

Value for all? Dynamics of partnership formation in occupational healthcare collaboration

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Abstract

Interorganizational relationships take advantages of surrounding networks to create value. However, there is little processual understanding of how cooperative partnerships ‘work’ in healthcare collaboration. From the value creation perspective, their mobilization, management and maintenance are challenging. To understand the value of cooperative partnerships, we explore the dynamics of partnership formation in occupational healthcare collaboration.

The empirical data is based on a two-year qualitative case study examining e-value co-creation in healthcare. The research data was obtained through a participatory action research method. We facilitated and followed up a developmental process of the partnership between an occupational health service company and its customer organization. This partnership aimed to add strategic value through the co-creation method to improve the well-being of employees and to promote eHealth solutions.

In analyzing the data, we adopted a process orientation that allowed us to explore dynamics in partnership formation and its e-value co-creation. We used Ring and Van de Ven’s [1] framework to examine how cooperative interorganizational relationship develops through the stages of negotiation, commitment and execution. Our longitudinal case study analysis reveals how interaction, mutual sensemaking and institutional logics affect partnership and its value creation.

The results show that the formation of a cooperative partnership is a challenging inter-organizational learning process. Our study demonstrates three tensions characterizing the dynamics of partnership: asymmetrical roles and positions between partners (customer and service provider) in co-creation, exploitation of institutionalized practices versus the exploration of new methods for collaboration, and tradeoffs between the operational logic and the co-creation logic.

To create value for all in cooperative partnership, we emphasize the necessity of dialogue, mutual trust, interorganizational learning and processual feedback of accomplishments. At its best, cooperative part-

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nership in healthcare collaboration can challenge existing practices of service provision and develop new concepts, roles and tools to promote health and well-being at workplaces through co-creation as a working method in occupational health collaboration.

Keywords: intersectoral collaboration, organizational innovation, stakeholder participation, decision making, negotiating, organizational case study

Introduction

Recently, health care organizations have shown interest in creating value for their services by combining shared resources and mutual knowledge. To facilitate the implementation of value-based health care in the digital era, organizations search for novel means, resources and partners to collaborate and co-create e-value [2]. New forms of collaboration are introduced to support eHealth and eWellbeing innovations. This means innovative instruments and services that are utilizing technology to improve the patient experience or to supplement the more traditional forms of services [3].

Participatory development processes and principles of co-creation have been promoted in the recent development of eHealth solutions [4,5]. For being effective and responsive, matching innovative ideas with customer needs is considered a necessity for value co-creation [5,6]. However, the co-creation and implementation of the participatory methods are challenging. A cooperative partnership may advance strategic value creation, but various practical issues arise when diverse organizational contexts, values, interests and relationships are brought together. The challenges are related to the dynamics of cooperative partnership in its negotiation and commitment phases, such as how the diverse needs are identified, communicated and new value chains connected both intra- and inter-organizationally.

Formation of a cooperative partnership

Partnerships are examples of interorganizational relationships (IORs) that take advantages of surrounding networks' potential to create shared value [7, 8]. From the establishment of IOR, many benefits are expected to materialize, including the sharing of knowledge, know-how, novel market and business opportunities including research and development of new products, technologies, or services [7]. IORs have been extensively studied within management science [9] typically focusing on the success factors [8], transactions [10], or managerial strategies [11] to enhance IOR. Less attention has been paid to the dynamics of IOR in their formation processes. In the critical management literature studies have explored the dynamics of IORs [e.g. 1,12,13] to understand those characteristics that explain the performance, success or failure of the collaboration efforts during or different phases of partnership [14].

We examine the formation of IOR in the context of occupational healthcare collaboration in which the cooperative partnership aims to create value by promoting employees' health and well-being. Tensions have been identified when studying the cooperation for value creation. It has been acknowledged that the dynamic view may provide an understanding of whether and how the value in cooperation evolves [15]. Therefore, to better understand the value of IOR in occupational healthcare collaboration we elaborate on how cooperative partnership unfolds over time. We approach the *formation of cooperative partnership*

from a value creation perspective: how co-created knowledge and ideas turn into action through an interactive development process. In healthcare management too little attention is paid to interactional relations in co-creation [16] and how those affect the quality of healthcare collaboration [17] and its successful maintenance [18].

Following the line of process organizational thinking [see 19,20], we see organizations, as well as partnerships, being processes in the making [21]. In this process orientation, the cooperative partnership is seen continually reconstructed by the interaction among actors involved. Ring and Van de Ven [1] describe the temporal emergence, evolution, and dissolution of cooperative partnership through a cyclical process of negotiation, commitment, and execution stages with continuous assessment of outcomes. The negotiation stage consists of the mutual expectations and business interests related to the cooperative partnership. The interaction among the actors becomes essential at the commitment stage when a partnership moves toward its 'final' stage. At the execution stage, the ideas are put into practice. Still, the benefits of a cooperative partnership should be evaluated in each of these phases, since the partners need the arguments for continuing the relationship under uncertainty [1]. The formation of cooperative partnership is endogenously confronted with contradictory values, uncertainty and ambiguity. Therefore, a cooperative partnership presumes trust, openness, a shared vision, and a commitment to common goals among partners [e.g. 22,23]. Consequently, it is essential to focus on those organizing processes, in which meanings and learning within organizations and among actors take place. A cooperative partnership can be explored as interactive and psychosocial spaces, where the collaborative actions transform part of

the partners' identity reconstruction processes [24].

The presence of tensions in interorganizational collaboration is obvious as in every social relationship. Alimadadi et al.[25] have studied how relation dynamics create tensions between the goals and interest of participants. It is recognized that the tradeoffs are inevitable as information asymmetry between agents, conflicting interests, and ambiguity are characteristic for interorganizational collaboration [12,13]. In practice, this implies that "managers have to cope with the tensions arising from formalization in their daily activities and that these cannot be completely solved or forestalled by clever organizational design" [12, p. 440]. Consequently, a process perspective on partnership dynamics may facilitate understanding interorganizational relationship development, how and why partnership transforms [25].

The formation of cooperative partnership increases organizational complexity, when multiple institutional logics, such as existing norms, values, distribution of roles and responsibilities, institutional orders, and demands are being generated and reconciled [26,27]. We assert that organizational and interorganizational practices are inherently shaped by multiple institutional logics [28], which in turn are formed by practical actions of the actors involved. These logics prevail simultaneously in the work environment, organizations and society, providing mixed values and practices [29].

Value creation in cooperative partnership

The formation of a cooperative partnership is essentially an organizational change process where organization members create new strategical opportunities and work to understand novel and unexplored conditions [30,31]. Although collaboration usually involves considerable initial planning,

the actual formation generates uncertainties and ambiguities related to the process and its outcomes [30]. The organizational members start to seek ‘sense’ for what is happening and what should be done. Thus, while forming the partnership, sensemaking becomes participants’ central activity [30]. As argued by Weick, ‘The basic idea of sensemaking is that reality is an ongoing accomplishment that emerges from efforts to create order and make retrospective sense of what occurs’ [32, p. 635]. We understand sensemaking as a continuous process where the actors (re)create meanings, interpret actions and construct shared awareness of partnership, organizational situations and reality.

In the partnership formation process, the partners make sense of each other’s ideas, perceptions, and expectations regarding the partnership to explore the future courses of joint action by creating rational accounts of the emerging inter-organizational reality. Also, sensemaking is part of interaction in which the partners determine their social relationship and aim to integrate their organizational practices, cultures, and management styles. Meaning and value of a partnership are thus created in the process itself, which makes sensemaking essential to the partnership formation [33,34].

Sensemaking is related to value co-creation in a way that the partners provide meaning to the mutual value in their interorganizational collaboration. The value of the cooperative partnership is constructed against the institutional and organizational backgrounds (e.g., institutional position, market situation, formal agreements) conditioning the partnership formation and the expectations for its continuity. Common tensions in a partnership may arise due to the different expectations for value creation [35]. First, because of “compet-

ing effects of systemic power” [36, p. 258], the partners often face multiple dialectical tensions that arise from pursuing both stability and change in collective sense-making and interventions. Second, while inter-organizational collaboration is generally acknowledged as a way of increasing the “requisite variety” [37] of the organizational sensemaking system, there is a risk of attracting too much complexity in the process so that its coordination fails [38]. The essential question for value creation is how the learning and sensemaking process is deliberately exploited along with the partnership formation within organizations and among actors involved.

Material and methods

Our longitudinal case study describes the dynamics of partnership, in other words, the actions shaping the process of change. The process orientation on cooperative partnership and its value creation means examining how the partners make sense of their collaboration and its value, as these interpretations and interaction are key motivators to maintain or terminate the relationship over time [see 1]. The process orientation allows us a methodological framework to explore IORs and the changes it brings about in organizational practices. It enhances our understanding of how cooperative partnership is constituted, and how it actually ‘works’ [see 20]. In our case study, we use the notion of partnership to refer to the actual cooperative development work between the partners.

The partnership formation is examined in the context of Finnish occupational healthcare. The practice of occupational health (OH) relies heavily on close collaboration within the formal and informal networks of institutions and individuals [39]. In OH collaboration, three key actors—employer, em-

employees, and OH service provider—promote employees' health and well-being at work. In Finland, employers are obligated to arrange preventive occupational healthcare coverage for their employees, and the provision of occupational health services is mandated by law [40]. Moreover, the content and the coverage of the services for employees are stipulated by formal agreements in which the employer and the occupational healthcare service provider mutually define the aims of their cooperation and service coverage. The occupational healthcare action plan is revised each year based on workplace visits carried out by the occupational healthcare service provider.

The content and the orientation of Finnish occupational healthcare have undergone many institutional changes in recent years. First, the service provision has shifted from standardized to customized services. Second, an emerging approach of *strategic management of the well-being* of employees indicates OH as a strategic investment that enhances organizational performance by improving employee health and productivity [41]. It covers not only human resource management but also workplace health and safety support functions. The cooperative partnership between the workplace and the occupational healthcare actors is considered a critical success factor for the strategic management of well-being [41].

Intervention to facilitate e-value co-creation process

The empirical context of the research is a two-year qualitative case study examining e-value co-creation in the OH collaboration between a global wholesale trader (employer, EM) and a growing healthcare company (service provider, SP). The partnership aimed to add strategic value for both partners by bringing a change to the traditional forms of OH collaboration. The research project

was set up to seek together novel ways of promoting eHealth and eWellbeing at the workplace and to facilitate and support the partners' e-value co-creation process during the partnership formation. The purpose was to provide a conceptual framework for exploring new modes of collaboration. The intervention included several activities and events customized to the explicit needs of the partners (see Table 1). For instance, an open extended implementation group and two workshops were organized to co-create the forms of collaboration and the actions.

Data collection

The research data was obtained through a participatory action research method [e.g. 42,43] that seeks to understand the dynamics of change in any social context. Our approach involved collaborative research in which the participants' first-hand insights and the researchers' observations were necessary for evaluating the accomplishments of the partnership and in improving organizational practices. Accordingly, as the researchers, we performed a twofold role, acting as observers and participative agents in change and making analytical sense of the partnership formation.

The data comprised materials of which some were ready for use, and some were produced for specific research purpose (see Table 1). First, we made participatory observations throughout the entire intervention process. The regular meetings with the partners lasted from one to two hours depending on specific aims and agenda. The participatory observations of the meetings were compiled into the diaries by two of the authors. These minutes included the description of the content and decisions made in the meetings, but also possible obstacles observed in the partners' interaction and collaboration. Two workshops (approx. two hours each) exploring the organizational val-

ues were audio-recorded with the permission of the participants. This enabled to follow more closely participants' sensemaking on the interactional level analysis afterwards.

The thematic individual interviews were conducted with the representatives of the companies, including the CEO, HR manager and divisional directors (N=3) and the occupational health professionals (N=5, including occupational health physicians, occupational health nurses, and physiotherapists). The individual interviews lasted between 20 and 45 minutes. A focus group interview with a multi-professional occupational health team lasted 60 minutes. All interviews were done by two of the authors at the early phase of the intervention. The themes related to the expectations for the OH collaboration to seek participants' perceptions of what they consider as the most significant elements of the valuable customer relationship. Moreover, a questionnaire for the extended group of intervention was used to get feedback on the collaboration. Finally, we enriched the data with the existing OH action plans, organizational culture surveys, management strategies and online materials retrieved from the companies' homepages.

Data analysis

Following the line of process organizational thinking [see 19,20], we analysed partnership formation as a *process of organizing*. Rather than focusing on the development outputs of the partnership or individuals' experiences about the change (what happened), we were interested in the evolution of partnership and its processual value: under which conditions partnership formation takes place (how) and what kind of dynamics partnership brings to its evolution. In classifying the initial research results, we applied Ring and Van de Ven's

[1] framework to inform our analysis. This conceptual model provided useful tools to identify the dynamics in different phases of partnership formation and its value co-creation.

Our data analysis was an iterative, field-based, reflexive, and responsive process. Our analytical understanding as a team was built upon our observations and interaction along the partnership formation process. Respectively, this growing understanding on the phases of the partnership affected the content and design of the research intervention too. With the longitudinal and real-time data, we could detect how the cooperative partnership emerged, evolved, and dissolved in time. This kind of setting enabled us to focus on the dynamics, interaction and mutual sensemaking processes among the partners [see 13]. The following questions guided our analysis: How do the actors make sense of the partnership as it unfolds? How do they represent their interests? How do the actors commit shared activities? What are their actions' consequences on the development of the partnership?

To improve our understanding and to validate our observations, the research team engaged in a processual critical reflection during the analysis. Regular discussions were held to point out the key observations made along the intervention process and any contradictory observations were challenged until reaching a satisfactory interpretation. We also validated our interpretations through the discussions with the participants involved. Since qualitative research is context depended, the general interpretation of the results needs careful consideration. We acknowledge that our case study narrows the conclusions drawn from it but we intended to obtain an in-depth understanding of the evolution in one occupational health collaboration case.

Table 1. Overview of the intervention to develop a cooperative partnership and its value creation.

Activities	Participants	Purpose
NEGOTIATION PHASE (1st year)		
Two meetings to prepare for and initiate the collaboration	HR manager of employer (EM) Medical director of service provider (SP) Facilitators (n = 4)	Mapping the joint vision and identifying the needs for collaboration (statements of commitment), Getting to know each other Explaining the purpose of the developmental project (research) and the plan for data gathering
COMMITMENT PHASE (1st year)		
Two workshops on defining organizational values Focus group interview with the multi-professional occupational health (OH) team (OH nurse, OH physician) (SP) Interviews with managing directors (EM)	HR manager and HR specialist of EM Medical director and account manager of SP Facilitators (n = 5) Researchers (2)	Making the two organizations' core values visible, responding to the current concerns Mapping EM's needs for promoting health and well-being (communication plan) Data gathering
A meeting with the extended group to set the operational goals and measures for actions to promote well-being	HR manager and HR specialists of EM Medical director and account manager, members of the multi-professional OH team of SP Facilitators/researchers (n = 5)	Evaluating the data and ideas Identifying the needs for promoting health and safety at work Setting initial actions/measures to respond to the needs
A questionnaire for the extended group A meeting with the extended group Agreement on the plan of action (including measures, timetable, responsibilities)	HR manager and specialists of EM Medical director and account manager, members of the multi-professional OH team of SP Facilitators (n = 5)	Defining and prioritizing the content of the pilot project to promote workability Planning of action for the pilot project
EXECUTION PHASE (2nd year)		
The initiation of the pilot project	HR specialist of EM OH nurse of SP	Implementing the agreed-on plan of action
A final meeting with the extended group to discuss the results	HR specialist of EM OH physician and OH nurse, customer manager of SP Researchers (n = 5)	Following up and evaluating the accomplishments, plans for future actions

Results

Through the phases of negotiation, commitment, and execution during the intervention, we illustrate how the cooperative partnership constituted.

In the negotiation phase, the partners form the basis of collaboration by making sense of their mutual expectations and motivations for a joint effort [1]. In our case study, the top managers of EM and SP had a shared strategic vision for OH collaboration; the partnership aimed to improve their organizational performance and to support the image of innovative companies in enhancing their employees' well-being. The starting conditions appeared encouraging for the formation of a mutually beneficial partnership since the managers expressed their commitment and positive attitude toward co-creation and a strong capability to brainstorm together. Their vision reflected an ambition to think and act outside the box, that is, to explore new concepts and practices in OH collaboration instead of settling for existing institutionalized norms, roles, and routines.

Despite the initial meetings indicated high hopes and aspirations, several issues were raised during negotiations. First, the objectives of the partnership were rather abstract and unspecified. The explicit individual or strategic interests related to the collaboration were not explored or expressed by either of the partners. Second, the partnership involved an agency dilemma as the distribution of the partners' roles in their collaboration remained unclear. The customer organization EM maintained its freedom of choice in selecting and abandoning the OH service provider, while SP was forced to comply with EM decisions to secure its own business in the competitive market. According to the SP medical director, *"the aim is to form a long-lasting and unique partnership by co-*

creating novel things together and further evidence the value of this collaboration." The HR manager of EM also expected the *"partnership to provide the value that would be impossible to receive anywhere else."* Both statements can be interpreted as a common orientation to create a unique cooperative partnership, but also reflecting their unequally distributed power relationship in making decisions and developing actions.

The existing contract between partners engages them to work together according to their shared criteria. However, the agreements concerning OH services and OH action plan also add to the vulnerability of the relationship; if the contract is terminated, so is the partnership. Therefore, ensuring a high-quality, customized, and cost-effective service was essential for SP although its strategic interests in advancing the OH collaboration might be pushed aside. On the other hand, it was also advantageous for EM to maintain a long-term relationship with the OH service provider as an investment in its employees' well-being in the future. Due to the cautious alignment with the contractual relationship, the risk was that the partnership formation would be based on biased conformity to understand and align with the other. As the partnership advanced, the orientation toward compliance in OH collaboration was strengthened.

In the commitment phase of a partnership, the rules and the actions are usually established through a formal or informal agreement. In this phase, the initial vision was put into concrete action by entrusting the corresponding duties to the partners. The managers wanted to empower and engage the employees to facilitate the changes at all organizational levels. Accordingly, they proposed collecting data to obtain the employees' perspectives on their specific needs. It turned out

that there was a very positive general attitude toward the development of OH collaboration on the shop floor. The partners indeed had a window of opportunity to exploit.

Nevertheless, they experienced difficulties in reaching a consensus on the intervention needed and faced problems with progressing from the idea generation to the action generation stage. The cooperative partnership thus began to resemble a drifting boat. There was neither an actual strategy for how the OH collaboration would be deliberately advanced nor a joint view on the strategic management practices that would support the partnership formation.

Strategic management of well-being was more of an ideology than an established practice for realizing OH collaboration. This meant that the legal contracts concerning OH services and OH action plan dictated the collaboration and the content of the services. Perhaps because of the highly regulated and conventional environment of occupational healthcare, adapting new concepts, roles, and procedures in OH collaboration proved to be difficult. A negotiated operational framework for partnership could have helped the partners to identify areas of both exploration (e.g., by piloting new working methods in OH) and exploitation (e.g., by distributing responsibilities defined in institutional orders of OH).

In the execution phase, the commitments of the previous phases are actualized, and the inter-role relationships may be substituted by personal relationships if the partners become familiar with and trust one another [1]. In our case, after one year of negotiations and arrangements, the partners finally launched an eHealth promotion pilot that aimed at building team spirit among the EM employees. The scope of the executed pilot project significantly differed from the planned one. In contrast to

the original strategic vision of partnership—to co-create novel ideas that would promote well-being at work—the social online platform was considered a satisfactory and successful activity, at least from the standpoint of the executors and the middle managers involved.

However, the top managers (of both EM and SP) lost their interest in the pilot project's development. As the top managers were absent from a feedback meeting, they missed the execution stage of their ideas and thus seeing the preliminary results of the co-creation. According to one questionnaire respondent, the OH collaboration *“could have meant a lot more than it appeared. For some reason, partnership remained at the level of ‘nice try’.”* If top managers' commitment to collaboration remains weak, the potential risks are that the investment has been pointless, and the strategic value of the partnership remains unknown.

In assessing the efficiency and the equity of cooperative partnership, the partners make sense of the value of their collaboration. Instead of focusing only on the project outputs at the end, the co-creation process itself is equally important to evaluate [44]. In our case, there was a weak process thinking in the partnership formation. The importance of a continuous evaluation of the outcomes, such as the shared knowledge and know-how achieved during the process phases, was mostly ignored. Furthermore, managerial practices to support the sustainable development of the partnership and its strategic vision were missing.

It seemed easier for the partners to follow the conventional operation logic of OH services rather than the novel co-creation logic that would require more collective decision making and dialogue. The formal OH collaboration is based on a series of single operations and occasional meetings be-

tween the employer and the service provider, but co-creation calls for continuous negotiations and willingness to learn. In our case, the partners jointly constructed a shared understanding of the means to enhance the employees' health and well-being and thus explored the (potential) value of their collaboration. Nonetheless, the partners had a weak commitment to long-term collaboration, sharing resources, responsibilities or knowledge. Although their cooperative partnership worked as an effective platform for brainstorming, the agents would have required more efforts to putting the ideas into action.

The results illustrate how multiple logics— institutional demands of OH, as well as organizational practices and partners sensemaking — in value co-creation processes mould the negotiations, commitment, and actions in their partnership formation (see Figure 1).

Discussion

In exploring the partnership formation in OH collaboration, we found that the cooperative partnership is a challenging inter-organizational learning process where the value stems from the expansive negotiations of the partners. Our longitudinal case study analysis reveals how interaction among partners, their mutual sensemaking and multiple institutional logics affect partnership dynamics and its value creation.

The study contributes to the dynamics of IOR by demonstrating the tensions related to the value creation in OH collaboration in different phases of cooperative partnership. By drawing from the IOR literature with the process orientation, this study provides lessons for developing OH collaboration when designing co-creation processes.



Figure 1. Dynamics of partnership in occupational healthcare collaboration.

We explored the OH collaboration by using the widely cited framework developed by Ring & Van de Ven [1]. The contribution of the study is to demonstrate the importance of dialogue, mutual trust and the processual feedback of accomplishments as the critical factors in determining the strategic value of partnership. It is well established that that organizational commitment and capability to recognize and adopt the value of shared knowledge affect whether the interorganizational relationship will be developed in a virtuous or a vicious cycle [8,23].

Our study has implications for research and practice in several ways. The theoretical implication is related to the dialectical view on IOR development. Previous studies show that partnership formation involves tradeoffs [see 12,13] and its dynamics may have negative value outcomes [see 25,35,45]. From the value creation perspective, we have identified three fundamental tensions in partnership formation. Only a few previous studies have examined the dynamics of partnerships in their value creation [see e.g. 15], especially in the healthcare context [see 18] with a focus both on value and interactional relations in OH collaboration.

First, our results indicate that the cooperative partnership in the institutional field of occupational healthcare means coping with mixed roles and positions in co-creation. In performing the collaborative actions, roles enable partners to act as agents for their organizations [1] but the partners may face difficulties in defining and separating their role concerning the OH collaboration and the co-creation process. While partnership presumes symmetrical positions, our case demonstrated the partners' asymmetrical positions in OH collaboration since their transactional relationship was based on a formal and legal contract of OH service

between a principal (buyer) and an agent (supplier). However, in value co-creation, they were expected to act as equal actors based on an informal contract of cooperative partnership. Although the partners were motivated to act together, they were distinctively economically dependent on each other. The articulated interests reflected their different market positions that framed the partnership formation.

The second implication, and the tension, relates to the finding that the original strategic vision, the actualization and the value of cooperative partnership can be interpreted variously by the actors in organizations. The finding may be explained by competing logics [28,29] concerning the co-exploration and co-exploitation of forms of IORs [see 9]. The partners must decide whether to exploit existing institutional norms, roles, and routines in healthcare or to explore entirely new concepts, roles, and methods to add shared value for OH collaboration. Despite the development efforts, the partnership may produce unintended outcomes. As in our case partnership, the co-created eHealth promotion pilot was converted into a simple intranet product to share news and employees' experiences online. Instead of creating novel practices, it may be easier for the partners to carry out the conventional form of OH collaboration.

Our study provides practical lessons and academic insights for managers to understand importance of leadership, reconciliation between organizational cultures and different roles of actors when developing OH collaboration. In co-creation, the challenge is how the service provider partner will manage to integrate and customize its operations into the customer's value creation processes. The quality of a relationship might influence the actors' interpretations of performative accomplishments

[22]. Especially the managers' level of trust (or distrust) is connected to their valuation of a partnership [23]. Our case suggests that it is essential to manifest the accomplishments already during the commitment phase as the processual feedback may support cooperative partnership formation. A stronger process orientation [see 20] may help to advance actors' understanding of how collaboration at the organizational level (within and between organizations) interacts with actions at the macro-level (e.g., the institutional environment) and how co-creation eventually may (or may not) become rooted in practices. Communication, trust, informal relationships, as well as commitment and network leadership, have been identified as an essential capacity for successful healthcare collaboration [16-18].

This leads to the third tension in value creation, which refers to the way the actual co-creation process is operationalized. Instead of considering cooperative partnership as a linear and reactive activity, co-creation logic would require a more proactive and iterative process view in which problems are collectively solved in dialogue. The cooperative partnership does not presume an all-encompassing agreement and consensus but the ability to disagree with the partner and to accept different perspectives [46]. Our case showed that one critical aspect of advancing the partnership from the negotiation to the commitment phase was how the partners shared the objectives and decided the operations for OH collaboration. If a common expectation horizon is not taken as a basis for collaboration, the partners may confront difficulties in reaching a sufficient consensus on the practicable activities.

Using the lenses of process orientation and sensemaking, this study has suggested that the formation of an IOR is an emergent interactive

process, where the institutional environment acts not only as a context but also as a catalyst for transformation. Acknowledging the multiplicity of the different logics employed may either support the persistence of existing practices or facilitate change at the institutional field level [29,47]. This creates the dynamics for the partnership formation and its value creation too (see Figure 2).

The value of partnership manifests itself in interactional relations at different levels of the organization: what meanings and significance the participants associate with the partnership, how its success is assessed, and how the partners themselves recognize and define the value of the partnership. We argue that these sensemaking and interorganizational learning processes [see 38, 48] are crucial resources of value creation too as they enhance partners' mutual knowledge about their interests, complementary resources and capabilities, consequently affecting how the partnership eventually will be developed and valued. Future research may focus on examining the underlying interaction processes or the actual sensemaking that takes place in the value creation to support the dynamics of OH collaboration.

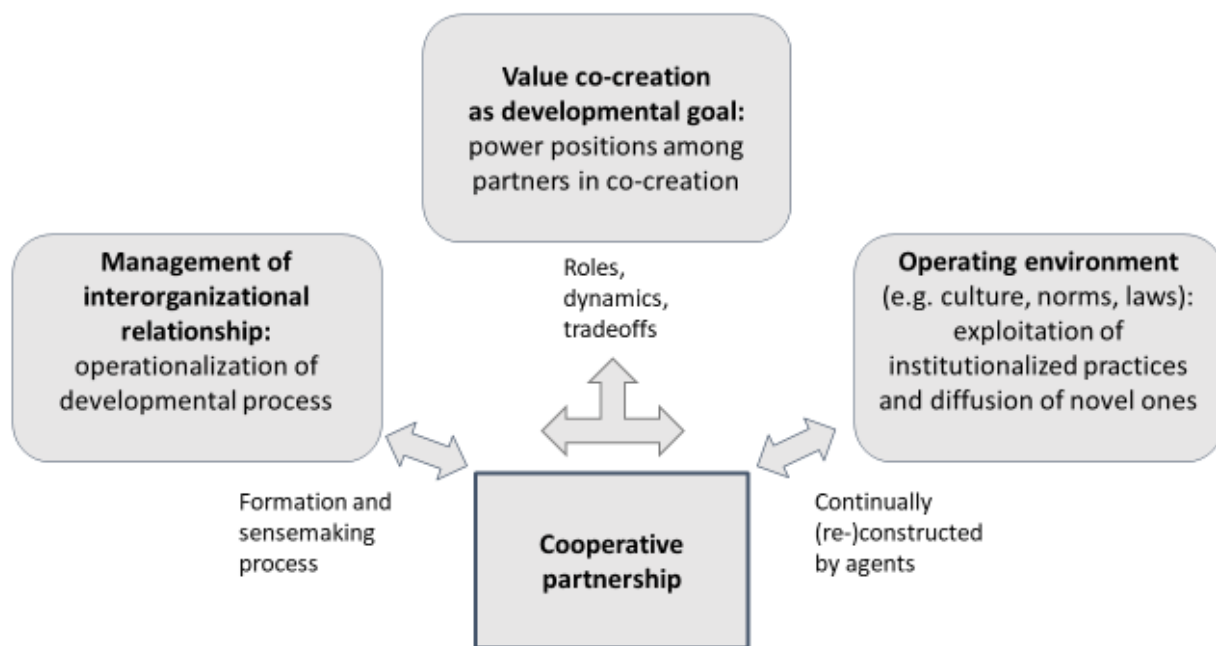


Figure 2. Competing logics create tensions for the formation of cooperative partnership.

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Declarations of interest

None.

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