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# Defining and interpreting quality and sustainability in healthcare - The case of Sweden

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***Purpose of the study:*** The purpose of this study was to examine whether and how the concepts of quality and sustainability were defined within Swedish healthcare governance. The analysis focused on politically adopted policy documents from Sweden's 21 regions, where the fundamental goals and definitions for healthcare management were formulated. By applying established theories of governance and quality management, the study explored the conceptual foundations of quality and sustainability in a decentralized welfare system.

***Methodology:*** The study was based on a qualitative document analysis using a deductive approach. Politically ratified policies, strategies, and follow-up documents from all 21 Swedish regions were systematically reviewed. The analysis was guided by two complementary theoretical frameworks: the SOS model and Garvin's quality dimensions, as adapted by Isaksson for sustainability.

***Main findings:*** The results show that definitions of quality are more common and more consistent than those of sustainability. Most regions refer—explicitly or implicitly—to the six-dimensional model from the National Board of Health and Welfare, covering safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. However, these definitions vary in interpretation and emphasis, revealing a fragmented understanding of what quality means in practice. In contrast, sustainability is often mentioned but seldom defined. When present, it is typically associated with environmental objectives, with limited reference to social or economic dimensions or to healthcare's core mission. This indicates that while the

language of quality is institutionalized, sustainability remains conceptually underdeveloped within healthcare governance.

***Practical implications:*** Clarifying what quality and sustainability mean in healthcare governance is essential for achieving coherent and value-based improvement. The study demonstrates that the SOS model can serve as a structured framework for identifying conceptual gaps, while Garvin's logics provide interpretive depth to understand the underlying value orientation. A shared conceptual foundation could strengthen strategic alignment, comparability, and learning between regions, supporting more sustainable and patient-centered governance.

***Originality/value:***
This study contributes empirical insight into if and how *quality* and *sustainability* are defined within Swedish healthcare policy and governance. It shows that conceptual clarity is unevenly developed and argues that clearer, stakeholder-based definitions are needed to support consistent and effective governance.

***Type of paper:*** Research paper

***Keywords:*** Governance, Healthcare, Quality, Sustainability, Stakeholder value, SOS Model, Garvin

## 1. Introduction

Quality and sustainability are central terms in the governance of Swedish healthcare (SKR, 2025). They recur throughout legislation, policy frameworks, and goal structures, reflecting growing demands for efficiency, patient safety, and accountability in social and environmental matters. At the same time, a fundamental challenge remains: defining and understanding sustainability within complex systems (Isaksson et al., 2023). The absence of clear definitions and a shared conceptual understanding makes monitoring, evaluation, and improvement efforts more difficult (Lozano et al., 2016). Both quality and sustainability are normatively strong terms, often used to express ambitions for development and responsibility, yet their abstract nature leads to divergent interpretations among different actors—from policymakers to healthcare professionals (Jungner et al., 2022). This creates a gap between policy and practice, where governance risks becoming unclear and follow-up fragmented. Research on implementation gaps shows that objectives and ambitions are often interpreted differently in practice, leading to governance challenges where policies are not fully realised at the operational level (Jeleff, 2023; Campos, 2019). One way to approach this complexity is through a process perspective, where, as Isaksson (2019) explains, the "perfect process" is one that does the right thing in the right way over time. In practice, however, the focus often lies on doing things right rather than determining what the right thing is. Quality management has a history of more than a century of systematic improvement work but has traditionally emphasised the former—the operational implementation (Chen, Reyes, Dahlgaard & Dahlgaard Park, 2022). Sustainability research, on the other hand, has been effective in identifying problem areas but still lacks consensus on definitions and approaches. The terms of sustainability and sustainable development are often used interchangeably, even though they refer to different aspects of change and Isaksson (2013) proposes that they be treated in the same way as quality and quality development—the former describing a state, and the latter a process of change. From this perspective, a system can be described in terms of its level of quality and sustainability, where the target state represents a balance between efficiency, equity, and long-term resilience. Movement towards this state can be understood as quality and sustainability development, and when the pace of change is sufficient, the result is what Isaksson (2013) calls sustainable quality development.

With this background, the distinction between what and how becomes central. Quality and sustainability describe what healthcare aims to achieve—its value and purpose—while quality development and sustainable development concern how these aims are realised. To improve and steer towards sustainable quality, a shared understanding of the what is essential—what quality and sustainability actually mean in the governance and practice of healthcare. Without such common understanding, improvement efforts risk becoming ineffective.

Swedish healthcare has long struggled with high costs resulting from poor quality, underfunding, and long waiting times. According to the Swedish National Audit Office (Riksrevisionen, 2023), these challenges persist despite initiatives such as the care guarantee and the so-called queue billion. International comparisons (OECD, 2023) show that Sweden

spends a relatively high share of its GDP on healthcare, yet continues to face problems with accessibility and resource efficiency.

At the same time, it remains unclear how official definitions of quality and sustainability are interpreted and applied within regional governance. Research in this field is limited, and conceptual ambiguity risks influencing how healthcare goals are defined and followed up (Jungner et al., 2022).

**Purpose and research question**

The purpose of this study is to examine whether definitions of *quality* and *sustainability* exist within Swedish healthcare, and how these concepts are expressed in the politically adopted governance documents of the 21 Swedish regions.

**Research question:**

- What definitions of quality and sustainability can be found in the Swedish healthcare and how can they be interpreted?

## 2.Theory background

### 2.1 Quality and Sustainability in global healthcare

The 2030 Agenda for Sustainable Development and the World Health Organization (WHO) provide overarching frameworks for how the concepts of *quality* and *sustainability* can be understood within healthcare (United Nations, 2015; World Health Organization, 2020). The 2030 Agenda's Goal 3 – *Good Health and Well-being* – aims to achieve universal access to safe, effective, high-quality, and affordable healthcare. Although the concept of *quality* is not explicitly defined, it is linked to accessibility, equity, and outcomes, reflected in indicators such as coverage of essential services and the proportion of the population exposed to catastrophic health expenditures (United Nations, 2015). The WHO defines environmentally sustainable healthcare as systems that improve, maintain, or restore health while minimising environmental harm and protecting the well-being of future generations—a definition that integrates ecological, economic, and social dimensions (World Health Organization, 2020). As a member state of the United Nations, Sweden has committed to the 2030 Agenda, and while its goals are not legally binding, they serve as guiding principles for national and regional governance.

In a global context, several key definitions have shaped how quality is interpreted in healthcare policy and governance. The Institute of Medicine (2001) identifies six core dimensions of healthcare quality—safety, effectiveness, patient-centredness, timeliness, efficiency, and equity—which have become international benchmarks for quality management. Kruk et al. (2018) argue that access to care alone is insufficient; quality must increase the likelihood of desired health outcomes, align with professional standards, and be delivered with respect and

dignity. Quality should therefore permeate all levels of the healthcare system—from governance and leadership to clinical practice and patient interaction. Sustainability, by contrast, remains a more ambiguous and fragmented concept, yet has gained increasing importance in global healthcare. It is linked to systemic challenges such as climate change, resource scarcity, and demographic shifts (Sachs et al., 2019). According to Wątróbski, Bączkiewicz and Rudawska (2023), sustainability can be understood as a multidimensional balance between quality, equity, responsiveness, economic accessibility, and adaptability—forming the basis for assessing a system's maturity. Mortimer, Isherwood and Murray (2018) similarly argue that sustainability should be integrated into quality improvement by broadening the notion of *value* to encompass long-term social, environmental, and economic outcomes. In this way, sustainability can be viewed both as an analytical condition—a balance among system components—and as a normative goal aimed at creating enduring value across generations.

### 2.2 The governance structure of the Swedish healthcare system

Swedish healthcare is a publicly funded system based on the principles of solidarity-based financing and needs-driven care (SFS 2017:30). The system is decentralised, meaning that Sweden's 21 regions enjoy self-governance under the Local Government Act and are responsible for organising, planning, and financing healthcare within their respective geographical areas. The state sets the overall objectives through the Health and Medical Services Act (Hälso- och sjukvårdslagen, HSL) and other national frameworks, while the regions determine how these goals are to be implemented in practice (SKR, 2025). This governance model is characterised by management by objectives and results, rather than detailed state control. The state primarily uses financial incentives, performance monitoring systems, and national agreements as instruments to influence regional governance—for example, through formal agreements between the Ministry of Health and Social Affairs and the Swedish Association of Local Authorities and Regions (SKR) (Vårdanalys, 2023).

A clear example of such an instrument is the care guarantee, which regulates the maximum waiting times for healthcare and treatment. The care guarantee aims to strengthen patients' rights and ensure equitable access to healthcare across the country. However, the Swedish National Audit Office (Riksrevisionen, 2023) has pointed out that the guarantee does not always achieve its intended effect, due to variations in how regions interpret and follow up on it. The consequence of this governance structure is that the interpretation and operationalisation of key concepts—such as quality and sustainability—largely take place at the regional level. Although the national goals are shared, the ways in which these concepts are formulated and applied vary considerably. This variation reflects both the advantages of regional self-governance, in terms of local adaptation, and its challenges, where the absence of common definitions can hinder comparability, monitoring, and organisational learning across regions (Anell et al., 2022). With this background, the politically adopted governance documents of the regions represent a central empirical source for understanding how the concepts of quality and sustainability are defined and used in the governance of Swedish healthcare.

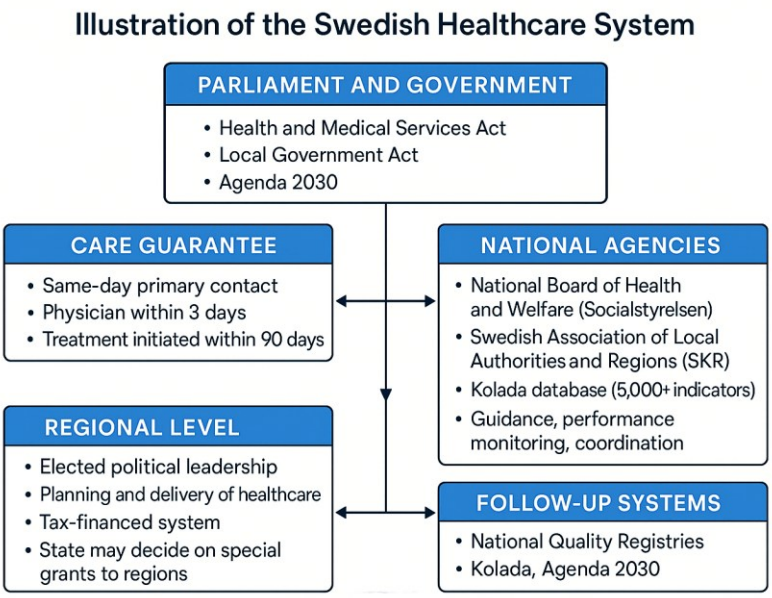


Figure 1. Illustration and interpretation of the Swedish healthcare system and its components. An overview of the governance structure and interaction between national and regional levels.

### 2.3 The SOS-model

The SOS model was developed by Isaksson, Ramanathan and Rosvall as an analytical framework for examining how sustainability is defined, understood, and governed within management systems (Isaksson et al., 2023). The model builds on principles of Total Quality Management (TQM) and applies a process-oriented and fact-based approach to analyse complex systems. Its underlying assumption is that key governance concepts—such as quality and sustainability—must be conceptually clear, systematically integrated, and practically measurable in order to support long-term improvement.

**The model rests on three interrelated levels of analysis:**

1. System level – Conceptual clarity: whether central concepts are explicitly defined and consistently used.
2. Organisational level – Integration: whether these concepts are embedded in structures, responsibilities, and processes.
3. Steering level – Application and follow-up: whether they are used actively in governance, performance measurement, and improvement.

The first level, conceptual clarity, is the focus of this study. It examines whether the concepts of quality and sustainability are clearly defined in the regions' politically adopted governance documents and, if so, how these definitions are expressed.

The SOS model is grounded in the idea that sustainable governance requires a shared understanding of what the key concepts mean before they can be effectively implemented or measured (Isaksson, 2023). In its broader diagnostic form—the Sustainability Opportunity Study (SOS) Diagnosing model—it is applied in three iterative phases: Diagnosing, Analysing, and Solving. The Diagnosing phase, which this study draws upon conceptually, focuses on identifying whether definitions and key indicators exist and, if not, proposing working definitions that reflect stakeholder needs. The model encourages organisations to adopt an outside-in perspective, analysing how their activities create both value and harm for different stakeholders, including people, the planet, and, where relevant, economic sustainability (Isaksson et al., 2023; Isaksson et al., 2024b). Although originally developed to support sustainability analysis across various sectors—including construction, education, and healthcare—the SOS model also offers a structured way to assess the maturity of conceptual clarity in governance systems. In the context of this study, it provides a theoretical basis for systematically examining whether quality and sustainability are defined within Swedish healthcare governance and how these definitions differ across regions.

### 2.4 Garvin's definitions and new sustainability logics

Garvin (1984) described quality as a multidimensional concept that can be understood from several perspectives: product-based, user-based, value-based, manufacturing-based, and institution-based. These perspectives complement one another and highlight that quality is not a singular or absolute measure, but rather a relationship between perceived value, needs, and context. Building on Garvin's work, Isaksson (2013) extended this conceptual model to the field of sustainability, interpreting the original quality dimensions as five sustainability logics following Garvin's original quality definitions labels. Garvin's definitions are primarily for the manufacturing sector and we have therefore proposed definitions which better include services for both quality and sustainability.

- Transcendental to Image – quality and sustainability as a matter of brand and reputation.
- Product based to Resource – quality and sustainability as efficient use of resources.
- Manufacturing based to Rules – quality and sustainability as compliance with laws and regulations.
- User-based to system based for sustainability ~~User-focused~~ – quality as user-based and sustainability as responsiveness to the studied system and its stakeholder's needs.
- Value-based to Value per Harm – quality and sustainability as value creation in relation to negative impact.

Together, the SOS model and Garvin's modified quality principles make it possible to analyse both what is defined and how the concepts are understood. The SOS model clarifies whether definitions exist and how conceptually clear they are, while the Garvin framework reveals the underlying logic of those definitions—for example, whether the emphasis lies on regulatory compliance, operational efficiency, or value creation for patients and stakeholders.

Previous research has shown that these models complement each other effectively: the SOS model provides structure for analysing governance systems, while Garvin's framework offers interpretive depth by uncovering the value logic embedded in organisational definitions (Isaksson & Rosvall, 2020). Combined, they enable a systematic analysis of how quality and sustainability are used within Swedish healthcare—not merely as policy rhetoric, but as potential instruments of governance and improvement.

Table 1. Quality definition based on Garvin (1984) with proposed modifications.

| **Quality definitions** | **Description** | **Proposed Quality definition term** | **Revised description** |
|---|---|---|---|
| Transcendent | "Inherent excellence". It is both absolute and universally recognizable. | **Image** (brand, reputation) | Quality lies in the eye of the beholder. User focus. |
| Product-based | Differences, some desirable ingredient or characteristic. | **Resource** (raw materials, competence, expertise) | Quality is defined by raw materials, ingredients and the producer´s expertise. Producer focus. |
| Manufacturing-based | Conformance to requirements; meeting specifications and standards. | **Rules** (directives, standards, guidelines) | Quality is achieved through adherence to rules, standards and processes that ensure stability and reliability. *System and compliance focus.* |
| User-based | Satisfying wants (and needs) | **User** (Customer wants and needs) | Quality depends on how well the product or service meets user needs, expectations and experiences. User focus. |
| Value-based | Quality is defined in terms of value relative to cost and price. | **Value per Harm** (relative) | The relative definition can be applied to all views. What do we get for the money? User. Producer. |

Table 2. Sustainability definitions based on Isaksson (2013) with proposed modifications.

| **Sustainability definition** | **Description** | **Proposed sustainability definition** | **Revised description** |
|---|---|---|---|
| Transcendent | Natural, green, circular. It is both absolute and universally recognizable. | **Image**, brand, reputation | Sustainability lies in the eye of the beholder and can refer to untouched nature, ecologically and socially perfect systems. A brand that achieved sustainability status. A self-appointed group of people who determine whether sustainability exists or not. User focus. |
| Product-based | Differences in some desirable ingredient or property. | **Resource** (product footprint and raw material origin, competence and expertise) | Sustainability is defined by footprints such as carbon, chemicals and water, materials and their origin. Social footprints such as occupational safety. Producer´s expertise. Producer focus. |
| Manufacturing-based | Sustainability is the extent to which a certain product complies with a sustainable design. | **Rules** (following directives and guidelines) | When rules, standards and recipes are followed there is sustainability. Producer focus. |
| User-based | Meeting needs (and wants) | **System** (The needs of the system and its stakeholders are starting point for defining sustainability) | System and vital few stakeholder needs focus. The system´s survival determines the prioritization of needs. Companies need to adapt customer desires to the system´s boundaries. |
| Value-based | Sustainability is defined in terms of value and harm to stakeholders. Harm includes missions, costs and price. | **Value per harm** (Sustainability is relative. It is the value various stakeholders receive in relation to the harm) | Harm is the sum of cost/price ecological and social footprints. The relative definition can be applied to all views. What do we get for the cost and footprints. User, producer. |

## 3. Method

### 3.1 Research design and approach

This study is based on a document analysis employing a deductive approach. This means that the analysis was guided by established theories and models—in this case, the SOS model (Isaksson, Ramanathan & Rosvall, 2023) and Garvin's quality principles (1984, as interpreted by Isaksson, 2013). The purpose was not to develop new theory, but to apply existing frameworks to systematically interpret and assess how the concepts of quality and sustainability are formulated in politically adopted regional governance documents. However, Garvin's model and the model based on this by Isaksson (2013) were subjected to renaming of the categories with the purpose of translate them to service processes. A deductive research design is well suited to studies that examine the presence and character of conceptual definitions, as it allows for systematic comparison against theoretical criteria (Bryman, 2018). Document analysis is commonly used in policy research to explore how key concepts are expressed and utilised within governance structures (Bowen, 2009). The method is particularly relevant in a decentralised system such as Sweden's, where 21 self-governing regions are responsible for organising and managing healthcare. By analysing documents from all regions, this study enables the identification of patterns and variations at the national level, providing insights into how quality and sustainability are conceptualised within Swedish healthcare governance.

### 3.2 Document selection and scope

The study included governance documents from all 21 Swedish regions. Only politically adopted documents were selected, meaning that strategies, goals and budget documents, quality strategies, and sustainability strategies formed the empirical material. All documents were retrieved from the official websites of the respective regions, ensuring that the material represents publicly available and politically ratified governance sources. To maintain both transparency and confidentiality, the regions were anonymised in the analysis. Each region was assigned a numerical code (Region 1–21), allowing for comparison and interpretation without revealing specific identities. This approach ensures that the study remains replicable and verifiable, while avoiding direct attribution of statements or definitions to individual regions. The decision to anonymise the regions was made to shift the analytical focus from organisational actors to conceptual structures—that is, to study how the concepts of quality and sustainability are defined and used in governance rather than to evaluate or compare the performance of specific regions. This approach strengthens the study's conceptual validity and aligns with its purpose of exploring definitions at the system and policy level rather than the political level.

The selection process was conducted in three steps:

1. **Identification:**
   Documents were retrieved from each region's official website using the search terms *"quality," "healthcare quality," "sustainability," "Agenda 2030,"* and *"sustainable development."*
2. **Selection:**
   Only documents formally adopted by the Regional Council or Regional Executive Board were included, to ensure that the material represents formal governance rather than administrative drafts or operational guidelines.
3. **Complementation:**
   In cases where documents were not available online, additional material was obtained through direct contact with regional offices.

In total, approximately 80 documents were analysed, corresponding to three to five documents per region. The documents cover the period 2024–2025, allowing for the observation of both continuity and development in how the concepts of *quality* and *sustainability* are used over time. The decision to analyse politically adopted governance documents is theoretically grounded. In a well-functioning management system, this is the level at which fundamental goals, definitions, and strategies are to be formulated. According to international management system standards such as ISO 9001, governance should be based on clearly defined policies and objectives, which are then implemented through structured processes, continuous monitoring, and improvement (ISO, 2015).

### 3.3 Analysis process

The analysis was conducted in three steps, following the structure of the SOS model and Garvin's conceptual logic.

#### Step 1: Identification of definitions

Each document was read in full, and all occurrences of the words quality, healthcare quality, sustainability, and sustainable development were identified. Particular attention was paid to sections in which these concepts were defined, explained, or used as the basis for goals, indicators, or priorities.

Table 3 - application of definitions of Quality with examples from four different kind of regions based on size.

| Region | How quality is defined in policy documents | Type of document | Political authority |
|---|---|---|---|
| **Region 1** | The definition is based on the Swedish National Board of Health and Welfare's six dimensions and is quoted verbatim. Quality is described as care that is safe, effective, equitable, timely, patient-centered, and knowledge-based. | Quality strategy; regional cancer plan | Regional board; healthcare committee |
| **Region 2** | Quality is defined as care that complies with national guidelines and indicators, and is perceived as accessible, safe, and individually tailored. | Primary care strategy; healthcare choice guidelines | Healthcare committee |
| **Region 3** | Quality is described as care that is patient-safe, accessible, and provided with high medical standards. Linked to value-based care and care processes. | Regional plan; patient safety strategy | Regional council; regional board |
| **Region 4** | Quality is defined as care provided in accordance with national regulations, based on evidence, and monitored through indicators and improvement cycles. | Knowledge governance strategy; guidelines for specialized care | Regional board |

Table 4 - application of definitions of Sustainability with examples from four different kind of regions based on size.

| Region | How sustainability is defined in governing documents | Type of document | Decision-making body |
|---|---|---|---|
| Region 1 | Sustainable development is mentioned, with reference to the Brundtland Commission (1987), but without connection to healthcare. | Regional Development Strategy | Regional Council |
| Region 2 | Focus on ecological sustainability, with goals for emission reductions, electricity consumption, and organic meals. | Sustainability Strategy | Health and Medical Services Committee |
| Region 3 | Economic sustainability is defined as "balanced budget." Social and ecological sustainability are mentioned but not linked to healthcare. | Budget and Operational Plan | Regional Executive Committee |
| Region 4 | Environmental work is emphasized with goals to reduce emissions from nitrous oxide and transportation. Energy efficiency is also mentioned, but not linked to patient flows. | Environmental Programme | Regional Council |

**Step 2: Assessment of conceptual clarity (SOS)**

Based on the first dimension of the SOS model – conceptual clarity – each region was categorised using a three-point scale:

- Clearly defined: the concept has an explicit and recurring definition.
- Implicitly defined: the concept is used repeatedly but without a clear definition.
- Not defined: the concept is used without any explanation of its meaning.

This assessment was conducted separately for quality and sustainability, allowing for comparative analysis between the two concepts.

**Step 3: Data analysis and interpretation**

For each region, the analysis examined which quality or sustainability logic most strongly characterised the definition, based on Garvin's (1984) five dimensions as interpreted by Isaksson (2013): *Image*, *User-focused*, *Resource*, *Rules*, and *Value per Harm*. This step provided a deeper understanding of the underlying orientation of each definition, rather than merely determining whether a definition was present or not. The analysis was conducted manually using a structured coding matrix, where each region was assigned variables for definition, logic, and type of governance document. A cross-regional synthesis was then performed to identify recurring patterns and variations. To strengthen reliability—that is, the extent to which the analysis is systematic and reproducible—the same coding framework was applied consistently across all regions. Validity, meaning the extent to which the study examines what it intends to examine, was enhanced through the theoretical anchoring in the SOS model and Garvin's framework. These models made it possible to operationalise the concepts in a manner that supports coherent interpretation across regions. The study does not assess the implementation of quality or sustainability work but is limited to analysing the existence and character of conceptual definitions. As the study is based exclusively on publicly available documents, no ethical approval was required. However, research ethics principles—including accuracy, transparency, and proper referencing—were applied in accordance with the guidelines of the Swedish Research Council (Vetenskapsrådet, 2017).

## 4. Results and analysis

### 4.1 Main findings

The analysis of politically adopted governance documents from all 21 Swedish regions shows how the terms of quality and sustainability are defined and interpreted in Swedish healthcare governance. The findings clearly indicate that the concept of *quality* is considerably more established and more frequently defined than *sustainability*.

All regions use the term *quality* in their governing documents, often with direct reference to the Health and Medical Services Act (SFS 2017:30) and to the National Board of Health and Welfare's six-dimensional definition: care that is knowledge-based and appropriate, safe, patient-centred, efficient, equitable, and provided in a timely manner. This definition is repeated in almost all regional quality strategies, scorecards, and goal descriptions, and can therefore be seen as a shared conceptual framework for how healthcare quality is understood in Sweden. At the same time, the analysis reveals that regions interpret and concretise *quality* in different ways. Some emphasise legal certainty and patient safety, while others focus on accessibility, continuous improvement, or patient participation. These variations illustrate that, although the formal starting point is shared, there are divergent interpretations of what quality means in

practice — answering the first part of the research question regarding what definitions exist and how they can be understood. In contrast, *sustainability* appears as a more diffuse and variably used concept. Almost all regions refer to the term, but it is often left undefined. In several documents, *sustainable development* is used instead, sometimes with reference to the Brundtland Commission's (1987) definition or the UN's Agenda 2030. In these cases, sustainability functions more as an overarching vision than as a concrete governance principle. Only four regions include a formal definition of sustainability specific to healthcare. These definitions typically focus on environmental aspects — such as energy efficiency, emission reduction, or sustainable procurement — while the social and economic dimensions are occasionally mentioned but rarely operationalised or linked to care processes. This indicates that, unlike quality, sustainability is not yet conceptually integrated into healthcare governance. In relation to the research question, this suggests that sustainability is still defined mainly at a symbolic level rather than as an operational or measurable concept within Swedish healthcare.

### 4.2 Quality – more established but variably defined

In the analysed documents, three main approaches to describing quality emerge:

**Normative and legal definition** – This approach refers explicitly to the Health and Medical Services Act or to the six-dimensional model of the National Board of Health and Welfare. The texts have a formal character, describing quality as a legal or regulatory requirement that must be met. *Example:* "Healthcare shall be safe, equitable, and provided within a reasonable time, in accordance with the Health and Medical Services Act." (Region 3)

**System-oriented definition** – Here, quality is described as the result of governance, processes, and continuous improvement. The focus is on monitoring, indicators, and quality registries. *Example:* "Quality in healthcare is achieved through systematic improvement work and structured follow-up." (Region 11)

**Value-based and patient-centred definition** – This interpretation highlights the patient's perspective, experience, and participation. *Example:* "Quality is about the patient's experience of safety, accessibility, and respect in their interaction with healthcare." (Region 9)

Viewed through Garvin's (1984) modified framework, these three descriptions correspond to different quality logics: the rules logic in the legal perspective, the resource logic in the system-oriented perspective, and the user-focused logic in the patient-centred perspective. This means that even though all regions build on the same statutory foundation, the interpretation and operationalisation of quality vary—from being treated as a legal obligation to representing a question of perceived value. The SOS model helps clarify that most regions achieve conceptual clarity at the system level (there is some form of definition), but the connection between the definition and the purpose of governance differs. In some cases, the definition functions

primarily as a formal compliance statement; in others, it serves as a guiding value base for continuous improvement.

### 4.3 Sustainability – an unclear and fragmented concept

In contrast to quality, the analysis shows that sustainability is rarely defined at all in the politically adopted governance documents. Although all 21 regions use the term in some form, there is often no description of what sustainability actually means in the context of healthcare. Most regions instead refer to Agenda 2030 or to the concept of sustainable development. In these cases, sustainability functions as an overarching umbrella term, without clarifying how the three dimensions – ecological, social, and economic – are to be understood or prioritised. When sustainability is concretised, it almost exclusively concerns environmental aspects, such as:

- Reducing carbon emissions from transport or anaesthetic gases,
- Improving energy efficiency in healthcare buildings,
- Increasing the share of organic meals in hospitals,
- Enhancing waste management systems.

These objectives are typically measurable and aligned with environmental legislation, but they rarely show a clear connection to healthcare processes, patient outcomes, or long-term system resilience. The social dimension is occasionally mentioned in relation to staff health, work environment, or inclusion, but it lacks systematic follow-up. The economic dimension is often equated with "balanced budgets," reducing the concept to short-term financial control rather than long-term sustainability. According to the SOS model, most regions can therefore be placed in the categories implicitly defined or undefined regarding sustainability. The concept is used normatively but lacks a guiding function in governance. Applying Garvin's (1984) and Isaksson's (2013) frameworks, sustainability work in the regions primarily reflects the rules and resource logics—focusing on regulatory compliance and efficient resource use. Only a few regions show signs of a user-focused perspective, where sustainability is linked to patient benefit or stakeholder value.

Overall, the results indicate that sustainability in Swedish healthcare governance tends to be understood mainly as environmental management rather than as a clearly defined, integrated concept connected to healthcare delivery and improvement.

## 5.0 Discussion

### 5.1 The differing levels and status of quality and sustainability

Quality and sustainability appear to exist at different institutional levels of maturity within Swedish healthcare. Quality is a well-established concept, both legally and organisationally anchored, whereas sustainability remains largely visionary and ambiguous, with meanings that vary significantly across regions. This difference can partly be explained by how the concepts were historically introduced into governance. Quality has been developed within the framework of systematic improvement since the 1990s, with clear requirements in legislation, regulations, and national guidelines (National Board of Health and Welfare, 2006; SFS 2017:30). Sustainability, by contrast, entered primarily through environmental policy and Agenda 2030, where it has a broad societal rather than healthcare-specific meaning (World Commission on Environment and Development, 1987). This means that quality operates within a governance logic, while sustainability follows a more political and symbolic logic. According to Garvin (1984), quality in Swedish healthcare mainly reflects rules and resource logics—with a focus on compliance and efficiency—but increasingly incorporates user-focused logic, where patient experience, participation, and perceived value are emphasised (Isaksson & Rosvall, 2020).

Sustainability, on the other hand, is dominated by rules logic, focusing on compliance with environmental regulations, and to some extent resource logic, through energy efficiency and resource optimisation. However, user-focused and value per harm perspectives are largely absent, meaning sustainability is not yet linked to stakeholder value or patient benefit. According to the SOS model (Isaksson, Ramanathan & Rosvall, 2023), this indicates that quality has reached a higher level of conceptual clarity at the system level, while sustainability largely lacks a defined meaning. The concept is present, but not directive. Isaksson and Rosvall (2020) argue that concepts used in governance must possess both theoretical coherence and practical anchoring to function effectively. If quality is primarily understood as something to comply with rather than develop, the concept risks remaining at an administrative level.

Garvin's framework provides a useful lens for interpreting these distinctions:

- Rules logic explains the legalistic and standardised use of the concept.
- Resource logic highlights the process- and efficiency-oriented approach.
- User-focused logic connects to patient experience and trust.

When these logics coexist without a shared reference framework, conceptual fragmentation arises. Thus, quality is not undefined, but differently defined across regions, which affects the coherence of governance. Unlike quality, sustainability is rarely connected to healthcare's core mission or processes. Although the concept is frequently mentioned in regional strategies, it is seldom specified in relation to healthcare. This reflects a broader trend in public governance, where sustainability has come to function as an umbrella term rather than an analytical tool (Lozano et al., 2016). The findings show that Swedish regions primarily focus on environmental sustainability, such as energy efficiency, emission reduction, and sustainable procurement.

These areas are more measurable, comparable, and relatively easy to monitor, which makes them attractive from a governance perspective. However, social and economic sustainability are considerably less developed and often reduced to narrower issues such as staff well-being, equal treatment, or balanced budgets. This limited interpretation can suggest that sustainability is not yet fully integrated into the governance framework of healthcare, but rather exists as a complementary or symbolic domain (SKR, 2024b).

One possible explanation is that healthcare's core mission—to promote health and well-being—has not yet been explicitly linked to the sustainability discourse. Instead, the concept has largely been imported from environmental policy and Agenda 2030, where the focus lies on global goals rather than healthcare-specific challenges (Wątróbski et al., 2023; Mortimer et al., 2018). This raises important questions about whether sustainability should be adapted to healthcare's unique context, and how such adaptation could strengthen the system's resilience and long-term value creation. From Garvin's (1984) perspective, sustainability in Swedish healthcare governance appears to remain primarily within the rules and resource logics, focusing on compliance and efficiency rather than value creation. What is missing is a defined value per harm logic, where sustainability is understood as creating health outcomes that maximise value while minimising harm — for example, achieving equitable, high-quality care without depleting environmental or human resources (Isaksson & Rosvall, 2020). Such a perspective could connect sustainability directly to healthcare's mission and thereby make it more actionable in practice.

### 5.2 Toward a shared understanding

This study highlights the need to develop shared definitions of both quality and sustainability within Swedish healthcare governance. For quality, this means building on the existing six-dimensional model by explicitly incorporating value creation for the patient, rather than focusing solely on internal processes. Such an expansion would align the concept more closely with Garvin's user-focused logic, emphasising experience, participation, and trust as essential dimensions of quality. For sustainability, the challenge is to anchor the concept in the core mission of healthcare and develop healthcare-specific definitions that encompass the ecological, social, and economic dimensions. One possible formulation is to define sustainable healthcare as care that improves health and well-being without increasing environmental burden or social inequality (cf. Mortimer et al., 2018). Developing a common language for these two concepts would enable more coherent governance, where quality and sustainability are not treated as parallel ambitions but as mutually reinforcing principles. In practice, such integration could support policy alignment, consistent follow-up, and a stronger focus on long-term value creation for both patients and society.

## 5.3 Conclusion

The comparison between the two terms quality and sustainability reveals three central patterns:

- **Quality is defined—though in varying ways—across most regions, while sustainability rarely is.** There is a clear formal structure for quality, anchored in legislation and the National Board of Health and Welfare's six-dimensional definition, often complemented by regional adaptations. Sustainability, however, lacks a corresponding normative and institutional framework.
- **There is substantial variation in how quality is described.** Despite a shared formal foundation, regions interpret and apply the concept through different logics—legal, systemic, or value-based—which may lead to divergent governance practices and outcomes.
- **Sustainability lacks a clear governance function.** The term is frequently used as a vision or declarative statement rather than as a defined or operationalised concept guiding management and follow-up. Viewed through Garvin's (1984) quality logics and the SOS model (Isaksson, Ramanathan & Rosvall, 2023), it can be concluded that quality occupies a higher level of conceptual maturity than sustainability. Quality is underpinned by a well-established terminology and legal framework, whereas sustainability remains in an early stage of conceptual development within Swedish healthcare governance.

Using the SOS model (Isaksson, Ramanathan & Rosvall, 2023), it can be concluded that sustainability in current policy documents exists on the agenda but not in the system. There is evident political will and ambition, but the absence of conceptual clarity, shared definitions, and structured indicators makes it difficult to use sustainability as an operational governance tool. This aligns with previous research showing that sustainability in healthcare is often normatively strong but conceptually vague, leading to inconsistencies in interpretation and implementation (Jungner et al., 2022; Lozano et al., 2016). Addressing these questions requires both conceptual development and organisational learning (Isaksson & Rosvall, 2021), where sustainability is no longer treated as an external policy goal but as an integral dimension of healthcare quality.

## 5.4 Method discussion

The purpose of this study was to identify whether and how the concepts of quality and sustainability are defined within the governance of Swedish healthcare. The use of a document analysis with a deductive approach enabled a systematic examination of politically adopted documents and an assessment based on established theoretical models. Document analysis is a recognised method for exploring how concepts are articulated and operationalised in policy texts (Bowen, 2009), and is particularly suitable for analysing governance at national and regional levels. The analysis was guided by the SOS model (Isaksson, Ramanathan & Rosvall,

2023) and Garvin's quality dimensions (1984; interpreted by Isaksson, 2013), which provided a structured framework for assessing both conceptual clarity and underlying logic. A deductive approach, however, entails a risk of limiting the analysis to predefined theoretical categories, potentially overlooking alternative interpretations (Bryman, 2018). To mitigate this, all documents were read in full before coding, allowing for nuanced interpretation of both explicit and implicit content. As the material was primarily identified through regional websites, it cannot be ruled out that other politically adopted policy documents exist but were not included in the analysis. The selection may also have been influenced by the choice of search terms, although these yielded an extensive and varied set of documents that provided broad coverage of regional governance. Reliability was enhanced through the use of a consistent coding framework across all regions, yet the interpretation may still be influenced by the researcher's prior understanding, particularly where definitions were ambiguous. The validity—meaning the degree to which the study measures what it intends to measure—is limited by the fact that document analysis captures only formal policy articulation, not the practical implementation of concepts (Alvesson & Sköldberg, 2018). As the study is based solely on publicly available documents, no ethical approval was required. Nevertheless, research ethics principles concerning accuracy, transparency, and correct referencing were followed (Vetenskapsrådet, 2017). The chosen method provides a reliable and systematic foundation for analysing how quality and sustainability are expressed within the governance of Swedish healthcare. However, the results should be viewed as a conceptual mapping, rather than an evaluation of implementation or practice.

### 5.5 Concluding reflection and directions for further research

The study shows that Swedish healthcare has a well-developed and institutionally embedded language for quality, but not for sustainability. Quality is an established and legally defined concept that permeates governance, whereas sustainability is largely used as a vision or symbolic expression without a clear connection to the core mission of healthcare. This imbalance limits the potential for coherent governance and shared learning between regions. To strengthen both governability and value creation, clear and shared definitions of both terms are needed—definitions that are anchored in governance as well as in practice. Quality and sustainability should be understood as mutually interdependent: quality concerns how healthcare creates value, while sustainability concerns under what conditions this value is created and maintained over time.

A possible next step in this research would be to conduct a literature study aimed at exploring how the concepts of quality and sustainability have been defined and applied within the healthcare sector, both nationally and internationally. Such a study could help identify existing theoretical and practical definitions, as well as reveal areas where conceptual gaps remain. Based on these insights, future research could aim to propose more common and coherent definitions of both quality and sustainability that are relevant to Swedish healthcare governance. These could be complemented with suggested indicators and approaches for measurement and

follow-up, providing a foundation for more consistent and comparable governance across regions. The intention would not be to prescribe uniform solutions, but rather to offer a framework that supports shared understanding, continuous improvement, and integration of quality and sustainability in healthcare systems over time.

Working with clear definitions and structured approaches to quality and sustainability can enhance legitimacy, learning, and effectiveness in healthcare governance. In the long run, this can increase value for patients, employees, and society by improving care quality, strengthening trust, and building a more resilient and sustainable healthcare system. Moving from description to value-creating action requires that quality and sustainability be jointly defined, aligned with the mission of healthcare and stakeholder needs—and that these definitions form the foundation for how Swedish healthcare is governed, monitored, and continuously improved.

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