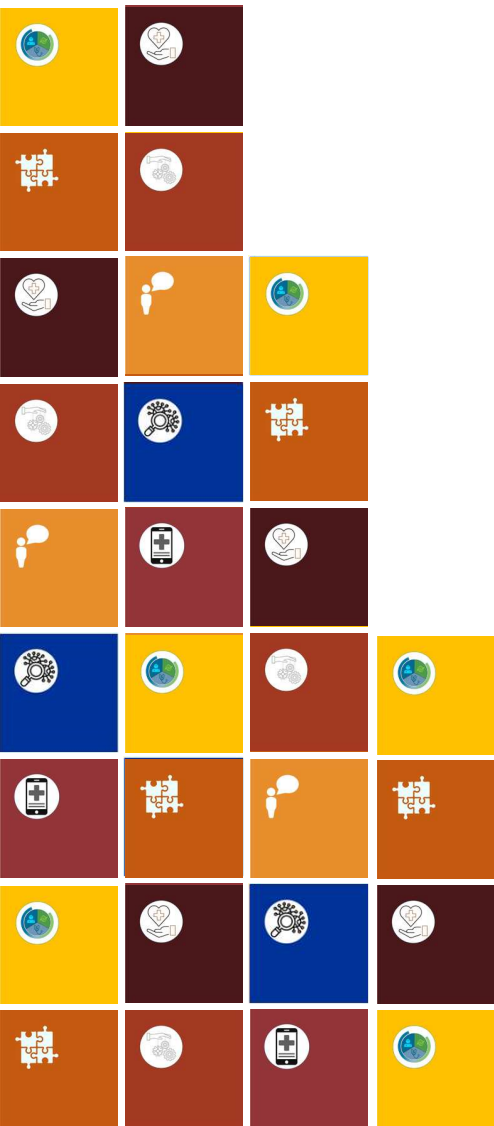# Healthcare governability in a network society:

A multi-actor approach on leading principles for governing beyond silos

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Research scope

- Scarce attention is paid to the variety and number of networks, and what this means for actors to participate in *multiple* networks at the same time

- How to govern across traditional boundaries, and how to deal with perceived challenges to overcome them? What are leading principles?

- Actor-level governing practices and perceptions are the main focus (Bevir, 2013; Hajer & Versteeg, 2005)

- Explorative questionnaire (n=172), but a heavy accent on case studies in a urbanized and more remote area in the Netherland

Questionnaire results (1)

- Actors (nurses, physicians, managers and executives) view network involvement different: practice-based versus managerial-oriented professionals

What are leading principles in governing beyond silos?	
Nurses (n=14)	Equality in the process of cooperation (71%)
Physicians (n=40)	It is clear who is (in the end) responsible for what (38%)
Managers (n=72)	The needs and preferences of patients are leading (40%)
Executives (n=42)	The needs and preferences of patients are leading (45%)

Questionnaire results (2)

What does governing beyond silos means?	
Nurses (n=14)	Better cooperation between management, Board of Directors and professionals (93%)
Physicians (n=40)	Better cooperation between management, Board of Directors and professionals (55%)
Managers (n=72)	Cooperation across domains (care, welfare, workforce, etc.) (57%)
Executives (n=42)	Cooperation across domains (care, welfare, workforce, etc.) (71%)

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Questionnaire results (3)

What are the experienced challenges?	
Nurses (n=14)	A disconnect between organizational-, supervisory- and accountability structures (43%)
Physicians (n=40)	A disconnect between organizational-, supervisory- and accountability structures (28%)
Managers (n=72)	Missing support of health insurers and/or municipalities (39%)
Executives (n=42)	The urgency to act as part of a more collaborative perspective is not (yet) shared (48%)

Case studies results

- Case 1 (*multiple* hospital network involvement) – Hospital executives are governed by networks, but also consider networks as a way of governing

- This rethinks their role and position in networks, and redefines their governing abilities in adapting to the variety of networks hospitals participate in

- Case 2 (*regional* network building) – Network building is a dynamical, layered and iterative trajectory

- Place matters as it questions who is working with who, explaining why and how situated actors are willing (or not) to develop regional arrangements

Discussion

- The identified networking practices produce a governance that is 'imperfect' (Bannink & Trommel, 2019)

- This refines our understanding of how networks get substance in practice, with what effects, and which complexities it involves

- Adding actor-level empirical insights to network governance literatures, what does this learn us how to govern (through) networks?

- Attention to a more practice-based governance understanding of *how* to govern beyond silos to unravel "healthcare governability"