PEOPLE: International Journal of Social Sciences
ISSN 2454-5899

Milani & Sorgente, 2024

Volume 11 Issue 2, pp. 14-26

Received: 22nd October 2024

Revised: 28th November 2024, 16th December 2024

Accepted: 6th November 2024

Date of Publication: 15th March 2025

DOI- https://doi.org/10.20319/pijss.2025.112.1426

This paper can be cited as: Milani, F. & Sorgente, A., E., (2024). The Complexity of the Italian Healthcare System and its Relationship with Citizens and Institutions: What Balance is Possible?. PEOPLE: International Journal of Social Sciences, 10(3), 14-26

THE COMPLEXITY OF THE ITALIAN HEALTHCARE SYSTEM AND ITS RELATIONSHIPWITH CITIZENS AND INSTITUTIONS: WHAT BALANCE IS POSSIBLE?

Franco Milani
Director of the Social and Health Service of Brescia, City, Brescia,
franco_milani@virgilio.it

Antonella Eliana Sorgente
Head of General and Legal Affairs at GSD Sistemi e Servizi Scarl, Milan, Italy,
a.e.sorgente@gmail.com

Abstract

This paper is based on the project work developed by the authors for the executive master's in strategic management and leadership of health organizations, which was attended at the University of Pavia in 2021-2022.The relationship between regulatory and organizational complexity in the healthcare context and the relationship with the patient/citizen is deemed to require i) the implementation of new leadership styles, ii) the dissemination of non-technical skills,

iii) the implementation, structured and specific, of participatory processes so that public action is implemented in a tailor-made way for the need of the community for which it was thought, iv) a new mode of communication between stakeholders and institutions so that the ethics of the relationship and communication, transparency, and accountability become the pivot of a new mode of interaction. The project work started by describing the difficulty of managing and interpreting a health context's regulatory and organizational complexity (particularly for hospitals). It then traced a possible mode of interaction between stakeholders and institutions. This article condenses the conclusion of our project work. The content of this article expresses only the views of the authors. None of the opinions can belinked to the organizations the authors work for.

Keywords

Complexity, Healthcare, Non-Technical Skills, Communication.

1. What is the complexity of a Healthcare Organization?

For a variety of reasons, Healthcare Organizations are among the most complicated in existence.

- Healthcare systems are governed by a relevant number of primary and secondary laws created by government institutions that have this task.
- The healthcare sector is organized differently, depending on the type of system each state adopts. Italian law systems are regional systems with specific rules that divide competencies between States and Regions (Constitution of Italian Republic: art. 117 to 2lets. *"….m)*

The State has exclusive legislative powers in the following matters: m) determination of the basic level of benefits relating to civil and social entitlements to be guaranteed throughout the national territory; ……" to 3 "…...*Concurring legislation applies to the following subject matters: …. research and innovation support for productive sectors, health protection; nutrition*").

In particular, the Italian system of powers was born from the conviction that the most appropriate approach to ensuring the protection of health should be to attribute a specific competence to the region that can only be defined within the framework of general principles defined by the state, the correct regulation for each area. Despite this, *The Government can act for bodies of the regions, metropolitan cities, provinces, and municipalities if the latter fails to comply with international rules and treaties or EU legislation, or in the case of grave danger for public safety*

and security, or whenever such action is necessary to preserve legal or economic unity and in particular to guarantee the basic level of benefits relating to civil and social entitlements, regardless of the geographic borders of local authorities. The law shall lay down the procedures to ensure that subsidiary powers are exercised in compliance with the principles of subsidiarity and loyal cooperation." (Constitution of Italian Republic: art.120 to 2)

a) The Healthcare sector can be considered a quasi-market because it protects citizens and their care options.
b) Medicine is teamwork between different competencies and knowledge.
c) Healthcare takes care of patients with a multidisciplinary care process.
d) The continuous progress of knowledge gets into high levels of specialization.
e) The organization of healthcare systems needs a lot of funds to support all healthcare needs.
f) The aging population and chronic and recurrent pathologies complicate this situation.
g) Citizens don't perceive the complexity of the healthcare system; they don't understand the complexity of health programming and the rules and limits that healthcare providers must follow to provide health services. However, these rules and limits impact their lives and health.

2. What leadership is needed?

Leading these complex organizations requires many skills. Quoting Vickers: "*An organization is a structure of roles, to which functions are attached. If these are known and are suitably related to each other, the organization will remain coherent and effective, though men come and go; for newcomers will find themselves guided and supported by the structure of expectations which has become attached to their roles, defining what the holder can expect of others and what they expect of him; and each will act on the basis of these expectations, unless and until they are destroyed by further experience. This stability is a pre-condition of effective, collective action over long spans of time."*

First, it is essential to remember that the relationship between people and the organization is vital because every organization is an entity that works through people, relationships between people, rules, and praxis. There are many studies and research related to different leadership styles that we don't want to analyze in this article. Nonetheless, it is necessary to remember that each healthcare organization is conducted by a different person who must respond to many citizens, stakeholders, and institutions; therefore, one or many styles must be

chosen. The term "to conduct" is not selected without reason because it comes from the Latin "*cum- ducere*" and emphasizes a guided path and, in the meantime, the concept of putting something together that, in this case, could refer to the correct use of available resources. The health system could be considered, as stated by Prof. Gabriele Pelissero (Professor Emeritus of Hygiene and Health Organization at the University of Pavia), a stratification in which there is a first level of highly professional operation accompanied by a second level called management level, which has the task of organizing the human and economic resources and has no clinical tasks. A third level of the system comprises public institutions that must govern the national health system according to each state's distribution model of competencies.

We can identify the first level with the Unit Operative, which has a particular characteristic that refers to the fact that it is identifiable based on clinical competence. In this health organization structure, we find all the theories about healthcare leadership: how can clinical competence be reconciled with the ability to lead the hospital system? In this context, it is essential to remember that the organizational function is not marginal because it manages many economic resources. We cannot afford to have identified a professional leader who is incapable from the point of view of organizational leadership. Two solutions exist: leaving the structure in one person and accepting its potential adverse effects. In this case, somebody will choose the leader only based on clinical competence. The second is dividing responsibilities. The healthcare organization will be managed by a manager who will interact with a clinical manager to assign the correct resources to each unit operating in the hospital. As Prof. Gabriele Pelissero said, there is another point to consider. Before conferring someone the clinical or organizational leader role, the leader must be recognized by the community that he/she will lead and have a formal recognition. In the leadership, clinical or organizational, of healthcare organizations, it will be essential to choose a leader capable of adapting to changes by coping with complex situations, often unclear and very fluid. In this way, the staff will always be prepared for the new challenges they will face. According to Riaz A. Agha, "*Being a good surgeon is more than just being a good "pair of hands." It's about being a good team player who listens and communicates well with patients and colleagues and empowers them to reach their full potential."*

3. How is it Possible to Lead in Healthcare Systems? How is it Possible to be A

Good Team Player?

As we said, the leader of a healthcare organization must be prepared for the new challenges. However, in a well-prepared organization, all people must be prepared for all the situations they could meet, and all levels of organizations must be formed on non-technical skills ("NTS") necessary to interact inside and outside the organizations. Prineas defined non-technical skills (NTS) as a constellation of cognitive and social skills exhibited by individuals and teams that are needed to reduce errors and improve human performance in complex systems.

This statement could seem self-evident, but European culture traditionally considers NTS ancillary compared to technical skills. These thoughts must be changed to upgrade our levels of healthcare management. Nevertheless, innovation happens differently; it needs a chance that favors the minds connected that go from intuition to a remarkable discovery, and as Steven Johnson said in his Ted Talks,

"that's what often happens. You have half of an idea, somebody else has the other half, and if you're in the right environment, they turn into something larger than the sum of their parts. So, in a sense, we often talk about the value of protecting intellectual property -- you know, building barricades, having secretive R and D labs, patenting everything that we have so that those ideas will remain valuable, and people will be incentivized to come up with more ideas, and the culture will be more innovative. But I think there's a case to be made that we should spend at least as much time, if not more, valuing the premise of connecting ideas and not just protecting them…".

Communication skills and teamwork are two principal NTSs, which, unfortunately, is taught in Italy, only during post-graduate school after learning a technical skill ("TS"). Nevertheless, the NTSs are crucial to leading a healthcare organization and relating with inside and outside stakeholders. Even earlier, NTS is vital to relate to a changing world.

The NTS, according to Loup, can be classified in this way:

a) Task management: planning and preparing, prioritizing, providing, and maintaining standards, identifying and utilizing resources.
b) Teamwork: coordinating activities with team members, exchanging information, using authority and assertiveness, assessing capabilities, and supporting others.
c) Situational awareness: gathering information, recognizing and understanding, anticipating.
d) Decision-making: identifying options, balancing risks, selecting options, re-evaluating.

In summary, what is not sufficiently developed in our training processes are the foundations of emotional intelligence, which Goleman has defined as composed of four components: self-awareness and self-management, social awareness, and management of relations.

In a big group of people with different TS and backgrounds, it is essential to be capable of transferring important concepts clearly and precisely, regardless of your professional formation. All relations need a communication process that builds a shared understanding of the situations and problems that someone wants to face. Most of the processes of change go bad due to bad communication. How often, in our daily lives, has our communication been based, or is based, on unclear communications/indications or on an unexpressed thought that we consider implied and known by all? This type of communication is accentuated in hierarchical structures with high authority, such as healthcare organizations. Briefing and debriefing will create a scenario of group interaction, assuring a mentally endorsed model compared to what will be in the future and increasing awareness of the situation. This way of managing will be crucial to interacting outside the hospital because it will produce the mentality of correct comparison between all different people inside and outside the hospital.

4. The Tribe of Dialects and Jargon

Therefore, the Queen of NTS is effective communication; the study and analysis of communications have ancient origins, and all of these are based on how it is possible to create a shared mental model behind the organizations.

As we know, communication can be internal and external. When we talk about internal communication in this work, we refer to the communication between different operating units and departments, clinical and administrative, of a health organization. Communication between members of the various operating units that make up the health organization is not considered. Clarified what internal communication means in this work, the principal problem is the separation between healthcare professionals and administrative staff. Typically, the two groups are mutually incomprehensible because both have different jargon, words, and knowledge. These two groups are divided into other small groups with different jargon, words, and knowledge.

The administrative staff who work with healthcare professionals know well what they are not because they often hear it said: “I am not a computer scientist,” “I am not an accountant,”

"I am not a paperpusher," "I am not a lawyer" as well as healthcare professionals often hear repeated from administrative staff, "There is no budget," "The law does not allow it," and so on. Both groups have high technical and scientific expertise and have inviolable rules. Each of them hides behind their regulations and competencies. The intergroup relationships are minimal due to mutual resistance. Good internal communication must bring together more than explain and convince of the need for cooperation.

The experience indicates the need to share core values at all institutional levels. It is not enough to share "one-off." Still, such values must continuously underlie every act of the institution, repeated and underlined not only as the fundamental basic rules to be followed but as a basic, aggregating, and stimulating empowerment factor. Each value should, therefore, be embodied in internal narratives and integrated into processes, organizational, and formal procedures, and implemented and customized by the top management (middle or executive management, less or more unknowingly acting as the top management if the values are strong and can be shared). The primary objective of internal communication should be to build bridges and allow the translation of internal languages.

External communication has many aspects, but for this work, it is relevant to how health organizations can build a bridge between their complex world, a technical world, and the external environment that expresses everyday health needs and does not know the microcosm of health organizations and their complexity. We don't discuss the communication between doctor and patient.

5. How is it Possible to Have a Good Relationship between Citizens, Healthcare Organizations, and Public Healthcare Institutions?

External health communication concerns, as interesting in this work, include communication about services or emergencies or crises (as succeeded during the COVID-19 crisis). More frequently, according to Camaiora, communication services - both in the public and private sectors - are often formed by randomly selected staff who do not receive adequate updating and passively live the organization's performance. This situation, added to the tendency to take a particular understanding of the facts for granted, produces an explosive mixture. Information is and must be an essential element in the management of the system; for this reason, it requires

preparation and, as Camaiora said,

"*an information - this is the wish - that is fast, transparent, immediate, open to operators, stakeholders, and institutional references-- that lives and develops at every hour and in front of each event, using all the channels of information (traditional and social) and which is expressed through a precise and dynamic comparison between all the levels of government in the system (Board, General Directorate, Local Enterprises, Municipalities, Citizens). There can be no holidays, moments of silence, or "no comment": communicating, telling choices and strategies, and refuting or explaining distorted or misleading information is and must be daily action at every level of the regional health system."*

Consequently, for good and effective communication, it is necessary to know about the Queen of NTS, which is crucial not only for managing hospitals and taking care of citizens but also for relating to public institutions that govern and program HealthCare services. The public institution makes a public policy starting from the need for action in a specific area and finishing with results. The politician implements public policy through continuous interaction with other politicians and citizens. This process is cyclic, and the law takes part in it. The principal actors of this social and economic system are, according to Luigi Bobbio:

a) Politicians: These terms nowadays have a negative connotation because many think politicians will only do what is in their interest once elected to parliament. However, they must balance the protection of individual rights and responsibility to promote public welfare.
b) The administrative staff of the administrative bodies: These are called bureaucrats in a negative sense.
c) Stakeholders: Those who can influence a decision through the wealth of experience and knowledge they bring. The interest group is called Lobbies because it tries to influence public policy. Most people think about it negatively because, in the past, some of these had used corrupt behaviors to reach their goals or circumvent the public interest by pursuing their interests in conflict with the overriding public interest.
d) Citizens: they are the final beneficiaries of public policies.
e) Experts: They know the specific topic of the area and support the public administration or politicians in defining public policies. Frequently, they contribute to preparing the laws without thinking that it is necessary to read the reality with the glasses of law corrected with the

diopters of the socio-economic context.

f) Reporters: They play a crucial role in our society. Nonetheless, unlike politicians, they do not openly support this or that political party and influence public opinion non- transparently.

The need for action stems from the various actors of civil society who have to relate to the institutions. Therefore, excellent communication skills are crucial. However, this ability to understand each other must be bidirectional. In addition, it is essential that the relationship between policy and stakeholders, especially in the health sector, be based on collaboration and not subject to bias. Depending on the problem or objective, different types of actors need to be involved through structured and explicit forms of participation and dialogue that guarantee a voice for all actors. Finally, appropriate and understandable language is needed for recipients who are not accustomed to or even obliged to use legal, bureaucratic, or abstract language.

Depending on the problem or objective, the institutions involve different types of actors. How should they involve the actors? The answer should be simple: through structured and explicit forms of participation and dialogue that guarantee a voice for all actors. However, our history tells a different story, but it has changed over the years.

The participatory processes in Italy are still random, unstructured, and uncertain despite the adoption of the first specific legal acts on this point. However, compared to the past, considerable progress has been made, but much work is needed, especially in relation to general administrative planning and programming acts, which have no specific rules. The regulators should work to develop explicit and co-produced communication lines between themselves and all stakeholders. Making a natural communication line requires time, preparation, and a genuine willingness. Even now, the real risk is that consultations are used to legitimize decisions already taken elsewhere or that consultation processes are affected by the information given and the type of questions asked.

Italy adopted a primary law (Law of 28 November 2005, n. 246 " *Simplification and regulatory reform for 2005* ") and a ministerial directive of the Italian Presidency of the Council of Ministers that reports a precise analysis from the cognitive and behavioral sciences that drives a man to behave this way (Par. 5.1 Ministerial directive of the Italian Presidency of the Council of Ministers adopted on 16 February 2018): "*Decisions often depend crucially on experience, suggestions from friends and relatives, as well as on particularly impressive, though not statistically significant. This entails, among other things, the risk of people being overconfident concerning*

phenomena that they feel they know well because they are more "familiar," even though the information they hold is partial…Individuals are generally very loss-averse and evaluate their choices based on a time horizon that is often short (so-called loss aversion). Therefore, information is not always processed according to the laws of probability, giving greater weight to the risk of "losing something" one already owns rather than gaining something one does not yet own... One consequence of loss aversion is the frequent preference for the status quo: individuals tend to prefer the current situation over future changes, especially if they fear that they may incur possible losses. - Numerous experiments have shown that the choices of individuals can be significantly influenced by the way a given problem is presented to them or a set of alternatives (so-called framing effect). - Individuals tend to underestimate the negative consequences of actions that produce a positive effect in the immediate future (so-called present bias). In gathering and selecting information, individuals tend to prefer that which confirms their starting hypotheses rather than that which might undermine them (so-called confirmation bias) ……."

Italy adopted a law related to the regulatory impact assessment and the ex-post evaluation of regulation. Nonetheless, it has many limits, and the practical implementation is low. The field of application does not include general administrative acts and general planning acts, namely the principal law that disciplines the National Health Service. As *OECD Regulatory Policy Outlook 2021* is reported: *"In practice, however, several problems persist in implementation. Many RIAs lack sufficient quantification not only in terms of impacts, but also regarding the number of people affected. While RIAs are published, they are difficult to find by the general public. The challenge ahead is therefore to "connect the dots" to develop a culture of evidence-based user-centric policy making: Besides improving their quality, RIAs should be systematically made available when a regulation is proposed on a single webpage. The website could also link to the websites of independent regulators where their RIAs are posted. Most importantly, the planning and preparation of regulations needs to be genuinely informed by RIA, rather than it being an "add- on" for regulations that have fundamentally been already decided upon. While initial steps have been taken to plan ex post evaluations when preparing RIAs for major legislation, it is important to ensure that ex post evaluations are actually always taking place as planned in practice, and that results are effectively used for improving existing regulations. Consultation processes have been improved by the creation of a single online access point. They could become*

more systematic and consistent across different ministries and used to understand citizens' preferences, gather evidence on implementation options (early stage) and gaps (evaluation) – and feedback from consultations should be more systematically responded to, and taken into account." The Internet and social media have changed social context, and citizens participate in the policy daily with a like, a tweet, or a simple photo on Instagram. In other words, where consultation is lacking or almost formal, the stakeholders oblige politicians and administration to take over the consultation.

As a chronicle reported, in the recent past, when the government had not consulted primary stakeholders, it forced the government to face intense media pressure. Media campaigns are born at the speed of thought, reported by Dr. Beretta (past Chairman of the Italian Association of Private Hospitals- Lombardy Region Section), and "*politicians sometimes use them without regard to the consequences, so that citizens feel free to intervene without any control*, " reported by Rosaria Iardino (Chairman of the Bridge Foundation). Adopting a participatory model that involves the stakeholders in the discussions is the best way to do so, but politicians do not embrace it. As Dario Beretta said, the reasons are fear and ideology. By defining structured and specific moments of comparison and avoiding shifting it to a moment after the production of the law, we can certainly increase the effectiveness of the regulatory instrument. However, as Rosaria Iardino said, the lack of adoption of an effective participative model to define law results from inertia generated by the continuation of a model that, despite the obvious need for being integrated, has so far, albeit poorly, remained standing.

Why is the adoption of the participatory model considered crucial but very difficult? As said by Alberto Cattaneo (Founding Partner at Cattaneo Zanetto & Co.), the ability to understand each other is minimal, and therefore it is more immediate to resort to the use of pre-existing relationships by individuals who know each other and recognize the credibility of their own behavior. As said by Antonio Gaudioso (head of the technical secretariat of the Minister of Health, October 2021-October 2022) and Rosaria Iardino, the government must organize a dialogue with stakeholders to ensure that the administration makes more informed and responsive choices for the community it leads. Therefore, it could make better use of public resources by using real-life data and information. The government should develop simple and transparent tools to involve more people in decision-making. This is necessary because there is historically little information

available, and no informed choices can be made on that basis. An excellent general law or regulation must comprehensively assess the impact of public choices on community life, listening to trained, professional, and experienced people. Parliament and the administration must adopt the regulation, but those parties who have spent time and work on technical notes are entitled to know why they did so and why they were chosen. Dr. Gaudioso pointed out that when dialogue models are implemented, there are opportunities for genuine satisfaction and discovery by those who were initially not inclined to implement broad participatory models.

5. Conclusions

First, the new way of exercising leadership, the widespread spread of NTS, at each level of education and training, the effective use of existing tools, or adaptation to the times of partly existing instruments, we think may cause a cultural revolution. In other terms, it is necessary that the government changes the study programs by introducing, as mandatory, a lesson related to NTS acquisition, especially related to a Queen of NTS. Finally, but not in terms of importance, development, and pursuit, with the help of all, a cultural approach based on a culture that pursues the ethics of relationship and communication, transparency, and accountability. Consequentially it is necessary to implement a culture and an effective law that help the public policy with a real and structured stakeholder consultation. As the OECD has said, "... *the challenge is therefore to "connect the dots" to develop an evidence- based culture.* " To do this, it is necessary to strengthen the law that should oblige politicians to do so not only for primary legislation but also for general administrative acts and laws of general planning, the main law governing the national health service. Many steps forward have been taken, but more steps need to be taken because cultural change is too long. To understand the primary importance of NTS, how long did it take.

REFERENCES

Vickers G-ToWars a Sociology of Management (Chapman and Hall, 1967).

The Role of non -technical skills in Surgery Riaz A. Agha, Alexander J. Foweler, Nick Sevdalis (Annals of Medicine and Surgery 4 (2015) 422-427. https://doi.org/10.1016/j.amsu.2015.10.006

"Non-technical Skills in Healthcare" Stavros Prineas, Kathleen Mosier, Claus Mirko, and Stefano Guicciardi in Textbook of Patient Safety and Clinical Risk Management https://doi.org/10.1007/978-3-030-59403-9.

Loup O, Boggs SD, Luedi MM, Giordano CR – Nontechnical skills in a technical world (International anesthesiology clinics 2018).

Linking Emotional Intelligence to Successful 200 Health Care Leadership, Keith Cavaness,DO1 Anthony Picchioni, PhD1 James W. Fleshman, MD, FACS, FASCRS1 Clin Colon Rectal Surg 2020;33:195–203. https://doi.org/10.1055/s-0040-1709435

OECD 2 (2021), OECD Regulatory Policy Outlook 2021, OECDPublishing,Paris, https://doi.org/10.1787/38b0fdb1-en.

Interrogazione On. Filippo De Vito (Partito Democratico). https://aic.camera.it/aic/scheda.html?numero=3-00686&ramo=C&leg=18;

Francesco Lollobrigida (Fratelli d'Italia) del 09/04/2019, https://aic.camera.it/aic/scheda.html?numero=3-00687&ramo=C&leg=18;Interpellanza urgente a