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Cooperative innovation through a talent management pool: A qualitative study on coopetition in healthcare

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ABSTRACT

In recent years, the Dutch healthcare sector has been confronted with increased competition. Not only are financial resources scarce, Dutch hospitals also need to compete with other hospitals in the same geographic area to attract and retain talented employees due to considerable labour shortages. However, four hospitals operating in the same region are cooperating to cope with these shortages by developing a joint Talent Management Pool. 'Coopetition' is a concept used for simultaneous cooperation and competition. In this paper, a case study is performed in order to enhance our understanding of coopetition. Among other things, the findings suggest that perceptions of organizational actors on competition differ and might hinder cooperative innovation with competitors, while perceived shared problems and resource constraints stimulate coopetition. We reflect on the current coopetition literature in light of the research findings, which have implications for future research on this topic.

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1. Introduction

In modern societies many hospitals are facing major challenges, such as the impact of an ageing population, intense competition to attract employees, financial constraints due to governmental cuts as a result of rising national healthcare costs and the introduction of new technologies, such as e-health (Groves, 2011; Hendriks, Ligthart, & Schouteten, 2016; Ramamonjiravelo et al., 2015). These challenges emerge in a dynamic and complex healthcare environment that can be characterized by strict national regulations, regulatory authorities, associations for medical specialists, a variety of professionals, patient associations, social partners including trade unions and works councils, and national and local governments (Peeters, Delnoij, & Friele, 2014; Swayne, Duncan, & Ginter, 2008). All of these developments imply increased complexity, less leeway and more public transparency. As a consequence, we can discern a dynamic interplay between the forces of competition (scarce resources, the need to achieve

economies of scale) and cooperation. In this paper we focus on cooperation and competition among hospitals with respect to human resources. Hospitals operating in the same region may compete for scarce human resources in a specific sector, for example nurses and medical specialists. The high degree of institutionalization (both coercive and normative mechanisms; legislation and professional norms) can also lead to hospital cooperation, for example in relation to joint educational programmes for nurses agreed upon in the sector, and the sharing of medical specialists (Mascia, Di Vincenzo, & Cicchetti, 2012). The coexistence of both competition and cooperation in the hospital sector is interesting and intriguing from a management and innovation perspective. The focus in this study is on four Dutch hospitals that both compete and cooperate in a dynamic and complex environment.

Schäfer et al. (2010) provide an extensive overview of healthcare developments in the Netherlands and argue that: "Undoubtedly the dominant issue in the Dutch healthcare system at present is the fundamental reform that came into effect in 2006. With the introduction of a single compulsory health insurance scheme, the dual system of public and private insurance for curative care became history. Managed competition for providers and insurers became a major driver in the healthcare system. This has meant

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fundamental changes in the roles of patients, insurers, providers and the government. Insurers now negotiate with care providers on price and quality and patients choose the provider they prefer and join a health insurance policy which best fits their situation. To allow patients to make these choices, much effort has been made to make information on price and quality available to the public. The role of the national government has changed from directly steering the system to safeguarding the proper functioning of the health markets” (p.21). The Netherlands was among the first OECD countries (Organisation for Economic Co-operation and Development countries) to introduce competition in their hospital service system, together with the United States and the United Kingdom. Since then, an increasing number of OECD countries have followed this example (OECD, 2012). Therefore, the issue of competition among hospitals and how this plays out in a cooperative process is relevant for many countries. The combination of competition on the one hand, and cooperation on the other, is reflected in the concept of co-competition.

We study the Talent Management Pool of four Dutch hospitals, as a striking example of collaborative innovation between partners which are competing for scarce resources. The focus of our study is mainly on the perceptions of actors of the four Dutch hospitals involved in the talent pool initiative and how this affects the actual innovation process. The relevant actors included in the study are line managers, HR professionals and managers of the talent pool of all four hospitals. Their perceptions are expected to affect the success of the innovation. Therefore, the central research question of the study is: *How do organizational actors perceive cooperative innovation with competing hospitals in the same region and how does this affect the innovation process?*

The scientific relevance of the study is the increased cooperation of organizations with respect to innovations (De Faria, Lima, & Santos, 2010). While the body of literature and research in this area is growing (especially with regard to private sector firms), there is still little focus on cooperative innovation in the public sector. Sørensen and Torfing (2011) argue that there is a need for examining the process of cooperative innovation with competitors in the public sector in order to understand the role of the interpretations of different actors given the fact that public sector organizations, including healthcare organizations, have multiple stakeholders and therefore a variety of actors which affect decision making and the implementation of innovations. Research that enhances our understanding of the different actors' perceptions and responses to tensions associated with cooperative innovation is greatly needed, because these perceptions potentially affect the success of innovation (Bengtsson, Eriksson, & Wincent, 2010).

Processes in public sector organizations such as hospitals, differ from cooperative innovation in the private sector because public organizations are characterized by bureaucracy and inertia, which hamper the innovation process (Bommert, 2010). However, the recent introduction of competition in the healthcare sector might stimulate innovation by forcing hospitals to change their routines and norms (Sørensen & Torfing, 2011). While innovation might be stimulated by the introduction of competition, the effects on cooperative innovation with competitors remain unclear. This is related to co-competition, which is still a relatively underdeveloped (Dagnino, 2007) and under-researched phenomenon in the hospital sector (Peng & Bourne, 2009). This study adds to the literature on cooperative innovation in the public sector and co-competition by empirically examining the perceptions of organizational actors (stakeholders) on cooperative innovation and their consequences for Dutch hospitals. In addition, these insights are relevant for practitioners facing innovation challenges.

In the next section, the theoretical framework of this study will be presented. After that, the case study context and the research

methods will be explained. Following the research findings, the conclusions and implications of this study will be discussed.

2. Theoretical framework

2.1. Interorganizational cooperation for innovation

Several authors stress the relevance and emphasis on innovative managerial practices for organizations in general and healthcare organizations in particular, given societal and organizational challenges mentioned in the introduction of this study (Mihail & Kloutsiniotis, 2016; Rye & Kimberly, 2007; Walston, Kimberly, & Burns, 2001). Human Resource Management (HRM) – the management and shaping of the employment relationship within organizations to achieve organizational, individual employee and societal goals – is also subject to innovative managerial practices in organizations. HRM has gained popularity, particularly with respect to strategic decision making and increasing performance (Martin, Farndale, Paauwe, & Stiles, 2016). Examples of recent innovative HRM practices – as part of innovative managerial practices – are HR analytics (big data analysis on employee-related issues), performance management and talent management, the latter being the subject of this study. HRM and employment relationships have become more relevant in the healthcare sector and hospitals due to for example demographic developments like the ageing population and related increasing needs for healthcare. As a result, both the client/patient population and the labour market population of the healthcare sector are evolving, challenging current HRM within organizations. Attracting, developing and retaining motivated and highly qualified employees are therefore crucial in order to face these challenges. Talent management is an HRM theme and domain that focuses on issues of employee attraction, development and retention (Collings & Mellahi, 2009; Thunnissen, Boselie, & Fruytier, 2013).

Innovation can be defined as “the intentional introduction and application within a role, group, or organization, of ideas, processes, products or procedures, new to the relevant unit of adoption, designed to significantly benefit the individual, the group, or wider society” (Lämsäalmi, Kivimäki, Aalto, & Ruoranen, 2006). Many authors connect interorganizational cooperation with innovation (Blomqvist & Levy, 2006; Goes & Ho Park, 2010; Kylänen & Rusko, 2011; Miles, Snow, & Miles, 2000; Ribeiro-Soriano & Urbano, 2009). Tomlinsson (2010) concludes that cooperative ties between organizations positively affect innovation. Knowledge transfer among the cooperating organizations is expected to enhance innovation (Tsai, 2001). While there are a vast number of studies investigating cooperative innovation in private sector organizations, research on cooperative innovation processes in public sector organizations, such as hospitals, is limited (Miles et al., 2000). One of the few studies on interorganizational links and service innovation in hospitals shows that organizations face many barriers to innovation (Goes & Ho Park, 2010), for example through institutional pressures such as budgetary constraints and requirements related to quality and safety by health inspection agencies. Yet when confronted with such challenges, hospitals need to innovate more and cooperation with other hospitals is often required for this. Interestingly, relationships between hospitals are often simultaneously characterized by collaboration and competition (Mascia et al., 2012). In this respect, the concept of co-competition is relevant in studying cooperative innovation in healthcare.

2.2. Co-competition: competition and cooperation

Padula and Dagnino (2007) observe that research on cooperation between organizations suffers from a so-called collaboration

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