

**A qualitative study of innovation processes  
between public and private actors regarding  
follow-up procedures of patients after  
treatment and rehabilitation in  
the health sector, Norway**

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## **ABSTRACT**

Few studies deal explicitly with municipal public–private innovation, and there is little systematic evidence for the effect of public–private collaboration and cooperation on innovation processes. There is also limited research on the impact of innovation in the public sector and on people. This study was part of a research project, Municipal Innovation Research for Institutional Development (MIRID) from 2014–2017 in the Mid-region of Norway. The paper shows how cooperation and collaboration were instigated, developed and performed between private and public actors from the health sector in this region of Norway and provides insight, knowledge and understanding of how collaboration and cooperation between public and private actors in the health sector were experienced. The study used a qualitative and explorative approach, and the sample (n=14) was strategically and conveniently selected. Eight (n=8) in-depth, semi-structured interviews were conducted with private actors, and six (n=6) public actors participated in a focus group. The public health actors had a problematic encounter that seemed to fail due to communication problems and confusion about roles and responsibilities. Delayed involvement of the public–private actors in the decision-making process led to the private actors building social capital through face-to-face interactions without the public actors. The intensive work to build relationships, networks and fruitful collaboration between public and private actors also lost momentum due to lack of funding. Both types of actors increased their self-awareness and consciousness of the need to learn from failure.

**Key words:** Innovation, public–private, barriers, benefits, networks, collaboration

## **Introduction**

This section provides a general background and knowledge base, and identifies current gaps in knowledge in the field of public and private collaboration and innovation. It also describes the pilot project that served as a background for the presented study. Finally, this section introduces the current study and research questions.

### ***General background and knowledge base***

Numerous publications address the role of networks, clustering and social capital in innovation studies (Fuglsang, Hulgård and Langergaard, 2015). They also show that trust is an under-theorised resource in the literature on social capital and social entrepreneurship (Curtis,

Herbst and Gumkowska, 2010). Social capital and trust are identified as vital factors in innovation studies (Zaltman et al, 1973; Andersen et al, 2015) and in the literature on social entrepreneurship (Baron and Markman, 2000; Casson and Giusta, 2007). According to Curtis, Herbst and Gumkowska (2010), trust is an essential resource at the onset of a project, and the ability to trust one another is vital to promote open communication (Martins and Terblanche, 2003; Curtis, Herbst and Gumkowska, 2010). Sharing information with one another helps participants to reach mutual understanding (Rogers, 1995); sufficient face-to-face contact in the initial steps of a project in public–private cooperation are highly valued (Gallié and Guichard, 2005) and proximity enriches informal interaction and recognition (Nardi and Whittaker, 2002).

Mistrust was visible in the information sharing and communication between public and private actors in a recent study of human factors involved in collaboration and cooperation in the health care sector. Good communication and interaction at all levels in organizations reduces the potential for failure and improves the likelihood of success of public sector innovation (Batt-Rawden, Evastina and Waaler, 2017). Carlström and Olsson (2014) demonstrated that strong interpersonal ties, trust and cohesion reduced resistance to change.

### ***Current gaps and knowledge in the field of public and private collaboration and innovation***

There is general agreement that the research on innovation in public services is relatively limited (Albury, 2005; Borins, 2000; Hartley, 2005, 2008; Mulgan, 2009; Mulgan and Albury, 2003). Specifically, there is limited research on the impacts of innovation in the public sector and on people (Glor, 2014). We know very little about how initiatives taken by non-public actors, both for-profit and non-profit, can be part of the municipal innovation system. Very few studies explicitly deal with public–private innovation with a European focus (Fuglsang, Hulgård and Langergaard, 2015). Thus, there is little systematic evidence of the positive and negative relationships between public–private interaction and innovation. The recent literature calls for more research on the processes underlying public sector innovation as well as the impeding and stimulating antecedents (De Vries, Bekkers and Tummers, 2016: 147). There are also few studies that deal explicitly with municipal public–private innovation (Fuglsang, Hulgård and Langergaard, 2015). Since there are different ways to define public–private innovation, there is scant systematic evidence regarding the effect of public–private interaction on innovation. However, the emerging public–private innovation frameworks may reflect how the role of public actors is being increasingly recognized (Fuglsang, Hulgård and Langergaard, 2015: 31).

Various definitions of innovation are found in the literature. Traditionally, innovation is regarded as the perceived novelty of an idea or object and the process of adaptation by a unit or organization (Rogers, 2003; Borins, 2000). Innovation is seen as a dynamic process, through which problems and challenges are defined, new and creative ideas are developed, and new solutions are selected and implemented (Sørensen and Torfing, 2012). Private and public sector studies have somewhat different focus areas. Competitive advantage and economic effects are primarily private sector perspectives. Public sector definitions, to a larger extent, focus on the broader societal effects and “public value” (Fuglsang, Rønning and Enquist, 2014). Benington and Moore (2011), for example, argue that public value covers more than market economic considerations “and can also encompass social, political, cultural and environmental dimensions of value” (2011: 45). From a public value perspective, individuals can view the value of an innovation differently. Through the interactive process of “value co-creation,” actors collaborate

to define value (Fuglsang, Rønning and Enquist, 2014), meaning that both public and private actors can actively influence the process (Grønroos and Voima, 2012). In this situation, no single-purpose measure is adequate, and it may be difficult to define when public services have been successful (Fuglsang, Rønning and Enquist, 2014: 227).

The exchange of knowledge between public and private actors has been demonstrated to be a highly complex process (Fuglsang, Hulgård and Langergaard, 2015). The two different business models (private and public) may cause tensions during the interaction and influence the relationship that develops between the actors (Mattsson and Andersson, 2019). In investigating cooperation and collaboration processes in public-private interaction, it is important to understand the underlying and antecedent processes of public sector innovation (De Vries, Bekkers and Tummers, 2016). Cooperation is defined as an act or instance of working or acting together for a common purpose or benefit; a joint action. Collaboration is defined as two or more people working together toward shared goals (Grudinschi et al, 2013).

### ***The project***

The aim of this study is to explore how cooperation and collaboration was instigated, developed and performed between public and private actors from the health sector in the Mid-region of Norway. The current study identifies problems and challenges in developing a collaborative and cooperative relationship between public and private actors and explores how network building and face-to-face interaction is of importance in innovation processes. Underlying mechanisms involved in the current innovation process are identified as four themes; the public-private health actors' problematic encounter; the proposal, successful creation of a relationship, finding new pathways - building networks; and the importance of face-to-face interaction and learning from failure. These findings are further discussed as three topics; delayed involvement in the decision-making process - a barrier to collaboration, inherent weakness in strong ties, and building social capital through face-to face interaction. This paper adds new empirical insights and knowledge related to public-private collaboration and cooperation, specifically, barriers and success criteria for the innovation of collaboration and its implementation.

### ***Research questions and focus***

1. How do public and private actors in the Mid-region of Norway experience public and private innovation processes, collaboration and cooperation regarding follow-up procedures of patients after treatment and rehabilitation?
2. To what extent is it possible to explore, describe and identify the expectations, attitudes, challenges, barriers, benefits and implications for public and private actors concerning various outcomes and decisions for future collaboration and cooperation?

## **Methodology**

Quantitative and qualitative methods answer different kinds of questions about the world and thus produce different kinds of knowledge (Silverman, 2011). This 2017 study in the Mid-region of Norway uses a qualitative and explorative approach, which is appropriate when there is limited knowledge of the phenomenon under study (Ormston et al, 2003: 1-23). A qualitative method is suitable to gain insight into the informant's experiences, thoughts and feelings. A qualitative study involves more than simply conducting research on a single individual or situation. It enables the researcher to answer “how” and “why” questions while taking into consideration how a phenomenon is influenced by the context within which it is situated (Neumann and Neumann, 2012). For a researcher, a qualitative study is an excellent opportunity to gain valuable insight into a specific region (Johansen and Batt-Rawden, 2014a; 2014b). Moreover, the purpose of a qualitative approach is to seek understanding of the unknown and unexpected by going from the analysis of the empirical material to a theoretical understanding. In qualitative analysis, knowledge is developed from experiences by interpreting and summarizing the organized empirical data (Malterud, 2011; Ormston et al, 2003).

In this respect, we do not explicitly present theories to underpin our findings; rather, we have tried to highlight our findings in relation to previous research and theories that seem appropriate. A qualitative study has relevance beyond the individuals studied, and it is potentially relevant and transferable to other situations (Andersen 1997; Silverman, 2011).

### ***The qualitative study and its background***

This study was part of the MIRID research project “Municipal Innovation Research for Institutional Development” from the Mid-region of Norway in 2014–2017. MIRID sought to obtain information on opportunities and challenges in public–private cooperation for welfare, health and care and was funded by the Regional Research Council (RFF), Norway. The current study builds on a pilot project that attempted to secure funding for a new program from “Municipal Innovation Research for Institutional Development”. The authors of this paper were not involved in the pilot project, however, the pilot project report helped frame the current qualitative study. The study group for the current research project was a collaboration between Norwegian University of Science and Technology (NTNU), Gjøvik and Inland Norway University of Applied Sciences (INN University) and Sintef Raufoss Manufacturing, Norway.

### ***The pilot project***

The pilot project was conducted in 2014 by a research team; one researcher and two research assistants from a private sector network called “Health in Valdres” (HiVA, 2014). The pilot project was a qualitative study involving fifteen participants representing employees from both the public and private sector, patients, and their relations. The aim of the pilot project, initiated and framed by the respective research team, was to strengthen monitoring of patients after the completion of treatment and rehabilitation.

The private rehabilitation institutions in Health in Valdres (HiVA, 2014), which participated in the pilot project, included a health sports center for individuals with disabilities, a psychiatric center, a long-term rehabilitation institution for certified sick patients and a treatment center for drug addicts. All four private operators provided services for the treatment and

rehabilitation of patients with disabilities, psychiatric disorders, obesity and drug addiction. The risk of relapse after treatment and rehabilitation is high among these patient groups and a challenge for both public and private actors. The project also included six (6) municipalities, comprising health and welfare leaders from the public sector. Approximately twenty employees worked in the private programs and twelve employees worked in the public programs.

The pilot project identified challenges and disputes relating to the different roles, positions, statuses, and power balance between the different actors from the public and private sectors in the follow-up procedures. The findings showed that close collaboration between research institutions and public and private actors is essential for an innovative process (HiVA, 2014). However, according to the pilot project report, the innovative idea of close collaboration was not actually achieved.

### ***Data collection***

The data were collected during 2016–2017. The sample (n=14) was strategically and conveniently recruited through written information about the study, through phone calls and emails shortly after two meetings with three out of four “project owners” representing the private sector network “Health in Valdres”. The purpose of these meetings was to acquire knowledge about their pilot project and to be given a list of names of those who participated in the pilot project. From the private sector (n=8), four participants were recruited, one from each of the four rehabilitation centres and four from the network “Health in Valdres” and part of the group called “project owners”. These are all positioned as private sector participants. Participants were recruited from the public sector for a focus group (n=6). These six participants were from the Health and Welfare sector, each of the six municipalities in the central area. They will be referred to as the Health and Welfare forum. They willingly consented to participate, and there were no problems of access to the field of study.

In-depth, semi-structured interviews were chosen for the private sector actors, as they are suitable when the study intends to highlight the respondents’ unique understandings and interpretations of what is studied (Malterud, 2011). The participants also provided an opportunity to explore decisions and compare differences and similarities since some of them had worked together on the pilot project.

Since some of the project owners had also been part of the previous pilot project (HiVA, 2014), we assumed that in-depth individual interviews would be a valid approach for exploring their experiences, attitudes, challenges, beliefs and practices related to the collaborative process. Focus group interviews were conducted for the Health and Welfare forum (public sector), as this type of data collection method is well suited to discussing common perceptions and variations about given topics and issues. Due to geographical distance and difficulties in organizing in-depth interviews for these participants, we decided to use focus group interviews. It would have been better to use the same approach for both groups, as the data from the individual interviews might be richer. However, we believe we have collected rich and explorative data from the focus group despite this limitation.

Interaction among participants stimulates discussion to complement, challenge and suggest alternative ideas and uncovers tacit knowledge and experience-based knowledge from the field.

Interaction may also have an awareness-raising effect on the participants, allowing them to compare their own experiences with those of others and thus to identify factors that are relevant to the research topic (Wibeck, 2000). The Health and Welfare forum participated in the focus group interview, which lasted two hours. It was conducted at the town hall in a city in the central area. The contents of the focus group and the individual interviews were transcribed verbatim.

### ***Data analysis***

Systematic text condensation was used in the analysis. It is a descriptive and explorative method for thematic cross-case analysis of different types of qualitative data, such as interview studies, observational studies and analysis of written texts. The method is pragmatic, though it is inspired by phenomenological ideas (Malterud, 2011; Giorgi, 2009). Giorgi's (2009) systematic text condensation looks at objects from the perspective of how they are experienced, using a four-stage method that begins with a holistic view of the data. The data are then divided into meaningful units with codes and sub-topics. The third step of the analysis involves systematic abstraction of meaning units within each of the code groups established in the second step. In the fourth step, data are reconceptualized, synthesized and condensed into descriptions and concepts.

Finally, the similarities and differences found in the systematic text condensation are compared with those found using frequently applied qualitative methods for thematic analysis, theoretical methodological framework, analysis procedures and taxonomy. As such, systematic text condensation is a strategy for analysis developed from traditions shared by most of the methods for analysing qualitative data. However, the method offers the researcher a process for examining intersubjectivity, reflexivity and feasibility while maintaining a responsible level of methodological rigour. Intersubjectivity implies that our analysis is conducted and presented in a way that others can follow the procedure and progress and validate the conclusions.

### ***Ethics***

Written information about the project was given to the participants prior to data collection. All participants were required to provide written consent. It was emphasized that participation was voluntary. The interviews were recorded and transcribed verbatim. The study was accepted by the Data Protection Official for Research in Norway. Full anonymity was ensured so that individuals would not be recognized in publications resulting from the project. All personal information, audio files and other materials were stored according to the privacy policy of the Data Protection Official for Research, and deleted at the end of the project.

## **Findings**

Four themes were explored: the public-private health actors' problematic encounter; the proposal, successful creation of a relationship, finding new pathways - building networks, and the importance of face-to-face interaction - learning from failure.

### ***The public-private health actors' problematic encounter; the proposal***

Finding a common research theme for the proposal for funding, actors from the private and public sectors regarding follow-up procedures for patients after treatment and rehabilitation

(HiVA, 2014) required a new way of thinking and acting. Some of the people from the private sector has worked together previously on the pilot project. The private actors agreed among themselves that there were no systematic or mutual methods for how to approach, solve and execute the follow-up procedure for patients after rehabilitation for private health or public actors. Some reflections from the private actors illustrate how the inductive processes among the four rehabilitation institutions finally produced an agreement on the research topic: “since we all think and work differently, and our methods differ among the four of us, we finally agreed on the research topic... a successful start, and surely a constructive work process.”

After the private sector agreement was reached on what to study, the private actors and project owners initiated a meeting with the public Health and Welfare forum to discuss the proposal, its activities, the research topic and hopefully to reach an agreement on a joint strategy. However, the public actors initially declined the request. Six months passed before the private actors gained access to the public actors and the Health and Welfare forum. During that period, they attempted to make contact through emails and phone calls with key potential partners in the Health and Welfare forum, expressing a desire to make an appointment so they could present and discuss the proposal. They met resistance. “Two different vantage points – the municipalities and us.” This quote illustrates how the first public–private encounter was experienced. These first steps of the process were vulnerable and seemed to fail due to communication problems. Facing this barrier, the private actors were unaware of how a simple request for a joint meeting could result in a long and time-consuming process, as one private participant stated:

We wanted to come over to talk about it and see how we could discuss how the research project could proceed with the Health and Welfare forum as a collaborator, but we failed to communicate clearly enough what we wanted to do. We made first contact via email, then we had a call from them saying that they would not participate ... they had so much to do and felt unsure that they would give the project high priority. I believe they received no distinct information from us saying what we wanted them to do, or what type of roles and responsibilities we wanted them to assume.

Two possible problems were how the suggestion to find a common topic “to apply for funding” (HiVa, 2014) was framed, created and solved and how it was seemingly presented as a fixed project with little or no opportunity for the Health and Welfare forum to be involved in the decision-making process. There seemed to be a lack of advance information and clarification, which again resulted in complications in the communication process. This lack of clarification led to a belief on the part of the public actors that invitations to join the creative and collaborative process came too late. These attitudes were expressed as a sense of disappointment mixed with professional pride, which added to the problem of getting the Health and Welfare forum motivated, engaged and involved:

They thought it was a good idea, but they were slightly annoyed because they were not completely involved in the early processes... and we all had some mixed feelings for the project, and felt frustrated and stressed at the onset.



### ***Successful creation of a relationship***

After six months, the private actors were invited to the Health and Welfare forum to present the project. The public actors wanted to clearly understand the workload, the resources involved, the budget, the financial risk and the commitment. Despite their early scepticism, the private actors were positively welcomed when they were able to clarify, resolve and disentangle the uncertainties and misconceptions. This resulted in improved cooperation. However, the private actors did not understand why it seemed so hard to get “inside the door” of the Health and Welfare forum and why the encounter seemed problematic. Sending emails on a difficult issue seemed not to be the right way to develop a constructive collaboration. One of the participants started to use a different networking method; that is, face -to- face interaction with key stakeholders outside the formal context:

Barriers at the start were a bit odd, I think it rested on a misunderstanding of the way the project was formed and messaged through emails and phone calls. We were met with a cold shoulder, so I decided to talk with people whom I knew from other contexts, and tried to unravel what it was that caused the restrictions and rejections.

Since both the private and public actors had their own close-knit, informal networks, the public–private encounter was an unfamiliar experience that led to misinterpretations and misconceptions. As the public actors described it, cooperation with the private actors seemed rare and untraditional: “there are different cultures out there, and different ways to think and do things.” The private actors explained: “We have been the core group; we have worked well together, like a family.” Likewise, a public actor pointed out:

I think it’s simply culture; it has not been natural to cooperate with the private actors—there is no tradition of working together, and I think that has been a mutual feeling. We began to talk informally with each other many years ago, but we also see the need to do things together and see benefits of cooperating with the public actors.

However, the private actors appeared to have developed a sense of awareness of close networks reflecting “familiarity,” not always “operating business-like and professionally.” This notion could prevent “new expertise, or willingness to see new things” and possibly result in “stagnation,” which is not a “good thing for creativity or innovation” (private sector). The public actors recognized that they were “hard core” and “difficult to access.” They explained the reason for their resistance to the private actors as “project burn-out” and expressed a need to become better acquainted. The proposal was initially presented to the public actors as extensive and seemingly demanded considerable financial and human resources:

It was simply our capacity. It felt as if we were too tired to engage or find motivation to join, so we decided not to join or we did not really know whether we were able to join.

The public actors also admitted that, while it was important for them to participate, they were concerned about what influence they would have on the project, saying they had several meetings in the Health and Welfare forum in which they had agreed on the significance of “strength in private and public cooperation.” Meanwhile, the private actors were unaware of the public actors’ motivations for participation. Interestingly, the private actors described the public

actors as reluctant to change, less innovative and less creative than the private actors. This notion seemed to be based on the fact that they took fewer financial risks than the private actors did, and as reported, they were in a “good situation.” They will not develop or instigate any innovative work as they had to “survive in one way or another.”

In the end, the proposal for the new program was rejected. The intensive work to build relationships, networks and fruitful collaborations between private and public actors halted due to lack of financial support from the Regional Research Council (RFF). Applying for research funding can be complicated, difficult and challenging. The proposal by the private actors to the RFF was rejected. The motivation and inspiration of both sets of actors to implement an innovative change in the follow-up of patients after treatment and rehabilitation in practice evaporated. These obstacles were met with great frustration and disappointment by the private and public actors and were described as follows: “loss of momentum”; “we were all very disappointed...we had spent so much time and so many resources” (private actors). The initial communication difficulties between the private and public actors did not seemingly have any impact on the rejection of the proposal. The private actors also expressed that the RFF is “an eye of a needle to get through” and has the power of “arrogance to be selective.” In this sense, “new ideas and innovative development may stop due to rigid frameworks and sources of financing.” As one private actor said:

You get money for a pilot project and believe that they [Regional Research Council - RFF] also will give you funding for the main project, but this is not what we experienced, there is the real mismatch here.

The private actors also reflected upon the way the public actors had changed from being sceptical and reluctant to cooperative and motivated. The public actors had the same experience and pointed out that it had taken them a lot of energy, time and resources to build a solid collaboration and establish cooperation with the private actors from scratch during the pilot project. They also indicated that they were eager to “create something new,” but they felt they had lost the opportunity to carry on, collaborate and negotiate new methods and practices in the follow-up procedures of patients after rehabilitation. As one observed, “it’s a real pity.” The public actors also expressed that they have tight budgets, which force them to prioritize the tasks to be executed. Being innovative outside the budget framework appeared to be difficult. The fact that the main project was delayed due to a lack of funding led them to rethink and reflect on the new situation:

I think we all have a lot of thoughts, and suddenly all that was built up just stopped. It’s very sad but, we’ve learned something...the municipal budgets are so tight, we need considerable resources to be innovative outside the budget frame, which is a bit hard.

### ***Finding new pathways – building networks***

Time had passed since the ending of the previous study on the pilot (HiVA, 2014), so by the time the interviews and focus group occurred in year 2016 -2017, the participants had had time to reflect on the pilot, the earlier study and their implications. In this respect, some benefits and spin-off effects were noted in the aftermath of their earlier collaborative experiences. They initiated important discussions and developed opinions, which accentuated certain effects. The

mobilization of both private and public actors despite the disappointment of not receiving prolonged funding led to the creation of new pathways and networks. The atmosphere and willingness to move forward and to see new ways of managing the challenge of finding funding and pleasure in collaboration were explicitly illustrated by the private actors: “it’s a completely different atmosphere, I could sense motivation and enthusiasm, and now we lobby together...they (the public actors) are very supportive.”

The private actors acknowledged and agreed on their mutual challenges. Although they still had different methods for approaching this challenge, they began to talk and to discuss issues. Motivation and enthusiasm were renewed, and interest grew among both sets of actors in finding new pathways. The private and public actors seemed eager to build new networks and exchange ideas, expertise, and methods after their problematic encounter at the onset. Getting to know each other professionally through face to-face interaction made it much easier to collaborate on other issues, as reported by the private actors:

We have started to work on ideas and projects that are not related to the pilot project, but have possibly sprung up from the fact that we are a kind of newly established network now. Cooperation between “Health in Valdres” and Health and Welfare forum has provided opportunities for collaborations outside the project...and that is crucial, it’s a new awareness, it is easier to make a phone call or ask if anyone would like to be involved in this.

The public actors had similar experiences and expressed similar opinions concerning new opportunities for further collaboration and interaction. They believed that the key to success, despite lack of progress in securing funding for the main project, was the newly gained informal network, which they believed had been one of the most fruitful effects of the collaboration and cooperation. Both sets of actors experienced the benefits of building social bridges as infrastructure for future projects. They described these as success criteria on many levels: “we have entered an arena of which we have had minor knowledge before ... and that has strengthened our connections...we are finding an architecture.”

The willingness of both sides to act and react differently than in their initial encounters while cooperating on future projects is a vital outcome of this study. It is interesting to see how the public actors’ rigid images of how others view them softened, as expressed in the following self-ironical view: “I believe we have always been viewed as bureaucratic and inflexible.” New insights, gaining mutual respect and showing humility by being open-minded and attentive are possibly critical and essential aspects of the learning process for both sets of actors. As the private actors pointed out, a meeting was needed to clarify the roles and responsibilities of the municipalities, but the process turned out to be “a bit clumsy from our side”.

### ***The importance of face-to-face interaction – learning from failure***

The private actors indicated that they would have networked somewhat differently with the public actors if they had foreseen the problematic encounter at the beginning. First, approaching the Health and Welfare forum with less information, suggesting meeting face-to-face at the onset, might have resulted in a less drawn-out process. Second, the project owners believed that if they had *been more proactive*, they could have gained access to the public arena much earlier:

they highlighted this issue as a *learning process*. They also might have been more inquisitive, aware and self-critical in relation to the reluctance of the public actors. It seemed to be almost impossible to understand the public actors' reluctance. With modern information technology, emails can be transferred in seconds, but talking to each other allows flexibility and verbal flow. However, it might not always be a time-saving procedure due to the risks of misconceptions and misunderstandings, as the private actors indicated:

It's all about communication, face-to face, just getting under the skin, being empathetic, building trust. Dig into the thematic challenges together...then have a common understanding, be open and flexible...I think the Health and Welfare forum didn't approve of our decisive form or manner. They felt totally disempowered...this led to a misunderstanding of the roles and responsibilities involved.

Furthermore, the private actors stressed the importance of a positive attitude, willingness and determination to do things and arrive at solutions for positive and fruitful collaboration. Additionally, they said that, if ideas are to emerge from interactive relationships, it should be through a bottom-up strategy in an organic manner:

This is what I discovered in the project: It must have a natural emergence, there must be a desire, a will and a type of recognition that changes and transformations are needed ...so if there is some kind of openness to listening to others it may reveal something new.

The ability to see possible benefits of change arises from cultural properties, such as being less introspective and inward looking and more retrospective and outward looking. Remaining constrained within the same social network, the same organization and the same cultural fragment in the same environment leaves little room for mobility in thoughts and actions, as reported by a private actor:

I think it's useful to get out of the institutions, outside our own network and see what happens – then we can get a better understanding as to how we actually works. While we are well sited within our institutions, our projects, with our beliefs and sometimes prejudices...we are not always open-minded...I have become much more humble.

Or, as another participant from the private actors stressed, mutual respect and humility are vital aspects in communication: "I learned a lot. It is important to listen to generate knowledge and skills acquired from others. With mutual respect and humility, there will be a dialogue."

## **Discussion**

This section discusses challenges related to the public–private collaboration, particularly the difficulties of agreeing on a common research theme for a proposal for funding. The latter part of this section focuses on the benefits and lessons learned from the collaboration and cooperation between the public and private actors. New social networks may instigate innovative processes through face-to face interaction, exchanging of professional competence, trust, respect,

and expertise. The findings are discussed in three main topics; delayed involvement in the decision-making process - a barrier to collaboration; inherent weaknesses in strong ties and building social capital through face-to face interaction. Initially, the following discussion presents some approaches not taken with respect to methodological limitations of the study, including validity and reliability.

***Some approaches not taken: Methodological limitations of the study***

This is a cross-sectional exploratory and descriptive study; it involves an inductive exploration of the data to identify recurring themes, patterns, or concepts and then describing and interpreting those categories (Creswell, 2014). However, this research is not a case study, which require the researcher to understand the case and its context collected over considerable time and following considerable engagement. Since this is a cross-sectional study due to restricted resources, we were not able to conduct follow-up interviews for exploring any changes in attitudes and opinions over time. A cross-sectional, qualitative study does not have the advantages of a longitudinal study, which enables the comparison of participants' experiences and practices at one point in time with those at another point in time. Comparing the processes and changes to how the participants related to the collaboration and interactive process could have revealed how practices, expectations and attitudes changed over time (Batt-Rawden, Bjørk and Waaler, 2017).

Social scientists have noted the advantages, disadvantages and limitations of informant interviews (Snow and Andersen, 1987). Interviews can thoroughly reveal actors' sense-making, which has considerable value. However, a key limitation of interviews is that they include post hoc rationalizations of choices and decisions, and, in fact, all sense-making is retrospective (Weick, 1995).

An action research approach might have yielded more solid and rich data regarding the processes and changes during the project (Whyte, 1991). Nevertheless, the length of time from the completion of the previous pilot project by HiVA (2014) to the start of this study, might have given the participants opportunities to reflect on and re-think their experiences, attitudes and beliefs about public-private collaboration and interaction. However, this issue is difficult to assess.

A major concern was not exceeding the project's budget. There are triggers to suggest when group interviews should be conducted rather than individual interviews, but there is a rather limited body of literature empirically comparing the data generated in focus groups with that generated in individual interviews (Guest et al, 2017). The disadvantage of focus group interviews is that the researcher has less control over which data are displayed, compared to individual interviews. Another limitation is that one participant may have strong personal opinions and thereby exert control over the other participants, who may not speak freely or open their minds to the topic (Litosseliti, 2003; Wibeck, 2000). When focus group data are interpreted and presented, a reflexive attitude among researchers is important.

Focus groups require an even greater level of attention from the interviewer than individual interviews, because there are several interviewees participating. For facilitators conducting focus groups, in addition to the factors considered in the conduct of in-depth interviews, they must also

attend to the relationships developing between the group members. In focus groups, facilitators should be unobtrusive, draw all interviewees into the discussion by encouraging interaction and use strategic summarizations of the discussion to help the group refine its thoughts or explanations. Individual interviews with the participants from the Health and Welfare forum, however, might have generated more in-depth knowledge regarding their unique experiences and understanding of the research focus and researcher's questions. A factor that contributed to selecting focus group interviews with the participants from the Health and Welfare forum was the difficulty of scheduling individual interviews (Guest et al, 2017). Individual interviews with participants from the private sector were appropriate because they had been involved in the pilot project from the onset, thus making it possible to collect rich descriptions of the processes and changes over time (Murray, 2000).

The rationale behind collecting data through focus group interviews from the participants from the Health and Welfare forum was their similar leading roles and positions within each of the six municipalities. That is, focus groups seem to have an advantage when trying to engage decision-makers in the research process (Silverman, 2011). As such, this data collection method is well suited to discussing common perceptions about and variations in the given topics and issues (Wibeck, 2000). Group interviews also provide information through the participants' shared experiences, although the group may exert pressure that inhibits individuals' opportunities to speak freely. Focus groups are also a distinct data collection technique compared to in-depth interviews, which rely upon the interaction of the group members to formulate answers to the researcher's questions (Kamberelis and Dimitriadis, 2005). Despite geographical distance and fewer resources for conducting individual interviews for the Health and Welfare forum participants, focus group interviews is still a vital and valid method for collecting data. Hopefully, we have taken these issues raised above into consideration and reflection as researchers.

Perhaps of greater concern is the fact that participation in the study was voluntary. It is possible that the participants might have had a motive for participating. Since the interviewees were recruited and selected from individuals who participated in the previous pilot project (HiVA, 2014), some could have been more emotional about not succeeding and obtaining funding for the main project. The private sector group had also more opportunity to explain themselves than did the public sector group, so it might be natural for the researchers to understand the private sector group more thoroughly.

However, there is reason to believe that the participants' narratives reveal plausible and genuine explanations related to this study. The participants were talkative, open-hearted and the atmosphere indicated trust and confidence in the dialogues between the researcher and the participants, a vital feature in qualitative interviewing (Murray, 2000).

### ***Validity and reliability***

In assessing the validity and credibility of the work, we acknowledge the limitations of a qualitative, empirical study situated in a central region in Norway including six small municipalities. However, Norway consists of several small municipalities with similar cultural and demographic contexts comparable to this region in Norway, as illustrated in recent public health surveys from the Mid-region of Norway (Johansen and Batt-Rawden, 2014a; 2014b).

Hence, it cannot be argued that these findings would be consistent with the findings in similar regions in Norway or with those of organizations encountering difficulties in public–private cooperation. In qualitative studies, some tentative and general interpretations may be proposed. Moreover, related projects in the health sector or other organizations elsewhere might explore similar implications and inferences.

Another feature of the study is the fact that it may be difficult to elicit data about a complex topic in one-off interviews at one point in time, which provide fewer possibilities to establish “deep” rapport or thick descriptions (Morse, 1995). There is no single correct way to report a qualitative study (Andersen, 1997), and our data are primarily derived from one-off in-depth interviews and a focus-group. Moreover, as the data were collected and analyzed, a colleague was involved in the process of checking our interpretations of the data shared with the participants. Thus, we had the opportunity to discuss and clarify the interpretations. This contributed additional perspectives on the issues under study; e.g. the findings discussed as following topics; inherent weaknesses in strong ties, delayed involvement in the decision-making process – a barrier to collaboration and building social capital through face-to face interaction.

#### ***Delayed involvement in the decision-making process – a barrier to collaboration***

As described, the private actors initiated a meeting with the Health and Welfare forum, suggesting a discussion of the activities and expectations related to the collaborative work on the proposal, but the public actors initially declined the request. This refusal resulted in a troublesome and stressful initiation at the onset of developing the proposal. When a partner intentionally introduces and applies a new idea, method or practice, to a relevant partner, he or she is said to engage in innovation (Anderson, De Dreu and Nijstad, 2004), so this was not the case with the public actors. The private actors’ initial attempt to create a collaboration failed due to communication problems, the need to clarify roles and responsibilities with the public actors, the public actors feeling excluded from the early decision-making process, and the public actors’ concern about the private actors’ expectations of them.

Due to the public actors’ delayed involvement in the decision-making process, they lost the opportunity to be involved in idea generation and creation, which is often seen as the first step of innovation. Grudinschi et al (2013) examined challenges in the management of cross-actor collaboration in elderly care in Finland, finding that challenges related to decision-making occur mainly at the higher levels of management. These challenges regarding actors’ strategic ability to create social value in cross-actor collaboration (Fuglsang, Hulgård and Langergaard, 2015: 24) also appeared to manifest in the mannerisms of the Health and Welfare forum, as experienced by the private actors at the beginning of the collaboration. If they had been more *hands on* much earlier with the public actors, they might have prevented the public actors from feeling annoyed, disempowered and excluded. Previous research also showed that feelings of being left out or left behind are common for both private and public actors (Abrahamson 1991; Powell and DiMaggio 1991). Likewise, an innovation process is often treated as an interactive process involving many actors in problem solving (Lundvall, 2013: 32-33). This notion of problem solving highlights essential elements in the art of communication in interactive private–public relationships that are needed to avoid complications and barriers, such as gatekeeping, which was a vital challenge and a relevant issue for the actors in this study.

The private actors' experiences of the public actors as gatekeepers are also in line with Fæster and Rago's (2009) study of cross-actor cooperation in a Danish context. These authors showed the importance of municipalities' acceptance of new ideas as good or useful. As described, the Health and Welfare forums' gatekeeping did not necessarily facilitate ideas, an issue that has been previously described in literature (Fuglsang, Hulgård and Langergaard, 2015: 50). While the private actors were busy building networks within their own contexts and institutions, the project owners as opinion leaders failed to exert an influence on key persons in the public sector through personal contact (i.e. face-to-face contact in the initial stages of the project). If actors are not part of creating the innovation, there is a risk of insufficient and careless consideration of contexts, stakeholders, goals and purposes (Hartley, 2008). However, gatekeepers are also included in the process of diffusion (Rogers, 1995), and, as described, the project owners from the private sector initiated personal contact with some key public stakeholders—a kind of "kitchen-door strategy" to support the progress of their collaborative practice or routines. The notion of gatekeeping includes the complex phenomena that comprise workplace creativity and innovation (Fuglsang, Hulgård and Langergaard, 2015: 50), and several studies have shown that the way in which the innovation process unfolds over time might be troublesome, reiterative and involve two steps forward but one step backwards plus several side steps (Hartley, 2008; Van de Ven, Angle and Poole, 1989). By using informal, established relationships outside the formal project, the private actors hoped to move two steps forward with their activities and strategies to get the public actors motivated and involved in a fruitful collaboration.

### ***Inherent weaknesses in strong ties***

There might be some weaknesses in strong and informal ties regarding innovation growth and progression. They can lead to clique-building that inhibits community organization and can be a barrier to social cohesion (Granovetter, 1973). The private actors developed a sense of awareness and consciousness of the assumption that informal networks in small communities could develop unprofessional familiarity. Being too close or too familiar might be a hindrance for new ideas, creativity and innovation. Interestingly, the public actors recognized that they were also like a family—one that is "hard core" and "difficult to access". These aspects may be interpreted to mean that organizational cultures often have shared values, beliefs and behaviours that may influence the generation of ideas, creativity and innovation processes in several ways (Martins and Terblanche, 2003). Granovetter (1973) argued that, if someone is strongly tied to someone else, those close to them will also be tied to them, and the ties will be redundant. Moreover, acknowledging only the strength of the ties ignores the important issues related to content, social structure, personal experience and the ability to change and grow. If a culture produces shared norms and values, individuals will make assumptions about whether creative and innovative behaviour forms part of the way in which the organisation operates (Tesluk, Faar and Klein, 1997).

Accordingly, both private and public actors, as reported in this study, may exhibit resistance to change or a motivation to adopt and generate new ideas. These views are displayed in our findings by a public sector actor as follows: "to cooperate with the private actors still seems to be unusual and untraditional." A private actor used the following expression: "Two different vantage points—the municipalities and us." Carlström and Olsson (2014) have demonstrated that strong interpersonal ties, trust and cohesion reduced resistance to change.



Another interesting and relevant study explored resistance to the implementation of welfare technology in municipal health care services (Nilsen et al, 2016). Nilsen et al highlighted issues such as threats to stability and predictability (fear of change), threats to role and group identity, fear of losing power or control and threats to basic health care values, which might be in evidence in the findings in the current study. The authors indicate that the need for organizational translation between professional cultures should not be underestimated. Organizational ‘translation’ describes the trust-building process of exchanging and learning of each other’s perspectives. Fuglsang, Hulgård and Langergaard (2015), likewise identified the importance of the degree of “outside” partners’ access to their public “inside” networks.

As demonstrated, the private and the public actors eventually developed close-knit networks, trust and confidence in each other. According to Curtis, Herbst and Gumkovska (2010), trust is an essential resource at the onset of a project, a twofold issue that needs to be treated carefully and analytically. Actors’ culture of “familiarity” can be a threat to business-like operations. It can also be argued that too much social proximity has a negative impact on learning and innovation, as good relationships can lead to a high degree of loyalty based on the emotional ties of friendship and caring (Boschma, 2005). From this point of view, networking with the public actors to build trust in a constructive manner might have solved the access problem to the Health and Welfare forum much earlier.

### ***Building social capital through face-to face interaction***

There are benefits and lessons learned related to the drawn-out public–private collaboration process. Constructing social capital through face-to-face interaction is relational (Esser, 2008) as well as a trust-building resource (Curtis, Herbst and Gumkovska, 2010). Here, social capital is viewed as an individual’s personal social resources, for which trust is an important aspect. Previous studies have also confirmed that social capital positively influences organizational performance in public sectors in terms of efficiency, effectiveness, equity and responsiveness (Glor, 2014; Ostrom, 2000).

Even though the public actors had an image of themselves as *bureaucratic* and *inflexible*, they revealed a crucial motivation during the project to engage in the innovative process, including the search for funding for their main project, a proposal to the Regional Research Council. The public actors acknowledged a new awareness of the changing needs and development of their local communities in the aftermath of the pilot project (HiVA, 2014); a vital factor also described in the processes of innovation (Hartley, 2005; Fuglsang, Hulgård and Langergaard, 2015). The increasing awareness of the need to achieve fruitful and innovative collaboration and cooperation between the public and private actors was clearly an important finding here. If the risk of relapse after treatment and rehabilitation is high among the patient groups in their local communities, as described as a challenge for the public and private actors in the pilot project, it is important to accept and understand the value of communication and trust between the public and private actors. Acknowledging the barriers, the public actors may build on past failures by changing the relatively closed communication to more open communication. Approaching public–private interaction in such a way could help reduce some of the tensions that arise in the complex relationship (Mattsson and Andersson, 2019).

If the value produced from the innovation processes is social capital, this value could be underestimated by both sets of actors (Curtis, Herbst and Gumkovska, 2010). Currently, there are numerous options for remote communication, but face-to-face interaction is still highly valued, and people will go through great trouble to get together (Gallie and Guichard, 2005). Proximity is thus a trump card for innovative success because it supports informal interaction and recognition (Nardi and Whittaker, 2002).

It could be said that efficiency in knowledge organizations is first and foremost about the relationships between people, where small talk is central (Boschma, 2005). Previous research has shown how challenging it is to create collaboration between strangers even in face-to-face situations, and the online environment can make it more difficult, as there is a lack of physical contact with others (Antikainen and Ahonen, 2010). Our findings support this notion in the sense that the private sector actors' first contact with the public actors and the Health and Welfare forum was made through the email system and phone calls.

When the face-to-face contact between the public and private actors eventually occurred, the collective work was enriching, inspiring and motivating and apparently triggered creativity and idea generation. Collective thinking is important in order to be able to maximize individual efficiency, and people need to get to know each other to make communication easier (Hargadon and Bechky, 2006; Thrift, 2006).

The importance of ideas emerging *naturally and organically over time*, as highlighted by the private actors, is not the only applicable finding in this study, it has also been noted by other authors (Fuglsang, Hulgård and Langergaard. 2015: 20). Hartley and Benington (2006) argued for the need to have more organic metaphors that emphasize the growing of innovations in new "soil." From this perspective, by building strong ties between two distinct cultures, new bridges and connections can be made. However, since the private actors described the process with the public actors as *clumsy* and said they were not *clever enough in communicating*, this new awareness could be valuable to uncover and reveal how constructive, fruitful collaboration and innovations are developed as well as what barriers and facilitators support or weaken innovation and collaborative activities.

These learning processes also demonstrate how innovations grow, are nurtured and meet problems—and how some of them fail. Accordingly, Van de Ven, Angle and Poole (1989) referred to this as the innovation journey. Learning from innovation failure is also a key issue, as a high proportion of innovations in the private sector seem to fail (Tidd, Bessant and Pavitt, 2005), and public actors may have an even higher failure rate for a range of reasons (Hartley, 2005). Schumpeter (1950) argued that innovation may be a new combination of the "established", which underscores the importance of feedback to be an innovative and dynamic player. In line with this notion, developing a combination of strong and weak ties depends on the tasks to be performed. Network diversity promotes new combinations, learning and enables faster diffusion of innovation (Yoo, Lyyviten and Boland, 2008). From this perspective, the weaknesses of strong "familiar" ties might be strengths when it comes to creativity and new pathways. If the organizational culture supports open and transparent communication based on trust, it might have a positive influence on promoting positive collaborative practices, new thoughts, creativity and innovation (Barret, 1997; Robbins, 1996). At the same time, personnel must feel emotionally safe to be able to act creatively and innovatively and should thus be able to

trust one another, which in turn is promoted by open communication (Martin and Terblanche, 2003; Curtis, Herbst and Gumkowska, 2010).

According to the literature, collaboration and cooperation between the private and public sectors can be seen as a form of process innovation, where the outcome potentially benefits individuals, groups or the wider society (West and Altink, 1996). Efforts to develop new ways of working aims to provide better services, user experiences and greater return on public investments. However, as examined in the current study, succeeding with public-private collaboration and cooperation in a way that yields desired outcomes, can be difficult in practice.

## **Conclusion**

This study has identified and explored how public and private actors in the Mid-region of Norway experienced public and private innovation processes, collaboration and cooperation regarding follow-up procedures of patients after treatment and rehabilitation. It has sought to explore, describe and identify the expectations, attitudes, challenges, barriers, benefits and implications for public and private actors concerning various outcomes and decisions for future collaboration and cooperation.

The empirical findings regarding on the importance of network building and face-to-face interaction in innovation processes are this paper's unique contribution. The project examined positive and negative relationships between public-private interaction and innovation. This paper does not aim to describe the different approaches to innovation, but rather explores the problems and challenges experienced in building a collaboration between private and public actors, their underlying mechanisms and how these findings relate to what the literature describes.

The participants attempted to improve private and public cooperation, collaboration and coordination of services. Essential factors for helping the public and private actors to gain new perceptions were open communication, flexibility and "open-mindedness," which seemed necessary to create a culture supportive of creativity and innovation (Filipczak, 1997; Frohman and Pascarella, 1990; Samaha, 1996). In this sense, where sufficient learning occurs to engage in a subsequent attempt at improvement, fellow actors may benefit from earlier attempts to collaborate (Newman et al, 2001; Hartley and Allison 2002; Rashman, Downe and Hartley, 2005; Albury 2005; Bessant 2005). The huge cultural gap between the private and public actors in this study may be compared to what Ostrom describes as the "Great Divide" between public officials and citizens in developing successful cooperation, synergies and coproduction. By coproduction, Ostrom (1996) refers to individuals who are not in the same organization.

Early involvement in the decision-making process by both sets of actors is important to avoid future barriers and ensure fewer complications in the collaborative process. Thus, face-to-face interaction is a valuable factor and a potential asset for building social capital (Ostrom, 1996; Putnam, 2000). If the public and private actors succeed in developing mutual appreciation, respect and trust in each other's capabilities and competences (Curtis, Herbst and Gumkowska, 2010; Esser, 2008), future projects or joint ventures can be completed with fewer weaknesses vulnerabilities and disappointments. If collaborations are being encouraged, lack of new funding might also unfortunately demotivate possible participants in joint actions.

Undoubtedly, the improvements in social-professional ties were strengthened through a *newly established network*. Hopefully, the potential synergies between the public and private actors will not remain mere potentialities, as Ostrom (1996) describes it, but will continue to encourage and stimulate the development of other horizontal relationships and social capital (Esser, 2008; Putnam, 2000). In this sense, informal networks might be a strength during the early stages of a collaborative and creative idea generation process. Nonetheless, these networks also need to operate professionally to avoid a culture of familiarity, which can be a barrier to further collaboration, innovation, creativity and change. The need to avoid arrangements that are “too cozy” in smaller units was also discussed by Ostrom (1996) as a way of increasing synergetic outcomes between the public and private sectors.

The public and private actors did not realize new combinations of existing resources (Schumpeter, 1939), and, as such, innovation as a dynamic process failed to successfully combine existing elements in new ways or to introduce something new in a new context without many problems and feedback loops (Sørensen and Torfing, 2012).

In consequence, a challenge for both groups of actors is becoming aware of or discovering the strengths and weaknesses of their social ties and professional resources. Furthermore, to be able to identify new paths to progress in their social-professional communication, thus avoiding stagnation, demotivation and frustration could be advantageous. This qualitative study highlights how both the public and private actors increased their self-awareness and consciousness of the fact that they could learn from “failure,” which is an important phenomenon to recognize (Rashman and Hartley, 2002).

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