Can We Organize Healthy Lifestyles by Reorganizing Healthcare Organizations?

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The goal of high-quality health care, a traditional benchmark of the health care services, has become more problematic and complex than we ever could predict in the past. First, in terms of a new global market of health tourism, health care organizations face radically different set of expectations from citizens as consumers. For these consumers, it does not make any difference is services provided in Asia, Europe or America as far as they can have access to services promptly and satisfy their health needs as quickly as possible. Secondly, the reforms of health systems and organizations seem to create more wicked problems than the definitive solutions of quality health manifested in citizens’ health behavior. In other words, rather than preventing citizens’ have unhealthy diet, health organizations would enrich citizens unhealthy life with “high quality operations” and high costs in special care afterwards. Thirdly, the high-quality health care is socially constructed and highly approximate concept, because we still lack an objective means to measuring what it is. For somebody, it is more related to services provided by health care organizations. For others, it is the reflection of self-service guided by eHealth programs outside health care facilities and hospitals.

In particular, the development of modern industrial societies fueled the dualism of wicked vs. tame problems as Rittel and Weber (1973) named them in their classical article (Dilemmas in General Theory of Planning Policy Sciences, 4, 155-169). The rapid growth of cities increased demand for health care services and organizations needed more and more healthy workers. Gradually, the generations became blinded by the fact that health care organizations are the driving force for their health issues.

The evolution of generations “blinded by health services” was not insignificant for the form of policy problems at all. Namely, wicked problems cannot be easily identified in short-term or narrowly focused problems. In many cases wicked problems so unwashed that it is extremely hard to address them (cf. obesity).

Thus, in order to identify them, they need to be analyzed from a strategic point of view by asking such questions as: what are the hidden costs of ignoring preventive aspects in service delivery in the long term, not only in health service delivery (cf. education)? The main difficulty in defining the high quality, efficiency or effectiveness of health care is that we still lack an objective means of measuring what these essential ingredients of healthcare in certain policy domains are. In the future, many health problems can now be treated in more than one
type of health care facility across cultural and sectoral boundaries. Therefore, we should find new theoretical approaches to tackle “messy health problems” in order to find out of the key elements of “self-care” culture governed by health care organizations. For the expedition of re-organizing healthy lifestyles with re-invented health care organizations we need to carefully reinterpret the following classical sentences written by Horst W.J. Rittell and Melvin M. Webber (1973, p. 155):

“…They are wicked problems, whereas the science has developed to deal with “tame” problems. Policy problems cannot be definitely described. Moreover, in a pluralistic society there is nothing like the indisputable public good; there is no objective definition of equity; policies that response to social problems cannot be meaningfully correct or false...”

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