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Emerging trend in the provision of healthcare services: the corporatization of care

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Emerging trend in the provision of healthcare services: the corporatization of care

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Abstract

Major transformations have affected states' provision of care and assistance. Some programs launched by individual countries concerned major cuts in spending on care, up to a strong dependence on the private sector in the provision of these services. Their supply has become increasingly market-led and, albeit with some distinctions, has followed a pattern common to many countries. This phenomenon, called marketization, has undergone a further boost in recent decades, so much so that it has gradually begun to speak of "corporatization of care". Typically studied about some public assets such as hydroelectric services and transport, in recent years some scholars have pointed out that even the health care sector has been invested by this process. Although it is often overlapped with the process of privatization, in corporatization the public ownership of the asset is maintained. Another perspective is that provided by Farris and Marchetti, in which the concept of corporatization is declined not only as a shift of management but also as the entry of important multinational actors who often replace the State in the provision of care services. The aim of this work, therefore, is to highlight criticality and strengths developed by the literature on the process of corporatization; Unlike similar processes - e.g. privatization and contracting out- corporatization turns out to be a field still little explored in the scientific debate. After an overview of the changes affecting care services, the paper will focus on the relationship between corporatization and care, identifying problems and emerging trends.

INTRODUCTION

During the last decades, welfare systems have undergone major transformations that have changed their scope, in some cases limiting their interventions and effects. Many factors have contributed to reshaping these systems, different both in the planning and in the setting; these factors have exerted strong pressure on the boundaries of welfare systems and have forced the various countries to put in place reforms in order to make, among other things, more sustainable the welfare-related spending in national budgets, and to better respond to the needs of a population which progressively tends to age and which brings with it completely new needs and attentions. The

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literature on “new social risks” (hereafter NSR) has emphasized how the economic and social transformations, which have affected not only the world of work but also the family, have led to an increase in the demand for protection from new risks (Bonoli 2005; Bonoli 2007; Hemerijck 2002), and has remarked the role of the welfare state in covering also these new social risks, “recalibrating” its programs in order to take them into account (Hemerijck 2008; Ferrera and Rhodes 2000; Pierson 2001). Taylor-Gooby (2004) emphasizes how unlike the old social risks, which were closely linked to possible negative events that could occur within the labour market and therefore linked above all to the figure of the male breadwinner, the NSR involve a great number of vulnerable groups. The care issue is also one of these new risks and, as Bonoli pointed out, if the presence of dual earner couples on the one hand reduces the dependency from male breadwinner, on the other hand “[…] *it also generates new problems and dilemmas, which result from the fact that the care and domestic work traditionally performed by housewifes on an unpaid basis, now needs to be externalized.*” (Bonoli 2005: 2).

Although public intervention has often been influenced by attempts to reduce it in many policy areas, some of them, such as policies related to Long Term Care, have however seen an increase of public intervention in terms of more financing and expansion of coverage (Ranci and Pavolini 2013). However, the main concerns, especially economics one, are that the investment of large resources in some areas may undermine the survival of the welfare system in general and that cost-cutting policies are therefore necessary. In some cases, policies of cost-containment together with a retrenchment by the State in the direct provision of services - in this case of care and assistance - have encouraged and left ample room, as we shall see, to a re-organization from below that entrusts to the private citizen the final choice of the most suitable care service. Some programs launched by individual countries, especially in the post-crisis period of 2008, have concerned major cuts in spending on care, up to a strong dependence on the private sector in the provision of such services. In fact, their supply has become increasingly market-led and, although with some distinctions, has followed a pattern common to many countries (Ungerson 2003), namely the implementation of cash-for-care schemes and a reduction of direct care services (Ungerson and Yeandle 2007).

This phenomenon, called marketization, has undergone a further boost in recent decades so much so that it has gradually begun to speak of "corporatization of care" (e.g. Sumsion 2006). Typically studied concerning some public assets, for example transport and hydroelectric services, in recent years, some scholars have highlighted how the progressive marketization of the care sector has encouraged the expansion of this phenomenon within the health care sector (Jacobs and Nilakant 1996; Braithwaite, Travaglia, and Corbett 2011). Therefore, despite of this progressive shift that has led the market to play a decisive role in the provision of services, especially of a welfare nature, it is also relevant to deal with the corporatization processes that are affecting the sector because they seem to be a trend that is emerging in many countries, with the latter appearing to show common trajectories and developments.

The objective of this work is to attempt to link the phenomenon of the marketization of care with the phenomenon of corporatization, reconstructing the debate in the literature and trying to highlight the trend and possible criticalities that may emerge. The present work is structured as follows: in the first paragraph, the evolution of care systems is presented which, mainly entrusted to the family, have gradually shifted towards a strong dependence on the market, and the debate that has arisen around

marketization. In the second paragraph the corporatization will be discussed, defining its developments and objectives based on the existing literature. In the final paragraph, instead, some possible developments in the field of care and assistance and the problems that the adoption of such a model could entail in such a particular area will be discussed.

CARE IN THE CONTEXT OF MARKETIZATION

Many countries have faced an important division of care responsibilities, giving greater centrality to the actions - and intersection - promoted by the three main players that insist in this area, namely the State, the family and the market. Greater attention to the dynamics created by this intersection has become necessary not only in the light of the aforementioned demographic change, but also from a renewed and modified socioeconomic context which in some cases has resulted in an ever-decreasing provision of services by the State often despite an increasing number of needs, which has essentially entrusted the market and the family with the possible answers in case of special needs.

The attempt to contain the costs of care has created a convergence between the different States in the way in which the care market is organized; home care, as well as the transfer of money from the State to care users become the pivots around which national health policies are defined. In some countries, there has been a more indirect form of assistance, with the provision of economic subsidies and tax benefits of a variable amounts based on certain characteristics of the patient and/or the household and on the necessary assistance, which has acted as a precursor to the expansion of certain market mechanisms in the provision of assistance. In fact, policies related to care linked more often to the provision of monetary subsidies than services, have been the common traits in the reforms of many countries since the 1990s.

In many cases, the result obtained was to have entrusted to the private citizen - or care user -, in a more or less marked way, the search for the solution best suited to their needs, with the possibility of finding in the market the solutions that the State ceases to offer or offers in a less continuous way. If the setting, at macro level, can be considered as a common factor, at meso and micro levels it is possible to find peculiarities that vary from one country to another. In fact, cash-for-care schemes differ on how these resources can be spent in the market, opening to various possibilities of use and expenditure. While, as reported by Da Roit and Le Bihan (2010), countries such as France and the Netherlands exercise strict control, authorizing the use of these resources for the purchase of specific care packages, others, such as Austria, Germany and Italy, tend to overlook the final destination of these resources, leaving substantially freedom of choice and spending.

In this case, one of the main risks associated with these scarce or not at all existing forms of final control is that there is a greater possibility that this subsidies will be used to replicate and strengthen preexisting forms of assistance and care, with the risk of fuelling an informal care market already well established but often invisible. Moreover, as noted by Ungerson (2003) in an attempt to place the discourse on informal care, although the reasons that prompted governments to modify these care

settings show substantial convergence, there are peculiarities directly linked to the various national contexts.

This is the case, for example, of France and Italy; if, in the French case, the decision to finance the purchase by the elderly of their care is part of a broader general policy with the aim to bring out invisible and grey work, in an attempt to shift it towards a formal economy also to boost employment, in the Italian case, however, the transfer of funds to care-users is to be seen within a framework where care services are historically under-developed and where it is still the family that often plays a decisive role in taking charge, both from an economic and time point of view, the care of the most fragile people. What emerges is how the traditional form of public service anchored to the traditional welfare states has gradually shifted towards a more "marketization of provision of care" (Fine and Davidson 2018).

Within this framework, both Ungerson (2003) and Greve (2010) note that this market-oriented approach makes care users not only recipients of welfare benefits but also, and above all, consumers, while Mann (2005) sees in the choice a change of the role of the consumer, from passive receiver to active choice-maker; this possibility derives both from the push coming from the care allowances and from the strong possibility of choice that it is possible to exercise inside a frame where the market becomes a more and more central element, gaining new spaces. The association of market principles with such an important pillar of the structure of a State leads us to reflect on the possible responses that such a system can provide, and how the State itself can guarantee such an essential service as care. It is therefore important to understand how the nature of the relationships that characterize the care sector is modified by the introduction of market logic (Ungerson 1997) and if, as reported by Virginia Held, such relationships are damaged by the reduction of the care to a mere product of sale (Held 2002). Furthermore, measures aiming to a expansion of the role of the private sector are widespread (Myles & Pierson, 2001) and the spending on health services is controlled by a market-based systems through competitive pressures (Taylor-Gooby 2004; Rico, Saltman, and Boerma 2003).

The austerity principles that guided some reforms in the care sector, driven by the progressive financial cutback, which favoured the emergence of care markets, have increased the dependence on the private sector for the provision of some services (Power and Hall 2018). Anttonen and Häikiö (2011) use the expression "mixed-care" to indicate the multiplicity of actors providing care services in post-industrial societies and they refer to marketization of care when social-care practices are considered as commodities and the individuals as users of the service, as customers. From this point of view, therefore, the marketization turns out to be intimately connected to the presence of provider for profit in the field of care, and to the institutionalization of the market dynamics from the public sector and the third sector, according to a logic market-led focused on the individual (Green and Lawson 2011). Some authors (e.g. Vaittinen, Hoppania, and Karsio 2018; Rummery and Fine 2012) point out that marketization is a process to be separated, at least in analytical terms, from commodification processes that, although very interconnected, tend to refer to different policy segments, while others (e.g. Farris and Marchetti 2017), by linking the two processes to care, use the two notions to describe how both processes mean the transformation from unpaid labour to commodity, marketable within a specific market.

Aulenbacher, Lutz and Riegraf (2018) use the two terms to indicate, instead, how the work, and specifically the care work, has been subjected to a process of industrialization, guided by purely economic principles. Clare Ungerson (1997) defines with the term commodification the boost given to the provision of care in becoming a "marketable goods", emphasizing that a key factor for this transformation is to be attributed to direct cash transfers that become part of a process of customization of care. According to Hall (2011) and Cox (2013), it is this process of personalization that, by stimulating the creation of a mixed economy, has led to the creation of a market within which individuals, or rather, care consumers, exercise "choice and control" in choosing the care package. In addition, some concerns have also arisen on the side of the workers employed in the sector and it has led some scholars (e.g. Shutes and Chiatti 2012) to question about the repercussions that market-led and market-oriented systems, applied to the care sector, may have both in job quality and remuneration for workers employed in this specific sector.

In the literature the term "purchaser-provider split" (Considine 2003; Le Grand and Bartlett 1993) is used to indicate the logics for which the State maintains only the role of coordinator and assigns the competition in the supply of the services to various providers. The risk is that the constant pursuit of profitability, and therefore of better balancing of cost-income, will undermine the quality of the services offered and will lead to a compression or reduction of quality, in addition to the effective ability by the State, also within a process of marketization, to ensure fair treatment and access to these essential services (Bode, Gardin, and Nyssens 2011). In addition, the relationship with the user runs the risk of being medicalized and bureaucratized, emptied or otherwise damaged in the values and characteristics that define the relationship of care.

An additional aspect to take into consideration concerns the fact that the marketization of the field of the care leaves, like said before, to the individual-user the possibility and the responsibility to choose to which provider to turn. In this case, the individual seems to be placed at the centre but this centrality turns out to be a double-edged sword: in fact, every responsibility is shifted to the user, even in case of wrong choice, thus generating further contradictions in a sector that by definition is focused on need; in the "commodification of care" as described by Power and Hall (2018), the mercification of assistance makes the landscape very complex and leaves few tools of choice to individuals. The problem arises therefore where there are individuals who do not have proper tools to make a choice and are in a state of information asymmetry that prevents them from understanding which is the most suitable service (Tronto 2017; Lolich 2017). It is also possible to recognize, within the literature, how marketization was the basic process that gave rise to new forms of organization, management and administration of care. Some of these forms, such as privatization and contracting-out, have been widely debated by various scholars, partly because of their wide diffusion in many national and sub-national contexts. The process that will be examined for this work, that is corporatization, has had a more marginal operational diffusion, especially within the healthcare sector, and less presence in the academic debate in relation to care systems. In particular, the attempt to link this process to the care market is interesting because it poses new challenges in a system where resources are increasingly large, competition is high and where ample room for manoeuvre is left to new actors who often tend to complement, or replace, the State.

CORPORATIZATION OF CARE

Since the late 1980s, especially in Western Europe countries, a series of reforms have been launched and have affected many public assets with the aim of improving the performance related to services provided by the State, reforms which have also led to important re-organisation processes, especially in the public sector. As said, not all public assets, however, have been affected by these transformations. Reforms initially had a strong application in fields diametrically opposed to that of care, such as infrastructure, telecommunications, hydroelectric services and in the transport sector (Cambini et al., 2011; Klien, 2014), and only recently linked to the care sector in general (Braithwaite, Travaglia, and Corbett 2011; Lindlbauer, Winter, and Schreyögg 2016; Harding and Preker 2000). Particular attention has been turned to the management of the hospitals structures, that more than others during the years have manifested deficit in cost-containment and efficiency. For the care sector, one of the goals to be achieved was to "[...] increase in hospital efficiency, due to the provision of incentives and the creation of a health market with competition between health institutions." (Ferreira and Marques 2015:290), and some authors have pointed out that "From an organizational perspective, two options for doing so are privatization and corporatization." (Lindlbauer, Winter, and Schreyögg 2016:2). For the purpose of this work, it is important to pay attention to the process of corporatization.

Largely based on an economic perspective, the studies that have deepened this framework of reforms have concentrated on the possible outcomes in terms of efficiency (Ferreira and Marques 2015), financial sustainability and organizational changes (Jasso-Aguilar, Waitzkin, and Landwehr 2005) that emerge from the adoption of this model, which undoubtedly have repercussions on the way services linked to it are provided. Unlike privatization, which has been extensively explored in economic and organizational literature, corporatization remains a field still poorly investigated (Voorn, van Genugten, and van Thiel 2017).

Although often overlapped with the process of privatization (Held 2002), compared to the latter in corporatization the ownership of the asset remains in public hands; in fact, the goal to pursue is twofold: reducing political interference by increasing its economic efficiency, while ensuring and safeguarding the public nature of the service. Intended both as an *ex novo* creation of companies by governments for the provision of public services (Rhys et al. 2020) and as a transfer of decision-making responsibility from the public to external managers in charge *ad hoc* – de-politicization of management –, the corporatization can take on the characteristics of both an internal reorganisation that brings the interested public sector sphere in being able to operate in a financially responsible manner (Alkhamis 2017), and a stage that precedes complete privatisation (Stiglitz 2000). Jacobs and Nikalant (1996) describe how, despite cultural differences, the problems faced by the various governments in terms of the funding of care services have proved to be transversal, impacting in a more or less homogeneous way everywhere.

Using as a reference the "corporate model" developed by Stockle and Reiser (1992), they describe how both the United States and New Zealand have put themselves in the direction of this model as an overall result of reforms in the sector. This model, as proposed by the authors, is characterized by the vision of the caregivers as employees, under the direct administrative control of corporate managers. In addition, taking up a study by Scott (1983), they argued that the main problem

of current care systems is to be able to reconcile two particular interests, two poles apparently antagonists between them, that is "[...] a macro, corporate interest which emphasizes efficiency, fiscal responsibility and the collective needs of patients and a micro professional interest which is oriented to commitment to patient need, technical competence and care of the individual patient." (Jacobs and Nilakant 1996:108). Many care organizations are moving towards the "macro" pole, structuring themselves at the corporate level and adopting management practices within them. The development of corporatization, moreover, would follow different paths derived from different experiences; this is the case of the United States and of countries with a strong tradition of state subsidies for care. In the first case, the corporate model found fertile ground within a framework where the privatisation of health care had already solid basis, while in the second case it was introduced mostly as a policy to reduce costs and increase efficiency.

Among the various studies related to the expansion of corporatization in the field of care, an interesting interpretation is the one provided by Farris and Marchetti (2017) that link this phenomenon not only to care purely intended in the hospital-related sense, but they try to read the transformations even at the level of elder and childcare. In this case, corporatization takes on the contours not only of a transformation or re-organization of the entire care apparatus, but is read as a constant opening to international for-profits providers that start to operate into the various national contexts for the provision of services. From this point of view, corporatization can be interpreted as a new wave of private companies – with corporate characteristics – that tend to operate in a complementary, if not substitute, way compared to organizations traditionally rooted in each country. Understood in this sense, as suggested by the authors, this process becomes the more evident the greater the presence of for-profits organisations and the importance of the market as a factor of multiplication of these private providers.

FINAL CONSIDERATIONS

The care market represents a strong investment opportunity especially in the light of the increasing demand for services together with the increasingly small number of solutions that are offered by the public system. Precisely for this reason, in recent years the interest of for-profit organizations has increased, both national and not, who decide to invest more and more resources in a market that offers a potentially increasing demand.

Taking up the study of Farris and Marchetti (2017), if it is true that on the one hand, these providers bring in dowry a wider range of services, useful to meet a demand for care and assistance highly heterogeneous, It is also true that some questions arise because of the logic that often drives these corporate agencies. The search for profits, in fact, on the one hand, would lead to investments around the large urban centres, where the catchment area is more concentrated and high and where it is therefore also more profitable to invest, while on the other it could push to a lesser or no presence in those areas that have a lower population density, located away from urban centres and where the network of services is less dense and developed. This would create asymmetries which would tend to reflect more the potential for spending and/or the opportunities for profit than the real needs of the population. In fact, if on the one hand corporatization and privatization, or in any case a high presence

of private for-profit providers, are considered processes that lead to greater efficiency, choice and better services (e.g. Meng-Kin, 2004), on the other hand, critics argue that both processes generate often confusing results, with inequalities that could affect the efficiency and quality of care and reflect the disadvantages between urban and rural areas (e.g. Waitzkin, Jasso-Aguilar, and Iriart 2007; Kullberg, Blomqvist, and Winblad 2018).

The dimension of working conditions, therefore, is also an important field of investigation which needs further study. The field of care and home care, from this point of view, appears to be a special case study, given the strong presence of foreign workers who are traditionally employed in the sector; this employment represents an easily accessible channel for immigrant workers, often the first entry into the labour market of the country of arrival, but suffers from some critical issues such as high flexibility, high instability, a strong presence of undeclared work and precarious working conditions also characterized by low wages, especially in comparison with indigenous workers. Moreover, these factors are even more evident in the comparison between self-employed and employees, with the latter often enjoying greater protection and less precarious working conditions.

Future lines of research, in this regard, could concern precisely the condition in which the care workers tend to operate and if a process like that of the corporatization succeeds in determining a reduction of these inequalities or if instead such inequalities tend to persist and to be reproduced over time. If, in fact, there are studies that investigate the effects of corporatization on care workers in the hospitals, the studies that have had as object workers who work in the private houses is still little explored and for this reason it needs specific insights.

REFERENCES

Alkhamis, Abdulwahab A. 2017. "Critical analysis and review of the literature on healthcare privatization and its association with access to medical care in Saudi Arabia". *J Infect Public Health* 10(2): 258-268. doi: 10.1016/j.jiph.2017.02.014

Anttonen, Anneli and Häikiö Liisa. 2011. "Care 'going' market: Finnish elderly-care policies in transition." *Nordic Journal of Social Research* 2: 1-21. doi: 10.7577/njsr.2050

Aulenbacher, Brigitte, Helma Lutz and Birgit Riegraf. 2018. "Introduction: Towards a global sociology of care and care work." *Current Sociology 66*(4): 495-502. doi: 10.1177/0011392118765245

Bauer, Gudrun and August Österle. 2013. "Migrant Care Labour: The Commodification and Redistribution of Care and Emotional Work". *Social Policy & Society* 12(3): 461-473. doi: 10.1017/S1474746413000079

Bettio, Francesca, Annamaria Simonazzi and Paola Villa. 2006. "Change in care regimes and female migration: the 'care drain' in the Mediterranean." *Journal of European Social Policy* 16(3): 271-285. doi: 10.1177/0958928706065598

Bode , Ingo, Laurent Gardin and Marthe Nyssens. 2011. "Quasi-marketisation in domiciliary care: Varied patterns, similar problems?" *International Journal of Sociology and Social Policy* 31(3/4): 222-235. doi:10.1108/01443331111120654

Bonoli, Giuliano. 2005. "The politics of the new social policies: Providing coverage against new social risks in mature welfare states." *Policy & Politics* 33(3): 431-449. doi: 10.1332/0305573054325765

Bonoli, Giuliano. 2007. "Time matters: Postindustrialization, new social risks, and welfare state adaptation in advanced industrial democracies." *Comparative Political Studies* 40(5): 495-520. doi: 10.1177/0010414005285755

Braithwaite, Jeffrey, Joanne Travaglia and Angus Corbett. 2011. "Can Questions of the Privatization and Corporatization, and the Autonomy and Accountability of Public Hospitals, Ever be Resolved?" *Health Care Analysis* 19(2): 191-213. doi:10.1007/s10728-010-0152-x

Cambini, Carlo, Massimo Filippini, Massimiliano Piacenza and Davide Vannoni. 2011. "Corporatization and Firm Performance: Evidence from Publicly-Provided Local Utilities." *Review of Law & Economics 7*(1): 191-213. doi:10.2202/1555-5879.1428

Considine, Mark. 2003. "Governance and competition: The role of non-profit organisations in the delivery of public services." *Australian Journal of Political Science* 38(1): 63-77. doi:10.1080/1036114032000056251

Cox, Rosie. 2013. "Gendered spaces of commoditised care." *Social & Cultural Geography* 14(5): 491-499. doi: 10.1080/14649365.2013.813580

Farris, Sara R. and Sabrina Marchetti. 2017. "From the commodification to the corporatization of care: European perspectives and debates." *Social Politics: International Studied in Gender, State & Society* 24(2): 109-131. doi: 10.1093/sp/jxx003

Ferreira, Diogo and Rui C. Marques. 2015. "Did the corporatization of Portoguese hospitals significantly change their productivity?" *European Journal of Health Economics* 16(3): 289-303. doi:10.1007/s10198-014-0574-8

Ferrera, Maurizio and Hemerijck Anton. 2003. "Recalibrating Europe's Welfare Regimes". Pp: 88-128 in *Governing Work and Welfare in a New Economy: European and American Experiments*, edited by Zeitlin, Jonathan and Trubek, M. David. Oxford: Oxford University Press.

Ferrera, Maurizio and Rhodes, Martin. 2000. "Building a sustainable welfare state." *West European Politics* 23(2): 257-282. doi: 10.1080/01402380008425375

Fine, Michael and Bob Davidson. 2018. "The marketization of care: Global challenges and national responses in Australia." *Current Sociology 66*(4): 503-516. doi:10.1177%2F0011392118765281

Green, Maia and Victoria Lawson. 2011. "Recentring care: Interrogating the commodification of care." *Social & Cultural Geography* 12(6), 639-654. doi: 10.1080/14649365.2011.601262

Greve, Bent. 2010. *Choice: Challenges and Perspectives for the European Welfare States.* London: Wiley-Blackwell.

Hall, Edward. 2011. "Shopping for support: Personalisation and the new spaces and relations of commodified care for people with learning disabilities." *Social & Cultural Geography*, 12(6): 589-603. doi:10.1080/14649365.2011.601236

Harding, April and Alexander S. Preker (2000). *Understanding Organizational Reforms: The Corporation of Public Hospitals.* Washington DC: The World Bank. Retrieved April 12, 2020 (https://www.who.int/management/facility/hospital/Corporatization.pdf?ua=1)

Held, Virginia. 2002. "Care and the Extension of Markets". *Hypatia* 17(2): 19-33. doi:10.2307/3810748

Hemerijck, Anton. 2002. "The Self-transformation of the European Social Model(s)." Pp. 173-214 in *Why We Need a New Welfare State,* edited by Esping-Andersen, Gosta. Oxford: Oxford University Press.

Hemerijck, Anton. 2008. "Welfare Recalibration as Social Learning." *Rivista Italiana di Politiche Pubbliche, Rivista quadrimestrale*: 21-52. doi: 10.1483/28602

Jacobs, Kerry and V Nilakant (1996). "The Corporatization of Health Care: An Evaluation and An Alternative." *Health Services Management Research* 9(2): 107-114. doi:10.1177/095148489600900205

Jasso-Aguilar, Rebecca, Howard Waitzkin and Angela Landwehr. 2005. "Multinational corporations and health care in the United States and Latin America: strategies, actions, and effects." Pp. 38-50 in *Commercialization of Health Care. Global and Local Dynamics and Policy Responses,* edited by Mackintosh, Maureen and Meri Koivusalo. London: Palgrave Macmillan.

Klien, Michael. 2014. "Corporatization and the Behaviour of Public Firms: How Shifting Control Rights Affects Political Interference in Water Prices." *Review of Industrial Organization 44*: 393-422. doi:10.1007/s11151-013-9401-0

Kullberg, Linn, Paula Blomqvist and Ulrika Winblad. 2018. "Market-orienting reforms in rural health care in Sweden: how can equity in access be preserved? "*International Journal for Equity in Health 17*(123). doi:10.1186/s12939-018-0819-8

Le Grand, Julian and Will Bartlett. 1993. *Quasi-Markets and Social Policy*. London: Macmillan.

Lindlbauer, Ivonne, Vera Winter and Jonas Schreyögg. 2016. "Antecedents and Consequences of Corporatization: An Empirical Analysis of German Public Hospitals." *Journal of Public Administration Research and Theory* 26(2): 309-326. doi:10.1093/jopart/muv016

Lolich, Luciana. 2017. "The Commodification of Care: a Critical Exploration of the Marketing Mix for Domiciliary Care at the End-of-Life." *DBS Business Review* 1: 24-40. doi:10.22375/dbsbr.v1.5

Mann, Kirk. 2005. "Three steps to heaven? Tensions in the management of welfare: retirement pensions and active consumers." *Journal of Social Policy* 35(1): 77-96. doi:10.1017/S004727940500930X

Meng-Kin, Lim. 2004. "Shifting the burden of health care finance: a case study of public-private partnership in Singapore." *Health Policy* 69(1): 83-92. doi:10.1016/j.healthpol.2003.12.009

Miyazaki, Rey. 2019. "Migrant care workers and care-migration policies: a comparison between Italy and Japan". *Asia Europe Journal* 17:161-177. doi: 10.1007/s10308-018-0528-3

Mol, Annemarie. 2009. *The Logic of Care: Health and the Problem of Patient Choice.* London : Routledge.

Myles, John and and Pierson, Paul. 2001. "The Comparative Political Economy of Pension Reform." In *The New Politics of the Welfare State* Pp. 305-333 edited by Pierson, Paul. Oxford: Oxford University Press.

Pfau-Effinger, Birgit. 2005. "Welfare state policies and the development of care arrangements." *European Societies* 7(2): 321-347. doi: 10.1080/14616690500083592

Pierson, Paul. 2001. *The New Politics of Welfare State.* Oxford: Oxford University Press.

Power, Andrew and Edward Hall. 2018. "Placing care in times of austerity." *Social & Cultural Geography* 19(3): 303-313. doi: 10.1080/14649365.2017.1327612

Ranci, Costanzo and Emmanuele Pavolini. 2013. *Reforms in Long-Term Care Policies in Europe. Investigating Institutional Change and Social Impacts.* New York: Springer.

Rhys, Andrews, Laurence Ferry, Chris Skelcher and Piotr Wegorowski. 2020. "Corporatization in the Public Sector: Explaining the Growth of Local Governmento Companies". *Public Administration Review* 80(3): 482-493. doi:10.1111/puar.13052

Rico, Ana, Saltman, B. Richard, and Boerma, Wgw. 2003. Organizational Restructuring in European Health Systems: The Role of Primary Care. *Social Policy & Administration* 37(6): 592-608.

Da Roit, Barbara and Blanche Le Bihan. 2010. "Similar and yet so different: cash-for-care in six European countries' long-term care policies." *The Milbank quarterly* 88(3): 286-309. doi: 10.1111/j.1468-0009.2010.00601.x

Da Roit, Barbara, Amparo G. Ferrer and Francisco J. Moreno-Fuentes. 2013. "The Southern European migrant-based care model." *European Societies* 15(4), 577-596. doi: 10.1080/14616696.2013.836405

Rummery, Kirstein and Michael Fine. 2012. "Care: A critical review of theory, policy and practice." *Social Policy and Administration* 46(3): 321-343. doi:doi.org/10.1111/j.1467-9515.2012.00845.x

Scott, William R. 1983." Health care organizations in the 1980s: The convergence of public and professional control systems." Pp. 99-113 in *Organizational Environments: Ritual and rationality* edited by Meyer, W. John and Richard W. Scott. Beverly Hills, CA: Sage.

Shutes, Isabel and Carlos Chiatti. 2012. "Migrant labour and the marketisation of care for older people: The employment of migrant care workers by families and service providers." *Journal of European Social Policy* 22(4): 392-405. doi:10.1177/0958928712449773

Simonazzi, Annamaria. 2009. "Care regimes and National Employment Models." *Cambridge Journal of Economics*, 33(2). 211-232. doi:10.1093/cje/ben043

Stiglitz, Joseph E. 2000. *Economics of the Public Sector* (III ed.). Norton Press.

Stöckle, Jon D. and Stanley J. Reiser. 1992. "The corporate organization of hospital work: balancing professional and administrative responsibilities." *Annals of Internal Medicine* 116(5): 407-413. doi:10.7326/0003-4819-116-5-407

Sumsion, Jennifer. 2006. "The corporatization of Australian childcare. Towards an ethical audit and research agenda." *Journal of Early Childhood Research* 4(2): 99-120. doi:10.1177/1476718X06063531

Taylor-Gooby, Peter. 2004. New risks and social change. In *New risks, New Welfare* Pp. 1-27 edited by Taylor-Gooby, Peter. Oxford: Oxford University Press.

Tronto, Joan. 2017. "There is an alternative: Homo curans and the limits of neoliberalism." *International Journal of Care and Caring* 1(1): 27-44. doi: 10.1332/239788217X14866281687583

Ungerson, Clare. 1997. "Social Politics and the Commodification of Care." *Social Politics: International Studies in Gender, State & Society* 4(3): 362-381. doi:10.1093/sp/4.3.362

Ungerson, Clare. 2003. "Commodified care work in European Labour Markets." *European Societies* 5(4): 377-396. doi:10.1080/1461669032000127651

Ungerson, Clare and Sue Yeandle. 2007. *Cash for Care in Developer Welfare States.* Gordonsville, United States: Palgrave Macmillan.

Vaittinen, Tiina, Hanna-Kaisa Hoppania and Olli Karsio. 2018. "Marketization, commodification and privatization of care services." Pp. 379-391 in *Handbook on the International Political Economy of Gender*, edited by Elian, Juanita and Adrienne Roberts. Cheltenham, U.K.: Edward Elgar Pub.

Voorn, Bart, Marieke L. van Genugten and Sandra van Thiel. 2017. "The Efficiency and Effectiveness of Municipally Owned Corporations: A Systematic Review". *Local Government Studies* 43(5): 820-841. doi: 10.1080/03003930.2017.1319360

Waitzkin, Howard, Rebeca Jasso-Aguilar and Celia Iriart. 2007. "Privatization of health services in less developed countries: an empirical response to the proposals of the World Band and Wharton School." *International Journal of Health Services* 37(2): 205-227. doi:10.2190/A1U4-7612-5052-6053