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BOOK REVIEW

Victor Pestoff: Co-production and Japanese Healthcare: Work Environment, Governance, Service Quality and Social Values

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A growing interest in healthcare, and particularly in the management of social and healthcare services, is currently emerging in both academic and applied fields. More in general, the societal and economical changes of the last decades are increasingly questioning the available models applied in the structuring and administering of public services as well as their effectiveness and efficiency in addressing the needs of the populations. Great importance has been given to new paradigms such as New Public Governance (NPG), collaborative governance and co-production, but there is still a need to clarify the definition and description of the application of these models and to study their outputs and outcomes. The volume entitled *Co-production and Japanese Healthcare* contains several theoretical and empirical inputs that can foster research and awareness on the evolution of public services and on new governance opportunities, with particular attention to the different actors involved and their potential roles in building innovative responses to the emerging social and health needs of populations around the world. Healthcare systems should not only achieve efficiency and effectiveness. The proposal here is to shift the focus towards more socially oriented approaches that allow to mobilize resources from individuals and communities. Professor Victor Pestoff makes available his vast expertise to conduct a large multi-sources data collection and

analysis of Japanese healthcare organizations with the aim of proposing a multi-stakeholder, multi-level and interdisciplinary approach to co-production. This could help shed light on the evolution of public administration and management fields, not only for the healthcare domain but also in general terms.

Throughout the volume, a broad and in-depth discussion is presented that takes into consideration various aspects that characterise and impact the design and delivery of public services, especially when regarding co-production. Building on the experiences already studied in Sweden and drawing on the literature on governance and co-production from different disciplines, the author analyses the Japanese healthcare system together with local researchers. They conducted extensive research that included documental search, interviews and surveys to depict how new possible ways of organizing, managing and delivering social and healthcare services could be modelled and possibly exported to other countries. The analysis is based on two assumptions regarding the work environment: (i) “more satisfied employees produce more satisfactory results than less satisfied employees” (p. 101), and (ii) service quality is strictly related to patient satisfaction and staff satisfaction. These two elements can both be improved through the application of co-production at the individual and collective level. Therefore, all the actors contributing to these elements were involved into the research, i.e., the directors, staff, volunteers and patients of the five analysed hospitals.

The first part of the volume is dedicated to presenting the basic elements that will guide the subsequent analysis of the specific Japanese context. In particular, the potential impact of giving more space and importance to *co*-opportunities (e.g., co-production, co-operation, democratic governance, user-led organizations) is highlighted. Indeed, contrasting with the classical New Public Management (NPM) model, Pestoff maintains that “rather than privatizing public services, there are clear theoretical arguments for ‘cooperatizing’ them and/or involving nonprofit organizations in the provision of social services and healthcare” (p. 23). In particular, co-production is presented as the approach that could inspire an advancement in public service organization and provision, going beyond the NPM limits. The analysis of Japanese healthcare organizations enabled the author to arrive at the definition of “two different systems or models for citizen in the provision of public services and healthcare in the 21st Century [...]: Aspirational and Transformative systems” (p. 279). In this perspective, many subsequent arguments and interpretations of the data are aimed at clarifying and giving empirical support to a specific vision on the what, who, when and how of the co-production, with a declared focus on *the role played by citizens*. Very interesting is the argument on the broad and narrow definitions of concepts that can lead to misinterpretations of the same, especially the consideration of a risk that “contemporary governments attempt to shift responsibility for public service delivery to civil society” (p. 93). Pestoff underlines how important it is to clearly define co-production in order to ensure a fair and proper actualization of the concept and the related relational processes between citizens and government.

Three main forms or models of cooperation in the public domain are also described and proposed as possible alternatives to design and implement public services: consumer cooperatives, worker cooperatives and non-profit organizations. These are intended to be valid to achieve

consumer empowerment and to lead to an *enrichment of work life*, thus positively impacting the work environment and the service quality. All these “new” forms of service organization are presented in the light of a further evolutionary step in the governance of public services, especially in the social and health care systems. “The intention has been to consider three often ignored alternatives to public and private social services” (p. 38). Therefore, going beyond the marketization of services, these entities are seen as a potential “new school of democracy in the 21st century” (p. 266) that allows for an active inclusion of individuals and communities and to enhance values that go beyond the mere efficiency expected from co-production. Public administration should relate to both its direct users and other stakeholders, shifting the focus from transaction and exchanges to interactions.

All these background arguments are used in the second part of the volume to analyse the large qualitative and quantitative dataset available from the Japanese healthcare system, and in particular regarding *cooperative hospitals* built both in urban and rural contexts as alternative organizations to public hospitals. In particular, *koseiren* and *medical co-ops* are analysed as similar entities thus searching for possible differences between their data. The aim is to find specific characteristics that can provide insights into how different types of co-production can be applied and can lead to potentially different organizations and outputs. Cooperative hospitals have many characteristics that create the space to capture the fundamental role that active citizens can play in strengthening social and health care systems in terms of improved innovation and greater capability to develop right responses to emerging social needs. This holds true especially for medical co-ops where patients are also hospital owners and therefore are deeply and frequently involved in active participation in both decision-making and practical terms. A very interesting practice are the *han groups*. These entities represent an innovative way to reach patients through engagement and activation, thanks to peer education and social support dynamics activated in small group sessions. The knowledge developed in these meetings can later be used by patients to collaborate with professionals in the care of *han* members.

Several comparative analyses are presented in the second part of the volume, taking into account different perspectives and variables that could help describe and explain similarities and differences between *koseiren* hospitals, medical co-ops hospitals and public funded hospitals. A strength of this study is the multi-method, multi-stakeholder approach to data collection and analysis. In fact, it is based on “four separate sources—the leaders, staff, patients and volunteers” (p. 98), thus allowing for the triangulation of data and the comparisons between different healthcare facilities and models in Japan. Pestoff proposes the use of comparative analysis, which is widespread in political science studies. This analytical lens is useful for discovering similarities or differences in a linear and systematic way. Indeed, the systematic presentation of the arguments and the detailed comments on the results make the entire logical flow of the analysis very easy and comprehensible to the reader. This gives the book a didactic flavour while ensuring a rigorous reporting of the research, the findings and the subsequent proposals in terms of further advancement for the academic field of public administration and management, especially in the healthcare domain.

Space is given in the last chapters of the second part to discuss the impact of governance models on the implementation of co-production and to deepen the discourse on how cooperative entities deal with values and in particular social values. In terms of value-oriented organizations and actions of their stakeholders, it is underlined how “unlike public agencies or for-profit firms that have a single goal, as hybrid organizations, cooperatives are challenged by having to pursue separate and often conflicting logics” (p. 227). Three models of healthcare governance are presented in relation to external efficiency in Japanese healthcare: hierarchical command and control model; stewardship model; horizontal, multi-stakeholder model. These are linked to different Public Administration Regimes (PARs) that together with the classical traditional public administration, NPM and NPG, include the Communitarian regime. This is characterized by a strong devolution of service delivery responsibilities to citizens and communities, with healthcare professionals acting only as facilitators and supporters, and it appears to be a potential further step beyond the NPG. The need for further research is highlighted to build a deeper understanding of how public management will evolve in terms of the relationship between providers and users and in terms of implementing co-production. For example, adopting a Communitarian regime should be linked to the awareness that “less well-off communities may not always be able to shoulder these new responsibilities” (p. 256). It seems that the Japanese healthcare system is experimenting with the Communitarian regime model in implementing the Community-based Integrated Care (CIC). This could be a further development of this research.

Many other suggestions for research are reported at the end of the volume along with a summary and the conclusions, which are linked to all the analyses presented. An important point for further research and discussion is the topic of instrumental and social values. In fact, the staff of all the hospitals analysed report a lesser commitment to community activities and greater importance for the security of their job. Therefore, social values are less central at this time. How could this impact the implementation and effectiveness of the democratic governance models aimed at enhancing individual and collective co-production?

Although some passages seem to be repeated several times throughout the volume, the central arguments make reading this book interesting: the hard-definable but central concept of co-production; the cooperative opportunities available that can go beyond privatization alone to renew public services; and the importance of defining well the interaction between users and providers in 21st century public administrations. Japanese cooperative hospitals are a very fascinating and concrete example of how different contexts of needs and resources can lead to creative models for organizing public services. Perhaps policy makers and public administrators in other countries will learn from this research and try to develop their models for harnessing resources at the individual and community level to support social and healthcare systems in an equitable and sustainable way.