 1996). Today, promoting excellence and quality seems to be the main challenge for health care organizations ensuring actual and future benefits for citizens and patients (Gallagher & Goodstein, 2002). The accreditation programs tend to be an important driver in order to improve quality and safety in health care organizations (Greenfield & Braithwaite, 2008).

Health care systems as socio-technical systems tend to create outcome emerging from the interaction between people and technology (Coiera, 2004). The Internet and the ICTs permit to rethink the modes of communication and interaction as to redesign the relationships between health care institutions and patients driving the citizen to assume a responsive orientation about their healthcare leading the health care organizations to proceed towards patient-centric or consumer-centric systems enabling the patient to actively behave and act about their own health in an aware way (Eysenbach, 2001; Eysenbach & Diepgen, 2001).

The study is divided into two sections articulated in seven paragraphs. Following the introduction, in the first section, the theoretical framework is presented. In the second, third and fourth paragraphs the role of human resources and health care systems and organizations proceeding towards sustainability is investigated. The role of human resources as necessary source and value for building sustainable organizations is elucidated. Health care systems are considered as organizations seeking sustainability. Health care organizations seeking legitimacy for building trust tend to proceed towards sustainability as a path driving organizations to successfully develop to create and maintain economic, social and public value. In the following section articulated in the fifth, sixth and seventh paragraphs, the pillars or drivers for designing and implementing within health care sustainability are presented. Processes of accreditation are considered as a means of improving quality of health care services. The adoption of new technologies and informatics offers health care organizations the opportunity for ensuring an information exchange and developing an interactive communication with patients. Thereby, managing processes of accreditation and the adoption of new technologies rely on designing and implementing strategically human resource management systems and policies proceeding towards a sustainable development in long-terms. Finally, in the last paragraph, the 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 importance of processes of accreditation, the relevance of managing human resources, the introduction of technology within health care organizations.

Theoretical background

Health care organizations have to proceed towards a sustainable path for surviving as institutions creating value and promoting health for people and communities. Understanding the path driving organizations and health care systems and organization towards sustainability relies on paying attention to human resources as source and value for health care systems and organizations seeking legitimacy for building public trust as a path for proceeding towards sustainability.

Human resources as source and value for building sustainable organizations

Sustainability tends to emerge as a broad and evolving construct and theme of research. Organizations tend to follow and embrace a business approach to sustainability that refers to economic, environmental and social long-term issues that benefit for future generations (de Lange, Busch & Delgado-Ceballos, 2012). Managing human resources for sustainability implies to pay attention to human factor with regard to the human and social environment. Building sustainable organizations relies on paying attention to social environment valuing the role of human resources (Pfeffer, 2010). Human resource policies and practices contribute to sustaining capabilities and quality of human resources (Kamoche, 1996) for leading to a sustainable employer and building organizations designing sustainable structures and behaviors (Aggerholm, Esmann Andersen & Thomsen, 2011). According to Jabbour and Santos (2008), sustainable organizations contribute to ensuring economic, social and environmental performances by sustaining and providing innovation, valuing human resource management practices, systems and strategies, managing and strengthening the diversity of human resources and developing environmentally friendly products.

Sustainability within organizations as principles integrated into corporate strategy, processes, and products requires that organizations are ready for change significantly adapting and redesigning business and practices. Sustainable organizations have to face significant challenges to adapt and redesign their business, processes, and products by designing structures and policies that embody principles of economic, social and environmental sustainability (Haugh & Talwar, 2010). Sustainable organizations keep the

responsibility to support social justice and ensure environmental protection maintaining the quality of human resources in a long time (Leon, 2013).

Organizations as communities of people proceed towards sustainability over time developing the human capital of people creating collaborative relationships and enabling the processes for engendering learning and innovation within work units and environments, involving the employees to participate in organizational life, sustaining dialogue by communication and collegiality. Sustainability implies to pay attention to human resources because the employees as internal stakeholders within the company contribute to activate and promote sustainable behaviors (Colombo & Gazzola, 2014).

Health care systems as organizations seeking sustainability

The health care system tends to be embedded in larger societal, industrial and political systems that influence the pace and spread of innovation driving health care organizations to be viewed as complex systems acting in ways not always linear and predictable (Plsek, 2003). Health care systems as complex systems and communities are «sets of coevolving populations of agents that are tied together by common orientations, dependence on common resources, and interdependence of flows of activities and outcomes» (Mohrman, Shani & McCracken, 2012, p.23).

Health care systems have to proceed towards a sustainable path for surviving by creating public value and benefits for people. Successful and sustainable Health systems should have some attributes (Fineberg, 2012): healthy people; effective, equitable, timely and patient-centered care; fairness in terms of the absence of discrimination or disparities of treatment for all individuals and groups; affordability, acceptability to key constituents like patients and professionals, adaptability. Health care systems and organizations have to face significant challenges coping with increasing demands of citizens for health and decreasing resources in order to achieve sustainability in long-terms as a strategic goal. Sustainable organizations surviving in long terms need sufficient resources to achieve their objectives and have to be able to adapt to changing environments coping with rapid changes. In the health systems the increasing demands for health rely on some challenges to face and win: technology driven demand because the consumers are expected to benefit from new treatments and diagnostic procedures technology driven; demographic driven demand because health costs and expenditures increase with advancing age; workforce capacity and funding in virtue of facing significant workforce shortages; quality and safety challenges imply to improve quality

of health services and to avoid errors emerging in virtue of lack of information, lack of standardized procedures, cognitive overload (Coiera & Hovenga, 2007).

Health care systems as complex systems should rely on sustainable practices and policies coping with increasing global challenges concerning: the population aging and life expectancy are increasing over time; chronic disease and illnesses are becoming prevailing and increasing phenomena; health care systems and organizations are increasingly embracing and introducing informatics and using technology as costly innovation that opens up to treat disease in a new way and improve chances of survival; an increased demand for health requires adequate models of health care delivery and implies to solve organizational misfit with changing health care needs (Mohrman, Shani & McCracken, 2012). Healthcare system as an open and sufficiently adaptive system ready for change paying attention to people without losing resources and adding cost to the system is proceeding towards sustainability (Coiera & Hovenga, 2007). Health care systems and organizations have to pay more and more attention to people as the key resource for health care delivery. Health care systems failing in delivering health services contribute to create distrust and proceed towards an unsustainable path in long terms (Coiera & Hovenga, 2007).

Towards sustainable health care organizations seeking legitimacy for building public trust

The main challenge of health care systems and organization is to proceed towards a sustainable development in long term. Trust is a vital and relevant component concerning the relationship between patient and health care institution (Goold, 2001). Health care systems should contribute to improve 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; Gilson, 2006). Designing patient centered policies helps the quality of health care provision leading to building relationships trust-based (Abelson, Miller & Giacomini, 2009; van der Schee, Braun, Calnan, Schnee & Groenewegen, 2007).

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). Health care 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).

Sustainability of health care relies 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; Suchman, 1995). 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 (Suchman, 1995).

Health care 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 building a new partnership and collaboration with patients consider trust as a necessary investment associated with a high quality of communication and interaction (Mechanic, 1998) and multidimensional concept driving effective and positive relationships and cooperation between health care institutions, doctors, and patients (Mechanic, 1996; Goold, 2001).

Designing a path for driving sustainability of health care organizations creating public value

Health care organizations proceeding towards a sustainable path for creating and maintaining public value and wealth for people should pay attention to promoting quality of health care services by developing and implementing the processes of accreditation, to rediscovering and valuing people and human resources, designing and implementing human resource management policies and practices, to introducing and using informatics and technology for better managing the relationship between health care institutions and the patient.

Promoting quality of health care services: the role of accreditation processes

Health care systems tend to influence public trust by providing good quality care leading healthcare providers to protect the rights of patients in terms of information, communication, and policies for health care quality (Straten, Friele & Groenewegen, 2002). Quality tends to emerge as means and source for creating and developing value within organizations successfully surviving and developing to create value within society (Ferrara, 1996). Today, promoting excellence and quality in health care services seems to be the main challenge for health care organizations ensuring actual and future benefits for citizens and patients. Health care organizations as moral agents are challenged to take responsibility for the processes leading to the desired outcome (Gallagher & Goodstein, 2002).

The accreditation programs tend to be an important driver to improve quality and safety in health care organizations (Greenfield & Braithwaite, 2008). Accreditation is a means for health care proceeding towards a sustainable development. «Accreditation is not an injectable solution for health reform, nor a panacea for all ills. It is a structured way of developing standards and assessing performance against those standards and demands responsive management and governance to produce the intended improvements to institutions and to the health system» (Shaw, Kutryba, Braithwaite, Bedlicki & Warunek, 2010). Accreditation as a periodic external evaluation of a health care 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 health care organizations that are permitted to operate by receiving an accreditation award as form and source of legitimacy in front of the stakeholders and patients (Jaafari-pooyan, Agrizzi & Akbari-Haghighi, 2011).

The growth of health care 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, health care 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 health care 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 health care 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 health care 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 (Jaafari-pooyan, 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 healthcare. The use of

accreditation makes government more responsive in front of the public and permits to citizens to be heard in setting policy and standards for accreditation, meeting the increasing demand for public accountability of health care providers decreasing health care costs (Schyve, 2000).

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

Human resource policies and practices should help sustain human resources capabilities (Kamoche, 1996). Health care organizations building trust-based relationships need a work force strategy for change going beyond standardization and control of workforce by empowering employees to set objectives, test changes, find alternative work design and measure progress (Berwick, 2003). 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, 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 human resource health 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 healthcare is an emerging and actual challenge for managing health care 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 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 health care organizations (Buchan, 2004). Within health care 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 health care organizations helps for tailoring human resources systems and practices as more appropriated to specific context (Harris, Cortvriend & Hyde, 2007).

Technologies for connecting health care organizations and patients building better relationships

Sustainability of health care relies on improving the relationship between the adoption and use of technology and people, patients and health care professionals managing informatics and ICTs for information exchange and communication. Health care organizations meeting the needs of patients and citizens have to design jointly organizational and technical processes and systems enabling people and technology to friendly interact in order to positively achieve the shared outcome (Coiera, 2004). ICTs help sustainability in health care organizations by dematerializing and moving to electronic records cutting down on travel costs; maximizing efficiency in avoiding errors and negative outcomes; developing processes that enable information environments and make available and transparent decisions; redesigning products into long-term service arrangements for paying attention to life of patients (Coiera & Honvenga, 2007).

The introduction of new technologies and medical informatics to health care sector and field should contribute to improving the operational and economic efficiency of health care 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 health care 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, prescribed medicines enabling personalization of information. The Internet and social technologies permit to reconfigure and redesign the relationship between health care 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).

Technology as related to sustain the relationship between health care organization and patient should enhance interactivity and interoperability. 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

Health care systems and organizations surviving as institutions promoting health and improving the wealth of people and communities have to build and design a sustainable path for promoting public value creation within society. Health care organizations should proceed by jointly designing efficient processes, introducing technology and managing human resources for creating social and public value in order to benefit the wealth of communities and sustain the development and growth of communities within society. Health care institutions as complex organizations in virtue of the professional nature of work have to pay more attention to the role of human resource management for influencing organizational and social performances and ensuring desirable outcomes by promoting quality of care and making the patients satisfied with the quality of services they receive. Human resources tend to assume a critical role in determining the successful development of organizations. Tailoring appropriate human resource management practices to specificities and peculiarities of each health care organization should lead to high quality of health care services in order to improve the satisfaction of patients and satisfying health outcome. Processes of accreditation should drive the choices of policy makers and policies of health care organizations in order to design specific practices for managing personnel assessment paying attention to human resources development and commitment by reinforcing the identification and esprit of belonging to the organization. Technology leading to the redesign of the relationship between health institutions and patients is driving health care organizations to consider the patient as an individual more and more aware about own health situation as co-producer of health service delivery and to design human resources systems and practices that value and incentive soft skills and emotional intelligence of doctors and physicians.

Health care organizations seeking legitimacy for building trust tend to proceed towards sustainability as a path driving organizations to successfully develop in order to create and maintain economic, social and public value (Moore, 1995). The contribution of this study is to propose a framework of analysis for leading healthcare organizations to proceed over time in order to create social and public value and wealth following a sustainable path with regard to the achievement of the social, economic and financial outcome. Health care organizations proceeding towards a sustainable path should pay attention to enhance human resource

management practices and systems, strengthening the use and implementation of new technologies and informatics in health care services for better managing and effectively designing processes of accreditation that tend to ensure and legitimize quality of health care services. While processes of accreditation jointly with the introduction of new technologies seem to contribute to improving 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 health care 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 understanding both the antecedents and the consequences of the 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 resources strategy and developments.

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