



Revolutionizing Healthcare Organizations with Operational Excellence and Healthcare 4.0: A Systematic Review of the State-of-the-Art Literature

Journal:	<i>International Journal of Lean Six Sigma</i>
Manuscript ID	IJLSS-04-2023-0061.R1
Manuscript Type:	Research Paper
Keywords:	Healthcare, Operational Excellence, Industry 4.0, Systematic Review

SCHOLARONE™
Manuscripts

Revolutionizing Healthcare Organizations with Operational Excellence and Healthcare 4.0: A Systematic Review of the State-of-the-Art Literature

Abstract

Purpose- This study examines current research on the relationship between Operational Excellence and Healthcare 4.0 for healthcare organizations.

Design/Methodology/Approach- We have performed a systematic literature review of 102 documents published between 2011 to 2022 from the Scopus database to identify the research trends on Operational Excellence and Healthcare 4.0. Through a descriptive bibliometric analysis, we have highlighted the year-wise trend in publication, top authors, prominent sources of publications, the country-wise spread of research activities, and subject area analysis. Further, through content analysis, we have identified four clusters and proposed directions for future research of each identified cluster.

Findings- Results reflect overall growth in this area, with a few parts of the world being underrepresented in research related to Operational Excellence and Healthcare 4.0. The content analysis focused on describing challenges pertaining to healthcare industries and the role of Operational Excellence tools and Healthcare 4.0 technologies in dealing with various healthcare delivery aspects. We concluded our analysis by proposing a theoretical framework and providing theoretical and managerial implications of the study.

Originality- The article is one of the first to analyze the existing literature on the healthcare sector at the interface of Operational Excellence and Healthcare 4.0 technologies. The conceptual framework and cluster-wise future research prepositions are some of the unique offerings of the study.

Keywords- Healthcare, Operational Excellence, Industry 4.0, Systematic Review

1. Introduction

Supply chain management is a crucial aspect of any business. The ability to successfully manage the movement of goods and services from suppliers to clients is essential for companies to remain competitive and profitable. Operational Excellence is crucial in supply chain operations, ensuring that goods and services are sent to customers at the right time, quantity, and price. Achieving Operational Excellence requires businesses to optimize their processes continually, reduce costs, and improve efficiency (Malhotra *et al.*, 2022). The benefits of Operational Excellence include improved customer service, reduced costs, increased efficiency, and enhanced flexibility (Tlapa, Tortorella, *et al.*, 2022). As such, businesses that achieve Operational Excellence are better

1
2
3 positioned to remain competitive and profitable. The healthcare industry is one of the most critical
4 sectors in any country, and its success is measured by the quality of care offered to patients.
5 Operational Excellence is a crucial component that healthcare organizations can leverage to
6 improve their performance (Tlapa, Franco-Alucano, *et al.*, 2022).

7
8 One of the critical benefits of Operational Excellence in healthcare organizations is the
9 improvement of patient outcomes. When healthcare organizations focus on Operational
10 Excellence, they streamline their processes and reduce the likelihood of medical errors. According
11 to a National Academy of Medicine study, medical mistakes cause an estimated 250,000 deaths
12 yearly in the United States alone (Steuerle and Jackson, 2016). Operational Excellence helps to
13 reduce the incidence of medical errors and improves patient safety, ultimately leading to better
14 health outcomes.

15
16 Another benefit of Operational Excellence in healthcare establishments is the reduction of costs
17 (Stock and McDermott, 2011). Healthcare organizations are under pressure to provide quality care
18 while minimizing costs. Operational Excellence provides a framework for achieving these
19 objectives. By continuously improving processes and systems, healthcare organizations can reduce
20 waste, eliminate inefficiencies, and optimize the use of resources. A study by the International
21 Journal of Health Planning and Management found that implementing Operational Excellence
22 principles in a hospital setting resulted in a 25% reduction in costs (Chen and Lin, 2018).
23 Operational Excellence also plays a critical role in improving employee engagement and job
24 satisfaction. Healthcare organizations prioritizing Operational Excellence create an ethos of
25 continuous improvement where workforces are empowered to detect and solve problems. This
26 approach increases job satisfaction and engagement among healthcare professionals, resulting in
27 better patient outcomes.

28
29 To achieve Operational Excellence, healthcare organizations must adopt a systematic approach to
30 continuous improvement. One such approach is the Lean methodology, widely used in healthcare
31 organizations. Lean principles emphasize the identification and elimination of waste, the
32 optimization of resources, and the reduction of variability (Fortineau *et al.*, 2016; Soriano-Meier
33 *et al.*, 2011). Another approach is Six Sigma, which focuses on reducing defects and improving
34 quality using data-driven methodologies (Kelly, 2016).

35
36 The world of healthcare is changing a lot because of new technology and the growing need for
37 better care. Healthcare 4.0 technologies, such as big data analytics and Artificial Intelligence (AI),
38 can help healthcare organizations to identify patterns and trends in patient data, which can aid in
39 improving diagnosis, treatment, and outcomes (Tortorella *et al.*, 2022).

40
41 Healthcare 4.0 technologies can help organizations optimize processes, reduce costs, and improve
42 efficiency. For example, Internet of Things (IoT) devices can help to track and manage inventory
43 levels, reducing waste and improving supply chain management (Latif *et al.*, 2022). Healthcare
44 4.0 innovations have the potential to augment the patient journey by enabling customized care,
45 diminishing waiting periods, and enhancing the exchange of information between patients and
46 healthcare practitioners (Kumari *et al.*, 2018a).

The preceding discourse highlights the burgeoning enthusiasm and acknowledgement of the necessity to combine Operational Excellence methodologies and Industry 4.0 in healthcare to attain enduring enhancements and deliver high-quality healthcare services to patients while ensuring sustainability. This study attempts to study the effect of Operational Excellence coupled with Healthcare 4.0 technologies on the performance of healthcare organizations. We aim to address the succeeding research questions (RQs) through this study-

RQ1. What is the existing state of research in the area?

RQ2. Which authors have made a significant impact by studying the connection between Operational Excellence and Healthcare 4.0?

RQ4. What is the geographic distribution of research and collaboration involving Operational Excellence and Healthcare 4.0?

RQ3. How has the introduction of Operational Excellence and Healthcare 4.0 technologies impacted healthcare businesses?

RQ5. What major research issues need future investigation in the field?

The rest of the article is laid out into specific sections. Section 2 analyzes the existing literature review in the field. The following section discusses the data collection and methodology adopted for the study. Section 4 highlights the key results derived from the descriptive bibliometric analysis. Section 5 covers the findings and discussion of cluster analysis. Section 6 contains a theoretical framework and the study's managerial and theoretical implications. At last, the conclusion is presented in section 7.

2. Literature Review

In recent times, numerous scholars have undertaken the task of examining scholarly articles pertaining to the healthcare sector, with a specific focus on enhancing the operational performance of healthcare enterprises (Awad et al., 2021; D'Andreamatteo et al., 2015). But few researchers have considered reviewing literature exploring the interface between Operational Excellence and Healthcare 4.0 technologies. In Table 1, we have compared some of the past literature review studies concerning the healthcare sector and our study. The comparison reaffirms the need for a more comprehensive and detailed analysis that explores the literature on integrating Operational Excellence and Healthcare 4.0 technologies and acts as a reference for future research undertakings.

Table 1 Comparison of past literature review studies and our study

Criteria	(Aceto <i>et al.</i> , 2020)	(Jayaraman <i>et al.</i> , 2020)	(Ramori <i>et al.</i> , 2021)	Our Study
Timeframe	Not specified	Not specified	Not specified	2011 to 2022
Keywords	Industry 4.0 and Healthcare	Artificial Intelligence, Digital Health, and Healthcare 4.0	Lean Six Sigma, lean thinking, and healthcare performance improvement	Healthcare, Operational Excellence, and Industry 4.0

The focus of the study	Analyzes industry 4.0 technologies applied to the health domain. Provides technologies and their applications	Review of current digital frontiers in Healthcare 4.0	A systematic review focusing on lean business models utilized in the healthcare sector	A systematic review focusing on analyzing trends, developing a framework, and suggesting future directions
Methodology	Content Analysis	Wisdom Pyramid	Content Analysis	Descriptive bibliometric analysis and content analysis
Framework Proposed (Yes/No)	No	No	No	Yes

3. Methodology

The methodology employed for this study is shown in Figure 1. Our compilation of articles was derived from an extensive search of the Scopus database utilizing the keywords Operational Excellence, Industry 4.0, and Healthcare. The initial query yielded a total of 621 documents. Subsequently, we conducted an initial screening to exclude conference papers, book chapters, and review papers from our literature collection. Considering the emergence of Operational Excellence in healthcare primarily after the early 2000s, we limited our review timeframe to the period between 2011 and 2022. Only a scanty fifteen articles were published prior to this timeframe, and hence we have excluded them from our review. This led to the exclusion of 394 articles based on document type and timeframe criteria. Additionally, we scrutinized the abstracts of the remaining papers to identify the target literature for our review, resulting in the removal of 125 articles. Finally, we arrived at a refined set of 102 documents for the systematic literature review analysis. Our analysis encompassed two key components: a descriptive bibliometric analysis of the articles and a cluster-based content analysis. We also provided future research directions to consolidate our findings from the content analysis. Subsequently, we delved into a discussion where we introduced a theoretical framework based on our descriptive and content analysis outcomes. We highlighted the study's implications from theoretical and managerial standpoints within our discussion. Lastly, we concluded our review by summarizing the study's key points while acknowledging the limitations of our research.

4. Descriptive and bibliometric analysis results

The categorization of the selected articles is structured around six distinct criteria, namely: Year-wise publication distribution, Country-wise publication distribution, Prominent sources of publication, Leading authors in terms of contributions, Major affiliations of authors (institute/organization), and Classification based on subject areas. The bibliometric analysis was

conducted utilizing the statistical package R-Studio, which provided the necessary data and insights for this analysis.

Selection of Database & Keywords for Search

- Database: Scopus
- Keywords: "Sustainable Supply Chain", "Optimisation", "Industry 4.0"
- **621 documents** resulted after initial search

Screening of articles

- Initial screening: Based on article type and time horizon (394 documents excluded)
- Abstract based screening: articles excluded after abstract reading (125 articles removed)
- **102 documents shortlisted** for descriptive and content analysis

Descriptive bibliometric analysis

- Publication by year and country
- Top sources of publication
- Prominent contributing authors
- Major affiliations
- Classification based on subject area

Content Analysis

- Cluster based analysis of most cited literature
- Proposed future research questions for each cluster

Discussion

- Theoretical Framework
- Theoretical and Managerial Implications

Conclusion

- Key Outcomes
- Limitations

Figure 1 Methodology adopted for systematic literature review

4.1 Publication by year

This examination showcased the chronological distribution of publications focusing on Operational Excellence and Healthcare 4.0. Figure 2 illustrates the progression of publications in this field from 2011 to 2022. Notably, there is a significant surge in the graph starting from 2020,

which can be attributed to the heightened demand for enhancing performance in the healthcare sector following the repercussions of the COVID-19 pandemic. In 2022, the highest number of publications emphasized the importance of integrating Operational excellence with Healthcare 4.0 technologies.

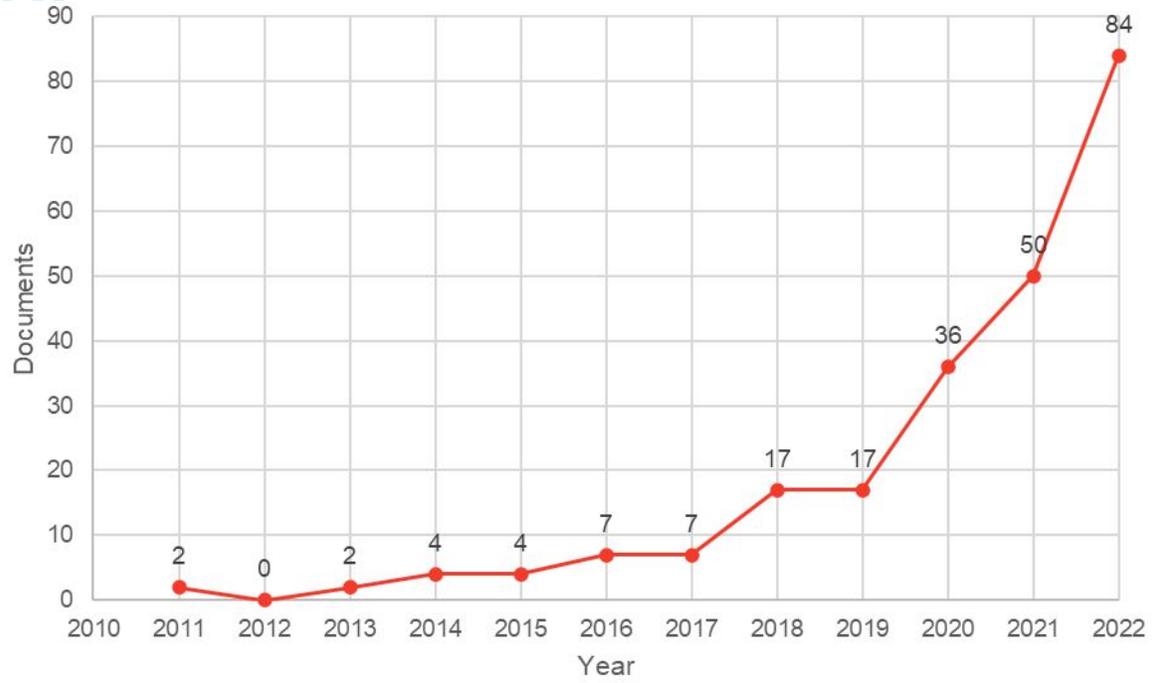


Figure 2 Year-wise publication trend

4.2 Publication by country

Researchers worldwide have shown interest in Operational Excellence in the healthcare sector, considering Industry 4.0 applications. Table 2 illustrates the top ten countries that contributed the most in the area and the number of documents. With 57 papers, India leads the list, followed by the United States, United Kingdom, China, and Italy.

Table 2 Country-wise frequency of articles

Country/Territory	Documents
India	57
United States	32
United Kingdom	31
China	25
Italy	18
Australia	15
Brazil	15

Saudi Arabia	12
Malaysia	9
Poland	7
South Africa	7
Russia	7
Spain	7
Ireland	6
Pakistan	6

To enhance this comprehensive analysis, we visually depicted the global distribution of research in the field, as illustrated in Figure 2. The frequency of articles has been color-coded to provide a clear representation. The white region signifies areas with low research activity, whereas the light red region indicates low frequency. The yellow-coloured region represents a medium frequency of research, and the dark green region represents a high frequency. From the geographical dispersion displayed, it becomes apparent that the research on Operational Excellence combined with Industry 4.0 in healthcare organizations is primarily concentrated in Europe, with significant gaps in representation from various African countries.

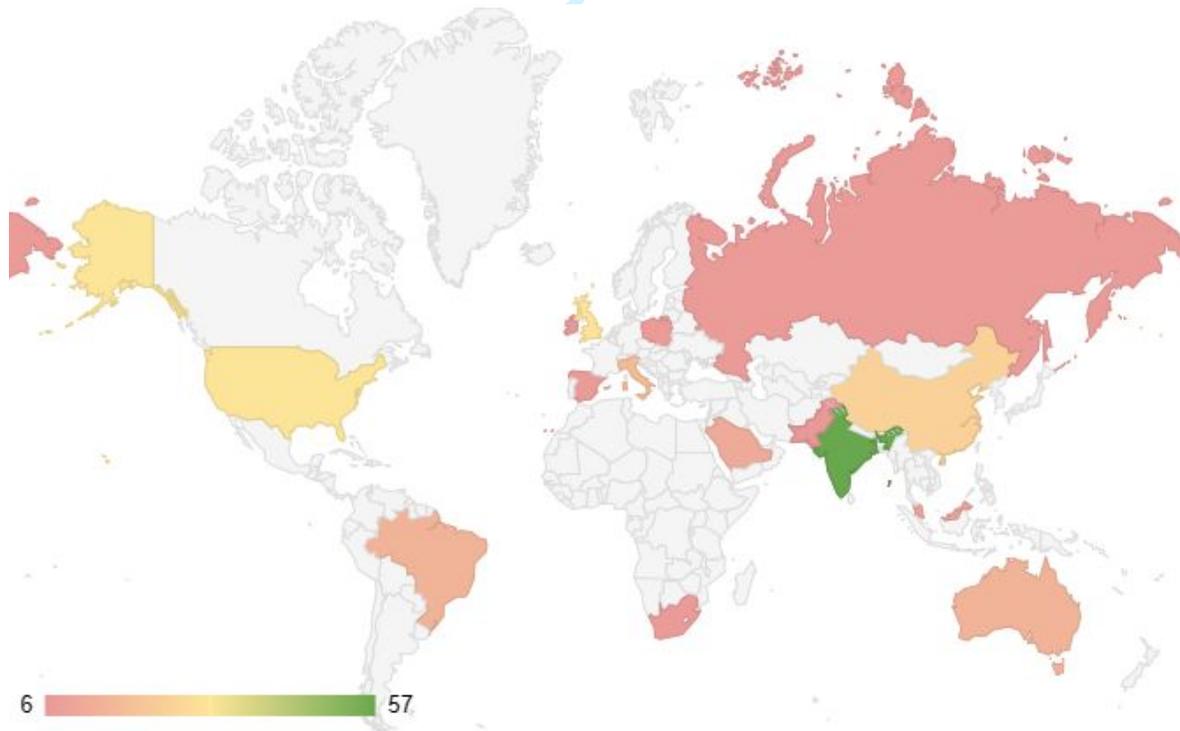


Figure 3 Geographic dispersion of research

4.3 Prominent sources of publication

A total of 621 articles were published across 159 diverse journals. Table 3 showcases the influential journals that have played a significant role in disseminating literature about the employment of Industry 4.0 and Operational Excellence in healthcare organizations. Notable publications such as IEEE Access, Sustainability, Materials Today Proceedings, Wireless Communications, Mobile Computing, “International Journal of Environmental Research and Public Health”, Sensors, and “Technological Forecasting and Social Change” have actively embraced research in this domain. The involvement of esteemed publishing houses in these journals underscores the attention this research area has garnered from influential stakeholders.

Table 3 Top sources of publications

Source/Journal Name	Publisher	Documents per year
IEEE Access	Institute of Electrical and Electronics Engineers Inc.	15
IEEE Transactions On Industrial Informatics	IEEE Computer Society	10
Sustainability	M.D.P.I.	6
Materials Today Proceedings	Elsevier Ltd	5
Wireless Communications And Mobile Computing	Hindawi Limited	5
International Journal of Environmental Research And Public Health	M.D.P.I.	4
Technological Forecasting And Social Change	Elsevier Ltd	4
Sensors	M.D.P.I.	4
Electronics	M.D.P.I.	3
IEEE Journal of Biomedical And Health Informatics	Institute of Electrical and Electronics Engineers Inc.	3
International Journal Of Production Research	Taylor and Francis Ltd.	3
TQM Journal	Emerald Group	3
Applied Intelligence	Springer	2
Computers And Electrical Engineering	Elsevier Ltd	2
Healthcare	Elsevier Ltd	2

4.4 Top contributing authors

In this field, a collective effort from 829 authors representing 580 organizations has contributed to the advancement of knowledge through their research publications. Figure 4 illustrates the notable

contributions of individual authors, with Kumar N. S leading the field with five published articles, closely followed by Tortorella G.L with four articles in this domain. The list of distinguished authors also features esteemed names such as Fogliatto F.S., Tanwar S., Haleem A., Javaid M., Suman R., Pieroni A, Rodrigues J.J.P.C, Singh R.P., and Tyagi S, among others.

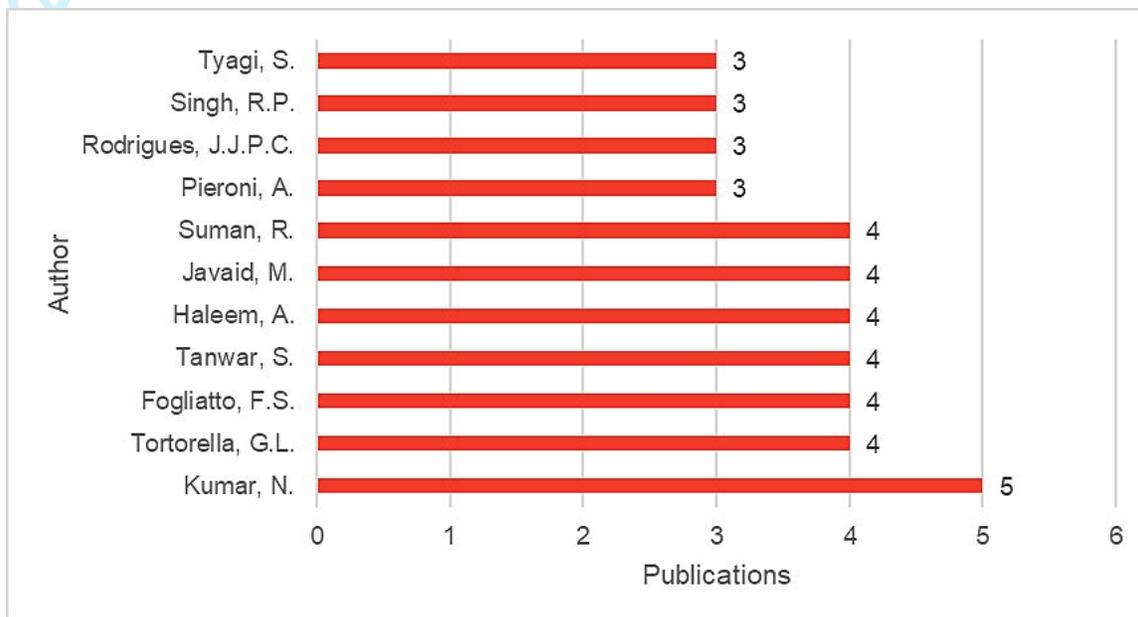


Figure 4 Prominent Authors

4.5 Major affiliations

Numerous organizations from various backgrounds have actively contributed to the research on integrating Industry 4.0 and Operational Excellence in healthcare. Table 4 highlights the leading institutions involved in this endeavour. Rio Grande do Sul, a Brazilian public federal research university with seven published documents, is at the forefront of the list. The University of Melbourne in Australia has contributed with six articles, followed closely behind by Thapar Institute of Engineering & Technology in India, with five articles. Other notable institutions include Universidade Federal de Santa Catarina in Brazil and Vellore Institute of Technology in India, both with five articles, and Universidad Austral in Argentina and the National University of Singapore, each with four articles, among others.

Table 4 Notable affiliations

Affiliation	Documents
Universidade Federal do Rio Grande do Sul	7
University of Melbourne	6
Thapar Institute of Engineering & Technology	5
Universidade Federal de Santa Catarina	5

Vellore Institute of Technology	4
Universidad Austral	4
National University of Singapore	4
Jamia Millia Islamia	4
University of Petroleum and Energy Studies	4
Nirma University, Institute of Technology	4

4.6 Classification based on the subject area

In this analysis, we have attempted to identify the area-wise distribution of literature on Operational Excellence coupled with Healthcare 4.0 technologies. Engineering, Computer Science, and Business management account for approximately half of the articles published in the area. We have also found evidence of operational excellence and industry 4.0 technologies in subject areas such as medicine (8%), material sciences (5%), decision sciences (5%), social science (4%), mathematics (3%), environmental science (3%), physics, and astronomy (2%) among others.

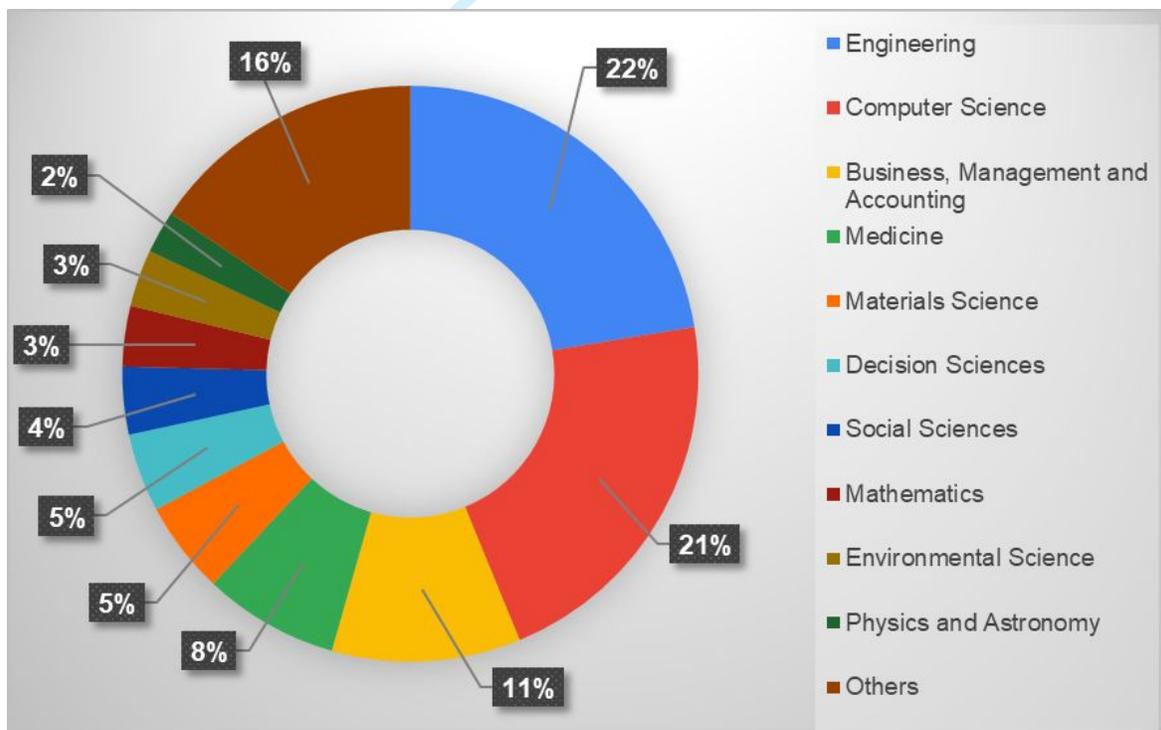


Figure 5 Subject area-wise distribution of articles

High contributions from engineering and business can be attributed to Operational Excellence tools such as Six Sigma and lean manufacturing, which have been inalienable parts of Industrial Engineering. Further, these tools have been successfully implemented in healthcare organizations. Similarly, a high contribution from the computer science area emphasizes the importance of

industry 4.0 technologies such as big data, artificial intelligence, digitalization, and automation in the healthcare sector.

5. Content Analysis

Content analysis is a structured research approach utilized to analyze and comprehend the information communicated through diverse mediums such as written texts, audio recordings, visuals, and videos (TATE *et al.*, 2010). This method involves identifying and categorizing repetitive patterns, themes, and underlying meanings found within the collected data. By employing a well-established methodology, researchers can gain valuable perspectives into phenomena' occurrence, features, and contextual intricacies, thereby enabling the extraction of profound insights and conclusions from the reviewed literature (Kazemi *et al.*, 2019).

So far, we have understood the distinguished themes and underlying trends in the literature concerning Operational Excellence and Industry 4.0 technology in healthcare businesses. In this section, we present the content analysis of our literature review. We have identified four major clusters during the investigation- Challenges in the healthcare sector, Operational Excellence tools, Healthcare 4.0 technologies, and Healthcare delivery. For this analysis, we focused on articles within each cluster that have garnered at least thirty citations. This selection allowed us to delve deeper into the most influential literature within each cluster and identify significant research gaps. By thoroughly examining the literature, we formulated future research propositions to fortify our findings. Within each cluster, we first extensively analyzed the highly regarded literature and subsequently delineated the research gaps we identified. These research gaps guided us in formulating pertinent research questions, aligning with our interpretation of the literature within each cluster.

Cluster 1: Challenges in Healthcare Sector

Cluster 1 has a total of 21 documents. This cluster revolves around the challenges in the healthcare sector and how organizations have devised different strategies to tackle those challenges. Data security and privacy (Larrucea *et al.*, 2020), patient safety (Iyengar *et al.*, 2022), resistance to change, ethical concerns (Dobrzański *et al.*, 2021), regulatory compliances, and technical complexity are inherent challenges in most healthcare supply chains (Jose *et al.*, 2022).

Upadhyay *et al.* (2021), with 144 citations, critically reviews blockchain technology's present and probable contributions to the circular economy from the perspective of sustainability and social responsibility. The study identifies, collates, and organizes different research on blockchain, focusing on its favorable impact and potential challenges for the ethics objective. The results indicate that the utilization of blockchain technology has the potential to make valuable contributions to the circular economy. It can play a role in minimizing transaction expenses, improving supply chain operations and communication, safeguarding human rights, preserving the confidentiality and well-being of healthcare patients, as well as diminishing the overall carbon footprint. Gupta *et al.* (2019), which has 90 citations and attempts to provide a comprehensive

examination of advanced applications for mitigating delay using 5G network technology and tactile internet for highly reliable and low-latency use cases such as Industry 4.0, Healthcare 4.0, smart education, augmented reality, and virtual reality. This paper emphasizes the significant distinctions between the Internet of Things (IoT) and the tactile internet within the framework of the 5G revolution. It also analyzes challenges for smart applications and the tactile internet's active issues.

Zolotová et al. (2020), with 76 citations described operators' evolving role in the Industry 4.0 concept. It also introduces the concept of "Human Cyber-Physical Production Systems". The authors introduce various categories of Operator 4.0 and explore methods to amplify their physical, cognitive, and sensory capacities. Additionally, they showcase real-life examples of intelligent and cognitive solutions designed for Operator 4.0. The work presented by Pang et al. (2018), which has 66 citations, examines the progress made in the convergence of biomedical engineering, automation technology, and health informatics. It also identifies the gap between state-of-the-art research and industrial demands. Sarfraz et al. (2021), with 31 citations, discuss the impact of Society 5.0 and Industry 4.0 technologies, such as Big Data (BD) and Artificial Intelligence (AI), on healthcare amenities during the COVID-19 pandemic. The study reviews various technologies being used to control the transmission of COVID-19 and demonstrates how advanced information technologies can be applied to healthcare. The article further explores the transformation of Industry 4.0 into Society 5.0, highlighting the influence of the COVID-19 pandemic in expediting this evolutionary process. Overall, the article highlights the potential for personalized healthcare systems and the role of technology in achieving this goal. Table 5 highlights identified gaps and corresponding future research questions (FRQs) under this cluster.

Table 5 Future research questions derived from Cluster 1

S. No.	Gaps identified in Cluster 1	Future Research Questions
1.	A very high initial cost is involved in implementing blockchain technology, which limits its adoption in some contexts.	<ul style="list-style-type: none"> • What are the challenges of blockchain implementation concerning legislation and policy development in the healthcare sector?
2.	The concept of the tactile internet is still in its nascent stages, and there are numerous open issues and research hurdles that require attention to unlock its complete capabilities.	<ul style="list-style-type: none"> • How can the tactile internet be used for smart applications in services, and healthcare? • What are the security and privacy concerns associated with tactile internet?
3.	Future studies should emphasize on investigating the impact of productivity and job satisfaction.	<ul style="list-style-type: none"> • How does "Operator 4.0" affect the productivity, safety, and job satisfaction? • What are the ethical and social implications of Operator 4.0 in the workplace?
4.	There is a need to study the role of automation and robotics in the healthcare industry.	<ul style="list-style-type: none"> • How can an automated medical production system be developed to elevate the efficiency and quality of healthcare services? • How can healthcare robotics and human-robot symbiosis help enhance the safety and effectiveness of healthcare delivery?

5.	There is a scope for applying Society 5.0 and Industry 4.0 technologies in healthcare.	<ul style="list-style-type: none"> How can a comprehensive data management system be developed to collect, store, and analyze healthcare data for research and policy-making purposes?
----	--	---

Cluster 2: Operational Excellence tools

Operational Excellence tools have helped healthcare organizations establish smart factories, reduce waste, and improve efficiency. This cluster describes how tools such as lean six Sigma (Sordan *et al.*, 2022), root cause analysis, smart manufacturing processes, and automation have assisted healthcare businesses. We have identified 16 articles under this cluster.

Wan *et al.* (2019), with 78 citations, introduced a data-centric and adaptable production model for the pharmaceutical manufacturing domain within the Smart Factory framework. This innovative approach aims to address the growing need for enhanced flexibility, agility, and cost-effectiveness in the healthcare industry. The authors presented a "Manufacturing Semantics Ontology-driven knowledge repository" within the perception layer, which plays a crucial role in the strategic scheduling of pharmaceutical manufacturing operations. Further, they tested the proposed solution by experimenting with demand-based drug packing production. Chauhan *et al.* (2021), which received 74 citations, identified a comprehensive set of seven factors for the development of intelligent waste management systems in the healthcare sector, with a particular focus on circular economy principles to extract value from disposable materials. The authors employed the "decision-making trial and evaluation laboratory (DEMATEL)" technique to evaluate and prioritize these parameters based on their significance and the underlying cause-and-effect relationships, which were graphically represented through a causal diagram. This research article emphasized the significance of digitally interconnected waste management companies, healthcare facilities, and environmental regulatory bodies in the context of waste disposal. Furthermore, it elucidated the valuable role played by pollution control boards in delivering feedback to individuals and other relevant stakeholders, thereby underscoring the compelling rationale for the implementation of intelligent healthcare waste disposal systems. With 69 citations, Daú *et al.* (2019) introduced a novel conceptual framework that combines the principles of circular economy transition and corporate social responsibility mirror to enhance the sustainability of healthcare supply chain 4.0. The authors devised an innovative observation protocol to gather real-world data from a private healthcare facility situated in Rio de Janeiro, renowned for its commitment to embracing cutting-edge technologies in its operations. This enlightening article establishes a compelling connection between the societal responsibilities of healthcare institutions and their pursuit of sustainable practices, while also highlighting the positive impact of corporate social responsibility on the advancement of smart technologies in the healthcare sector.

Furterer (2018), which received 42 citations, provides a case study-based demonstration of Lean Six Sigma DMAIC methodology implementation to improve throughput and patient flow in an emergency department. It highlights the importance of Operational Excellence in healthcare and

how it can be achieved through process improvement methodologies. The article also identifies the key factors that affect patient flow and throughput in an emergency department and provides recommendations for addressing these factors. Habidin et al. (2014) with 30 citations, delve into the implementation of lean healthcare methodologies within the healthcare sector of Malaysia. The study investigates the correlation between adoption of lean healthcare practices and the supply chain innovation performance. Through their analysis, the authors pinpoint four key dimensions of lean healthcare practice, namely effective leadership, employee engagement, customer-centric approach, and organizational culture, which exhibit a significant and direct influence on the success of supply chain innovation endeavors. To further enhance their findings, the study presents a comprehensive structural relationship model utilizing advanced statistical technique known as structural equation modeling (SEM). Table 6 shows this cluster's identified research gaps and corresponding future research questions (FRQs).

Table 6 Future research questions derived from cluster 2

S. No.	Gaps identified in Cluster 2	Future research questions
1.	There is a need to develop a comprehensive semantics ontology-based knowledgebase to improve the scheduling of pharmaceutical production.	<ul style="list-style-type: none"> How to develop a more comprehensive and accurate semantic ontology-based knowledgebase to improve the planned scheduling of pharmaceutical manufacturing? What is the impact of integrating advanced technologies such as big data analytics and artificial intelligence on the performance of the Smart Factory?
2.	There needs to be a more detailed discussion on the technical aspects of implementing an intelligent healthcare waste disposal system.	<ul style="list-style-type: none"> What can be a potential case study to validate a intelligent healthcare waste disposal system? How to develop a prototype of this proposed system and test it in a real-life setting?
3.	There is inadequate empirical evidence on the applicability of a circular economy transition conceptual framework for improving sustainable Healthcare 4.0.	<ul style="list-style-type: none"> How to empirically test and validate the circular economy transition conceptual framework for healthcare institutions in different countries to improve sustainability with supply chains?
4.	There exists a disparity between the latest advancements in research and the requirements of the industry, hindering the progress in developing innovative technologies with wider applicability in medical treatments.	<ul style="list-style-type: none"> What strategies can be employed to create an autonomous medical manufacturing system that enhances the efficiency and quality of healthcare services? What methodologies can be employed to evaluate the reception and implementation of robotics in healthcare settings?
5.	Researchers should explore the lean and six sigma principles to improve the operational efficiency of emergency departments.	<ul style="list-style-type: none"> What is the impact of root cause analysis and bottlenecks in patient flow? How to implement a real-time patient tracking system to monitor patient flow? What is a standardized patient triage and prioritization process to ensure patients are seen promptly and appropriately?

		<ul style="list-style-type: none"> • How can a continuous improvement program be implemented to sustain the gains achieved through the process improvement initiative? • How to conduct a cost-benefit analysis to evaluate the financial impact of a process improvement initiative?
6.	The influence of lean healthcare strategies needs to be examined within the framework of supply chain innovation effectiveness.	<ul style="list-style-type: none"> • How do lean healthcare practices impact patient outcomes and customer satisfaction? • What is the role of technology in supporting lean healthcare practices? • How do lean healthcare approaches impact the financial outcomes of healthcare institutions?? • How to conduct a longitudinal study to assess the sustainability of lean healthcare practices over time?

Cluster 3: Healthcare 4.0 technologies

Cluster 3 contains critical findings obtained through the analysis of 37 documents. In this cluster, we have identified cutting-edge technologies that promise to change how healthcare businesses operate. Blockchain, IoT devices, Care 4.0, Artificial Intelligence, and Operator 4.0 are some of the technologies discussed in the literature at great length (Tortorella *et al.*, 2020). Introducing these technologies in healthcare businesses is meant to enhance these entities' performance and operational capabilities.

With a maximum of 253 citations, Bodkhe *et al.* (2020) conducted a comprehensive examination of different blockchain-driven solutions and their suitability in a wide range of applications within the Industry 4.0 paradigm. It also illustrated the base architecture for blockchain applicability in various Industry 4.0 use cases. The authors have also discussed the merits and demerits of conventional security solutions compared to their countermeasures. Abdel-Basset *et al.* (2021), which has accumulated 121 citations, presented an innovative framework that leverages disruptive technologies for the investigation of COVID-19. The research also proposes a viable solution to address the critical scarcity of personal protective equipment (PPE) for healthcare workers, alleviate the overwhelming burden on hospitals, and monitor the recovery progress of patients to facilitate plasma treatment for individuals affected by COVID-19. Furthermore, the study offers valuable guidance to governments on embracing technological advancements to mitigate the repercussions of unprecedented COVID-19 outbreaks. Kumar *et al.* (2018), with 86 citations, examined the attributes of challenges existing at the intersection of Information Systems and Operations Management. The research critically assessed prior studies that have played a crucial role in establishing the framework and trajectory of research in this converging domain.

The study by Kumar *et al.*, (2020), which acquired 85 citations, designed a smart healthcare system by integrating blockchain technology and healthcare industry 4.0 processes. The authors verified the effectiveness of healthcare industry 4.0 strategies employed for data availability using statistical simulation-optimization techniques and algorithms. The research also conducted an

extensive and comparative examination of cutting-edge blockchain-powered intelligent healthcare systems, encompassing their methodologies, applications, prerequisites, achievements, and prospective advancements. With 42 citations Zahedi et al. (2021), devised two novel approaches to create a relief supply chain network utilizing Internet of Things (IoT) technology, aimed at addressing numerous potential cases during a pandemic, such as the recent SARS-COV-2 outbreak. The initial method focuses on minimizing the maximum response time of ambulances, while the second approach aims to minimize the overall critical response time, ensuring efficient and timely assistance. They investigated and validated the proposed approaches by means of a real-life case in Iran and several test problems. Following the deployment of this innovative Internet of Things (IoT)-enabled method over a span of three consecutive weeks, a notable reduction of 35.54% in confirmed cases was observed.

Al-Jaroodi et al. (2020), which attracted 32 citations, provided an improved understanding of Health 4.0 and its purposes. The research explored pioneering potential applications of Health 4.0, examining their diverse functionalities, and classifying them into distinct beneficiary groups. Additionally, the authors introduced a service-oriented middleware framework that offers fundamental services to application developers, facilitating seamless integration of various services for the development of innovative applications within the Health 4.0 paradigm. With 31 citations, Tortorella et al. (2021) delved into the influence of ten digital innovations within the Healthcare 4.0 (H4.0) paradigm on the resilient functioning of hospital-based healthcare systems. Through the study, four specific digital technologies were identified as having a profound impact on resilience: digital non-invasive care, real-time remote consultations and care planning, collaborative platforms for patient data and information sharing, and interconnected medical emergency support. As per the authors' findings, these technological advancements have the potential to greatly enhance the resilience of healthcare systems, minimizing the need for excessive reliance on human adaptability skills while promoting robust performance. Table 7 shows this cluster's recognized research gaps and corresponding future research questions (FRQs).

Table 7 Future research questions derived from cluster 3

S. No.	Gaps identified in Cluster 3	Future research questions
1.	The need to develop more user-friendly interfaces for blockchain-based solutions in the healthcare sector is suggested.	<ul style="list-style-type: none"> How can blockchain-based solutions empirically validate the performance and effectiveness in real-world scenarios?
2.	It is required to conduct more empirical studies exploring the use of other disruptive technologies, such as virtual reality and autonomous robots, to enhance the capabilities of healthcare businesses.	<ul style="list-style-type: none"> What is the role of disruptive technologies such as virtual reality and metaverse in enhancing the capabilities of hospitals/clinics?
3.	A multidisciplinary approach that combines management and information system insights can be helpful in the healthcare sector.	<ul style="list-style-type: none"> How does a multidisciplinary approach combining operations management and information systems affect adopting IoT and blockchain technologies in healthcare?

4.	The blockchain-based network system is not implemented in a real-world scenario, and simulation results may not reflect the system's actual performance.	<ul style="list-style-type: none"> • How can the blockchain-based network system be implemented over different tools and techniques? • How to assess the effectiveness of blockchain-based network systems and enhance their suitability for implementation in the healthcare sector?
5.	Optimization models that minimize total critical response time need to consider different parameters related to patient care.	<ul style="list-style-type: none"> • What is the impact of different parameters on the optimization models (that minimize the total critical time), such as the number of ambulances, hospitals, and patients? • How to develop a decision support system that integrates existing optimization models with real-time data from IoT devices to provide timely and accurate decision-making information?
6.	There is a need to investigate the potential of Health 4.0 in different healthcare domains.	<ul style="list-style-type: none"> • How to extend the applications of Health 4.0 for domains such as telemedicine, remote patient monitoring, and personalized medicine?
7.	Further investigation is needed to evaluate the influence of Healthcare 4.0 technologies on the effectiveness of robust healthcare systems within hospital settings.	<ul style="list-style-type: none"> • What is the potential trade-off between using Healthcare 4.0 technologies and developing human adaptive skills in healthcare professionals? • What is the role of leadership and organizational culture in promoting the adoption of Healthcare 4.0 in healthcare?

Cluster 4: Healthcare delivery

This cluster focuses on **healthcare delivery** aspects such as patient care, employee engagement, service quality, and patient satisfaction. A total of 28 documents have been analyzed under this cluster. Kumari et al. (2018b) which received a whopping 291 citations, conducted an examination of the significance of cloud computing, fog computing, and the Internet of Things in the healthcare sector. The study introduces a patient-centric healthcare framework consisting of three layers, aimed at enabling the seamless acquisition, analysis, and dissemination of real-time healthcare data. This paper offers valuable contributions by shedding light on the utilization of technology to provide uninterrupted context-aware services to end users. Additionally, it addresses the challenges faced by individuals with chronic illnesses who often have to make frequent visits to hospitals for routine checkups. The study by Wu et al. (2013), cited 45 times, identifies hotel design elements that can be applied in healthcare settings to enhance the physical environment and foster healing. In addition, the authors have provided instances of current healthcare facilities that have integrated hospitality features, including rooms and decorations reminiscent of hotels, high-quality dining options akin to those found in hotels, and inviting reception areas and common spaces. The research also presents recommendations for incorporating future hospitality elements into

healthcare environments, such as executive lounges, centralized patient controls, and adaptable furnishings.

Chute and French (2019) which has 45 citations, presents an innovative model known as "Care 4.0," which centers around reliable and interconnected networks of institutions, individuals, and technologies, fostering tailored services that are highly attuned to the demands and desires for care. The document explores the potential transformative impact of this methodology on the advancement of digital healthcare and caregiving services, delivering proactive strategies that culminate in a dynamic and enduring collection of comprehensive healthcare and social welfare provisions, bolstering purposeful involvement and exchanges. Table 8 represents this cluster's acknowledged research gaps and corresponding future research questions (FRQs).

Table 8 Future research questions derived from Cluster 4

S. No.	Gaps identified in Cluster 4	Future research questions
1.	There exists a need to delve into the realms of artificial intelligence and machine learning, harnessing their potential to enhance the precision of data examination and prognostication pertaining to patient results.	<ul style="list-style-type: none"> • How can a data-driven machine learning model be developed to predict patient outcomes accurately?
2.	The paper advocates for the application and impact of hospitality design elements in healthcare settings.	<ul style="list-style-type: none"> • How to assess the impact of hospitality design elements, such as the incorporation of executive lounges, implementation of centralized control, flexible furniture, etc., on patient experience and comfort in hospitals? • What is the impact of hospitality design elements on patient outcomes and satisfaction?
3.	Future work should focus on developing Care 4.0 paradigm to enable personalized healthcare services.	<ul style="list-style-type: none"> • What strategies can be employed to cultivate and actualize the Care 4.0 model, which entails the establishment of reliable interconnected networks of institutions, individuals, and technologies, fostering personalized and highly adaptable healthcare services? • How to facilitate co-design and person-centered approach in developing digital health care services?
4.	There is a scope of implementing Society 5.0 and Industry 4.0 technologies in healthcare.	<ul style="list-style-type: none"> • How to develop personalized healthcare systems using AI and Big Data to cut down healthcare costs and improve patient outcomes?

6. Discussion

6.1 Conceptual Framework

This section offers a conceptual framework developed using content analysis themes. Figure 6 shows our conceptual framework, built around four pillars- Challenges in the healthcare industry, Operational Excellence tools, Healthcare 4.0 technologies, and implementation outcomes. As discussed in the content analysis, the healthcare sector has faced numerous challenges over the last few years, such as resistance to change, data privacy and security (Humayun *et al.*, 2020), regulatory compliance, cost and resource constraints (Oughton *et al.*, 2019), technical complexity, and ethical constraints.

Operational Excellence tools and Healthcare 4.0 technology have profoundly addressed challenges and incorporated healthcare delivery aspects. Operational Excellence tools such as Lean Six Sigma (Edelman *et al.*, 2017) and Value Stream Mapping have helped healthcare organizations in patient logistics planning and reduction in patient waiting time (Al Owad *et al.*, 2022). Lean Six Sigma practice has also enabled healthcare businesses to waste management. Root cause analysis, a prominent lean manufacturing tool, has been used to improve clinical quality.

Further application of industry 4.0 technologies has dramatically impacted the performance and efficiency of healthcare organizations (Sony *et al.*, 2022). Industry 4.0 powered biomechanics technique has been instrumental in smart ergonomics and occupational healthcare. Business model innovation in healthcare is also being supported through Industry 4.0 techniques. Cloud computing dramatically improves medical image processing efficiency (Pace *et al.*, 2019; Roy *et al.*, 2019). Digitalization has helped in our fight against virus and pandemic threats (Javaid *et al.*, 2020). Artificial Intelligence and Blockchain technologies (Chen *et al.*, 2022; Qahtan *et al.*, 2022; Verma *et al.*, 2022) have played important roles in healthcare organizations' applications, such as security, data privacy, and server management (Arachchige *et al.*, 2020; Sittón-Candanedo *et al.*, 2019). The application of Healthcare 4.0 supports complex medical procedures, such as convolutional neural network-based unobtrusive monitoring and beg sensor network-assisted smart implants (Vujica Herzog *et al.*, 2018).

So it's evident from the discussion so far that integrating Operational Excellence tools and industry 4.0 techniques has given a much-needed impetus to the healthcare industry. Figure 6 illustrates the merging of Operational Excellence and Healthcare 4.0, represented by two converging arrows. This integration can potentially revolutionize multiple facets of healthcare, as depicted by the central crown-shaped circle. Major outcomes include improved clinical care quality (Swarnakar *et al.*, 2021), improved patient safety (McDermott *et al.*, 2021) and privacy, enhanced patient satisfaction (Gizaw *et al.*, 2021), a culture of continuous improvement (Persis *et al.*, 2022), reduction and better management of healthcare waste, higher employee engagement and job satisfaction among healthcare workers (Bondurant and Armstrong, 2016) and innovative business models with the improved financial performance of businesses (Al-Marsy *et al.*, 2021).

6.2 Theoretical and Managerial implications of the results

The intended investigation introduces a methodical examination of the existing body of literature concerning Operational Excellence and the advancements in Healthcare 4.0 technologies. The year-wise publication trend reflects the growing research interest of researchers in the area (Research Question 1). Further analysis of prominent sources, most impactful authors (Research Question 2), and area-wise analysis can help understand the scope and reach of the current research work. The geographical and countrywide analysis depicts the countries leading in the research in this area and provides insight into which countries are still underrepresented (Research Question 3).

Subsequently, based on our findings from the cluster analysis, we have provided a conceptual framework. The framework talks about challenges in the healthcare industry and how these challenges have been addressed using Operational Excellence tools and Industry 4.0 technologies in healthcare organizations (Research Question 4). The framework will help policymakers, industry experts, and researchers in decision-making. The proposed framework will also help stakeholders from diverse domains to redirect their resources for future undertakings in the area.

Through content analysis, we have also proposed future research questions based on research gaps identified during the literature review analysis. The research questions delineated within each cluster will serve as a launching pad for exploring future research opportunities (Research Question 5). This analysis will also allow the researchers to pick out the unnoticed and relevant problems in the healthcare sector. Overall, this systematic review is essential for managers since it objectively analysis the literature, underlying trends, prominent themes, and directions for future research.

7. Conclusions

The study attempts to present a comprehensive literature review that integrates Operational Excellence tools and industry 4.0 technologies for healthcare businesses. For this purpose, we have picked a literature collection from the Scopus database published from 2011 to 2022. We divided our analysis into two stages after shortlisting the final articles for our review. The first stage was to conduct descriptive bibliometric research, which classifies the literature into year-wise publications, prominent publication sources, top authors, the geographical dispersion of articles, and subject area-wise classification of articles.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

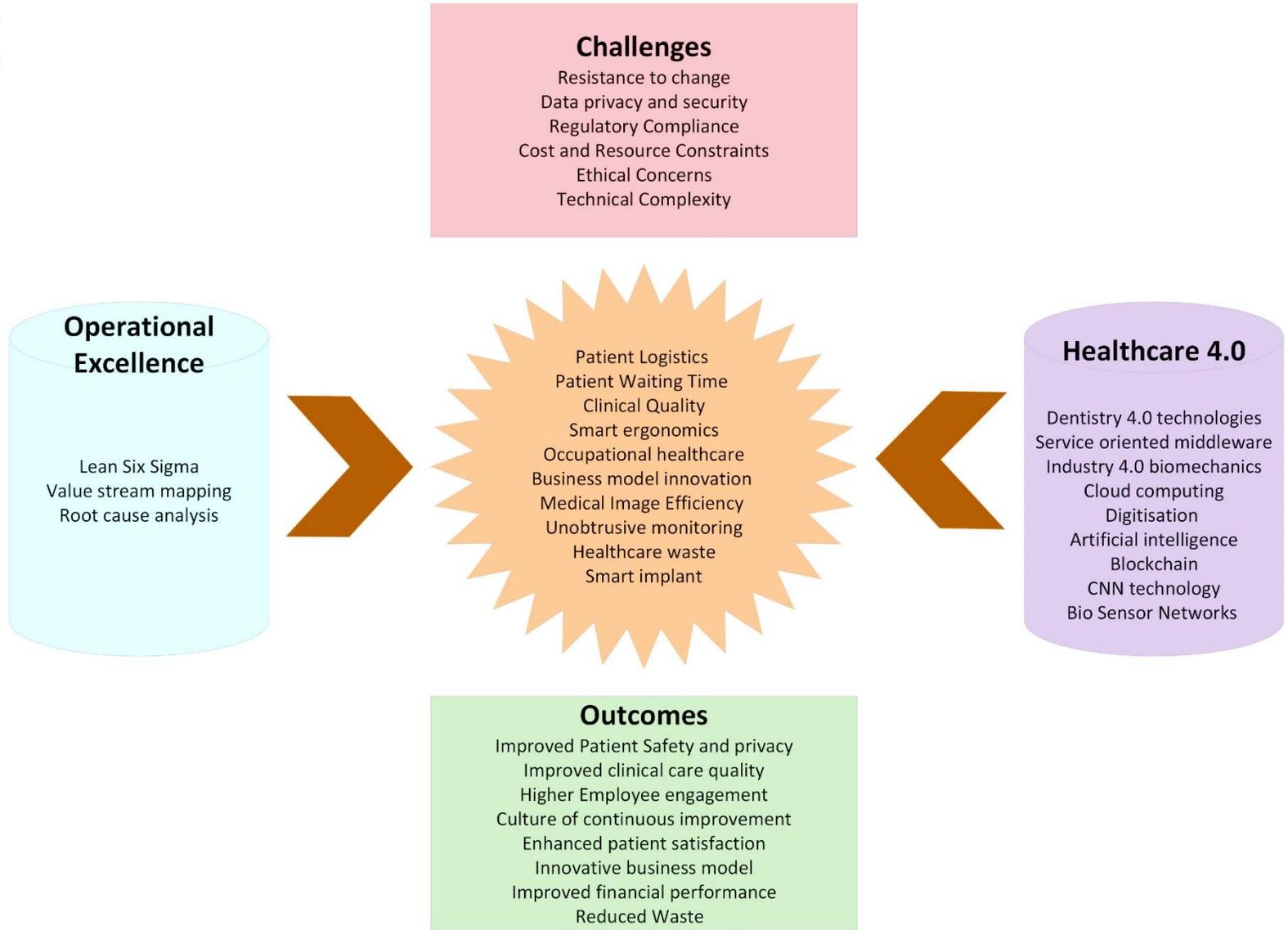


Figure 6 Theoretical framework on operational excellence and healthcare 4.0

We then conducted a content analysis of the shortlisted articles. Four clusters have been identified, and based on the critical analysis of the articles, we have proposed directions for future research in the form of future research questions (FRQs) for each cluster. Further, we developed a conceptual framework highlighting the challenges, tools related to Operations Excellence, and Healthcare 4.0 technologies and outcomes witnessed in the healthcare industry. We concluded the discussion section with an elaboration on the theoretical and managerial implications of the study. Though we have reviewed the literature with the utmost discretion, the study has limitations, like any other work. We have obtained the data exclusively from the Scopus database, which leaves the possibility of skipping some of the relevant articles not present in the database. There are some bibliometric classifications, such as citation analysis which we have not performed. The future research opportunities identified in the cluster-based content analysis are derived from the summarized articles within each cluster. It is important to note that some of the research gaps presented in this study may have been addressed by researchers in work conducted after the timeframe mentioned in this article. Therefore, readers are advised to exercise discretion when interpreting these future research questions. We highly encourage prospective researchers to delve into the amalgamation of Industry 4.0 and Operational Excellence within the healthcare sector and draw comparisons with analogous instances in diverse industries. This comparative analysis can provide valuable insights and further contribute to understanding these concepts in different contexts. The presented theoretical framework has been developed based on understanding and interpreting the literature. The validity and applicability of the proposed framework can be tested in future research.

References

- Abdel-Basset, M., Chang, V. and Nabeeh, N.A. (2021), "An intelligent framework using disruptive technologies for COVID-19 analysis", *Technological Forecasting and Social Change*, Vol. 163, p. 120431, doi: 10.1016/j.techfore.2020.120431.
- Aceto, G., Persico, V. and Pescapé, A. (2020), "Industry 4.0 and Health: Internet of Things, Big Data, and Cloud Computing for Healthcare 4.0", *Journal of Industrial Information Integration*, Vol. 18, p. 100129, doi: 10.1016/j.jii.2020.100129.
- Al-Jaroodi, J., Mohamed, N. and Abukhousa, E. (2020), "Health 4.0: On the Way to Realizing the Healthcare of the Future", *IEEE Access*, Vol. 8, pp. 211189–211210, doi: 10.1109/ACCESS.2020.3038858.
- Al-Marsy, A., Chaudhary, P. and Rodger, J.A. (2021), "A Model for Examining Challenges and Opportunities in Use of Cloud Computing for Health Information Systems", *Applied System Innovation*, Vol. 4 No. 1, p. 15, doi: 10.3390/asi4010015.
- Arachchige, P.C.M., Bertok, P., Khalil, I., Liu, D., Camtepe, S. and Atiquzzaman, M. (2020), "A Trustworthy Privacy Preserving Framework for Machine Learning in Industrial IoT Systems", *IEEE Transactions on Industrial Informatics*, Vol. 16 No. 9, pp. 6092–6102, doi: 10.1109/TII.2020.2974555.

- 1
2
3 Awad, A., Trenfield, S.J., Pollard, T.D., Ong, J.J., Elbadawi, M., McCoubrey, L.E., Goyanes, A., *et al.*
4 (2021), “Connected healthcare: Improving patient care using digital health technologies”, *Advanced*
5 *Drug Delivery Reviews*, Vol. 178, p. 113958, doi: 10.1016/j.addr.2021.113958.
6
7 Bodkhe, U., Tanwar, S., Parekh, K., Khanpara, P., Tyagi, S., Kumar, N. and Alazab, M. (2020),
8 “Blockchain for Industry 4.0: A Comprehensive Review”, *IEEE Access*, Vol. 8, pp. 79764–79800,
9 doi: 10.1109/ACCESS.2020.2988579.
10
11 Bondurant, P.G. and Armstrong, L. (2016), “Nurses: Leading Change and Transforming Care — Expert
12 Opinion”, *Newborn and Infant Nursing Reviews*, Vol. 16 No. 3, pp. 155–160, doi:
13 10.1053/j.nainr.2016.07.004.
14
15 Chauhan, A., Jakhar, S.K. and Chauhan, C. (2021), “The interplay of circular economy with industry 4.0
16 enabled smart city drivers of healthcare waste disposal”, *Journal of Cleaner Production*, Vol. 279, p.
17 123854, doi: 10.1016/j.jclepro.2020.123854.
18
19 Chen, C. and Lin, Y. (2018), “Impact of chronic disease on the mid-age employment in Taiwan”, *The*
20 *International Journal of Health Planning and Management*, Vol. 33 No. 2, pp. 321–328, doi:
21 10.1002/hpm.2457.
22 **Chen, C.-L., Yang, J., Tsaur, W.-J., Weng, W., Wu, C.-M. and Wei, X. (2022), “Enterprise Data Sharing**
23 **with Privacy-Preserved Based on Hyperledger Fabric Blockchain in IIOT’s Application”, *Sensors*,**
24 **Vol. 22 No. 3, p. 1146, doi: 10.3390/s22031146.**
25
26 Chute, C. and French, T. (2019), “Introducing Care 4.0: An Integrated Care Paradigm Built on Industry 4.0
27 Capabilities”, *International Journal of Environmental Research and Public Health*, Vol. 16 No. 12,
28 p. 2247, doi: 10.3390/ijerph16122247.
29
30 D’Andreamatteo, A., Ianni, L., Lega, F. and Sargiacomo, M. (2015), “Lean in healthcare: A comprehensive
31 review”, *Health Policy*, Vol. 119 No. 9, pp. 1197–1209, doi: 10.1016/j.healthpol.2015.02.002.
32
33 Daú, G., Scavarda, A., Scavarda, L.F. and Portugal, V.J.T. (2019), “The Healthcare Sustainable Supply
34 Chain 4.0: The Circular Economy Transition Conceptual Framework with the Corporate Social
35 Responsibility Mirror”, *Sustainability*, Vol. 11 No. 12, p. 3259, doi: 10.3390/su11123259.
36
37 Dobrzański, L., Dobrzańska-Danikiewicz, A. and Dobrzański, L. (2021), “Effect of Biomedical Materials
38 in the Implementation of a Long and Healthy Life Policy”, *Processes*, Vol. 9 No. 5, p. 865, doi:
39 10.3390/pr9050865.
40
41 Edelman, E.R., Hamaekers, A.E.W., Buhre, W.F. and van Merode, G.G. (2017), “The Use of Operational
42 Excellence Principles in a University Hospital”, *Frontiers in Medicine*, Vol. 4, doi:
43 10.3389/fmed.2017.00107.
44
45 Fortineau, V., Lamouri, S., Eckerlein, G., Rieutord, A. and Curatolo, N. (2016), “L’excellence hospitalière,
46 ou la mise en œuvre de l’excellence opérationnelle dans le monde hospitalier”, *Journal Européen Des*
47 *Systèmes Automatisés*, Vol. 49 No. 2, pp. 201–224, doi: 10.3166/jesa.49.201-224.
48
49 Furterer, S.L. (2018), “Applying Lean Six Sigma methods to reduce length of stay in a hospital’s emergency
50 department”, *Quality Engineering*, Vol. 30 No. 3, pp. 389–404, doi:
51 10.1080/08982112.2018.1464657.
52
53 Gizaw, T., Bogale, M. and Melese, D. (2021), “Healthcare Facilities’ Satisfaction with the Ethiopian
54 Pharmaceutical Supply Agency’s Pharmaceutical Logistics Services: An Exploratory Study”, *Journal*
55 *of Multidisciplinary Healthcare*, Vol. Volume 14, pp. 2351–2360, doi: 10.2147/JMDH.S328396.
56
57 Gupta, R., Tanwar, S., Tyagi, S. and Kumar, N. (2019), “Tactile internet and its applications in 5G era: A
58 comprehensive review”, *International Journal of Communication Systems*, Vol. 32 No. 14, p. e3981,
59 doi: 10.1002/dac.3981.
60

- 1
2
3 Habidin, N.F., Shazali, N.A., Ali, N., Khaidir, N.A. and Jamaludin, N.H. (2014), “Exploring lean healthcare
4 practice and supply chain innovation for Malaysian healthcare industry”, *International Journal of*
5 *Business Excellence*, Vol. 7 No. 3, p. 394, doi: 10.1504/IJBEX.2014.060782.
- 6
7 Humayun, M., Jhanjhi, N., Alruwaili, M., Amalathas, S.S., Balasubramanian, V. and Selvaraj, B. (2020),
8 “Privacy Protection and Energy Optimization for 5G-Aided Industrial Internet of Things”, *IEEE*
9 *Access*, Vol. 8, pp. 183665–183677, doi: 10.1109/ACCESS.2020.3028764.
- 10
11 Iyengar, Karthikeyan.P., Kariya, A.D., Botchu, R., Jain, V.K. and Vaishya, R. (2022), “Significant
12 capabilities of SMART sensor technology and their applications for Industry 4.0 in trauma and
13 orthopaedics”, *Sensors International*, Vol. 3, p. 100163, doi: 10.1016/j.sintl.2022.100163.
- 14
15 Javaid, M., Haleem, A., Vaishya, R., Bahl, S., Suman, R. and Vaish, A. (2020), “Industry 4.0 technologies
16 and their applications in fighting COVID-19 pandemic”, *Diabetes & Metabolic Syndrome: Clinical*
17 *Research & Reviews*, Vol. 14 No. 4, pp. 419–422, doi: 10.1016/j.dsx.2020.04.032.
- 18
19 Jayaraman, P.P., Forkan, A.R.M., Morshed, A., Haghighi, P.D. and Kang, Y. (2020), “Healthcare 4.0: A
20 review of frontiers in digital health”, *WIREs Data Mining and Knowledge Discovery*, Vol. 10 No. 2,
21 doi: 10.1002/widm.1350.
- 22
23 Jose, A., Tortorella, G.L., Vassolo, R., Kumar, M. and Mac Cawley, A.F. (2022), “Professional
24 Competence and Its Effect on the Implementation of Healthcare 4.0 Technologies: Scoping Review
25 and Future Research Directions”, *International Journal of Environmental Research and Public*
26 *Health*, Vol. 20 No. 1, p. 478, doi: 10.3390/ijerph20010478.
- 27
28 Kazemi, N., Modak, N.M. and Govindan, K. (2019), “A review of reverse logistics and closed loop supply
29 chain management studies published in IJPR: a bibliometric and content analysis”, *International*
30 *Journal of Production Research*, Vol. 57 No. 15–16, pp. 4937–4960, doi:
31 10.1080/00207543.2018.1471244.
- 32
33 Kelly, S. (2016), “Creating a Culture of Continuous Improvement and Sustainable Management Systems
34 at Abbott Diagnostics Longford”, *Global Business and Organizational Excellence*, Vol. 36 No. 1, pp.
35 6–24, doi: 10.1002/joe.21753.
- 36
37 Kumar, A., Krishnamurthi, R., Nayyar, A., Sharma, K., Grover, V. and Hossain, E. (2020), “A Novel Smart
38 Healthcare Design, Simulation, and Implementation Using Healthcare 4.0 Processes”, *IEEE Access*,
39 Vol. 8, pp. 118433–118471, doi: 10.1109/ACCESS.2020.3004790.
- 40
41 Kumar, S., Mookerjee, V. and Shubham, A. (2018), “Research in Operations Management and Information
42 Systems Interface”, *Production and Operations Management*, Vol. 27 No. 11, pp. 1893–1905, doi:
43 10.1111/poms.12961.
- 44
45 Kumari, A., Tanwar, S., Tyagi, S. and Kumar, N. (2018a), “Fog computing for Healthcare 4.0 environment:
46 Opportunities and challenges”, *Computers & Electrical Engineering*, Vol. 72, pp. 1–13, doi:
47 10.1016/j.compeleceng.2018.08.015.
- 48
49 Kumari, A., Tanwar, S., Tyagi, S. and Kumar, N. (2018b), “Fog computing for Healthcare 4.0 environment:
50 Opportunities and challenges”, *Computers & Electrical Engineering*, Vol. 72, pp. 1–13, doi:
51 10.1016/j.compeleceng.2018.08.015.
- 52
53 Larrucea, X., Moffie, M., Asaf, S. and Santamaria, I. (2020), “Towards a GDPR compliant way to secure
54 European cross border Healthcare Industry 4.0”, *Computer Standards & Interfaces*, Vol. 69, p.
55 103408, doi: 10.1016/j.csi.2019.103408.
- 56
57 Latif, S.A., Wen, F.B.X., Iwendu, C., Wang, L.F., Mohsin, S.M., Han, Z. and Band, S.S. (2022), “AI-
58 empowered, blockchain and SDN integrated security architecture for IoT network of cyber physical
59 systems”, *Computer Communications*, Vol. 181, pp. 274–283, doi: 10.1016/j.comcom.2021.09.029.
- 60

- 1
2
3 Malhotra, L., Pontarelli, E.M., Grinberg, G.G., Isaacs, R.S., Morris, J.P. and Yenumula, P.R. (2022), “Cost
4 analysis of laparoscopic appendectomy in a large integrated healthcare system”, *Surgical Endoscopy*,
5 Vol. 36 No. 1, pp. 800–807, doi: 10.1007/s00464-020-08266-0.
6
7 McDermott, O., Antony, J. and Douglas, J. (2021), “Exploring the use of operational excellence
8 methodologies in the era of COVID-19: perspectives from leading academics and practitioners”, *The*
9 *TQM Journal*, Vol. 33 No. 8, pp. 1647–1665, doi: 10.1108/TQM-01-2021-0016.
10
11 Oughton, E.J., Frias, Z., van der Gaast, S. and van der Berg, R. (2019), “Assessing the capacity, coverage
12 and cost of 5G infrastructure strategies: Analysis of the Netherlands”, *Telematics and Informatics*,
13 Vol. 37, pp. 50–69, doi: 10.1016/j.tele.2019.01.003.
14
15 Al Owad, A., Islam, M., Samaranayake, P. and Karim, A. (2022), “Relationships between patient flow
16 problems, health care services, and patient satisfaction: an empirical investigation of the emergency
17 department”, *Business Process Management Journal*, Vol. 28 No. 3, pp. 684–712, doi:
18 10.1108/BPMJ-11-2020-0523.
19
20 Pace, P., Aloï, G., Gravina, R., Caliciuri, G., Fortino, G. and Liotta, A. (2019), “An Edge-Based
21 Architecture to Support Efficient Applications for Healthcare Industry 4.0”, *IEEE Transactions on*
22 *Industrial Informatics*, Vol. 15 No. 1, pp. 481–489, doi: 10.1109/TII.2018.2843169.
23
24 Pang, Z., Yang, G., Khedri, R. and Zhang, Y.-T. (2018), “Introduction to the Special Section: Convergence
25 of Automation Technology, Biomedical Engineering, and Health Informatics Toward the Healthcare
26 4.0”, *IEEE Reviews in Biomedical Engineering*, Vol. 11, pp. 249–259, doi:
27 10.1109/RBME.2018.2848518.
28
29 Persis, D.J., S., A., Sunder M, V., G, R., Sreedharan, V.R. and Saikouk, T. (2022), “Improving patient care
30 at a multi-speciality hospital using lean six sigma”, *Production Planning & Control*, Vol. 33 No. 12,
31 pp. 1135–1154, doi: 10.1080/09537287.2020.1852623.
32
33 Qahtan, S., Sharif, K.Y., Zaidan, A.A., Alsattar, H.A., Albahri, O.S., Zaidan, B.B., Zulzalil, H., *et al.*
34 (2022), “Novel Multi Security and Privacy Benchmarking Framework for Blockchain-Based IoT
35 Healthcare Industry 4.0 Systems”, *IEEE Transactions on Industrial Informatics*, Vol. 18 No. 9, pp.
36 6415–6423, doi: 10.1109/TII.2022.3143619.
37
38 Ramori, K.A., Cudney, E.A., Elrod, C.C. and Antony, J. (2021), “Lean business models in healthcare: a
39 systematic review”, *Total Quality Management & Business Excellence*, Vol. 32 No. 5–6, pp. 558–
40 573, doi: 10.1080/14783363.2019.1601995.
41
42 Roy, S., Das, A.K., Chatterjee, S., Kumar, N., Chattopadhyay, S. and Rodrigues, J.J.P.C. (2019), “Provably
43 Secure Fine-Grained Data Access Control Over Multiple Cloud Servers in Mobile Cloud Computing
44 Based Healthcare Applications”, *IEEE Transactions on Industrial Informatics*, Vol. 15 No. 1, pp.
45 457–468, doi: 10.1109/TII.2018.2824815.
46
47 Sarfraz, Z., Sarfraz, A., Iftikar, H.M. and Akhund, R. (2021), “Is COVID-19 pushing us to the Fifth
48 Industrial Revolution (Society 5.0)?”, *Pakistan Journal of Medical Sciences*, Vol. 37 No. 2, doi:
49 10.12669/pjms.37.2.3387.
50
51 Sittón-Candanedo, I., Alonso, R.S., Corchado, J.M., Rodríguez-González, S. and Casado-Vara, R. (2019),
52 “A review of edge computing reference architectures and a new global edge proposal”, *Future*
53 *Generation Computer Systems*, Vol. 99, pp. 278–294, doi: 10.1016/j.future.2019.04.016.
54
55 Sony, M., Antony, J. and McDermott, O. (2022), “The Impact of Healthcare 4.0 on the Healthcare Service
56 Quality: A Systematic Literature Review”, *Hospital Topics*, pp. 1–17, doi:
57 10.1080/00185868.2022.2048220.
58
59
60

- 1
2
3 Sordan, J.E., Marinho, C.A., Oprime, P.C., Pimenta, M.L. and Andersson, R. (2022), "Characterization of
4 Lean Six Sigma projects in healthcare settings: empirical research", *Benchmarking: An International*
5 *Journal*, doi: 10.1108/BIJ-03-2022-0183.
6
7 Soriano-Meier, H., Forrester, P.L., Markose, S. and Arturo Garza-Reyes, J. (2011), "The role of the physical
8 layout in the implementation of lean management initiatives", *International Journal of Lean Six*
9 *Sigma*, Vol. 2 No. 3, pp. 254–269, doi: 10.1108/20401461111157204.
10
11 Steuerle, E. and Jackson, L.M. (Eds.). (2016), *Advancing the Power of Economic Evidence to Inform*
12 *Investments in Children, Youth, and Families*, National Academies Press, Washington, D.C., doi:
13 10.17226/23481.
14
15 Stock, G.N. and McDermott, C. (2011), "Operational and contextual drivers of hospital costs", *Journal of*
16 *Health Organization and Management*, Vol. 25 No. 2, pp. 142–158, doi:
17 10.1108/14777261111134392.
18
19 Swarnakar, V., Singh, A.R. and Tiwari, A.K. (2021), "Deploying Lean Six Sigma framework in a healthcare
20 organisation: a case experience", *International Journal of Six Sigma and Competitive Advantage*, Vol.
21 13 No. 4, p. 412, doi: 10.1504/IJSSCA.2021.120574.
22
23 TATE, W.L., ELLRAM, L.M. and KIRCHOFF, J.F. (2010), "CORPORATE SOCIAL RESPONSIBILITY
24 REPORTS: A THEMATIC ANALYSIS RELATED TO SUPPLY CHAIN MANAGEMENT",
25 *Journal of Supply Chain Management*, Vol. 46 No. 1, pp. 19–44, doi: 10.1111/j.1745-
26 493X.2009.03184.x.
27
28 Tlapa, D., Franco-Alucano, I., Limon-Romero, J., Baez-Lopez, Y. and Tortorella, G. (2022), "Lean, Six
29 Sigma, and Simulation: Evidence from Healthcare Interventions", *Sustainability*, Vol. 14 No. 24, p.
30 16849, doi: 10.3390/su142416849.
31
32 Tlapa, D., Tortorella, G., Fogliatto, F., Kumar, M., Mac Cawley, A., Vassolo, R., Enberg, L., *et al.* (2022),
33 "Effects of Lean Interventions Supported by Digital Technologies on Healthcare Services: A
34 Systematic Review", *International Journal of Environmental Research and Public Health*, Vol. 19
35 No. 15, p. 9018, doi: 10.3390/ijerph19159018.
36
37 Tortorella, G.L., Fogliatto, F.S., Mac Cawley Vergara, A., Vassolo, R. and Sawhney, R. (2020),
38 "Healthcare 4.0: trends, challenges and research directions", *Production Planning & Control*, Vol. 31
39 No. 15, pp. 1245–1260, doi: 10.1080/09537287.2019.1702226.
40
41 Tortorella, G.L., Fogliatto, F.S., Kurnia, S., Thürer, M. and Capurro, D. (2022), "Healthcare 4.0 digital
42 applications: An empirical study on measures, bundles and patient-centered performance",
43 *Technological Forecasting and Social Change*, Vol. 181, p. 121780, doi:
44 10.1016/j.techfore.2022.121780.
45
46 Tortorella, G.L., Saurin, T.A., Fogliatto, F.S., Rosa, V.M., Tonetto, L.M. and Magrabi, F. (2021), "Impacts
47 of Healthcare 4.0 digital technologies on the resilience of hospitals", *Technological Forecasting and*
48 *Social Change*, Vol. 166, p. 120666, doi: 10.1016/j.techfore.2021.120666.
49
50 Upadhyay, A., Mukhuty, S., Kumar, V. and Kazancoglu, Y. (2021), "Blockchain technology and the
51 circular economy: Implications for sustainability and social responsibility", *Journal of Cleaner*
52 *Production*, Vol. 293, p. 126130, doi: 10.1016/j.jclepro.2021.126130.
53
54 Verma, A., Bhattacharya, P., Madhani, N., Trivedi, C., Bhushan, B., Tanwar, S., Sharma, G., *et al.* (2022),
55 "Blockchain for Industry 5.0: Vision, Opportunities, Key Enablers, and Future Directions", *IEEE*
56 *Access*, Vol. 10, pp. 69160–69199, doi: 10.1109/ACCESS.2022.3186892.
57
58
59
60

1
2
3 Vujica Herzog, N., Buchmeister, B., Beharic, A. and Gajsek, B. (2018), "Visual and optometric issues with
4 smart glasses in Industry 4.0 working environment", *Advances in Production Engineering &*
5 *Management*, Vol. 13 No. 4, pp. 417–428, doi: 10.14743/apem2018.4.300.

6
7 Wan, J., Tang, S., Li, D., Imran, M., Zhang, C., Liu, C. and Pang, Z. (2019), "Reconfigurable Smart Factory
8 for Drug Packing in Healthcare Industry 4.0", *IEEE Transactions on Industrial Informatics*, Vol. 15
9 No. 1, pp. 507–516, doi: 10.1109/TII.2018.2843811.

10
11 Wu, Z., Robson, S. and Hollis, B. (2013), "The Application of Hospitality Elements in Hospitals", *Journal*
12 *of Healthcare Management*, Vol. 58 No. 1, pp. 47–62, doi: 10.1097/00115514-201301000-00009.

13
14 Zahedi, A., Salehi-Amiri, A., Smith, N.R. and Hajiaghaei-Keshteli, M. (2021), "Utilizing IoT to design a
15 relief supply chain network for the SARS-COV-2 pandemic", *Applied Soft Computing*, Vol. 104, p.
16 107210, doi: 10.1016/j.asoc.2021.107210.

17
18 Zolotová, I., Papcun, P., Kajáti, E., Miškuf, M. and Mocnej, J. (2020), "Smart and cognitive solutions for
19 Operator 4.0: Laboratory H-CPPS case studies", *Computers & Industrial Engineering*, Vol. 139, p.
20 105471, doi: 10.1016/j.cie.2018.10.032.

21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
International Journal of Lean Six Sigma

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42

**" Revolutionizing Healthcare Organizations with Operational Excellence
and Healthcare 4.0: A Systematic Review of the State-of-the-Art
Literature"**

International Journal of Lean Six Sigma

Manuscript ID: IJLSS-04-2023-0061

Dear Editor-in-Chief,

Please find attached our revised version of the manuscript (IJLSS-04-2023-0061). We thank you and the anonymous reviewers of the first version of this paper, for your constructive suggestions and critical remarks to improve the quality of the paper and undoubtedly increase the authors' understanding on the subject. The corrections incorporated are being highlighted in the paper (cyan highlighted in the paper). We have made major corrections in the paper, strictly following your suggestions. The main changes and corrections are listed below, point by point.

Once again, thank you for highlighting the key improvements/changes needed to give us a clear direction. We are looking forward to hearing from you with high spirits.

Yours sincerely,

Corresponding Author

Response to Editors' Comments

The referee(s) have recommended publication but also suggested some revisions to your manuscript. Therefore, I invite you to respond to the referee(s)' comments and revise your manuscript.

Response: Authors are extremely thankful to our esteemed editor for this valuable suggestion. As per the given valuable input, the authors tried to respond to the reviewer (s) comments and revise the manuscript accordingly.

43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Response to Referee(s)' Comments

Referee # 1

Recommendation: Major Revision

Comments:

The subject is relevant and interesting. The manuscript, however, is required a bit more work to make ready for publication. I attached an additional document mentioning all the observations from my end. Prepare a document to respond to the reviewer, provide justification in case of not attending any observations, and highlight changes in the manuscript while resubmitting it.

Response: Authors are extremely thankful to the esteemed reviewer for taking the time to review our article and for constructive comments to improve it. We have implemented the required modifications in the manuscript and addressed all the inquiries raised in the accompanying response letter with appropriate explanations.

Comments:

I genuinely appreciate the authors' efforts in contributing to the research area of Product design and development. I do hope that the authors find the comments constructive and that they consider these as an attempt to help them enhance the quality of their manuscript. I wish the authors the best of luck pursuing research in this area.

Response: Authors are extremely thankful to the esteemed reviewer for taking the time to review our article and for constructive comments to improve it. We have implemented the required modifications in the manuscript and addressed all the inquiries raised in the accompanying response letter with appropriate explanations.

Additional Questions:

Query 1. Originality: Does the paper contain new and significant information adequate to justify publication?: Yes, The core contents of the paper are timely and seem original. However, the introduction section shall consist of the following aspects—the primary motivation for the study and the paper's significant contributions. Incorporate it into the introduction.

Response: We thank our esteemed reviewer for this valuable feedback. We have added a paragraph in the introduction section highlighting the motivation and significant contribution (novelty) of the study and the same has been highlighted in the updated manuscript.

Query 2. Relationship to Literature: Does the paper demonstrate an adequate understanding of the relevant literature in the field and cite an appropriate range of literature sources? Is any significant work ignored?: The authors have cited most of the relevant literature to support their arguments. However, it is recommended to Extend Table 3 (you can bring it to landscape orientation) by including the following relevant reviews in Healthcare 4.0.

1. Sony, M., Antony, J., & McDermott, O. (2022). The impact of healthcare 4.0 on the healthcare service quality: a systematic literature review. *Hospital Topics*, 1-17.
2. Jose, A., Tortorella, G. L., Vassolo, R., Kumar, M., & Mac Cawley, A. F. (2022). Professional competence and its effect on the implementation of healthcare 4.0 technologies: scoping review and future research directions. *International Journal of Environmental Research and Public Health*, 20(1), 478.
3. Tortorella, G. L., Fogliatto, F. S., Mac Cawley Vergara, A., Vassolo, R., & Sawhney, R. (2020). Healthcare 4.0: trends, challenges and research directions. *Production Planning & Control*, 31(15), 1245-1260.

It provides more opportunities to introduce other related works and efficiently propose the research's uniqueness.

Finally, Provide citations from the literature for the claims about operational excellence's popularity in healthcare after the 2000s (Page 4, Line 29).

Response: We are extremely thankful to our esteemed reviewer for this valuable feedback. We have gone through these articles and found that suggested articles have potential to enhance the quality of the article. However, we have included the recommended literature at appropriate places (Cluster 1, Cluster 3, and discussion) in the revised manuscript (instead of Table 3). The same is highlighted in text as well as in reference list for your reference. We have also provided justification to claims regarding operational excellence's popularity in healthcare after the 2000s in the updated methodology description and the same has been highlighted in the updated manuscript.

Query 3. Methodology: Is the paper's argument built on an appropriate base of theory, concepts, or other ideas? Has the research or equivalent intellectual work on which the paper is based been well designed? Are the methods employed appropriate? Need to take care of the following aspects:

1
2
3 Which month in 2022 did you do the keyword search? Elaborate on the methodology more
4 intensively, explaining how the authors finalised 102 documents from 621 papers. Have you
5 followed any established protocol for the literature review? (E.g PRISMA, JBI SUMARI,
6 AMSTAR etc) Or any previous works. Highlight the utilisation of software, if any (Eg.
7 Mendeley, Endnote etc.).
8
9

10
11 **Response:** We are extremely thankful to our esteemed reviewer for this valuable feedback. No
12 action is required. We have modified the methodology description in which have talked about
13 the literature selection, inclusion and exclusion criteria and methodology adopted for review
14 (Section 3) We have also modified Figure 1 to elaborate our methodology. The description
15 about tool used for bibliometric analysis and classification criteria have been added in Section
16 4. All changes are highlighted in the revised manuscript.
17
18
19
20
21

22 **Query 4.** Results: Are results presented clearly and analysed appropriately? Do the
23 conclusions adequately tie together the other elements of the paper?: Correct the following
24 aspects:
25
26

- 27 1. In Table 3, the source shall be mentioned as "Source/Journal Name". Also, keep only
28 "Sustainability" instead of Sustainability Switzerland.
- 29 2. In Figure 4, I can see that Fogliatto, Kumar and Tortorella each have six publications;
30 however, in the explanations, it is mentioned that Fogliatto has contributed the most significant
31 number of publications. Rewrite the paragraph of top contributing authors. Also, in Figure 4,
32 it is advised to mention "publications" instead of "documents".
33
34
35
36
37 3. For cluster 1, the title is "Challenges in the Healthcare Industry". However, other than
38 mentioning a few challenges in the first paragraph, the theme needs to be consistent in the
39 section. Make adequate changes in the sections and title.
- 40 4. Provide adequate citations: Page 11, line 28; Paragraph starts with "Data security...".
41
42
43
44 5. For cluster 4, rename the title: I would go for "Healthcare delivery".
45

46 **Response:** We are extremely thankful to our esteemed reviewer for this valuable feedback. No
47 action is required. All changes are made as per suggestion 1, 2, 4 and 5. For suggestion 3 we
48 have renamed the cluster as well as highlighted the part which justifies the central theme of the
49 cluster 1. All changes are highlighted in the revised manuscript.
50
51
52

53 **Query 5.** Implications for research, practice and/or society: Does the paper identify clearly
54 any implications for research, practice and/or society? Does the paper bridge the gap between
55 theory and practice? How can the research be used in practice (economic and commercial
56 impact), in teaching, to influence public policy, in research (contributing to the body of
57 knowledge)? What is the impact upon society (influencing public attitudes, affecting quality
58
59
60

of life)? Are these implications consistent with the findings and conclusions of the paper?:

Need to address following aspects:

1. Do you have any thoughts on why there are so many gaps identified? Are there any thoughts on operational excellence in healthcare compared with other industries? What is the reason?

Address it in the managerial implications.

2. What are the limitations of your work? Address it under discussion.

Response: We express our utmost gratitude to our esteemed reviewer for providing valuable feedback, which we have carefully considered. During our literature assessment, while considering the special issue call, we have identified numerous open research opportunities for future researchers. The themes of the special issue have guided our thinking in this direction. In the conclusion section, we have included a description of how these future research questions should be interpreted by the readers. Although we initially intended to compare these technologies with other industries, we were unable to do so due to the lack of substantial findings during our review. However, we have acknowledged this possibility and included it as a potential avenue for future research opportunities. The revised manuscript's conclusion section highlights all the changes made.

Query 6. Quality of Communication: Does the paper clearly express its case, measured against the technical language of the field and the expected knowledge of the journal's readership? Has attention been paid to the clarity of expression and readability, such as sentence structure, jargon use, acronyms, etc.: Consider following aspects:

1. When we use the author's name in the paragraph, use the following way to write it. [page 11, Line 32; e.g., Upadhyay et al. (2021) critically review blockchain technology's.....]. Change it throughout the manuscript.

2. For cluster 4, change the title: I would go for "Healthcare delivery."

3. For each cluster 21,16,37, and 28 publications have been identified. Only a few have been highlighted in the paragraphs. Providing adequate citations on the tables where gaps are identified is recommended.

4. I recommend redrawing figure 6. Be mindful of the usage of colour, design, etc. Pay attention to typography, Size/shape of the Diagram. Please keep it simple!!!

5. It is recommended to have the manuscript proofread by a Native English speaker after updating it based on the recommendations.

Response: We are extremely thankful to our esteemed reviewer for this valuable feedback. No action is required. All changes are made as per suggestion 1, 2 and 5. For suggestion 3, despite having more number of articles classified under each cluster we have not summarised all of

1
2
3 them in the description due to repetitiveness of themes and citation criteria for summary. We
4 have added a paragraph at the beginning of content analysis (Section 5) that explains the
5 premise used to develop the content analysis and citation cut-off criteria used for the analysis.
6 Citations are not necessary for the identified gaps as they have been derived from the condensed
7 articles within each cluster, which have already been referenced in the preceding descriptions
8 within each respective cluster. For suggestion 4, we have redrawn the figure for better colour
9 combination and enhanced readability. A description on how to interpret the shapes and arrows
10 of the figure is also added in the section 6.1. All changes are highlighted in the revised
11 manuscript.
12
13
14
15
16
17
18

Referee # 2

19
20 Recommendation: Major Revision
21
22

23
24 Comments:

25 Dear authors, congratulations on the research conducted!

26 Below, I have provided some suggestions to further improve the work.

27 Introduction: I suggest seeking more up-to-date references, such as to (Steuerle and Jackson,
28 2016) and (Chen and Lin, 2018), in order to verify if these issues remain pertinent.

29 **Response:** Authors are extremely thankful to the esteemed reviewer for taking the time to
30 review our article and for constructive comments to improve it. The references in question are
31 for studies which reported significant benefits resulted from deployment of operational
32 excellence tools in healthcare organisations. These are not issues. However, we have
33 incorporated some additional recent literature in the text as well as in reference list to strengthen
34 our arguments throughout the manuscript. All changes are highlighted in the revised
35 manuscript.
36
37
38
39
40
41
42
43

44 Comments:

45 Method: it is essential to include information regarding the protocol used in the systematic
46 review, as well as the inclusion and exclusion criteria that were used to reduce the number of
47 papers from 621 to 102.

48 **Response:** Authors are extremely thankful to the esteemed reviewer for taking the time to
49 review our article and for constructive comments to improve it. We have modified the
50 methodology description in which have talked about the literature selection, inclusion and
51 exclusion criteria and methodology adopted for review (Section 3) We have also modified
52 Figure 1 to elaborate our methodology. The description about tool used for bibliometric
53
54
55
56
57
58
59
60

1
2
3 analysis and classification criteria have been added in Section 4. All changes are highlighted
4 in the revised manuscript.
5

6
7 Comments:

8 Bibliometric analysis: a discussion of the results and evidence-based hypotheses on the reasons
9 behind them is lacking. It would be beneficial to explain how these results can be interpreted
10 and how they relate to the existing literature.
11

12
13 **Response:** Authors are extremely thankful to the esteemed reviewer for taking the time to
14 review our article and for constructive comments to improve it. We have revised and enhanced
15 the depiction of the bibliometric analysis outcomes concerning the relevant classifications.
16 Furthermore, we have made updates to the charts within this section to ensure better alignment
17 with the narrative provided in section 4, facilitating improved interpretation of the data. All
18 changes are highlighted the revised manuscript.
19
20
21
22
23

24 Comments:

25 Content analysis: it is important to explain the premises used to distribute the papers among
26 the clusters and justify the cut-off point of the number of citations used for the descriptive
27 analysis.
28

29
30 **Response:** Authors are extremely thankful to the esteemed reviewer for taking the time to
31 review our article and for constructive comments to improve it. Despite having more number
32 of articles classified under each cluster we have not summarised all of them in the description
33 due to repetitiveness of themes and citation criteria for summary. We have added a paragraph
34 at the beginning of content analysis (Section 5) that explains the premise used to develop the
35 content analysis and citation cut-off criteria used for the analysis. All changes are highlighted
36 the revised manuscript.
37
38
39
40
41
42

43 Comments:

44 Conceptual framework: I suggest a visual improvement, such as using softer colors, increasing
45 the font size, and standardizing the font with the rest of the text. Additionally, it is necessary
46 to explain the role of those small arrows and how they connect the elements.
47
48

49
50 **Response:** Authors are extremely thankful to the esteemed reviewer for taking the time to
51 review our article and for constructive comments to improve it. We have redrawn the figure
52 for better colour combination and enhanced readability. A description on how to interpret the
53 shapes and arrows of the figure is also added in the section 6.1. All changes are highlighted in
54 the revised manuscript.
55
56
57

58 Comments:
59
60

References list: it is necessary to explain why only 48 of the 103 papers selected were cited in the text and the reason why the others were not addressed. Since these 55 uncited papers were previously approved by you in the selection stage, it is believed that they have important contributions to the field that can enrich this paper.

Response: Authors are extremely thankful to the esteemed reviewer for taking the time to review our article and for constructive comments to improve it. The outcomes and ramifications derived from the content analysis stem from the evaluation of 103 carefully screened articles. Nevertheless, due to the necessity of eliminating duplicate implications from previous studies, we were only able to cite the most notable research. While it is challenging to include every single article, we have made an effort to incorporate additional citations both within the text and in the reference list to enhance our study. All changes are highlighted in the revised manuscript.

Additional Questions:

Query 1. Originality: Does the paper contain new and significant information adequate to justify publication?: Despite the existence of numerous literature reviews on healthcare 4.0, this particular study makes additional significant contributions to the areas of operational excellence, technological advancements, and new research topics, thus providing adequate justification for its publication.

Response: We thank our esteemed reviewer for this valuable feedback. No action is required.

Query 2. Relationship to Literature: Does the paper demonstrate an adequate understanding of the relevant literature in the field and cite an appropriate range of literature sources? Is any significant work ignored?: Yes, as a literature review paper, it addresses several important studies in the field. However, the authors do not cite all the papers they selected during the methodology section.

Response: We are extremely thankful to our esteemed reviewer for this valuable feedback. The outcomes and ramifications derived from the content analysis stem from the evaluation of 103 carefully screened articles. Nevertheless, due to the necessity of eliminating duplicate implications from previous studies, we were only able to cite the most notable research. While it is challenging to include every single article, we have made an effort to incorporate additional citations both within the text and in the reference list to enhance our study. All changes are highlighted in the revised manuscript.

Query 3. Methodology: Is the paper's argument built on an appropriate base of theory, concepts, or other ideas? Has the research or equivalent intellectual work on which the paper is based been well designed? Are the methods employed appropriate?: Yes, the argument

1
2
3 presented in the paper is built upon an appropriate foundation of theory. However, the
4 methodology employed in the study appears to be lacking in some respects. Specifically, the
5 paper does not provide sufficient information about the protocol used for the systematic
6 literature review, nor does it offer a detailed description of the procedures performed.
7
8
9

10 **Response:** We are extremely thankful to our esteemed reviewer for this valuable feedback. We
11 have modified the methodology description in which have talked about the literature selection,
12 inclusion and exclusion criteria and methodology adopted for review (Section 3) We have also
13 modified Figure 1 to elaborate our methodology. The description about tool used for
14 bibliometric analysis and classification criteria have been added in Section 4. All changes are
15 highlighted in the revised manuscript.
16
17
18
19

20 **Query 4. Results:** Are results presented clearly and analysed appropriately? Do the
21 conclusions adequately tie together the other elements of the paper?: Yes, the authors present
22 several contributions in the results section, which includes both bibliometric and descriptive
23 analysis of some studies analyzed, thereby identifying gaps in the literature. However, the
24 bibliometric analysis lacks a more in-depth analysis, while the other sections are appropriately
25 discussed by the authors. The conclusions are consistent with the research questions specified.
26
27
28
29

30 **Response:** We are extremely thankful to our esteemed reviewer for this valuable feedback. We
31 have revised and enhanced the depiction of the bibliometric analysis outcomes concerning the
32 relevant classifications. Furthermore, we have made updates to the charts within this section to
33 ensure better alignment with the narrative provided in section 4, facilitating improved
34 interpretation of the data. All changes are highlighted in the revised manuscript.
35
36
37
38
39

40 **Query 5. Implications for research, practice and/or society:** Does the paper identify clearly
41 any implications for research, practice and/or society? Does the paper bridge the gap between
42 theory and practice? How can the research be used in practice (economic and commercial
43 impact), in teaching, to influence public policy, in research (contributing to the body of
44 knowledge)? What is the impact upon society (influencing public attitudes, affecting quality
45 of life)? Are these implications consistent with the findings and conclusions of the paper?: The
46 authors have structured their results into four clusters to analyze aspects, technologies, and
47 tools in healthcare 4.0 that generate significant outcomes for the industry's practice. Moreover,
48 the paper bridges the gap between theory and practice by proposing a synthesis of the results
49 from several years of literature into a text that is accessible to all interested parties in the field.
50 The identified implications are consistent with the results and conclusions presented. The
51 research can be used in practice to improve the quality of healthcare services and in the
52 education of healthcare professionals in the use of the analyzed technologies and tools.
53
54
55
56
57
58
59
60

1
2
3 **Response:** We are extremely thankful to our esteemed reviewer for this valuable feedback. No
4 action is required.
5

6
7 **Query 6.** Quality of Communication: Does the paper clearly express its case, measured against
8 the technical language of the field and the expected knowledge of the journal's readership? Has
9 attention been paid to the clarity of expression and readability, such as sentence structure,
10 jargon use, acronyms, etc.: The authors paid attention to the clarity of expression, ensuring that
11 their research is accessible to the target audience. In addition, they use appropriate language
12 and avoid unnecessary jargon and acronyms. The sentence structure is clear and easy to
13 understand, making the paper readable for a wide range of readers.
14
15

16
17 **Response:** We are extremely thankful to our esteemed reviewer for this valuable feedback. No
18 action is required reviewer.
19
20

21
22
23
24 The revised manuscript, as per reviewers' feedback and Journal requirement, is submitted for
25 your kind consideration.
26

27
28
29 We look forward to your positive response.
30

31
32 With Warm Regards
33

34 Corresponding author
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60