

Innovation and Intellectual capital in healthcare

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Intellectual capital (IC) is a crucial asset for healthcare companies. Indeed, they usually have access to large structured and unstructured elements of formal and informal know-how distributed across, for instance, the minds of users, captured in database or reports, and embedded in the culture of organizations themselves (Pirozzi and Ferulano, 2016). Along with the progress of new technologies in healthcare, different types of knowledge emerged through defining innovative business models relating to global markets and applicable to this complex system from various points of view such as the presence of multiple subjects involved (e.g. physicians, policy makers, payers, patients) (Elton and O'Riordan, 2016). Recent studies attested the importance on the organizational aspects related to the management of knowledge and IC in healthcare (Petty and Guthrie, 2000; Evans et al., 2015), especially regarding the organizational implications of the circulation, creation, storage and use of knowledge (Mazzotta, 2018). Evans et al. (2015) conceptualized IC of healthcare organizations as a mix of intangible resources, coupled with the value derived from internal capabilities and external relationships. Other studies support managers' perspective in incorporating flexibility in decision-making (Dortland et al., 2014). Indeed, the consequence of health context restructuring saw the emergence of an activity of decentralization and splitting of decision-making power. In order to maximize the effectiveness of knowledge transfer strategies, both at a national, regional and local level, healthcare organizations must develop structures, activities and processes that allow the creation of a valid and convincing value proposition for all the stakeholders involved (Peng et al., 2007; Sharabati et al., 2010; Evans et al., 2015). Measuring IC and comparing the value of the same in different time frames or with similar companies operating in the same sector, allows to provide the quantitative basis for a more objective quantification of the useful indicators for an economic assessment purpose (Meditinos et al., 2011). In addition, the very logic of open innovation roots into the idea of an appropriation of the external intellectual capital (Henkel, 2006). To date, scholars have gathered poor insights on what are the main contingency factors influencing such appropriation and related mechanisms in health industry.

We also expect authors to provide new proof and reveal new intuition that can bridge the gap between theory and practice, and sincerely invite contributions related, but not necessarily limited, to the following themes:

- IC and Innovation in health services
- Measuring IC in healthcare systems and organisations
- New frameworks and models for managing and increasing IC in healthcare
- External sources of intellectual capital for health institutions
- Stakeholders management and social capital for healthcare organisations
- Selection and validation of the most suitable KPI for evaluating and managing IC in health companies
- Policies and programs for boosting the proper exploitation of IC by health organisations

- Design and technical characteristics of effective information systems for the management of IC in healthcare
- Open innovation in health industry and intellectual capital implications
- Antecedents, process, and outcomes of the interplay between innovation and IC in health systems and organisations.

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