

# Public Private Partnership in Italian Health Care Management

## An Organizational Maturity Assessment Model

Marcello Martinez and Caterina Galdiero

**Abstract—** This work aims to analyze a specific phenomenon of innovation in health management: public private partnerships within the Italian healthcare sector. The object of the study is to measure the degree of organizational maturity (OM) of the forms of public-private partnerships (PPP) analyzing and measuring key managerial processes, in terms of innovation in meeting the partnership's goals/targets. The analysis is based on the identification of key processes relevant to the management of partnerships, to check which systems of governance are able to meet different stakeholder interests. We therefore built a conceptual standard for analysis of the OM through a field survey based on visits, participant observation, analysis of documents and semi-structured interviews with the management.

**Keywords:** health care management, public private partnership, organizational forms

### I. INTRODUCTION

Public Private Partnerships (PPPs) have emerged as one of the major approaches for delivering infrastructure projects in recent years. If properly formulated and managed, a PPP can provide a number of benefits to the public sector such as: alleviating the financial burden on the public sector due to rising infrastructure development costs; allowing risks to be transferred from the public to the private sector; and increasing the value for money spent for infrastructure services by providing more efficient, lower cost, and reliable services. However, the experience of the public sector with PPPs has not always been positive. Many PPP projects are either held up or terminated due to: wide gaps between public and private sector expectations; lack of clear government objectives and commitment; complex decision making; poorly defined sector policies; inadequate legal/regulatory frameworks; poor risk management; low credibility of government policies; inadequate domestic capital markets; lack of mechanisms to attract long-term finance from private sources at affordable rates; poor transparency; and lack of competition. Despite numerous negative experiences, many governments (e.g., the UK and Australia) continue to view PPPs as one of the key strategies for delivering public services and infrastructure. Therefore, understanding and

enhancing knowledge of PPPs continue to be a matter of significance and importance [1].

In 1992 in the Italian public sector a thoughtful transformation. In this context rose the need to introduce new tools and models of service management in order to better combine the quality of healthcare with the costs containment.

Moreover, in recent years, we attend in the healthcare to activities of outsourcing, partnerships with private entities for the development of investments (creation of foundations, partnership private public etc. In light of this, this work aims to analyze a specific phenomenon of innovation in the health management: the PPPs in the Italian healthcare sector. The object of the study is to measure the degree of organizational maturity (OM) of PPPs analyzing and measuring key managerial processes, in terms of innovation in meeting the partnership's goals. The analysis bases on the identification of key processes relevant to the management of partnerships and of procedures adopted for their control, to check which specific systems of governance and management control are able to meet the different interests of public and private stakeholders [2]. In order to this, we build a conceptual model of analysis of the maturity of the organizational governance and control systems through a field survey based on visits, participant observation, analysis documents and semi-structured interviews to the PPPs' management.

### II. PUBLIC-PRIVATE PARTNERSHIP

The literature has addressed the term partnership from a variety of perspectives, including references to partnerships as contracting-out, NGO-government alliances [3], and community-local government cooperation [4]; [5], just to name a few. Contributing to the analytic related to PPPs is the multiplicity of arguments, some based on empirical study and others promoting partnership based on normative agendas, making it difficult to sort the rhetoric from the reality [6]; [7]. For example, Koppenjan [8] defines a PPP as "a form of structured cooperation between public and private partners in the planning/construction and/or exploitation of infrastructural facilities in which they share or reallocate risks, costs, benefits, resources and

responsibilities”. This definition is echoed in that of Grimsey and Lewis [9]: “PPPs can be defined as arrangements whereby private parties participate in, or provide support for the provision of infrastructure, and a PPP project results in a contract for a private entity to deliver public infrastructure-based services”.

Such function-specific definitions are less than helpful in delineating the key features of PPPs. Bovaird's [10] (2004: p. 200) definition is a step in the right direction: PPPs are working arrangements based on a mutual commitment (over and above that implied in any contract) between a public sector organization with any other organization outside the public sector. This conceptualization highlights the importance not simply of cross-sectoral engagement, but of shared dedication to achieve some kind of joint outcome, and of going above and beyond the principal-agent dynamic of a contractual relationship. Thus, partnership implies a cross-sectoral relationship where the actors involved bring both commitment and competence to the table, thereby creating the classic synergy (the whole being more than the sum of the parts).

The approach that Brinkerhoff [11] takes to analyzing partnership employs these two concepts to develop a nuanced definition that, rather than categorically determining what is or is not a partnership, recognizes partnership as a relative phenomenon in which a given PPP may exhibit more or less of partnership's defining elements. These elements are: mutuality and organization identity. Mutuality encompasses the commitment to a shared goal and the extent to which partners operate within the spirit of shared control and responsibility. Organization identity captures the rationale for selecting particular partners according to their distinctive competences; capitalizing on and maintaining them constitute the basis of partnership's value-added.

More specifically, mutuality refers to mutual dependence, and entails the respective rights and responsibilities of each actor vis-à-vis the others. Embedded in mutuality is a joint commitment to the partnership's goals, and their alignment to be consistent with each partner organization's mission and objectives. Mutuality also means some degree of equality in decision-making, as opposed to domination of one or more partners. All partners have an opportunity to influence their shared goals, processes, outcomes, and evaluation.

Organization identity captures the distinctive competence and capabilities of the individual partner organizations. Organization identity can be examined at two levels. First, an individual organization has its own mission, values, and identified constituencies to which it is accountable and responsive. The maintenance of organization identity is the extent to which an organization remains consistent and committed to its mission, core values, and constituencies. Second, from a broader institutional view, organization identity also refers to the maintenance of characteristics—particularly comparative advantages—reflective of the sector or organizational type from which the partner organization originates. A primary driver for partnerships is accessing key resources needed to reach objectives, but lacking or insufficient within one

actor's individual reserves. Such assets can entail the hard resources of money and materials, as well as important soft resources, such as managerial and technical skills, information, contacts, and credibility/legitimacy.

Based on these two dimensions, PPPs, in practical terms, can be defined as a matter of degree. The ideal type would maximize organization identity and mutuality, including equality of decision making. Since support and respect for the identity of partners inevitably require compromises, and as exact equality of power in decision making is unrealistic, partnership becomes a relative practice. Nevertheless, these dimensions can be used to contrast partnership (high organization identity, high mutuality) from other types of inter-organizational relationships, such as contracting (high organization identity, low mutuality), extension (low organization identity, low mutuality), and cooptation or gradual absorption (low organization identity, high mutuality) [12]. A purely public approach may cause problems such as slow and ineffective decision-making, inefficient organizational and institutional frameworks, and lack of competition and efficiency, which are collectively known as government failure. On the other hand, a purely private approach may cause problems such as inequalities in the distribution of infrastructure services, an example of what is known as market failure. To overcome both government failure and market failure, a Public-Private Partnership approach can incorporate the strengths of both the public and private sector.

### III. PUBLIC-PRIVATE COLLABORATIONS IN HEALTHCARE - “EXPERIMENTATION BASED MANAGEMENT”

In Italy, by ‘experimentation based management’ we intend a vast range of forms of collaboration among public and private subjects. In particular, one can trace the types of experimentations to different variances of contractual relations: joint stock or limited liability companies, or consortiums; participating interests; partnership association agreements; building permit and management agreements; construction permit and management agreements with ‘project finance’; sponsorship agreement. The discipline of reference has evolved somewhat since 1991 with article 4 paragraph 6, Law 412 of 1991, and with article 10 of Legislative Decree n.229 of 19th June 1999 that modified article 9 Bis of Legislative Decree n.502 30th December 1992.

Neither the above quoted article 4 nor the subsequent article 9.Bis of Decree n.502 -1992 have in any case given a precise definition to ‘experimentation’; but one can underline that they are instruments aimed at tracing more efficient governance standards for healthcare expenditure and at improving the quality of assistance<sup>1</sup>. The phenomenon takes on a provisional form type; in fact with the Government and the Regional district offices, besides acknowledging the power of authorizing these mixed forms they also attributed to the power of ‘institutionalizing’, confirming the experience or putting an end to it depending on the results of the experimentations at the end of the first three yearly period.

Nine years after the first legislative act/decreed, a change came about in 2001 when a more pragmatic solution was reached by which the Regional district offices were given the power to adopt experimentation programmes and put forward experimentation plans that were more adapt and more in line with their health plan. The public-private joint capital partnership is the form used most and has particular and specific characteristics related to some economic and juridical evaluations. Theoretically this form enables/facilitates promotion of all those advantages typical of a private entrepreneur and with the necessary flexibility both in financial resource recruitment, personnel management, assets administration and procurement processes. Amongst the forms of joint partnerships those mainly adopted are joint stock companies and limited liability companies.

#### IV. WORK STUDY AND METHODOLOGY

The study stems from Agencias' need to define a methodological appraisal that safeguards the differences between the various experimentations but at the same time permits/consents comparison, so as to favour the final evaluation of the Regional district offices.

The public-private partnerships involved in the field survey are: Centro Ortopedico di Quadrante spA -Ospedale Madonna del Popolo di Omegna- Omegna (VB), Amos Srl – Cuneo, Istituto Codivilla Putti sPA – Cortina (BL), Ospedale Riabilitativo di Alta Specializzazione spa – Motta di Livenza (TV), IRST srl – Meldola (FC), Montecatone spa – Imola (BO), Nuovo Ospedale Civile – Sassuolo (MO), ISMETT Srl – Palermo, Prosperius Tiberino spa – Umbertide (PG), Montefeltro Salute srl – Sassocorvaro (PU). Jointly with the mixed companies we visited the following Region District Offices – Sicily, Veneto, Piemonte, Emilia Romagna. Table 1 shows the main characteristics of the cases analyzed. The ten cases chosen for this study are representative of public-private partnerships started up within the experimentation based management. On the assumption that the regulations/provisions for experimentation based management lay down not only constant care in performance quality but also and above all a formal system to assure that the private subjects respect the regulations, the rules and the orders deriving from the public planning that the hospital structures with a high degree of organizational maturity correspond to formal systems and technical and bureaucratic management structures [13]. To assess the degree of organizational maturity the work group elaborated performance parameters for the presence and degree of reliability and accountability of the mechanisms adopted to manage for the governance and regulation of clinical and managerial processes [14].

When assessing organizational maturity one of the most critical decisions is in the choice of parameters to be used, whether it should be on the results or the processes or the structures [15]; [16]. Process measurement permits, more so than others, a more thorough assessment of quality and work performance procedures in the organizations studied. Thus, to examine the public-private partnerships we chose process measurements that highlight the quality of the

activities chosen [16] and thence measured the innovation capacity of the managerial and organizational systems from the experimentation based managements studied.

The processes studied are 'relevant' ones, where the degree of relevance is to be intended as the importance assigned to specific processes in defining an innovative managerial structure within the institutional and regulatory framework that counter-distinguishes experimentation based managements under the juridical form of partnerships. The assessment rating scale adopted for the degree of relevance is the following:

- Low relevance: the process is governed by regulations and prescriptions predetermined by the regulator and institutional system and is not susceptible to significant innovation;
- Average relevance: the process shows some chance of innovation in its management and control methods/procedures on the part of the partnership
- High relevance: the process is potentially manageable and controllable according to specific innovative and original methods/procedures of a single partnership

Once the relevance processes had been pinpointed the degree of 'objective' organizational maturity was assessed, meaning the level of realization and accountability with which a specific process should be managed and formalized within the company and organization structure/framework of the experimentation based management.

The presence of an adequate level of organizational maturity is considered an important mechanism in order to increase the control capacity of the Regional regulatory system, the local health authority and Agenas itself [12]. In fact the availability of systems, tools and documentable, controlled and standardized procedures, allows a control that is not hierarchical (considered expensive and often subjective) but is a compliance control [17]. This methodological solution, which is the result of a development process and adequately organized innovation, permits that both the differences of each experimentation are safeguarded, and that the latter will thus decide to avail itself of tools (mechanisms, organs and procedures) considered more in keeping with its own needs and specificity, but will also enable favorable assessment processes on the part of externals called in to verify the attainment of such results and that the standards determined in the elaboration phase of the experimentation planning have been respected [18].

The degree of 'objective' organizational maturity was formalized and schematized in 5 maturity levels, brought out as follows:

Level 1 – Performed: this level is when a process reaches its goals/targets performing the necessary activities. The existence of the process is only noted through evident results

Level 2 – Managed: this level is when a process is planned, controlled and adapted by means of parameters which measure the ex post results

Level 3 – Established: this level is when performance has been formalized and standardized in specific and knowable ex ante procedures

Level 4 – Predictable: is when measurement of the results obtained and the gathering of information relating to its deviation with respect to the standards of reference allows estimation and forecasts on the future trend of the organization's performance

Level 5 – Optimized: is when there are constant interventions aimed at improvement in order to adapt to new organizational demands

The relevant processes and the parameters represented a methodological framework used for the empirical survey. The assessment was made after having visited the partnership companies, interviewed the Board of Directors, the management (general director, administration manager and health manager) and the heads of the local health authority concerned. The annual statements and economic results were also studied together with the governance mechanisms and the regulation of the major processes: procedures, manuals, regulations, certifications, information systems, accounting systems, governance (statute and corporate agreements), management reports, services menu, organizational models/standards etc. The management of the competent Regional offices was also interviewed to obtain the authorization, the control and consolidation of the experimentations, to study the bids tendered for the choice of private company, the resolution authorizations, the accounting, control and certification systems. During and subsequent of these meetings the companies and the Regional administration offices supplied the work group with the rest of the documentation requested.

The field work was then divided into four focus groups for the top executives (chairmen and managing directors) of the partnership companies, and the relevant Regional office executives. The focus groups then produced a final assessment report covering the suitability of resorting to corporate and organizational forms of partnerships in experimentation based management for healthcare

One should stress that the 'objective' organizational maturity assigned to each process is therefore the result of the 'combination', discussed and developed within the work group of the often heterogeneous perceptions and experiences during the experimentations and is thus inevitably subject to limitations deriving from the need to be synthetic and integrate.

Said indications are, naturally, not to be taken as an attempt to formulate an 'ideal' organizational standard to be assigned to experimentations. Rather, they may represent a useful framework of reference within which specific management and organizational innovation of a single partnership may be collocated.

## V. GOVERNANCE MATURITY LEVELS: FOUR ORGANIZATIONAL MODELS

After having examined the maturity level of the clinical and management processes of the 10 case studies the

organizational maturity of the partnerships. Within each organizational form one can note difficulty in finding an equilibrium between the managerial management systems and public objectives. Although, particular reserves do exist in merit to partnership holding as imposed by the state legislator who attributes a maximum/majority shareholding participation to the public partner, thus representing an inhibiting factor that reduces procedural flexibility, obliging PPP to respect the public regulations.

In all the organizational forms equilibrium is more easily obtained between the 'private' management share and resource reference of the partnership company versus the general and 'public' objectives where the partnership company is assigned precise activities, whose qualitative and quantitative extents are predictable. Such a condition therefore seems to facilitate resorting to and adopting/implementing planning and control management tools, and also and above all economic financial management implementation. On the other hand, where the partnership companies are entrusted with a more complex structure where there are also activities or services that are not totally predictable given the fact that they result from emergencies or unexpected requirements (e.g. emergency matters or transplants) reconciliation 'ex ante' predictable economic financial objective balance and satisfying public demands is even more difficult. This equilibrium does not represent a decisive variable in the determination of the chosen organizational standard. The maturity of management and clinical processes are on the other hand decisive variables in defining organizational standards. The maturity of managerial processes in a partnership company, i.e. factors that contribute to defining the originality and innovation in this area of interest, signifies making reference to an organizational form that is not just a repetition of solutions already adopted in the public system and in the private system, but adopts an innovative organizational standard both in the procedures used to articulate the various responsibilities and competence within the company's management structure and on the use of specific procedures within a study of the processes aimed at recovery of efficiency, assistance quality enhancement/improvement and also the introduction of specific control and assessment procedures concerning results and performance. For the second area of interest, typically clinical, the maturity of the processes can be found in the capacity of the PPP companies to develop experimentation activities for assistance, diagnosis and clinical research, promoting and adopting advanced technology, and developing innovative formation/training courses for medical and nursing personnel.

Examining the management and clinical processes and the organizational maturity levels one can classify the ten case studies in four types of organizational forms: Entrepreneurial Direct Control, Entrepreneurial Organized Control, Pseudo-public and lastly 'Innovative private forms'.

### A. *Private simple and complex Organizational forms*

Entrepreneurial forms are characterized by a regulator and governance system of the more significant managerial and clinical processes, which is based on the direct intervention of entrepreneurial and managerial figures,

expression of the private partner gifted with experience and competence in the management of health structures. At the origin of experimentation the main aim is to support a public/national health structure.

Relations with the public partner and the Regional district office administration are governed under direct control without any significant management control. Governance and regulation of the processes are based on hierarchy and quasi 'master' systems.

The entrepreneurial organized control forms are different to those under direct control inasmuch as the relation with the private partner and the public partner are explained in the use of organizational mechanisms gifted with greater accountability and reliability; the relations with the public partners and the Regional offices are frequent but governed by poorly organized and formalized relations.

### *B. Pseudo-public Forms*

Pseudo-public forms differ substantially from the previous two forms for their regulation and governance procedures of the more significant management and clinical processes that in this case are entrusted to the management who adopts governance and process regulation mechanisms for coherent with the indications and provisions of the public sector (bids and purchases). They are illustrative forms of good public management, perfectly inserted in the Regional planning systems and justify the involvement of private partners mainly in terms of financial resource contribution. In this case the public partner and the Regional District offices show a high degree of maturity in the governance of planning, programming, auditing, certification and control management processes.

### *C. Private Innovative Organizational forms*

Lastly, the private innovative managerial forms have a regulation and governance of the more significant management and clinical processes entrusted to the management, expression of the private partner who adopts innovative mechanisms of governance and regulation of the same. Experimentation is founded on the possibility to acquire, from important and even international private partners, clinical and managerial best practice (information, management control, quality certification, international crediting systems, patient relation management, clinical risk governance etc.). The public partners (local health authority and Regional administration) intervene executing the health plan and economic-financial control.

## VI. CRITICAL AREAS OF THE ORGANIZATIONAL FORMS

The Comparison within the focus group resulted in some critical points that presently seem to condition the advantage of resorting to partnerships on the part of the public subjects ( local health authority and Regional offices), that more significantly conditions the managerial management of partnership companies.

For entrepreneurial forms the establishment of partnerships might result highly non competitive in the

long run and might also constitute an obstacle/impediment in attainment of some typical advantages stemming from organizational solutions where the private subjects contribute financial resources or managerial and professional know-how with the risk, if anything, that said solutions bring to light income standing/situation rent Non-competitiveness and the emerging income standing sustained by potential inefficiencies represents an element of criticism. The particular combination of provision and partnerships factors counter-distinguishing the partnerships might leave room for criticism in the absence of effective competitive comparison mechanisms that would render the private subjects less inclined to seek rationalization, efficiency and qualitative enhancement interventions with said standards.

For entrepreneurial innovative managerial forms of experimentation based management any change in provisions or the services offered might generate enormous obstacles/difficulties both from a managerial point of view and also an economic-financial aspect. At present experimentations refer to civil law discipline for joint stock companies as concerns dispositions relating to bids/tenders and to personnel; an eventual modification might create numerous problems to the PPP companies. In the work study in question the presence of a majority shareholding on the part of the public subject in a PPP could represent an inhibiting factor by reducing procedural flexibility especially in bids/tenders and supplies/procurement, obliging the company to respect the public regulations and not the civil law aspect for joint stock companies. This would reduce margins of efficiency recovery in terms of organization of the administration activity and savings in the negotiation phase with suppliers.

Another critical point is the possibility of having to modify the supply of services, although in many cases convention frameworks are established that, generally speaking, regulate/govern the relationship between local health authorities and companies, concerning what is established yearly at the annual conventions that define, within the Regional District planning, the services that the PPP companies are called to supply and the relative compensations, also consistent with the Regional District budget system. Thus, changes are not lacking in the regional planning that heavily condition the offer of services in experimentations, creating numerous problems both to economic-financial management and organizational management.

Furthermore, at the annual conventions the yearly compensations to be given to experimentations are allocated. However, both the time frames for renewal of annual conventions and, at times, for allocation of the financial considerations do not coincide with the closing period of the balance sheets provide for by law. All this creates greater management uncertainty that the PPP is called to face and in some cases this determines severe planning problems also in relation to the company's yearly exercise. There are also overlapping territorial issues relating to the supply of services. This arises because the setting up of an experimentation based management often originates with the public subject's sole objective being to avoid closing down of the hospital structures on the territory, without bearing in mind the Regional District

planning nor eventual territorial planning made based on the health plan.

Another uncertain and unresolved aspect that creates numerous difficulties is the scarce clarity in 'closure' procedures and experimentation stabilization procedures. These are elements of extreme importance that condition the expediency of managerial experimentation tools. Both the national and Regional regulation guidelines often seem unclear/vague in this respect.

For the innovative managerial forms among the critical areas that are to be faced there is also the inevitable need to resort to public interventions. Experimentations are to support these/those heavy investments for clinical and management innovation brought to the structure and that they are unable to fulfil with the Regional Committee Resolution alone. Besides which the need for economic growth of the experimentation based management is completely denied especially in terms of direct entrustment on the part of the controlling public party and a possible participation of the company in competition entrustment (concorso di affidamento) of services procedures by outsourcing. An extension of the offer might improve the conditions of the economical-financial balance in the average period of the company by means of guaranteeing granting of further services to safeguard health care so as to reduce the risk of financial interventions involving the partners.

Lastly, particularly for the innovative managerial forms the direct choice of the private partner represents a decisive element contributing with its own specific competence, professionalism and know-how to the innovation of the managerial standard. Consequently, the choice of the private partner by public bid and not by direct choice might condition the likelihood of building an organization with clinical and managerial innovation capacity.

These are the greater critical areas which resulted from the study of the ten experimentations divided into four organizational forms. The study shows how useful it is to compare the different experiences throughout the Italian territory and how important it is to show some of the difficulties which, surprisingly, seem common to nearly all the experiences. The meetings and semi-structured interviews with the Regional district offices showed that PPP were on more than one occasion authorized to proceed without first having defined a detailed and thorough planning strategy and how they often did not respond to any of the requirements in the Regional Health Plan but only functioned as a tool/means to avoid the closing down of the inefficient hospital structures or to meet specific demands. At times this created true incompetence at the Regional offices in managing the inevitable consequences that the tool generates, referring/deferring any solution of the problems to the deed of partnership. This does not seem to suffice in managing all the problems that arise from the relations with the PPP and the public entity. Likewise the competent Regional offices and the local health authority did not use efficient control tools, and found themselves having to face enormous difficulties at the end of the three yearly period when the experimentation phase came to term awaiting the stabilization decision on the part of the Regions.

What certainly resulted is that the advantage of resorting to PPP depends on the objectives/goals of the experimentation that guide in the choice of a private partner. In the case of entrepreneurial forms: the advantage of PPP depends on the possibility of guaranteeing health services on the territory at lower costs. The advantage of resorting to this form of PPP is based on the possibility of the regulations/provisions to adopt 'privatistic' systems and procedures (bids and purchases, personnel recruitment and management). On the contrary it becomes a restriction that makes privatistic management with accreditation preferable. Most certainly problems do exist and a solution must be found, even of a regulation/normative type. In the case of pseudo-public forms: the advantage of PPP cannot easily be shared. In the case of innovative managerial forms: the advantage depends on whether innovative management forms can be experimented and on the supply of health services. The advantage of resorting to PPP is based on whether the Regional plan can be integrated with additional health services innovating management, even though the economic balance is in any case guaranteed by means of the public system supply.

The critical points resulting from this study represent a useful instrument/tool in order to take steps and proceed in eventual corrective regulations both regionally and nationwide as the subjects involved hope. This step is certainly indispensable if one wishes to use the tool of experimentation based management. A clearer normative is necessary to reduce uncertainty that hovers over the phenomenon and discourages private subject investment in partnerships with a public subject and also to avoid dissuasive behavior of the public body who limits its employment.

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